

PD228 Standardized Open Access Reporting Of Health Technology Assessment And Stakeholder Involvement

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Introduction: There is currently no standardized way to share information about health technology assessment (HTA). Standardised Data on Initiatives (STARDIT) can be used to overcome current limitations in sharing data about HTA processes by providing a way to report these data. This includes which stakeholders have been involved and how, the data sources used, and any impacts or outcomes observed.

Methods: STARDIT development began in 2019, guided by participatory action research paradigms. A multidisciplinary international team of over 100 citizens, experts, and data users was involved in cocreating STARDIT. These cocreators included patients with cancer, people living with rare diseases, Indigenous Peoples from multiple countries, representatives involved in HTA processes, health researchers, environmental researchers, economists, librarians, and academic publishers. Methods used to involve people included public events, online discussions, and a public consultation process. STARDIT is free to use, and data can be submitted by anyone. Report authors can be verified to improve trust and transparency, and data can be checked for quality.

Results: STARDIT has been used to create open access information about HTA processes that can be verified or edited by anyone at all stages of the HTA process, in multiple languages. This allows stakeholders involved in or affected by HTA processes (including patients, the public, Indigenous Peoples, and people from industry) to appraise and edit information and to self-identify the labels and terminology used to describe them. Organizations, including Australian Genomics, have recommended the use of STARDIT. Wikimedia Australia is a formal supporter and hosts data on their servers. The working beta version of STARDIT is available at [ScienceForAll.World/STARDIT](https://scienceforall.world/stardit).

Conclusions: STARDIT improves access to standardized, verified information about HTA processes, enabling well-founded comparisons of the effectiveness of different HTA methods, including the most effective methods for involving stakeholders. Since STARDIT is open access and editable by anyone, it can support participatory ways of working and help improve the equity and quality of HTA processes worldwide.

PD229 “It’s All About Layers”: Painting The Picture Of Health Inequalities For Health Technology Assessment

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Introduction: Health inequalities can be described as avoidable, systematic, and unjust differences in health between different groups within society. This research described and evaluated potential methods to measure the effects of health inequalities that could be used in health technology assessment (HTA) in the UK. The research included recommendations for current and future policy objectives relating to incorporating health inequalities.

Methods: A targeted literature review was conducted to identify methodological approaches used to incorporate health inequalities in HTA. Stakeholder interviews and a workshop were conducted with a range of stakeholders in the UK. This engagement aimed to discuss any gaps in the literature and to assess whether attitudes, methods, and policies were evolving at the same rate as the literature. Other aims of the engagement included obtaining stakeholder views on health inequalities and a better understanding of the perspectives of decision-makers.

Results: Five potential methods were identified to account for health inequalities, with equity-based weighting and distributional cost-effectiveness analysis considered to be the most feasible quantification methods. Stakeholders reiterated that a deliberative process should remain the center of HTA. Stakeholders also raised issues such as the burden on committees, trade-offs between complexity and accessibility, and the importance of measuring the size and direction of inequality impacts. Recommendations were then produced based on these findings to better account for inequalities in HTA, highlighting the importance of combining a range of approaches.

Conclusions: Both companies and HTA agencies should be more proactive in accounting for health inequalities. Companies should be encouraged to provide quantitative analysis on health inequalities, while decision-makers should be trained in new methods. Despite the recent rise in quantitative methods, qualitative methods remain extremely important for a layered approach to considering health inequalities.