**PHP163 ASSESSING THE QUALITY OF MANUFACTURERS’ SEARCHES IN NICE SINGLE TECHNOLOGY APPRAISALS BY EVIDENCE REVIEW GROUPS**

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**OBJECTIVES:** No guidelines exist in the approach that Evidence Review Groups (ERGs) should take to appraise search methodologies in the manufacturer’s submission (MS) in single technology appraisals (STA). As a result, ERGs are left to appraise searches using their own approach. This study investigates the limitations in the ‘manifestos’ search methodologies assessed by ERGs in published STA reports.  

**METHODS:** Limitations from search critiques in 83 ERG reports published in the NIHR website between 2006 and May 2011 were extracted. The limitations were grouped into themes. Comparisons were made between limitations reported in different STAs, between the four ERG committees and between STAs published in the NIHR website between 2006 and May 2011 and STAs published between 1998 and May 2011.  

**RESULTS:** All 83 ERG reports included at least one search strategy theme and the most frequent limitations in both types of searches are search strategy, reporting and source. CONCLUSIONS: Variations exist in the limitations reported in both clinical and cost-effectiveness evidence searches in STAs. It is recommended that separate checklists or one that incorporates both reporting and effectiveness search are used to ensure that ERG groups and manufacturers are aware of the range of limitations that might exist when appraising searches.

**PHP164 PAYER INFORMATION REQUIREMENTS FOR RELATIVE EFFECTIVENESS ASSESSMENT VARY ACROSS MARKETS AND CREATE DISCREPANCIES IN PATIENT ACCESS TO MEDICINES**

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**OBJECTIVES:** To 1) evaluate how relative effectiveness assessment (REA) is used within national P&R processes and reimbursement processes in 8 developed markets; 2) to understand payer REA requirements and preferences in each of the markets studied; and 3) to analyse how the process impacts patients access to medicines across geographies.  

**METHODS:** IHS studied national P&R processes through primary and secondary research to establish how REA is leveraged to rationalise reimbursement and control price levels. Over 30 key relative effectiveness assessors and P&R decision makers were interviewed to understand the level and type of relative effectiveness evidence they look for in practice, broken down by public versus private sector, primary versus secondary-care segment, and key therapeutic areas. This research was further supported by real-life REA case studies across key therapeutic areas.  

**RESULTS:** The evaluation of the therapeutic value of a medicine can result in P&R decision discrepancies across markets. These coverage disparities notably reflect societal and methodological differences in the way the available evidence is interpreted across markets. In terms of how therapeutic value is factored into P&R decisions, markets can be segmented into two broad categories: 1) those that rely on economic assessment to assess therapeutic value, and 2) those that evaluate the added therapeutic value/improvement in actual clinical benefit without considering associated costs. In terms of information needs, payers wish to be in a position to evaluate how new medicines compare with the standard of care in their specific health care setting and in their patient population when making their P&R decisions.  

**CONCLUSIONS:** REA will increasingly be used in future to rationalise finite health care resources and budgets. For now there are two schools when it comes to the methodology and patient access to medicines is more stringent in countries that undertake economic evaluation.

**PHP165 EXPLORING THE ROLE OF THE COMMITTEE IN THE NICE APPRAISAL PROCESS: HOW CONSISTENT ARE DECISIONS ACROSS COMMITTEES?**

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**OBJECTIVES:** NICE technology appraisals are reviewed by one of four committees (A to D). Given the standard submission template, the information submitted as part of the appraisal process is the same across submissions. Therefore, committees may be expected to make similar decisions regarding the acceptance or rejection of submissions. This research explored whether there were differences in acceptances or rejections between committees and which factors affected those decisions.  

**METHODS:** Using FADs for 90 NICE technology appraisals published between 2006 and May 2011, we applied a decision model. For each report, the decision model calculated the probability of acceptance and rejection. The decision model is based on the following factors: patient benefit (proportion of patients who would benefit from the treatment), budget impact (total cost of the intervention), and therapeutic area (reported cost in the same therapeutic area as new submission). The model compared across the four committees using Fisher’s exact test. The composition of reviews did not appear to vary by the committee assessing the submission, given similar decision power.  

**RESULTS:** A total of 90 FADs reports incorporate an economic assessment. Of these, ten reports developed a new economic decision-analytic model. Around 30% of the reports within a model come to a generally consistent decision regarding the acceptance or rejection of the model, which gives a clear recommendation without major limitations. About 20% of these reports explicitly state that the development of a model for the German setting may have helped to come to a clear conclusion. In contrast, all reports incorporating a model give an economic recommendation – two of these with limitations. The identified models differ with respect to the type of health economic evaluation (cost-effectiveness, cost-utility), model type (decision tree, Markov model, Monte Carlo simulation), time horizon (two weeks – life long), discount rate (5%, 5%), perspective (statutory health insurance, care provider, social), outcome parameters (generic, disease specific) and sensitivity analyses (one-way, multi-way, probabilistic).  

**CONCLUSIONS:** Incorporating decision-analytic models in German HTAs has the potential to increase the number of health economic recommendations, but only a fraction of reports developed a specific model so far.

**PHP168 CALCULATED FORECAST FOR TECHNICAL OBSOLESCENCE IN COMPUTERISED TOMOGRAPHY EQUIPMENT**

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**OBJECTIVES:** To estimate the useful life of Computerised Tomography equipment (CT) and its potential to increase the number of health economic recommendations, but only a fraction of reports developed a specific model so far.

**METHODS:** A main component analysis in this model allowed for a reduction in the number of variables on the survey-file in Computerised Tomography technology and facilitates subsequent work without a significant loss of information. The Log Binomial Regression Model has enabled probability calculations for new technologies (technology age, time horizon, different levels of stimulus (storage changes in variables, temporary development, detection system, imaging resolution and equipment power). Using a Discriminant analysis, the objective has been to estimate, based on time, the chances of a technological leap occurring. RESULTS: The 18 evaluated technical parameters (CT) and their probability of a technological leap have been grouped in three main components: Detection System which explains 72.4% of the variance, Imaging Resolution which explaining 13.55% of the variance and Equipment Power explaining 7.1% of the variance. Logistic regression allows us to approximate the influence of each main component with the passing of time, the implementation of a technology leap, with its significant influence with positive signs of temporary evolution (0.430), and with a negative sign for the main component the detection system (–3.974), image resolution (–3.766) and equipment power (–2.466). For Determinant analysis, the explanatory variables used in the model are the prediction parameters calculated. The prediction model obtains a lower percentage of success than the Log Binomial, around 66.7%. The most important factor in influencing the change of technology seems to be the image resolution followed by the detection system and a negative sign for temporary evolution.  

**CONCLUSIONS:** The results of the present project will enable advance knowledge of the expectations of technological change in CT technology, allowing an advance in investment planning for this technology, for acquiring and installing this type of technology.

**PHP169 COMPARING THE HUNGARIAN METHODOLOGICAL GUIDELINE FOR CONDUCTING ECONOMIC EVALUATION OF HEALTH CARE INTERVENTIONS WITH EUROPEAN GUIDELINES**

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**OBJECTIVES:** The Hungarian methodological guideline for conducting economic evaluation of health care interventions was published in 2002 and the modified version will be shortly published. The 10thanniversary of the Hungarian HTA