RED ESPAÑOLA DE AGENCIAS DE EVALUACIÓN
DE TECNOLOGÍAS Y PRESTACIONES DEL SISTEMA NACIONAL DE SALUD

SERVICIO CANARIO DE LA SALUD

Organizational and Functional issues in HTA Programs

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TRAINING WORKSHOP on HTA
22-23 FEBRUARY 2014
PLOVDIV

GOBIERNO DE CANARIAS
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Contents of Presentation

- Centralized (National) vs. Decentralized (Regional) HTA programs
- Components of HTA programs
- Structure and Governance of HTA organizations
- Expertise for conducting HTA activities
- Timing for assessment
- Barriers to HTA (conducting and implementation)
- Impact evaluation of HTA activities
- Make, Adapt or Buy HTA reports ?
- Our own experience from SESCS

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Centralized vs. Decentralized organizations

- **Expansion of HTA activities worlwide**
- **More decentralized HTA programs (public and private)**

- **Centralized HTA:** Efficient to support homogeneous decision making Nationally
- **Decentralized HTA:** Specific needs, perspectives, timings. Needs coordination !

Succesful decentralized Portals for HTA

- **AHRQ:** 13 Evidence Based Practice Centers in USA and Canada
- **NICE:**
- **Cochrane network:** 50 volunteers groups, 14 centers in 12 countries
- **Spanish network HTA:** 1 National and 5 regional centers

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Components of HTA programs

Six domains and 14 key components (1)

1.- HTA Organization and Structure:

1.-Program Purpose: Role of HTA in supporting decision making

2.-Governance: Administrative status, organization and review committees

3.-Scope: Types of technologies reviewed and key factors analyzed (effectiveness, social, etc.)

4.-Products: Types of reports and other products developed

5.-Program Evaluation: to improve HTA program

2.- Transparency:

6.-Program Transparency: Public information on every step of the HTA activities

3.- Stakeholder Involvement

7.- Stakeholder Involvement: Types of stakeholders and opportunities for participation

Pinson, N., Thielke, A., & King, V. (2011). Health Technology Assessment. Portland: Center for Evidence-based Policy. http://www.ohsu.edu/xd/research/centers-institutes/evidence-based-policy-center/med/index.cfm

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Components of HTA programs

Six domains and 14 key components (2)

4.- Topic nomination and Selection:

8.-Topic Nomination: Soliciting candidate topics

9.-Topic Prioritization: Setting priorities and final selection of topics for HTA

10.-Topic Refinement: Clarifyng the problem, setting objectives and perspectives

5.- Evidence Retrieval, Appraisal and Synthesis:

11.-Entities conducting reviews: Internal or external commissioned groups

12.-Review methods: Extent and nature of review methodologies

6.- Use of HTA in Decision Making:

13.- Developing Recommendations for Public Decision Makers

14.-Implementation: HTA dissemination and Implementation strategies

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HTA Organization and Structure:

Program Purpose

- Advisory, providing evidence based conclusions for one or several stakeholders
  - CADTH (Canada)
  - SBU (Sweden)
  - IQWIG (Germany)
- Advisory with evidence based conclusions and recommendations for different stakeholders
  - MSAC (Australia)
  - DACEHTA (Denmark)
  - NICE (England)
  - KCE (Belgium)
  - Spanish Network HTA
- Prescriptive on coverage decisions only for Authorities
  - Some US HTA org.
  - SESCS (Canary Islands)

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HTA Organization and Structure:

Governance and Organization

- Non or semi-governmental non-profit
  - CADTH
  - KCE
  - IQWIG
- Government-based HTA Programs <u>Independent from Health Care Org.</u>
  - DACEHTA
  - SBU
- Government-based HTA Programs <u>Non-independent from Health Care Org.</u>
  - MSAC
  - NICE
  - Spanish Network HTA
  - SESCS
  - Most Public US HTA org.

