Introduction. Evaluating the impact of health technology assessment (HTA) is vital to measure its contribution to health and social care decision-making and improving citizen outcomes. Health Technology Wales (HTW) is a HTA body committed to evaluating the impact of our work. Here we present HTW's impact evaluation approach with a case study for autologous hematopoietic stem cell transplantation (AHSCT) for highly active relapsing remitting multiple sclerosis (RRMS).
Methods. Using an outcomes-focused approach based on contribution analysis, HTW has worked with an external evaluation organization to develop a framework to measure the impact of our work. Data on impact was collected from both qualitative and quantitative sources, including social media metrics, surveys, and informal feedback from stakeholders. We engaged with various stakeholders, including clinicians, academics, patient organizations and other HTA bodies.
Results. The technology appraisal and guidance were published in July 2020, recommending AHSCT for routine adoption to treat highly active RRMS. Patient groups welcomed the appraisal findings as an important step forward in recognising the needs of people with RRMS and felt that "people living with MS were listened to throughout the process". Following publication online, the guidance has had approximately 500 views, and featured on the MS Trust website and in several news articles. The Welsh Health Specialist Services Committee, a commissioning body in Wales, recommended AHSCT for RRMS as a 'high priority' for funding in the WHSSC Integrated Commissioning Plan 2021-22.
Conclusions. Since its publication, we have been able to prospectively capture the impact of this guidance through various stakeholders groups and sources. Overall, responses have been positive and the guidance has supported decision makers in Wales. Ongoing evidence capture, including through HTW's adoption audit processes, will add further understanding to the potential impact of our work.

PP149 A Multidimensional And Multistakeholder Approach: Assessing Ethical, Legal, Organizational, Social or Patient-centered (ELSI+) for Telemedicine In Neurological Diseases

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Introduction. Telemedicine strategies have been broadly introducing in health services during the COVID-19 pandemic, including in care of neurological diseases.
Methods. A rapid realist review was conducted using EUnetHTAs Core Model 3.0 and GRADE evidence to decision frameworks were used as frameworks to describe the ethical, legal, organizational, social and patient aspects (ELSI+) related to the use of teleneurology (TN) A scoping multistakeholder meeting helped defined the scope and research questions of the assessment. Patient representatives, clinicians, scientific society representatives with relevant experience in TN were invited and participated. Industry representatives were also present. Systematic searches for ethical, legal, organizational, social and patients related aspects were conducted. Additional manual searches contributed to contextualize these dimensions in the Spanish context. A narrative synthesis was undertaken.
Results. Main results of the assessment of the ELSI+ aspects of TN were described. TN applications are diverse depending on the condition, objective of care and technology used. The implementation of TN lacks specific legal frameworks which implies legal uncertainty. TN may increase geographical accessibility to neurological care in remote areas and by reducing difficult commuting to specialized care centers. Nevertheless, accessibility is challenged by reduced access to technology, the digital divide, lack of health literacy or technologies not adapted to functional diversity. Therefore, equity is not guaranteed if it is offered as a non-voluntary basis or with no support. TN tends to be accepted by patients and carers if it has enough quality, saves travelling time and costs and does not dehumanize care as it is perceived as more flexible and convenient. Quality of TN needs an interdisciplinary team with skills to coordinate organizational aspects of the implementation which include among others, the planification of the support to patients and carers before, during and after the consultation. Health professionals may also need to learn adapted communicational and technological skills.
Conclusions. The implementation of TN poses many ethical, legal, organizational, social or patient-centered challenges.

PP150 The Role Of Expert Consensus In UK Guidance: Patient Selection For Hydrogel Spacer Use During Prostate Cancer Radiotherapy

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Introduction. In UK males, prostate cancer is the most common cancer, with over 47,500 diagnosed annually. Radiotherapy is a highly effective curative treatment but can be limited by dose to surrounding normal-tissues such as the rectum. Radiation to the rectum can be reduced by increasing the distance between prostate and rectum with a hydrogel spacer. Despite National Institute of Health and Care Excellence guidance, spacers are not widely funded in the UK. Limited funding has necessitated patient prioritization, without any existing consensus on method.

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Studies have shown generally homogenous results in reduction of rectal toxicity across assessed subgroups, but the requirement to prioritize remains. One way of addressing the appropriate use of beneficial health technologies is the inclusion of end-user experts in decision-making. The study aim was to identify consensus among radiation oncologists on patient prioritization for rectal hydrogel spacers.

