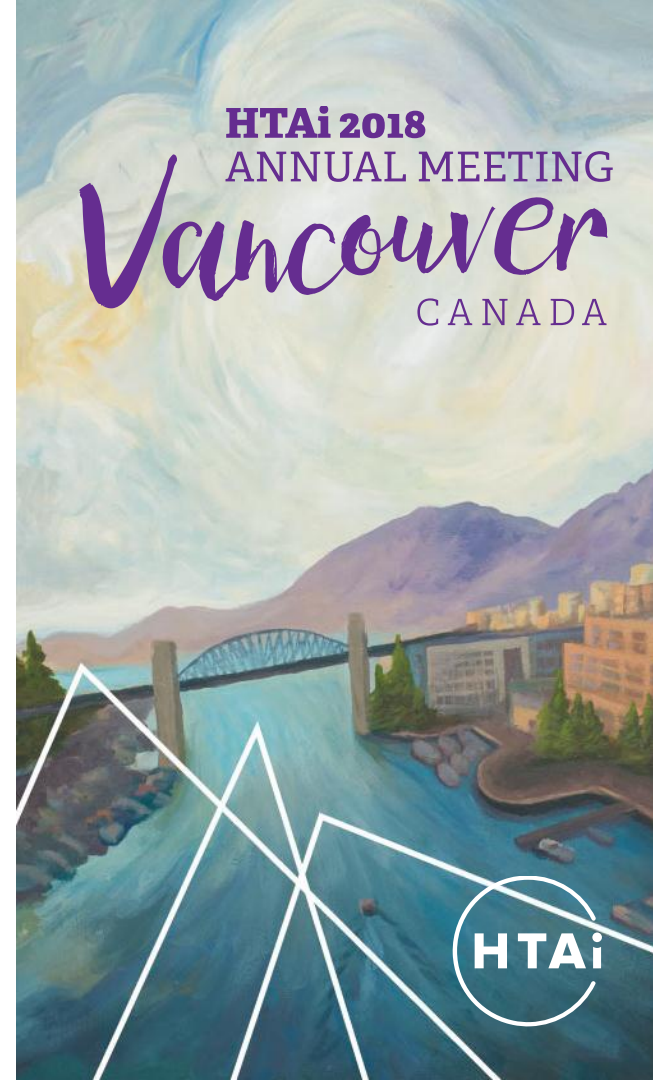
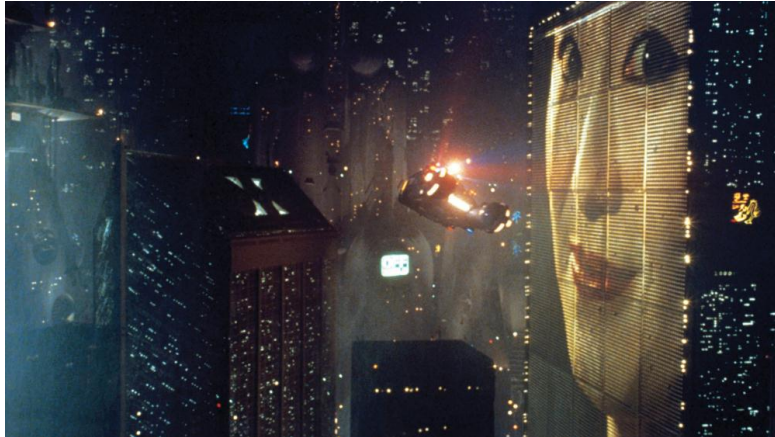


Do technologies of low or no added value present different ethical challenges when compared to new ones?

Iñaki Gutiérrez-Ibarluzea,
Osteba, Basque Office for HTA. Ministry for Health, Basque
Government



Technologies of no added-value...



"I've seen things you people wouldn't believe. Attack ships on fire off the shoulder of Orion. I watched C-beams glitter in the dark near the Tannhauser gate. All those moments will be lost in time... like tears in rain...
Time to die."