Pinson, N., Thielke, A., & King, V. (2011). Health Technology Assessment. Portland: Center for Evidence-based Policy. http://www.ohsu.edu/xd/research/centers-institutes/evidence-based-policy-center/med/index.cfm

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HTA Organization and Structure:

Scope

- **All kind of Health Technologies including:**
  - Pharmaceuticals
  - Medical and surgical procedures
  - Diagnostic Tests
  - Medical devices and Prostheses
  - Public Health Programs

- **MSAC**
- **KCE**
- **CADTH**
- **NICE**
- **DACEHTA**
- **SBU**
- **IQWIG**
- **SESCS**

- **All kinds of Health Technologies but DRUGS:**

- **Spanish Network HTA**

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HTA Organization and Structure:

HTA Products

- **Full Evidence Reports**
  Broad (1-3 years) or Focused (months-1 year) reviews
- **Short Reports with Evidence Conclusions and Recommendations**
- **Brief Summaries for different audiences :** Patient / Clinician / Managers
- **Mini – HTA:** First approach to emergent health technologies
- **Clinical Practice Guidelines**
- **Tools for Shared Decision making** for patients and professionals

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HTA Organization and Structure:

Program Evaluation

To identify areas for Program Improvement and Development

- Internal or External
- Degree of development of every program component
- Explore external perceptions
- Help re-define Program direction

USUAL RECOMMENDATIONS FROM ASSESSMENT

- Increased Transparency
- More stakeholder Involvement
- Increased Efficiency (Timely) of production
- Consistency of HTA Products
- Integration of Evidence and Political Recommendations
- Adherence to Standard Methods of reporting

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Stakeholder Involvement

Who, How and When to involve

"Individuals, groups or organizations interested in specific HTA"

- **Who:**
  - Policy makers
  - Providers
  - Consumer organizations
  - Patients
  - Industry
- **How:**
  - Participation in Topic and /or Objectives selection
  - Transparency of meeting dates, publications and decisions
  - Input through oral or written comments
  - Participation in HTA program committees
- **When to involve:**
  - Topic nomination
  - Setting research questions and HTA objectives
  - Publication of evidence retrieval
  - Publication of HTA reports
  - Appeal of HTA conclusions / recommendations

Pinson, N., Thielke, A., & King, V. (2011). Health Technology Assessment. Portland: Center for Evidence-based Policy. http://www.ohsu.edu/xd/research/centers-institutes/evidence-based-policy-center/med/index.cfm

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Patient involvement in health research: A contribution to a systematic review on the effectiveness of treatments for degenerative ataxias☆

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Treatment outcome
Spain

ABSTRACT

This study aims to incorporate patients' perspective in the design of a systematic review of scientific literature on the effectiveness of degenerative ataxias (DA) treatments. 53 patients with DA from different regions of Spain were consulted using the Delphi method, with three rounds via e-mail. In the first round, obtained information was on treatments used and relevant self-perceived health problems related to DA. The following two rounds were used to prioritize and achieve a consensus on the answers.

The participation rate was 100% for all rounds. The most relevant self-perceived health problems were limitations in activities of daily living (ADL), visual and auditory problems and diminished self-esteem. The bibliographic search for the systematic review was enriched by these patient contributions. No study offered information on treatment effectiveness for the following problems prioritized by patients: ADL, social relationships, disease acceptance and quality of life.

Thus some of the self-perceived DA-related health problems identified by the patients have never been investigated and should be considered to improve future research projects which should be adapted to meet patients' needs. Effective participation of patients can extend the value of systematic reviews to ensure they respond to both clinicians' information needs and patients' expectations.

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Selecting Topics for HTA (1)

- Reactive HTA reports: Urgent or Unplanned Needs of Health Care Organizations
- Planned HTA reports according to expected or planned decisions
- Early HTA reports supported by the activity of Systems for early identification of emergent technologies

Planned HTA reports

- Identifying Candidate Topics
- Setting Assessment Priorities
- Specifying the Assessment Problem
- Reassessment : the Moving Target Problem

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Selecting Topics for Planned HTA (2)

Identifying Candidate Topics (1)

Periodic electronic Surveys

Nomination might consider the following criteria:

- Defined condition and target population
- Focused questions to answer
- Incidence / Prevalence / Disease Burden
- Known Costs associated to the disease
- Potential impact of HTA report to Improve Health and Decrease Costs
- Availability of scientific Data
- Plans to implement HTA report recommendations
- Plans to assess the impact of HTA report

Priorización en Evaluación de Tecnologías Sanitarias (ETS) en Canarias

Su perspectiva:

- ☐ Profesional sanitario en hospital
- ☐ Profesional sanitario en centro de salud
- ☐ Directivo en una gerencia
- ☐ Directivo en Servicios Centrales
- ☐ Asociación de pacientes
- ☐ Industria
- ☐ Otra ...