Methods. We conducted a Delphi study where six leading clinical oncologists and one urologist from across the UK experienced in using rectal hydrogel spacers participated in two rounds of online questionnaires and two virtual advisory board meetings.

Results. The experts estimated that 83 percent of patients who could potentially benefit from a spacer were denied access. Overall, ten points of consensus were reached. Key ones concerning patient-access were:

- Spacer use in eligible patients significantly reduces radiation dose to the rectum and toxicity-related adverse events.
- Increased benefit is expected in patients on anticoagulation, with diabetes and with inflammatory bowel disease.
- Increased benefit can be expected with ultra-hypofractionated radiotherapy, but radiotherapy modality is not a key consideration for patient selection.
- Patients should have the opportunity to actively participate in the discussion regarding the use of a spacer.

Conclusions. Currently, not all patients who would benefit can access funding for hydrogel spacers. Consensus in this study indicates that appropriate health policy and funding mechanisms are warranted for patients, to provide equitable access to technologies improving quality of life.

PP151 VALIDATE Methodology On A Medication-Related Clinical Decision Support System: Holistic Assessment For Optimal Technology Adoption

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Introduction. In the past decade, health technology assessment (HTA) has narrowed its scope to analyses of mainly clinical and economic benefits. Technology challenges in the 21st century emphasize the need for holistic assessments to obtain accurate recommendations for decision-making, as in HTA's foundations. Using the VALues In Doing Assessments of health TEchnologies (VALIDATE) methodology for complex technologies provides a deeper understanding of problems through analysis of stakeholders' views, allowing for more comprehensive HTAs. This study aimed to assess a pharmaceutical clinical decision support system (CDSS) using VALIDATE.

Methods. Semi-structured interviews with different stakeholders were conducted in the following domains: problem definition (medication error [ME] occurrence and prevention); judgement of solution (existing preventive methods and previous experiences of the CDSS); background theories (future impact and personal beliefs); and barriers to and facilitators of implementation. The following individuals were interviewed: medical informatic specialists (n=3), pharmacists (n=2), nurses (n=2), physicians (n=2), CDSS company representatives (n=1), electronic health record developer (n=1), and health consultancy firm representatives (n=1). Content analysis was used to integrate and analyze the data.

Results. The multistakeholder interviews identified various barriers to the acceptance and implementation of a pharmaceutical CDSS that were different from those reported in the literature. These included: (i) occurrence of ME (no traceability of medication taken or poor patient medication empowerment); (ii) perception of current level of MEs (huge improvement from ten years ago); (iii) perception of technology as a tool to prevent ME (not enough if only implemented at one point of care); (iv) previous experiences with a CDSS (low rates of development of CDSSs are due to medication prescriptions being digitalized last in hospitals); (v) CDSS metrics (input data should be measured to control CDSS performance); and (vi) other barriers.

Conclusions. Including facts and stakeholders' values in problem definition and the scoping of health technologies is essential for the proper conduct of HTAs. Incorporating views from multiple stakeholders when scoping the assessment of health technologies brings additional values to literature findings, resulting in a more holistic evaluation. The lack of multistakeholder scoping can lead to inaccurate information and result in wrong decisions about if, when, and how to adopt a CDSS.

PP152 The Assessment Of The Price Of A Medicine: The Possible Application Of Cost-Based Pricing Methods

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Introduction. Before admission to the insured package, the price of a medicine is usually assessed on the basis of the value of the medicine for the patient: the effect size on health and survival must be in line with the costs. That seems like a fair starting point, but the use of such 'value-driven' models sometimes results in unrealistic prices. These prices in turn lead to discussions about limitations within the healthcare budget and may result in delays in the accessibility of medicines. The aim of this study was to review several alternative pricing models and propose possible applications of the models.

Methods. Six pricing models were selected that encompassed cost-based or cost- and value-based aspects. The models were reviewed within the context of the published group of medicines, followed by a discussion on their potential to aid in creating benchmarks for pricing negotiations.

Results. Five cost-based pricing models and one value-based model with a cost-based aspect were found with potential applications. (i) The AIM-model for innovative medicines. (ii) The adjusted AIM-model for repurposed medicines. (iii) The Cancer drug pricing model for innovative oncolytics with information about health

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