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A Disinvestment Toolkit: The Prioritization of Technologies of No or Low-added Value

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The toolkit on disinvestment

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A jointly effort performed by HTAi IG on DEA, IG on ethics, EuroScan network and INAHTA is aiming to elaborate a toolkit that could aid organizations and individuals on the steps to be developed when considering disinvestment activities.

This presentation refers to one of the chapters of that book on identification activities and disinvestment.

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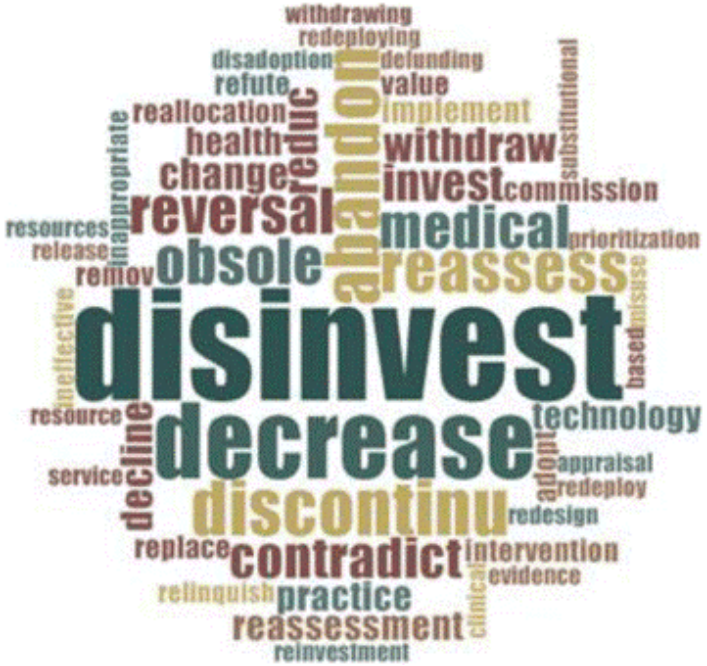
What we are talking about…



- Health technology has no or low added value when it is harmful and/or is deemed to deliver limited health gain relative to its cost, representing inefficient health resource allocation*.

*Adam Elshaug

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Introduction

- Once the candidate technologies for disinvestment have been identified and filtered, they will require prioritization depending on the system's capacity for dealing with the assessments or for further considerations.
- The prioritization process should be transparent and guided largely by evidence. It is highly recommended that the list of predefined criteria be developed with input from all relevant stakeholders to meet the objectives of the specific health care setting.
- Prioritization processes can also be triggered by experience or event-based regional requests and decisions; new evidence on safety, effectiveness and cost-effectiveness, variations in clinical practice, patient or consumer voicing, discrepancies between practice and guidelines; and or time-based mechanisms (e.g., approval of new health technologies and reassessment 5 years after introduction).
- The commonly cited basic requirements include clinical parameters, economic measures, and social, ethical or legal considerations

Methods and criteria

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PriTec Prioritization tool developed by Galician HTA Agency. This web application aims to facilitate the prioritization of disinvestment candidates. Tools consist of three domains: population/end-users; risk/benefit; and costs, organization, and other implications and ten criteria in total.

The use of this tool enables of 50 potentially obsolete health technologies to be compared and produces a report of the main results.

Nominal Group Technique:

- In this structured method, participants independently write down their list of disinvestment candidates, which are then discussed and prioritized one by one by the group.

Program Budgeting and Marginal Analysis (PBMA):

- Program budgeting is an appraisal of past resource allocation in specified programs, with a view to tracking future resource allocation in those same programs, and marginal analysis is the appraisal of the added benefits and added costs of a proposed investment or the lost benefits and lower costs of a proposed disinvestment.

Other methods:

- Consensus building
- Online surveys to prioritize candidate technologies

Criteria

- Burden of disease, risk/benefit, cost and cost-effectiveness, utilization, time-based criteria, patient preferences and experience, and vulnerable populations.

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Who should be involved?

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- Prioritization can be conducted by the following individuals or groups: health care professionals, health care decision makers or policy makers, patients or patient groups, and representative community members.

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Conclusions

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- Processes and methods to prioritize disinvestment candidates exist and are based on the health care system's needs and contexts.
- Priority setting can help health care decision makers determine which health technologies and services to cease to fund.
- HTA continues to play an important role in the promotion and support of an evidence-based approach to technology optimization to improve safety, quality, and appropriate use of resources.
- HTA organizations must work alongside clinicians, relevant stakeholders, and decision makers so various perspectives are considered

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