

HEALTH TECHNOLOGY ASSESSMENT AND HOSPITAL-BASED HTA

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Overview

- What is local and hospital HTA?
- Why local/hospital HTA are needed?
- Models of local/hospital HTA
- Assessing the impact of local/hospital HTA
- Sharing expertise and knowledge between HTA units

WHAT IS LOCAL/HOSPITAL HTA?

What is local/hospital HTA?

- HTA is conducted at various levels of health decision making (supranational, national, provincial/regional, local)
- HTA at the local level can take place in hospitals or other organisations (*e.g.* Mental Health Institute, Rehabilitation Center, Health and Social Services Center...)

What is local/hospital HTA?

- Local/hospital HTA uses the same principles, methodologies and tools as “macro-level” HTA.
- Data is collected and analysed in the organizational context.
- The produced material includes:
 - HTA assessment reports
 - Technical queries
 - Quick response services

Why local/hospital HTA is important?

- Decentralised health care system: many decisions regarding health technologies are taken at the local level.
- Recognition of the importance of considering the local context when assessing health technologies.
- Local/hospital HTA could improve the relevance and timeliness of recommendations, and ultimately their uptake.

Why local/hospital HTA is important?

HTA can inform decisions at the local/hospital level on:

- 1) Technology policies, prioritization, acquisition, disinvestment
- 2) Organization of health and social services
- 3) Clinical practices

How local/hospital HTA differs from other HTA?

- Local/hospital HTA is not necessarily HTA conducted in a hospital...
- It usually answers a specific question to inform decision-making at a more proximal level.
- It can collect and use local data (utilization, costs...) to ensure a better applicability of the recommendations.

HTA structure in Canada

3 levels of HTA:

- Federal: CADTH
- Provincial: INESSS (Qc), OTAHC/M (Ont), IHE (Alberta)
- Local/Hospital: Local HTA Calgary, Sick Kids, PATH, HiTEC, MUHC, CHUQ, CETMISSS...

Policy and hospital-based HTA

- Quebec is the only province where HTA is mandated by the law in University Hospital Centers (CHUs).
- HTA is one of the four missions of the CHUs: care, teaching, research and evaluation.

Policy and hospital-based HTA

- In Canada and elsewhere, local/hospital HTA is of growing interest.
- In 2010, the CHSRF launched a program on improving efficiency in hospital decision-making.
- One of the questions of interest was “Should we promote the extension of local/hospital HTA in Canada?”

WHAT ARE THE MODELS OF LOCAL/HOSPITAL HTA?

Models of local/hospital HTA

- Ambassador model: clinicians who are recognized as opinion leaders play the role of ambassadors of the HTA “message” within healthcare organizations.
- Mini-HTA: a management and decision support tool, covering questions about the technology, the patient, the organization, and the financial aspects. It is usually performed by one person who collects utilization data at the hospital level in order to inform decision-makers

Models of local/hospital HTA

- Internal committee: a multidisciplinary group representing various perspectives in the organization. This committee is in charge of reviewing evidence and making recommendations.
- HTA unit: a formal organizational structure with dedicated HTA personnel working on a full-time basis to produce high-quality scientific HTA material.

Models of local/hospital HTA

Organizational Complexity	Focus of action	
	Clinical practice	Managerial decision-making
High (group-team-unit)	'Internal Committee' Model	'HTA Unit' Model
Low (individual)	'Ambassador' Model	'Mini-HTA' Model

Reproduced from: Hospital Based Health Technology Assessment Sub-Interest Group. World-Wide Survey: Health Technology Assessment International; 2008

ASSESSING THE IMPACT OF LOCAL/HOSPITAL HTA

A review of local/hospital-based HTA

- Expedited knowledge synthesis in 2011
- Literature searches in MEDLINE, EMBASE, DARE
- Grey literature (INAHTA and HTAi websites)
- Interviews with key informants from Canada and Europe
- Two experts meetings in Quebec

What are the impacts of local/hospital HTA?

Impact on hospital policies:

- TAU of MUHC: study of the application of HTA recommendations from 27 reports published between 2002 and 2007:
 - **25/27 reports** accepted and used in hospital decision making
- UETMIS of CHUQ: evaluation of the application of recommendations from two reports in 2008:
 - **±70% of the recommendations were accepted**

Impacts on hospital budget

- TAU-MUHC: between 2002 and 2007:
 - 6 technologies adopted: **1 million\$ invested**
 - 19 technologies not adopted or adopted with restrictions: **12 millions\$ saved**
 - Functioning costs of the HTA Unit: **1.2 million\$**
- UETMIS-CHUQ: application of recommendations from 2 reports:
 - **Estimated savings of 460,000\$**

What can facilitate the uptake of HTA recommendations?

- HTA activities that are congruent with the organization's mission and firmly rooted in its strategic plan ("*culture of evaluation*").
- A fair, transparent, evidence-based, high-quality and timely HTA process.
- Representatives from key stakeholders, clinicians and patients/consumers on the evaluation committee.

What can facilitate the uptake of HTA recommendations? (cont)

- The HTA process should focus on patients' needs.
- Necessary resources should be devoted by hospitals to promote and support HTA programs.
- Special attention should be paid to the presentation and dissemination of recommendations.

What are the potential risks of local/hospital HTA?

- Decisions about the introduction of health technologies at the local level may engender disparities in the healthcare services provided in different areas.
- Risk of duplication.
- Decisions regarding costly health technologies (“big ticket”) should not be taken at the local level.
- Limited capacity of some public hospitals or some area health services to perform HTA.

SHARING LOCAL/HOSPITAL HTA RESULTS AND EXPERTISE

Can we transfer the results of local/hospital HTA?

- By definition, local/hospital HTA is specific to local conditions, values and priorities; recommendations are thus not directly transferable.
- Evidence on security and efficacy issues should be transposable to all contexts.
- Results from systematic reviews could be shared, as long as the scientific rigour is ensured.

Collaboration in local/hospital HTA

- Tools, expertise, and know-how developed at the local level can be shared.
- Facilitating dissemination of HTA reports, but also planned and ongoing HTA activities to promote early collaboration.
- The linguistic and cultural diversity of Canada calls for specific networking and dissemination strategies regarding local/hospital HTA.

Next steps

- Many efforts to improve collaboration between local/hospital HTA producers (CoP en ETMI, Pan-Canadian Network, AdHopHTA).
- Establish common framework to monitor and evaluate the impact of HTA at the local/hospital level.
- Disseminate experiences, but also results on the impact of local/hospital HTA.

Next steps

Planning grant funded by the CIHR (2013-2014):

- Update international evidence on the impact of local/hospital HTA.
- Workshop with HTA producers, decision-makers, and patient representatives to agree on a common framework.
- Joint proposal for evaluating the effects and impact of local/hospital HTA in Quebec.

Questions or comments?

Thank you!

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