for Tiotropium seen in blinded trials. Our examples demonstrate the useful application of classical meta-analytic methods to assess heterogeneity across groups of trials based on aggregate data of relative treatment effect and its variability.

**PMR280**
VALUE-BASED PRICING SCHEME FOR NEW TECHNOLOGY IN CONSIDERATION OF COST-EFFECTIVENESS DOMINANCE TO THE CONTROL
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OBJECTIVES: This study aims to develop a theoretical scheme to achieve value-based pricing in consideration of the efficiency with respect to the cost-effectiveness dominance of a new technology, compared to the best control.

METHODS: Suppose that a pair of cost and benefit of a new technology, the best control and next best one is respectively represented as three points with \( X(x, c_x), S(x, c_s) \) and \( S'(x', c_{s'}) \) on the cost-effectiveness plane, assuming the inequalities \( c_s < c < c' < c_s' \). Let \( C_x \) be a variable, while the other parameters are all constant. Considering geometric relations between the three points, we identify the area where point \( X \) should be located according to the categories: simple dominance, reference case and cost-dominance, in which we formulate the association between the expected cost \( C_x \) and the incremental cost-effectiveness ratio (ICER) of point \( X \). \( (C_x - C_s)/ (Ex - Es) \) compared to point \( S \) and \( (C_x' - C_s')/(Ex' - Es') \) to point \( S' \).

RESULTS: Three ranges for \( C_x \) were identified for each of the dominance categories, respectively, 1) lower than \( C_s' \), 2) between \( C_s' \) and \( C_m \), and 3) greater than \( C_m \), where \( C_m \) was calculated with the expression of \( (Ex - Ex')/ (Es - Es') \). The expected cost \( C_x \) was formulated as a linear function of the ICER: \( C_x = C_s + (C_m - C_s) \times ICER \). Use of dominance, when it is simple or extended, or non-dominance. Based on the formulae, the maximal cost accepted in each category was determined in theory and examples, with taking an ICER of \( 250,000 \) as a threshold.

CONCLUSIONS: This approach will provide decision makers with a scientific scheme for value-based pricing, and clarify the value position in consideration of economic efficiency.

**PMR281**
HTA STUDIES FOR MEDICAL DEVICES INCORPORATING THEIR MORAHL AGING
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OBJECTIVES: Due to specificities of medical devices (short lifetime, learning curve, limited approval process, steady technological development, etc.), it is desirable to take account of moral aging on HTA studies based on devices. However, methods that might be used to evaluate innovations that are brought by a new generation of instruments (and consider them in assessments of the older ones) are not well defined yet, although they are considered topical by many recent journal and conference papers.

METHODS: These papers consist of the following contents. First, the history of innovations and their incorporation in HTA studies was studied for three typical devices (stents, MRI, left ventricular assist device – LVAD) with the focus on the delays in the particular assay. Second, based on a literary review, a recommendation was formulated for assessment of devices in the case when innovations appear rapidly after each other. Third, it is now clear and shared that only through a good organization of the intervention being cost-effective at respective threshold values of the intervention was associated with a decrease of 815 (95% CI 3451, 1820) (p = 0.544) in mean healthcare cost and a decrease in the mean number of ADR events per patient of 0.064 (95% CI 0.125, 0.008) (p = 0.081). The probability of the intervention being cost-effective at respective threshold values of 10, 250, 500,
Subjective experiences of older people with long-term conditions: how technology can help

Objective: To explore the potential of personal health records (PHR) and telemonitoring to support older people with long-term conditions.

Methods: A focus group discussion with 17 older people with long-term conditions, 8 of whom had used PHR and telemonitoring technologies in the past. Open-ended questions were used to explore the potential of these technologies to support older people with long-term conditions.

Results: Participants reported that PHR and telemonitoring technologies could provide a range of benefits, including improved access to healthcare, better management of medication, and improved communication with healthcare professionals. However, some concerns were raised regarding privacy and security.

Conclusion: PHR and telemonitoring technologies have the potential to improve the quality of life for older people with long-term conditions. Further research is needed to address concerns around privacy and security, and to develop effective strategies for promoting the uptake and use of these technologies.