direct response to drug availability and regulatory actions, with adoption of alternative ERTs after 2010 demonstrating the system's flexibility. Strategic health policy planning is vital for treatment sustainability and affordability.

PD165 To What Extent Do Health Technology Assessment Bodies Cross-Reference Each Other In Their Reports?

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Introduction: Due to different timing of drug launches across countries, published health technology assessment (HTA) findings from one country may impact HTA outcomes in other countries. The aim of our work was to identify the most influential HTA bodies by analyzing to what extent HTA bodies cross-reference each other in their HTA reports.
Methods: We analyzed the HTA reports on single drug assessments (SDA) published by 46 HTA bodies from 28 countries (and cross-country collaborations) with decision dates between January 2011 and November 2023. We searched the identified HTA reports by using natural language processing and a predefined set of keywords to identify whether, and to what extent, HTA bodies reference each other in their HTA reports. Additionally, we assessed if there is a trend over time in the cross-referencing, and whether any clusters could be identified.
Results: Based on the analysis of 24,793 SDAs, the National Institute for Health and Care Excellence (NICE) was referenced the most (in 4,198 HTA reports across 39 HTA bodies), followed by the Canadian Agency for Drugs and Technologies in Health (in 2,034 reports across 35 HTA bodies), and the Scottish Medicines Consortium (SMC) (in 1,960 reports across 31 HTA bodies). The HTA bodies that most often referenced other HTAs were the Agency for Health Technology Assessment and Tariff System, the Haute Autorité de santé, and NICE. Seven HTA bodies were not referenced in any HTA report, while four did not reference any other HTA body.
Conclusions: Our research shows that most of the analyzed HTA agencies not only referenced other HTA bodies in their HTA reports but were also referenced by other HTA bodies. The most often referenced HTA agencies were mostly from English-speaking countries, were well recognized, and had well defined methodologies.

PD166 Artificial Intelligence, Healthcare System Budget Cuts, And Flow of New Evidence: Moving To Living Health Technology Assessment Reform

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Introduction: Health technology assessment (HTA) agencies struggle with how to ensure timely assessment of promising technologies, especially considering the volume of rapidly produced evidence using complex analytical methodologies and applications, such as artificial intelligence (AI). Furthermore, healthcare systems that are already overburdened are now dealing with issues related to sustainability and increasing budgetary constraints resulting from several public health emergencies, such as the COVID-19 pandemic.
Methods: A targeted literature review of primary publications in English published during the last five years was conducted to answer the following research question: Would AI integration into health outcomes research and health economics encourage automation in the HTA process, allowing for a living model—a real-time, dynamic approach using explicit methods to determine the value of a technology at different points in its lifecycle—to be implemented? We selected publications presenting information on the following concepts: automation in evidence generation; health economics in the decision-making context; cost efficiencies from the integration of automation; and separation of concepts such as lifecycle and living HTA. A narrative synthesis was conducted.
Results: The publications selected explored four different aspects of the living concept in decision-making: living clinical guidelines, living evidence reviews and economic evaluations, and living HTA. Automation in systematic reviews (screening and data extraction), including time efficiencies, was the most frequently reported living aspect. The value of open-source economic models was increasingly recognized. Few references were found for methods such as living meta-analyses or network meta-analyses. Adaptive HTA was another related key term. A few publications outlined how a living HTA model could be implemented in real decision-making and its operational challenges.
Conclusions: So far, HTA bodies have been slow in adopting AI and automation innovation in their practices. Pressures to evolve with the increasingly complex treatment and evidence landscape necessitate a reform in HTA methods. A living HTA model may overcome these barriers and ensure faster patient access for new, promising technologies. A set of "living" standards is needed to gain HTA trust.

https://doi.org/10.1017/S0266462324003921 Published online by Cambridge University Press