

long-term residential care facilities providing 24/7 living lab settings, linked to an embedded innovation hub. DDRI also encompasses private vehicles (e.g. sensors in cars) to enable elderly to drive safely for longer. Collaborations have been established with Universities in England, Scotland and Ireland and with international industry partners.

**RESULTS:**

Several projects are underway: (i) develop machine learning algorithm from non-intrusive sensor data to build a well-being representation for individual residents/citizens; (ii) evaluate innovative interventions for good sleep environment and nutritional support; and (iii) establish ethics framework to ensure that needs of residents, families and staff are embedded in design, communication, and evaluation of future DDRI projects. In addition, fifteen interdisciplinary doctoral fellowships are in place, six universities are working closely with individual living lab settings, and an innovation hub has been established in one care home for horizon-scanning and strategic technology selection and implementation.

**CONCLUSIONS:**

Over the next five years, a national network of 20 residential living labs with over 1,500 participants will be established. Generation of new user-led technologies, blueprints for capture of individual data at significant scale, and ethical and organizational guidelines will be developed. Intelligent mobility via data capture/feedback in vehicles will be established.

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## PP90 The Value Of Multi-Criteria Decision Analysis Use On Health Technology Decision Making Process

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**INTRODUCTION:**

The use of multi-criteria decision analysis (MCDA) in health technology assessment (HTA) studies has become more common due to the fact that MCDA offers a comprehensive technique for decisions that involve multiple criteria and stakeholders. How MCDA contributes to the HTA decision making process is an

issue to be investigated. A systematic review was carried out in order to provide an overview of the benefits identified in MCDA applications for the strategic HTA decision making process.

**METHODS:**

A systematic review developed by Philip Wahlster et al. (2014) was updated. The papers were analyzed in order to determine how MCDA is connected with traditional HTA, and to identify opportunities through the application of MCDA. In total 965 papers were found, and 43 articles were included in the review. The included articles detailed MCDA applications oriented to tactical and strategic decision making processes. The review was conducted by two researchers.

**RESULTS:**

Of the available studies published on MCDA, 76 percent were published between 2014 and 2017, and 24 percent were published prior to 2014. Regarding the MCDA methodology defined in the included studies, 10 used the analytical hierarchy process, four used multi-attribute theory, and others refer the methodology only as "MCDA". Seventeen studies also included health technology economic analysis, in special cost-effectiveness, safety and technological innovation. The studies suggest MCDA adds value since it allows different stakeholders to be engaged in the decision making process.

**CONCLUSIONS:**

The increase in studies on MCDA and healthcare point to the possibility to add different criteria, engage people with different knowledge levels, and make the decision-making process more transparent. In comparison with other technical areas, the use of MCDA in healthcare is more focused on achieving the decision about adding the new technology, and to show how to engage stakeholders than to explain how to develop the algorithms and methodologies.

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## PP93 HTA Role In CoreHEM, A Multi-Stakeholder Core Outcome Set Project

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**INTRODUCTION:**

Hemophilia gene therapy trials demonstrate a “cure” could be achievable, thereby changing disease management. CoreHEM aims to develop multi-stakeholder consensus around a clearly defined, core outcome set (COS) - a minimum set of outcomes that should be measured and reported in all clinical trials of a specific condition - that will demonstrate and allow differentiation of the effectiveness and value of gene therapy relative to the current standard of care. Health technology assessment (HTA) frequently suffers from a lack of relevant, consistently reported outcomes. When uniformly implemented, COS increase the predictability and consistency of appraisals, coverage, and reimbursement decisions by payers and HTA agencies.

**METHODS:**

A COS was developed using a modified Delphi process, including online surveys and an in-person consensus meeting. A literature review and key informant interviews were used to create an initial list of outcomes for voting. Participants (patients, including representatives from the National Hemophilia Foundation and the World Federation of Hemophilia, healthcare providers, payers, HTA agencies, regulators and industry representatives) condensed and prioritized the list by rating each outcome on a scale of 1 (not important to include) to 9 (essential). Participants could also suggest outcomes for voting. Outcomes were eliminated from consideration if <70 percent rated the outcome from 7–9, unless the patient stakeholder group average score was ≥7.

**RESULTS:**

After two Delphi rounds, there was consensus on three outcomes: frequency of bleeds, factor activity level, and duration of expression. Additional outcomes included after an in-person consensus meeting were chronic pain, mental health status, and utilization of the healthcare system (direct costs). Adverse events of interest were evaluated and separately reported.

**CONCLUSIONS:**

Including the coreHEM COS in clinical development programs will ensure that relevant, consistent outcomes are available for decisions by HTA agencies, clinicians, and patients. This should result in faster access to novel, high-value therapies for appropriate patients.

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## PP95 Engagement Of Local Policymakers In HTA With Positive Results

**AUTHORS:**

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**INTRODUCTION:**

São Paulo city in Brazil has implemented social and health care for homeless people with pulmonary tuberculosis since 2007. We conducted a health technology assessment (HTA) of the interventions provided based on a national theoretical model using 2015 data and an overview of systematic reviews. The HTA was requested by national policymakers. The results demonstrated that the interventions for pulmonary tuberculosis were satisfactory. The municipal secretariat implemented actions to improve the national treatment recommendations and adopted incentives to increase adherence to treatments. Our objective was to describe the feedback process for the Health Secretariat.

**METHODS:**

The feedback was categorized as: (i) an executive abstract with key messages (i.e. ninety-seven percent of notified cases underwent sputum smears, nineteen percent were hospitalized, and fifty-nine percent were cured) reported to policymakers involved in the surveillance program; and (ii) three meetings were organized jointly by the research group and local policymakers.

**RESULTS:**

In 2016 we conducted a meeting to present the results. Thirty-nine professionals involved in the primary care team working on the streets (thirty-five percent) and the Tuberculosis Surveillance and Control Program (five percent) were present. The main barriers presented by the professionals were issues of human resources (i.e. suboptimal professional staff and having two different social organizations responsible for health care). The main facilitators presented by professionals were: (i) using homeless-peers as healthcare workers; (ii) having a network linking the primary care and surveillance programs; and (iii) periodic training.