Blade runner



What are we 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



Disinvestment

Disinvestment relates to the processes of **withdrawing** (partially or completely) **health resources** from any existing health care practices, procedures, technologies and pharmaceuticals that are deemed to deliver **no or low health gain** for their **cost** and are thus not efficient health resource allocation

LESS IS MORE
- = + MEDICINE

■ Adam Elshaug, 2007



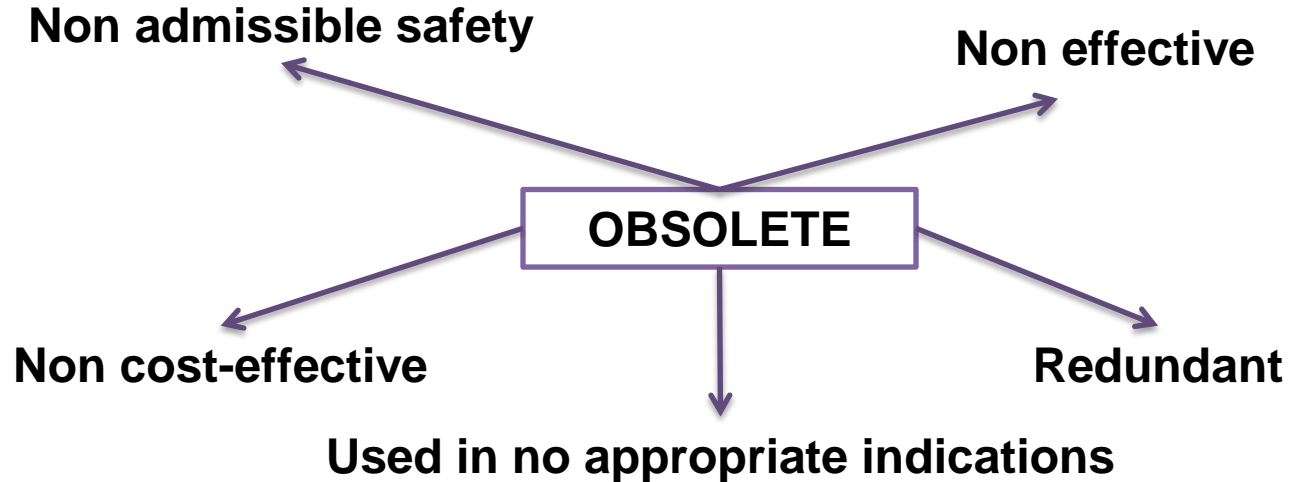
The challenge or challenges...



- 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**



Obsolete definition? (I)



* In comparison to other technologies??



Definition and its importance

- **NLM:**
Obsolete/outmoded/superseded: a technology that has been **superseded** by other technologies or demonstrated to be **ineffective** or **harmful**
- **Spanish Group:**
Obsolete technology/indication: Health Technology or its application in a concrete indication whose **clinical benefit, safety** or **cost-effectiveness** has been **superseded** in a **significant way** by other **available alternatives**

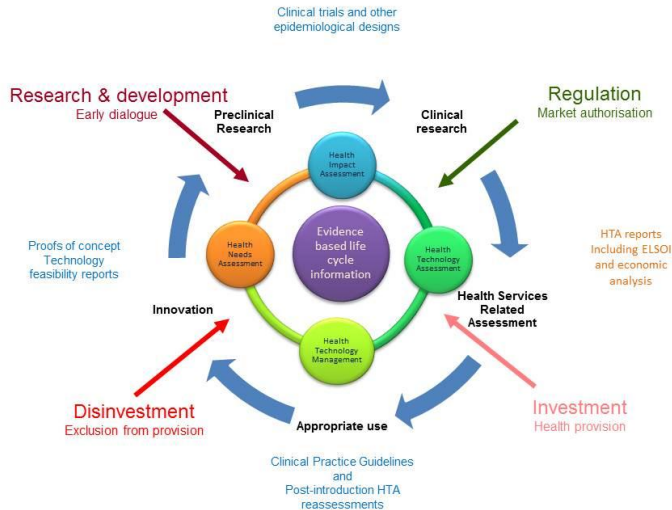


Some difficulties to take into account

- **In relation to Obsolete technologies:**
 - Less interest on efficacy and effectiveness data collection after the adoption of a technology
- **In relation to Disinvestment:**
 - More difficult to delist when ineffectiveness/ inefficacy
 - Alternative technologies and target population
 - Disinvestment of obsolete technologies depends on obsolete definition
 - Implementation problems of disinvestment methodologies