Stakeholder

Su ubicación:

- ☐ CHUIMI
- ☐ HUGC-Dr.NEGRÍN
- ☐ HUC
- ☐ HUNSC
- ☐ GERENCIA APS Gran Canaria
- ☐ GERENCIA APS Tenerife
- ☐ Otra ...

Organization

Para cada una de las sugerencias:

1) Indicar, si procede, la enfermedad/estado/comportamiento/problema de salud pública específico, así como los grupos de pacientes específicos de aplicación.
2) Señalar con una cruz los aspectos objeto de la evaluación.
3) Escribir en orden de importancia descendente.

Tecnología a evaluar	Indicación	Pacientes	Aspectos a evaluar						
			Eficacia	Efectividad	Seguridad	Utilidad	Impacto económico: eficiencia	Impacto organizativo	Impacto ético y/o social
¿Qué **MEDICAMENTOS y para qué indicación** sería necesario evaluar?									
1.			☐	☐	☐	☐	☐	☐	☐
2.			☐	☐	☐	☐	☐	☐	☐
3. Drugs			☐	☐	☐	☐	☐	☐	☐
4.			☐	☐	☐	☐	☐	☐	☐
5.			☐	☐	☐	☐	☐	☐	☐
¿Qué **DISPOSITIVOS/EQUIPOS** sería necesario evaluar?									
1.			☐	☐	☐	☐	☐	☐	☐
2.			☐	☐	☐	☐	☐	☐	☐
3. Devices			☐	☐	☐	☐	☐	☐	☐
4.			☐	☐	☐	☐	☐	☐	☐
5.			☐	☐	☐	☐	☐	☐	☐
¿Qué **PROCEDIMIENTOS INSTRUMENTALES o TÉCNICAS QUIRÚRGICAS** sería necesario evaluar?									
1.			☐	☐	☐	☐	☐	☐	☐
2.			☐	☐	☐	☐	☐	☐	☐
3. Procedures			☐	☐	☐	☐	☐	☐	☐
4.			☐	☐	☐	☐	☐	☐	☐
5.			☐	☐	☐	☐	☐	☐	☐
¿Qué **PROTOCOLOS, PROGRAMAS O MODELOS ORGANIZATIVOS** sería necesario evaluar?									
1. Organizations			☐	☐	☐	☐	☐	☐	☐

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Selecting Topics for HTA (3)

Identifying Candidate Topics (2)

Systems for Early Warning of emergent technologies:

- National Horizon Scanning Center and EuroScan– NHS at UK
- CETAP at CCOHTA (Canada)
- TARGET at ECRI (USA)

Drawing of information from Medline / EMBASE, Internet, expert committees, etc.

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Selecting Topics for HTA (4)

Setting Assessment Priorities

How Topics for assessment are chosen given limited HTA resources ?

EXPLICIT or INFORMAL

- High individual / population BURDEN (morbidity, disability or mortality)
- High COSTS (for unit or aggregate) of the Technology or the Health problem
- Substantial VARIATIONS on Practice
- Available knowledge but not well disseminated
- Need of regulation or payment decisions
- Scientific controversy or Clinician interets
- Public or Political demand
- Timing of assessment
- Potential applicability of HTA recommendations
- Potential impact of HTA report to CHANGE Health / Health System Outcomes

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Selecting Topics for HTA (5)

Setting Assessment Priorities

How Topics for assessment are chosen given limited HTA resources ?

