

PCR265 A CORE OUTCOME SET FOR THE EVALUATION OF NEW HEALTHCARE PROGRAMS IN SWEDEN

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Objectives: Evaluation of healthcare programmes focusing on participation and shared decision-making, such as person-centred care (PCC), generally report beneficial results on symptom burden and self-efficacy. However, traditional outcomes for economic evaluations are less sensitive to these changes, limiting the availability of information for decision making and prioritisation. The aim of this study is to develop a core outcome set for the evaluation of such programmes, including economic evaluations. **Methods:** A Delphi study was conducted with participants representing 4 stakeholder groups; patients, healthcare workers, researchers, and managers/leaders. A questionnaire was developed using outcomes retrieved from a systematic review on the cost-effectiveness of PCC, thereafter, complemented based on recommendations during pilot interviews. The study consisted of 2 rounds where outcomes were scored from 1-9 based on their perceived importance for the decision-making process. Participants could suggest new outcomes during the 1st round that were included in round 2. After 2 rounds, an outcome was deemed critical to the core outcome set if scored between 7-9 by at least 70% of the participants. These results will be discussed in a consensus meeting (autumn 2023) with two representatives for each stakeholder group, to generate the final core outcome set. **Results:** Outcomes were grouped into; health and quality of life, capabilities and prerequisites, process measures related to care implementation or digitalization, and health economics. At the end of round 1, 58 participants (patients n=14; healthcare workers n=16; researchers n=17; managers/leaders n=10) had scored 52 outcomes and recommended a further 13 for inclusion in round 2 after removing duplicates. In round 2, 46 participants had re-scored the outcomes (missing n=12), with scores being changed between scoring thresholds on 168 separate occasions. **Conclusions:** The preliminary core outcome set after the completion of round 2 highlights stakeholder preferences towards outcomes corresponding to capabilities and prerequisites, and process measures related to care implementation.



PCR266 TRANSPLANT PHYSICIANS' PREFERENCES IN DECEASED ORGAN ALLOCATION: A PILOT DISCRETE CHOICE EXPERIMENT

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Objectives: Deceased donor organs available for transplantation are a scarce resource since the beginning of transplantation medicine, resulting in the demand far exceeding the supply in every country worldwide. This study aimed to assess transplant physicians' preferences guiding the allocation of deceased donor organs in Germany. We performed a pilot discrete choice experiment (DCE) using a paper-pencil questionnaire. **Methods:** Based on a systematic review and focus groups, five attributes, each with two to four levels, were selected. 1) life years gained after transplantation (+5, +10, +15 years), 2) quality of life after transplantation (bad, moderate, good), 3) chance for a further donor organ offer (25%, 50%, 75%), 4) age (25, 40, 55, 70 years old), and 5) registered donor (yes, no). Each respondent was presented with eight choice sets and asked to choose between two hypothetical patients without an opt-out. Data were analyzed using conditional logit model and subgroup analysis. **Results:** The sample comprised 57 respondents, including 22 conservative and 35 surgical transplant physicians (period: 11/2021-03/2022). Choice decisions were significantly influenced by all attributes except 50% chance for a further donor organ offer. The greatest impact on choice decisions had a young age (25 years: $\beta=2.02$, $p<0.001$), a good quality of life ($\beta=1.92$, $p<0.001$) and more additional life years gained after transplantation (+15 years: $\beta=1.80$, $p<0.001$), while being a registered donor ($\beta=0.62$, $p<0.001$) had less but still significant influence. A higher chance for a further donor organ offer (indicating as low medical urgency) was associated with negative impact (75%: $\beta=-0.37$, $p<0.070$). **Conclusions:** This DCE provides useful insights into the key stakeholder perspective: Transplant physicians preferred to allocate deceased donor organs by criteria related to success, whereas medical urgency was of minor importance. Therefore, their opinions are substantial in revising the current organ allocation policy in Germany.



PCR267 HEALTH-RELATED UTILITIES ASSOCIATED WITH PNEUMOCOCCAL DISEASE IN THE ADULT POPULATION: WHAT DO WE KNOW?