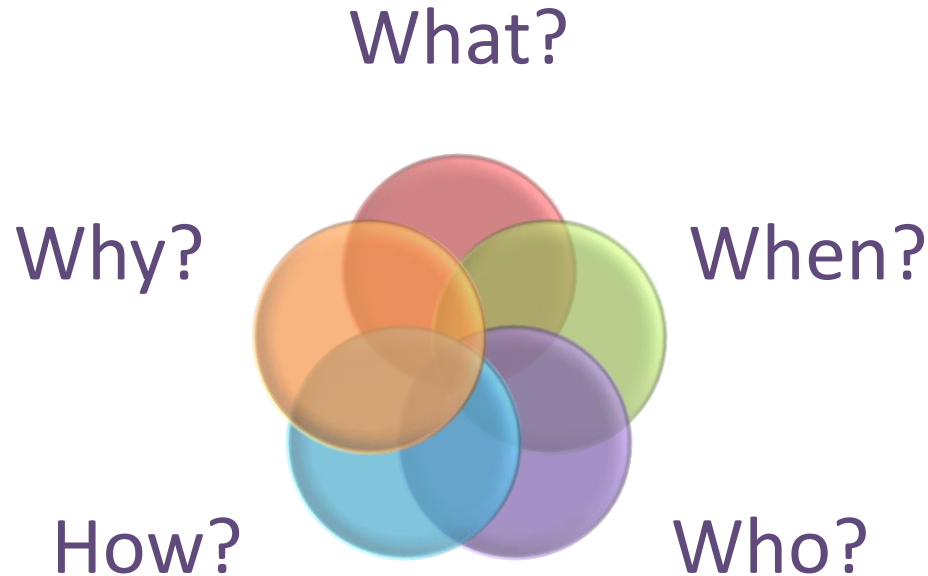
The life cycle concept



- The traditional linear concept of health technologies life cycle assumes that once decisions on reimbursement were taken, health technologies remained unassessed up to their disuse by health professionals: under this conception, technologies follow a linear path, involving sequential steps from inception to obsolescence.
- The life cycle of a technology is multi-faceted and multi-dimensional, depending on the nature and number of uses



The questions and the ethics behind



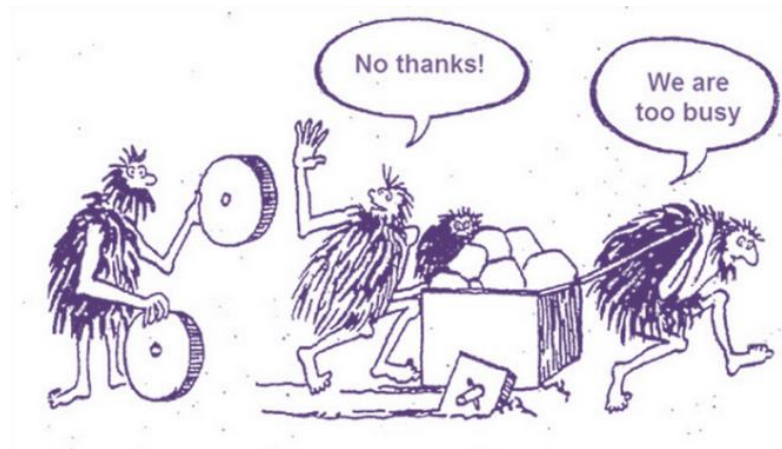
What?

- Differences with investment
 - Technology is implemented
 - Patients are receiving it
 - Clinicians are used to it
 - Systems are already financing...
- Related to definition
- Compared to...