EXPLICIT procedures to set PRIORITIES for HTA

- Select criteria for priority setting
- Assign relative weights to criteria
- Identify candidate topics
- Reduce large lists excluding topics that would rank low under the criteria
- Obtain data for rating
- Assign scores
- Rank according to scores
- Review the list to assess the consistency to organizational purposes

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Selecting Topics for HTA (6)

Specifying the Question to Answer

The assessment problem, specific objectives and intended users should be clarified

Specify at least the following Problem Elements:

- **Health problem:** management of moderate hypertension
- **Patient population:** males & females > 60 years, DBP >90, SBP <240mmHg, no complications
- **Technologies:** specific pharmacologic treatments
- **Practitioners:** primary care providers
- **Setting of Care:** outpatient and self-care
- **Properties, Impacts and Outcomes:** safety, effectiveness and cost-effectiveness

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Timing of HTA Assessment

"It´s always too early until, unfortunately, it´s suddenly too late"

- **Earlier assessment: likelihood of curtailing difussion if unsafe or ineffective**
- **Too early assessment: could be misleading due to :**
  - Users not proficient
  - Costs not stabilized
  - Narrow aplications
  - Short term outcomes

Moving target problem:

HTA findings may be outdated by changes in technology, in its use or in available treatment alternatives soon after HTA is conducted and disseminated

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Measuring Impact of HTA (1)

Are Cost-effective HTA programs ?

HTA reports may have DIRECT, INDIRECT IMPACT on ……

- Investment decisions
- Change regulatory policies
- Change third-party payer payment policies
- Adoption of new technologies
- Change clinician behavior
- Change in the indications to fund for an specific technology
- Change patient behavior
- Change the organization / delivery of care
- Reallocate national or regional resources
- Inform R&D priorities

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Measuring Impact of HTA (2)

Factors mediating impact of HTA

- **Health Policy environment:** mandatory committment with HTA recommendations or not
- **HTA findings / recommendations:** magnitude & strenght evidence, credibility of HTA org.
- **Type of HTA report:** Practice Guideline, appropriateness criteria, Systematic Review.
- **Target organizations:** Public or Private hospitals or Primary Care, Quality assessment programs,.
- **Targeted decisors:** Physician (specialist or not), nurse, Policy Decision Makers
- **Environmental characteristics:** Economic crisis, competitive environment, payment status
- **Dissemination / implementation strategies:** paper vs web, decision supports tools in ECR

RESEARCH ARTICLE Open Access

Avoidable costs of physical treatments for chronic back, neck and shoulder pain within the Spanish National Health Service: a cross-sectional study

Pedro Serrano-Aguilar[1,2,7*], Francisco M Kovacs[3,4], Jose M Cabrera-Hernández[5], Juan M Ramos-Goñi[2,6] and Lidia García-Pérez[2,6]

Abstract

Background: Back, neck and shoulder pain are the most common causes of occupational disability. They reduce health-related quality of life and have a significant economic impact. Many different forms of physical treatment are routinely used. The objective of this study was to estimate the cost of physical treatments which, despite the absence of evidence supporting their effectiveness, were used between 2004 and 2007 for chronic and non-specific neck pain (NP), back pain (BP) and shoulder pain (SP), within the Spanish National Health Service in the Canary Islands (SNHSCI).

Methods: Chronic patients referred from the SNHSCI to private physical therapy centres for NP, BP or SP, between 2004 and 2007, were identified. The cost of providing physical therapies to these patients was estimated. Systematic reviews (SRs) and clinical practice guidelines (CPGs) for NP, BP and SP available in the same period were searched for and rated according to the Oxman and AGREE criteria, respectively. Those rated positively for ≥70% of the criteria, were used to categorise physical therapies as Effective; Ineffective; Inconclusive; and Insufficiently Assessed. The main outcome was the cost of physical therapies included in each of these categories.

Results: 8,308 chronic cases of NP, 4,693 of BP and 5,035 of SP, were included in this study. Among prescribed treatments, 39.88% were considered Effective (physical exercise and manual therapy with mobilization); 23.06% Ineffective; 13.38% Inconclusive, and 23.66% Insufficiently Assessed. The total cost of treatments was € 5,107,720. Effective therapies accounted for € 2,069,932.

Conclusions: Sixty percent of the resources allocated by the SNHSCI to fund physical treatment for NP, BP and SP in private practices are spent on forms of treatment proven to be ineffective, or for which there is no evidence of effectiveness.

