assessment of new and emerging health technologies. The aim was to inform the common benefit package of the Spanish public health system.

METHODS:

Four out of eight Spanish Health Technology Assessment (HTA) agencies had EAAS in Spain (AETS-Carlos III Institute; AETSA-Andalusia; Avalia-t-Galicia; Osteba-Basque Country). Each agency has taken care of different sources for the identification of new and emerging non-drug health technologies: industry and innovator contacts, health expert networks, mass media and EAAS databases. Members of the network used the same filtration criteria to reach the final list. The system will run in parallel to a biannual identification process in major databases.

RESULTS:

In 2016, the network identified and filtered sixty-three technologies: ten by mass media; five by health experts; thirty-five other EAAS and thirteen by direct contact with industry and innovators. Main represented specialties were: endocrinology (seven); gynecology and obstetrics (six); cardiology and cardiac surgery (five); emergency medicine (four); dermatology (three) and pneumology (three). Technologies were grouped by specialty in order to inform the different commissions that discuss inclusion in the Spanish Benefit Package. Specialty monographs will be published to inform stakeholders.

CONCLUSIONS:

The approach is feasible, and increases the capacity of individual agencies to address the needs of the national and regional systems by improving their efficiency. There is a need to previously define the methods and the criteria that will be used for the identification and filtration.

VP33 Decision Making Clinical Scenarios: A Support Method For Health Technology Assessment

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INTRODUCTION:

The method appraises the stakeholders value judgments in the Health Technology Assessment (HTA) process, through a new model of research that addresses clinical scenarios to simulate real world HTA dilemmas and support decision making. The scenarios are based on criteria, such as clinical and epidemiological elements, and also, economic, social and ethical factors. The stakeholders decisions can induce strategic impacts in different HTA fields. We agreed to call this model Decision Making Clinical Scenarios (DMCS).

METHODS:

The model of research is based on a cross exploratory research, through a DMCS questionnaire applied to stakeholder respondents. The first survey was composed of four scenarios. The scenarios introduce value judgments, preferences and structuring choices, under specific circumstances. The scenarios are based on trade-offs involving HTA, such as budget impact, sources of funding, patients eligibility, technology characteristics and disease epidemiology. The stakeholders points of view are analyzed, through groups that represent payers, suppliers, developers, researchers, prescribers, regulators, government, patients and society.

RESULTS:

The scenarios have been shown to be understandable for all stakeholders groups. When testing the model with hypothetical dilemmas through clinical scenarios, the results are strongly influenced by each presented trade-off. We can observe specific trends and motivations when analyzing the stakeholders groups separately. The results are always evaluated and validated through statistical analysis. A total of 193

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stakeholders answered the survey. The majority were male (n = 104; 53.9 percent) and aged between 31 and 40 years (n = 71; 36.8 percent). In scenario 1, almost half of respondents (n = 95; 49.2 percent opted not to incorporate the new drug and in scenario 2, an even higher proportion chose not to incorporate the new drug (n = 112; 58.0 percent). In scenario 3, most have responded to not incorporate the new treatment for any age group (n = 81; 42.0 percent). In scenario 4, 65 percent of respondents opted for the preferential allocation for prevention, rather than treatment (n = 125; 64.8 percent). Overall results showed a conservative trend, considering the presented criteria and trade-offs.

CONCLUSIONS:

We concluded that most stakeholders are not guided only by the clinical benefit of a decision. They valorize the importance of funding mechanisms and budget control, and consider economic, social, ethical, clinical and epidemiological aspects. This study model seems to be useful to evaluate the trends of decision makers conduct. We understand that the use of clinical scenarios brings the discussion into the enviroment and dynamics of the HTA process, where outcome impacts can be analyzed properly. This model can be explored in further research, using flexible criteria for each desired scenario, through real world situations. This model can be used to evaluate impacts in strategic subjects, as budget allocation, public healthcare policies, and patient-shared decision making.

VP34 Economic Impact Of Influenza-Like-Illness In Vietnam

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INTRODUCTION:

Influenza is a disease related to the human respiratory system, with economic and social burden a common cause of Influenza-Like-Illness (ILI) among children and the elderly. This study was conducted to estimate cost of illness based on social perspectives of ILI cases.

METHODS:

A prospective study was conducted between February and March 2016 in pharmacies and private clinics at Khanh Hoa, Lam Dong, Tay Ninh, Dong Nai province, Ho Chi Minh City and Hospital of Tropical Diseases. Demographic and clinical information was collected by face-to-face interview. Treatment costs included direct costs (for example, diagnosis, therapeutics) and indirect cost (cost of days lost).

RESULTS:

Average costs associated with the ILI were USD88.09 per case among all age groups, direct non-medical costs were more dominant than direct medical costs accounting for 39.5 percent in pharmacies, 71.1 percent in clinics and 64.2 percent in hospitals. Total average cost was estimated to be EUR105 in children, and EUR514 in adults in Germany (1); and in South China, direct medical cost of ILI would be USD22.69 (2).

CONCLUSIONS:

The cost of ILI was the reason for the economic burden of patients and their families. This study provides the data for the future research, programs and policies which can be applied for influenza or ILI in Vietnam.

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