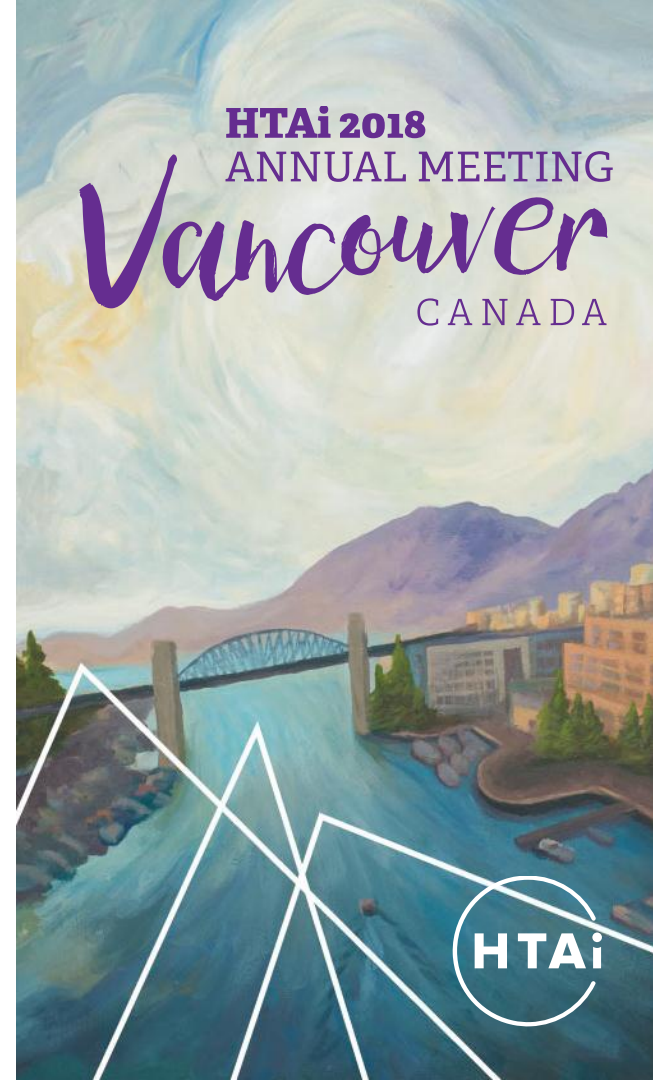
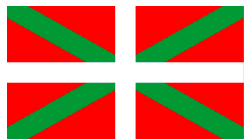


Adaptation of HTA reports: an effective way to use limited resources?

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





Basque Country/Euskadi



Key facts and figures about the Basque Country

- 2.1 million population, in 7.235 Km²
- 2 official languages, Spanish and Basque
- High level of self-government. Basque Parliament and Government with great legislative and executive powers (Education, Health, Security and Police, ...)
- Fiscal and financial autonomy: Fiscal legislation, tax collection and administration powers.
- Highest Human Development Index (HDI, United Nations) in Spain –taking into account a mix of social welfare indicators.
- Wealthiest region in Spain
- European average in R&D (>2% of GDP)
- Export-oriented economy, ca 30% GDP is industry-derived

Key facts and figures about the Basque Country Health System

- Universal health system
- Financed by taxes on the basis of the Beveridge model
- Governed by the principles of **universality, equity, solidarity, quality and participation**
- Free access to the system for residents in the Basque Country
- Each citizen is attached to a doctor in his or her place of residence
- Active workforce > 34.500 (>25.800 structural staff)

Some health indicators

Life expectancy at birth: 2nd world place for women **85.3 y.** 7th for men **79 y.**

Birth rate: 9.7 per 1,000 inhabitants

21,000 live births per year

Child mortality rate: 4 per th. births.

Lower than UK, Germany, Denmark, etc.

Mother's mortality: 0

Causes of mortality in general population: similar to western countries

Ageing population:

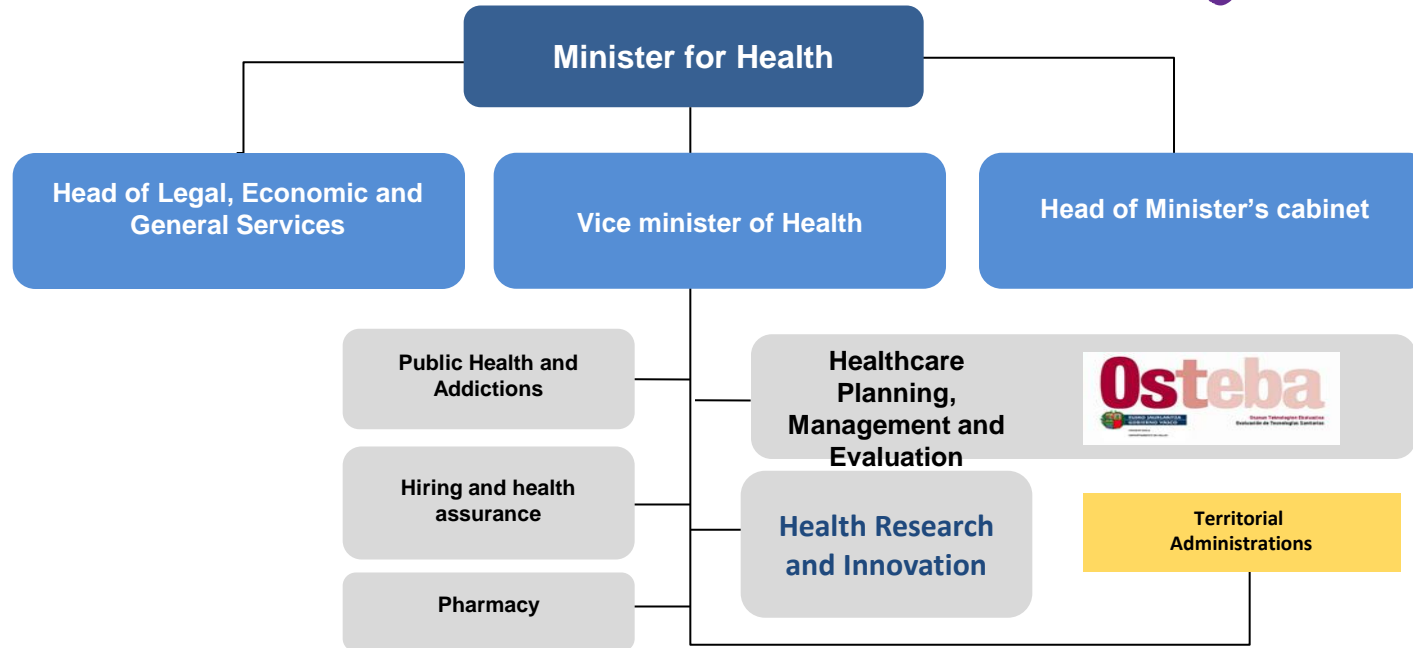
20% ≥ 65 years of age (2020 estimations: 24-26%)

In first places for donations of organ transplants

Donation rate 2011: 45.8 / PMP (per million population)

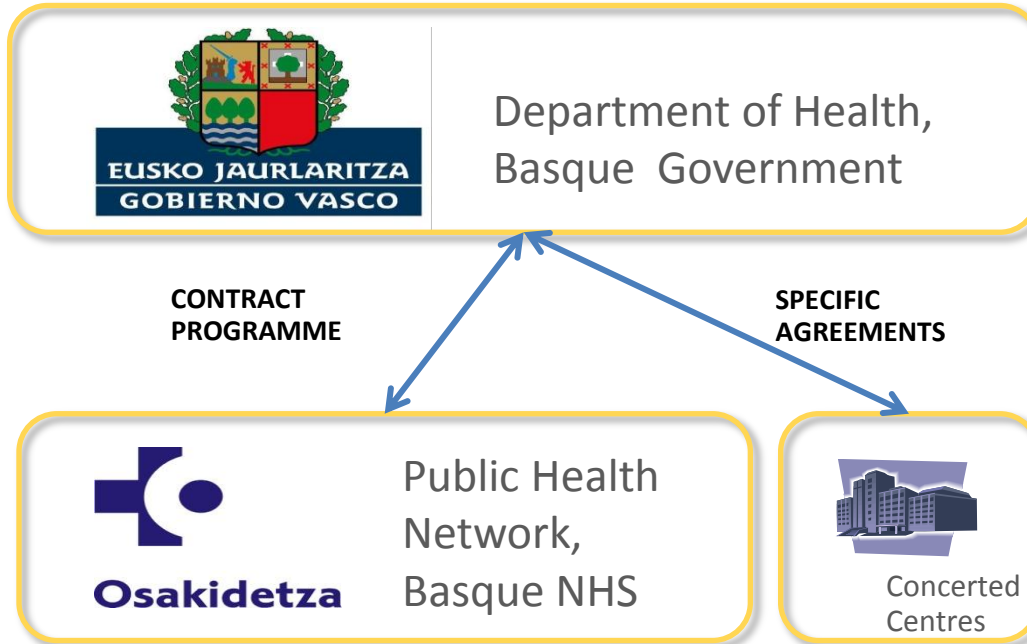
Average donations in the past 10 years: 40/PMP threshold (maximum possible donors per million population, according to WHO)

Department of Health (Basque Government): structure



Healthcare System organisation

The Basque Country holds Health planning powers and the capacity to organize its own health services



PLANNING
FINANCING
REGULATION

PROVISION OF SERVICES

Who we are...

