HTA164

Effective Stakeholder Involvement in Rapid Health Technology Assessments: Five Years of Experience in Argentina.

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Background

- Achieving universal health coverage (UHC) is essential, especially in the era of emerging technologies.
- Health technology assessment (HTA) is a structured approach that provides evidence-based information to decision-makers, enabling them to make informed choices about allocating healthcare resources.
- Argentina lacks a formal HTA entity, but the National Commission for Health Technology Assessment (CONETEC) was established in early 2018.
- The Institute for Clinical Effectiveness and Health Policy (IECS) HTA agency, which has conducted over 1300 reports since 2002, is considered one of the most important in Latin America. It´s member of INAHTA, RedETSa and PAHO Collaborating Center

Objective

- To describe the active stakeholder consultation process for rapid HTAs in an Argentinean-independent academic not-for-profit HTA agency and assess its initial five years of implementation.

Methods

- Since 2017, we have been conducting an active public consultation process for rapid HTA documents, inviting producers, healthcare professionals, and patient organizations to provide comments; their inputs can lead to changes in HTA documents.
- There are four stages to be involved: during the production (initial stage), with the first non-public draft (embargo stage), in the preliminary document (public in the web page) and eventually a face-to-face meeting
- Documents can be changed during this process. Changes were classified as major (changes in coverage recommendations), intermediate (changes in efficacy, net benefit, or cost-effectiveness that did not change coverage recommendations), or minor (other changes).
- Descriptive statistics were used to analyze the data.

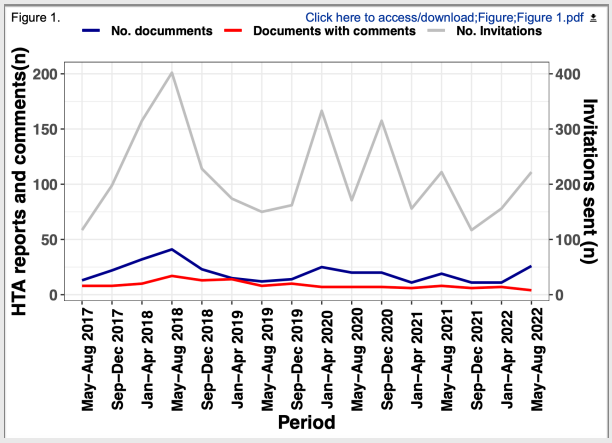
Conclusion

- Implementing an active stakeholder involvement process in HTA is feasible in the LMIC context, and leads to strengthening and improving the HTA process.
- The degree of participation was high and improve the final version or the documents, even in a short timeline for the overall production of the document.

Results

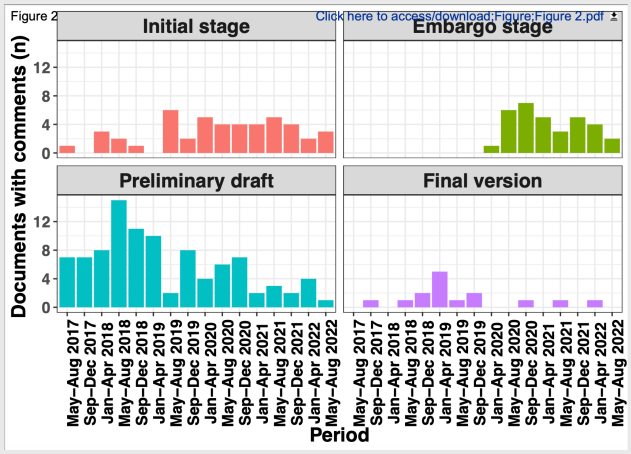
- From May 2017 to August 2022, **308 rapid HTA** (rHTA) reports were published, 3,438 invitations were sent, and 228 comments were retrieved on 140 documents (**45.5%**).

Figure 1. Rapid health technology assessment reports, invitations sent to stakeholders, and comment trends.



- Comments came from producers (53%, n=112) and healthcare professional organizations (31.2%, n=66).
- The technologies evaluated were drugs (37%, n=114), procedures (35.5%, n=109), diagnostic methods (15.3%, n=47), and devices (12.2%, n=38).
- Most of the comments were received during the preliminary draft stage available on the web page although they moved to the embargo stage since its implementation.

Figure 2: Comments on rapid health technology assessment reports by public consultation stages (n=140)



- Of the 308 rHTA documents, 120 **(39%) underwent modifications**, mostly minor adjustments (n=100; 80%), followed by major (n=12; 10%) and intermediate modifications (n=8; 6.4%).

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