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Barriers to Conduct HTA

- **Low political committment with TRANSPARENCY in decision making**
- **Low political committment with EFFICIENCY in decision making**
- **Pressure groups (** Health Industry, professional organizations **)**
- **Limited investment in HTA**

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Barriers to Implement HTA

- **Low political / managerial committment with efficiency in decision making**
- **Low literacy on HTA at all levels**
- **Lack of access to HTA reports**
- **Complex or too technical format of HTA reports**
- **Limited data and procedural quality**
- **Absence of real–world applications**
- **Inadequate dissemination and implementation strategies**
- **Technological Imperative among proffesionals:** new always better
- **Inertia of medical practice:** reluctance to change

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Expertise for Conducting HTA

Different expertises are required given the different methods needed to assess the variety of impacts in HTA reports

Depending on the purpose and the available human resources:

- Information specialists
- Epidemiologists
- Health-economists
- Pharmacologists
- Bioestatisticians
- Social Scientists / Ethicists
- Decision Scientists
- Patients affairs representatives
- Physicians, nurses or other clinicians

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Make, Adapt or Buy an HTA report ? (1)

A comprehensive and complex assessment is very resource intensive, requiring diverse expertise and considerable time

Make all or just a part of the HTA report?

- Nature of the problem to inform
- Expertise of available personnel
- Time constraints
- Financial resources available

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Make, Adapt or Buy a HTA report ? (2)

Make all or just a part of the HTA report?

- If an assessment is available: does address the problem, population and impacts ?
- Compatible perspective ?
- Still current ?
- Is the methodology credible ?
- Worth its price ?
- Will local clinicians accept the results ?

Spanish Network for HTA

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- AETSA (Andalucía)
- SESCS (Canarias)
- AVALIA (Galicia)

HTA Topic nomination and selection in Spain

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Annual Plan

Spanish Ministry of Health

↓

Needs for HTA at 17 Regional Health Services.

↓

Aggregate list of HTA Topics (Spanish Ministry of Health)

↓

Regional Health Services to **set priorities**

↓

Prioritized lists to be distributed among the HTA agencies

Pharmaceuticals are excluded

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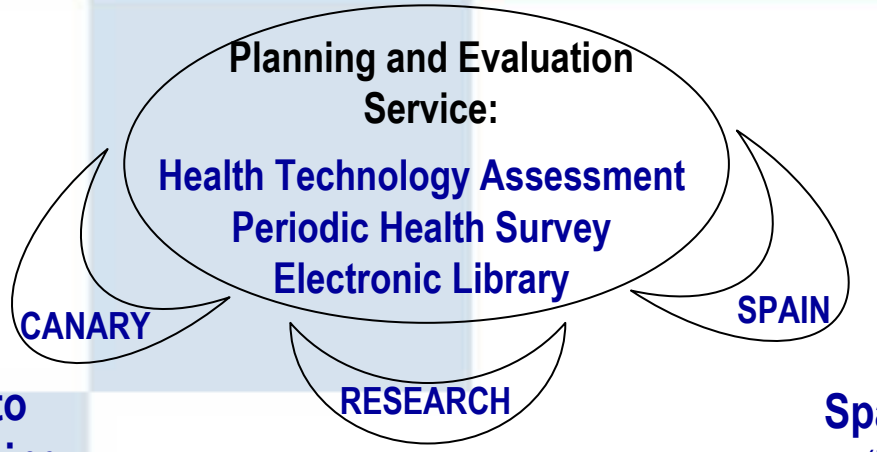
Origin and Development of SESCS



Scientific support to Policy Decision Making

- Evidence support to the Health Plan of the Canary Islands
- Rapid HTA Assessments including Pharmaceuticals

200.000 €

Health Services Research

- Spanish Network of Health Services Research for Chronic Diseases
- Competitive national and european research projects

800.000 €

Spanish Network of HTA

(No Pharmaceuticals)

- HTA Full Reports
- Rapid Assessments
- Methodological Reports
- Clinical Practice Guidelines
- Evaluative Registries

600.000 €

Multidisciplinar research team focused on Evaluative Methods

HTA development at Plovdiv 22-23 february 2014

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