

**Introduction:** Outcome-based commissioning – a set of arrangements to define and pay for a service based on pre-agreed outcomes – has been operationalized in some regional care settings (e.g., adult social care). However, it remains largely aspirational due to operational considerations and challenges. Outcomes-based commissioning shares a common goal with economic evaluation alongside health technology appraisal (HTA): to achieve value for money for outcomes from a finite budget.

**Methods:** We explored the considerations, implications, and challenges regarding the practical role of relevant outcomes in economic evaluation, relative to care commissioning, using England as a case study. Our exploration bridges a gap between economic evaluation evidence and practical resource allocation decision-making, focusing on conceptual (e.g., what are ‘relevant’ outcomes), practical considerations (e.g., quantifying and using relevant endpoints or surrogate outcomes alongside costs), and pertinent issues when linking these to commissioning based payment mechanisms.

**Results:** Firstly, there is a disconnect between existing economic evaluation approaches and commissioning processes. For example, using a single quality-adjusted life-year (QALY) maximum and limited consideration of affordability relative to cost effectiveness. Secondly, service-focused outcomes (e.g., seeing a specialist team) rather than person-focused outcomes (e.g., QALYs) are often desirable from a practical commissioning and service provider perspective as they make it easier to measure key performance indicators. Thirdly, both person- and service-focused payment structures could lead to market inefficiencies when activity is focused on only people for whom a prespecified outcome can be achieved or service delivered; these approaches require additional efficiency-equity tradeoff considerations (e.g., using distributional cost-effectiveness analyses).

**Conclusions:** We highlight payment structures as a major and complex consideration for commissioning, for which economic evaluation provides little to no consideration. Service-related outcomes and payments can be used as surrogate outcomes within economic modeling frameworks, while monitoring and evaluation can still be based on economic outcomes (e.g., QALYs and aggregated costs). Accounting for and explaining direct links from payment structures to economic outcomes is a major step to bridging a gap between economic evaluation evidence and practical resource allocation.

## OP45 HTA And Gender Medicine: Time To Take Action!

Rosalia Ragusa ([ragusalia@hotmail.it](mailto:ragusalia@hotmail.it)),  
Vincenzo Guardabasso, Maria Alessandra Bellia,  
Filippo Piana and Rosalba Quattrocchi

**Introduction:** Gender medicine responds to the need for a reassessment of the medical-scientific approach in a gender perspective, to increase knowledge of the different aspects underlying gender differences and the appropriateness/ effectiveness of health interventions.

**Methods:** A policy review of documents prepared by the Italian Ministry of Health on gender medicine was carried out, to investigate

the possible areas of intervention of health technology assessment in the development of this interdisciplinary dimension. The areas of highest priority for action have been identified.

**Results:** In Italy, the Ministry of Health, with the support of the National Institute of Health, issued a Plan for Application and Dissemination of Gender Medicine in June 2019. Our review shows that for the development of research on the mechanisms of pathogenesis the Italian Plan gives indications on the identification of diagnostic markers, prognostic and predictive response in a gender perspective, but there are no formalized rules that constitute a constraint or an obligation to do so. In Horizon Europe calls, for example, “Pragmatic trials on minimally invasive diagnostics” (HORIZON-MISS-2023-CANCER-01-03) on the other hand, it is required that gender and gender issues should be taken into account in all projects and all data should be disaggregated by gender, socio-economic status and ethnicity. Separating subjects into two groups in the analysis leads to greater complexity. This is even more true when considering the different types of gender. The total number of subjects to be included must likely increase to maintain statistical power in evaluating effects in subgroups. This increase leads to an increase in time and cost, if one needs to provide separate data by sex and even more so by gender. Different statistical tests to be used, according to the type of variables of the primary endpoint, should be considered in the study protocols.

**Conclusions:** It seems appropriate to suggest reviewing upcoming health technology assessments with an eye to gender medicine. Gender medicine should become a strategic goal of prevention in public health and will strengthen the concept of the patient centrality until the personalization of therapies is achieved.

## OP46 The Decision Uncertainty Toolkit: Risk Measures And Visual Outputs To Support Health Technology Decision-making During Public Health Crises

Erin Kirwin ([ekirwin@ihe.ca](mailto:ekirwin@ihe.ca)), Chris McCabe and  
Jeff Round

**Introduction:** During public health crises such as the COVID-19 pandemic, decision-makers have relied on infectious disease models to predict and estimate the impact of various health technologies. The difficulties associated with capturing and representing uncertainty using infectious disease models leads to a high risk of making decisions that are misaligned to policy objectives. Even when uncertainty is adequately captured in the analysis, the tools for communicating the risks and harms of making wrong decisions have proved inadequate, which can lead to the suboptimal adoption of critical health technologies including vaccines and antivirals. We aim to adapt and extend health economic methods for the characterization, estimation, and communication of uncertainty to infectious disease modeling.

**Methods:** Economic and infectious disease models share many features, including the comparison of policy alternatives on outcomes