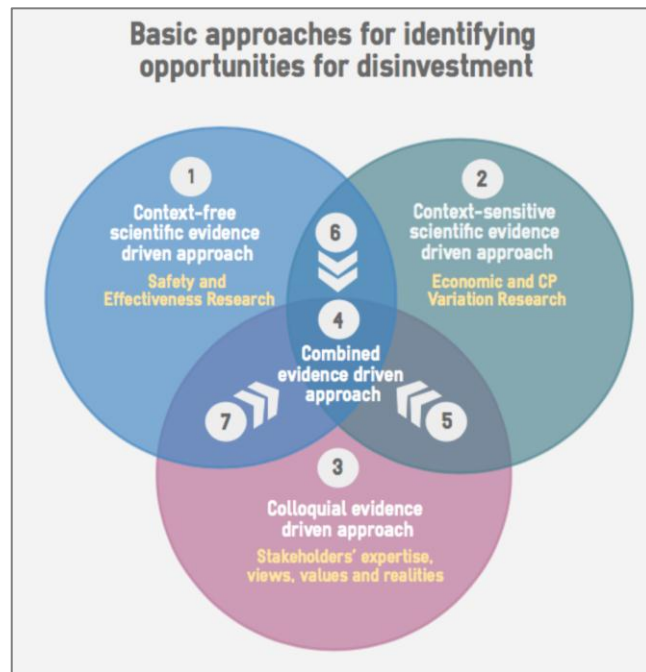
The phases and the ethical challenges, what, when, who...

- Identification
- Filtration
- Prioritisation
- Assessment / Re-assessment
- Peer review
- Difussion and dissemination
- Impact analysis



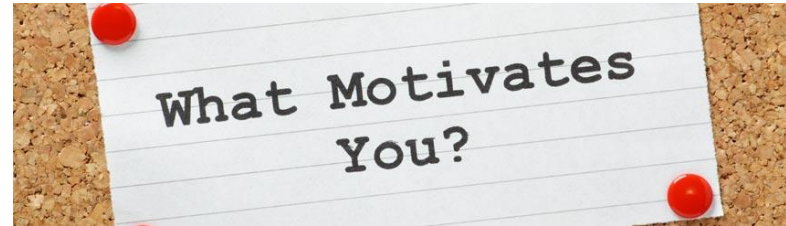
Basic approaches for identification

- **“Context-free scientific evidence driven approach”** (*Approach 1*) provided by systematic reviews, evidence-based clinical practice guidelines, effectiveness and safety assessment included in HTA reports.
- **“Context-sensitive scientific evidence driven approach”** (*Approach 2*): analysis of the implementation, organizational capacity, economics, legal and ethical issues related to the use of a specific technology in a certain context. **PBMA or cost-effectiveness** analysis.
- **“Colloquial evidence driven approach”** (*Approach 3*): evidence that comes from the expertise, views and realities of stakeholders.
- **“Combined-evidence driven approaches”** (*Approach 4, 5, 6 and 7*): four different options, depending on the amount and types of evidence that are combined.



Who identifies... and why...

- Stakeholders
 - Clinicians / Societies
 - Patients
 - Citizens
- HTA bodies
- Governments



Prioritisation always a mess

- Which criteria to use...how those criteria are selected
- Who applies the criteria
- Who decides?
- On which basis... how the decisions are communicated?
- PBMA
- PriTec tool on the prioritisation of obsolete technologies
 - <http://pritectools.es/index.php?idioma=en>



Assessment and re-assessment

- Which are the reasons behind the assessment, re-assessment?
 - Safety
 - Efficacy
 - Costs
 - Acceptability, variability,...
- Which are the measures or the outcomes to assess?
- Who is performing the assessment?



Interactions



- Technology – patient
- Technology – clinician
- Technology – manager
- Technology – pathology
- Patient – clinician
- Among clinicians (when alternatives are managed by other specialties)



Final remarks

Conclusions

- Obsolete technologies differ from new technologies on the interactions with stakeholders
- What? How? When? Who? And By whom?
- Especial issues motivations for the identification and tensions among clinicians
- Definition and value frameworks determine the actions and related ethical consequences