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Objectives: This study aimed to provide an overview of health-related utilities associated with pneumococcal disease (PD) in adults, based on cost-effectiveness analyses (CEAs) of pneumococcal vaccines in the United States (US). **Methods:** A targeted literature review (TLR) was conducted in 2023 to identify full-text US CEAs of adult pneumococcal vaccines that reported quality-adjusted life year (QALY) outcomes. Health utility inputs from these CEAs were extracted, and the original studies upon which the inputs were estimated were reviewed. **Results:** The TLR identified a total of 27 CEAs published between 1997 and 2022, which used either QALY decrements or utility weights combined with duration of illness as model inputs. A utility weight of 0.2 and duration-of-illness of 34 days (equivalent to a QALY decrement of 0.0745) were applied to invasive PD (IPD) and/or inpatient pneumonia in 20 CEAs. For other CEAs, QALY decrements ranging from 0.0051–0.0195 were applied for one episode of IPD and 0.003–0.006 for inpatient pneumonia. The range of QALY decrement inputs for outpatient pneumonia was 0.0014–0.004. It is worth noting that 23 CEAs cited other CEAs as sources for these inputs, which ultimately tracked back to three original utility studies published in 1993–2000. However, none of the original studies specifically evaluated utilities associated with PD in adults. One study valued health-related quality-of-life by considering activity limitations and perceived health from the National Health Interview Survey, another estimated the utility values for chronic medical conditions (e.g., chronic bronchitis), and the third study assessed parents' preference for outcomes from treatment of occult bacteremia in young children. **Conclusions:** Utility inputs in the published US CEAs varied widely and were estimated from a limited number of original studies, which did not provide utilities of the target populations or diseases. A significant research gap exists regarding health utilities of PD in the US adult population.

PCR269 DETECTING CHANGES IN RELATIVE WEIGHTING OF EQ-5D DIMENSIONS AND LEVELS WITH SEQUENTIAL ANALYTICAL HIERARCHY PROCESS IN HONG KONG SAR, CHINA

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Objectives: Limited discussion was raised on the possible change in Health-related Quality of Life (HRQoL) perception across time, while such changes may impact the accuracy and timeliness of health utility values previously assigned to the EQ-5D-5L value sets. This study aimed to examine the possible HRQoL perception and preference changes across a certain time interval in Hong Kong SAR. **Methods:** This study utilized a paired sample with an interval of at least six months. Local residents aged ≥ 18 with Chinese literacy were eligible for the surveys. The first round (n=165) was conducted from April to June 2022 with a representative sample mix by age and gender. The second round was from November 2022 to March 2023 while the second round's composition was still close to the local demographic mix. By Analytical Hierarchy Process (AHP), relative weightings of the EQ-5D-5L five dimensions and five levels were computed by pairwise comparison and absolute scoring separately. **Results:** With 75.2% follow-up rate, 124 paired cases were analyzed. Among those who could recall the first round (n=107), 53.3% of participants self-reported change in HRQoL perception, or had experienced adverse health events by significant others or themselves within the period. The sequential changes in AHP relative weighting in Mobility (MO), Self-care (SC), Usual Activities (UA), Pain/Discomfort (PD) and Anxiety/Depression (AD) were +22.2%, +18.9%, -4.89%, -23.1% and -55.6% respectively, hinting a transitional emphasis in MO and SC from PD and AD within the study period. A similar pattern was observed in the five levels of each dimension, as the percentage changes in perceived health utility loss were +22.2%–+26.6% (MO), +17.2%–+26.5% (SC), -4.50%–-7.53% (UA), -17.9%–-29.2% (PD) and -42.3%–-62.6% (AD). **Conclusions:** This study quantified the sequential changes in HRQoL perception with the EQ-5D-5L instrument but the factors influencing such change are yet to be explored. Further investigations should be conducted to explore and explain HRQoL changes on individual and population levels.



PCR270 DEVELOPMENT OF A QUALITY APPRAISAL TOOL FOR SYSTEMATIC LITERATURE REVIEWS OF STUDIES ELICITING HEALTH STATE UTILITY VALUES (HSUVs): A DELPHI CONSENSUS APPROACH

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Objectives: Cost-effectiveness analyses have proven highly sensitive to the health state utility value (HSUV) selection. With an uptick in studies eliciting HSUVs, systematic literature reviews (SLRs) and meta-analyses have become essential tools to synthesize these studies in various decision contexts. Therefore, quality appraisal (QA) of HSUV elicitation studies is central to informing new health technology assessments. This study aimed to develop a scientifically grounded, evidence-based QA