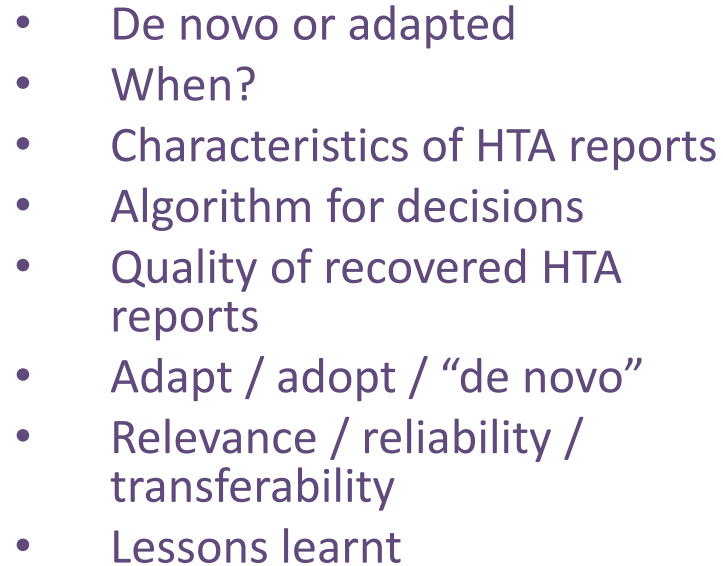
- Basque Office for HTA, **Osteba**, created in 1992.
- **SorTek**, early awareness and alert system established in 2000
- Founder members of INAHTA, EuroScan, GIN, AUnETS, EUnetHTA
- Members of INAHTA, HTAi and EUnetHTA
- In 2004: Regulatory law (not drugs) for the introduction of new and emerging health technologies and disinvestment of existing ineffective, no cost-effective or harmful ones
- In 2009: **ZaharTek**, network for the identification of obsolete technologies
- Promoters of the HTAi ISG on disinvestment 2010
- Promoters of the HTAi ISG on EAAS
- Organizers of HTAi 2012



How many...

- 4 people staff (including head of Unit)
- 6 senior researchers
 - one information specialists
 - One expert in ICTs
- 2 administrative and project management officers
- Part of the Basque Ministry of Health





State of the art

- HTA is a multidisciplinary process that summarizes information about the **medical, social, economic, legal and ethical issues** related to the use of a health technology in a systematic, transparent, unbiased, robust manner.



What should require an adapted HTA report?

- HTA reports or other sources of information
- When should be decide on starting a HTA report from scratch or adapt a report elaborated by others?



When? The life cycle concept...



The HTA report (I)

- Health problem description
- Description and characteristics of the health technology to be assessed and SOC.
- Methodology
 - Information selection criteria
 - Research strategy
 - Critical appraisal of the evidence and quality
 - Evidence synthesis



HTA report (II)

- Evidence available
 - Search outcomes
 - Description and quality of retrieved reports
- Clinical outcomes
- Implementation issues
 - Economic issues
 - Organizational aspects
 - Legal, ethical and social issues

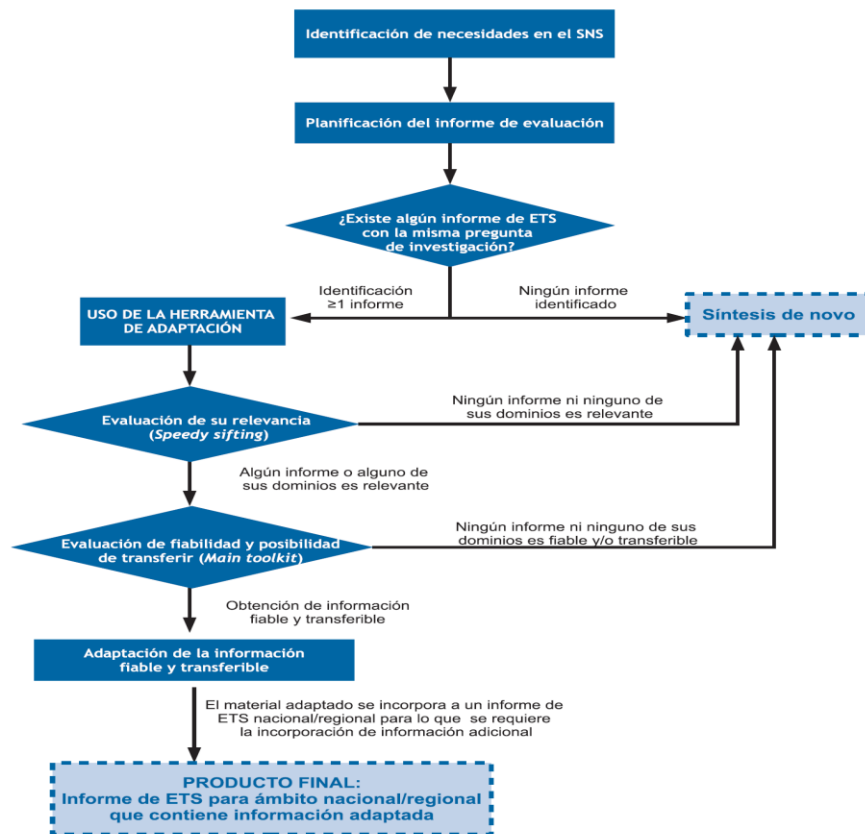


What to do?



- Recently published report on rapid assessments and adaptation
- Joint action of the Spanish HTA network
- Supported by the Spanish Ministry for health
- Part of the methodological tools





Analyse the quality of HTA retrieved reports

Copyright DASHA Services 2007

A checklist for HTA reports

This summary form is intended as an aid for those who wish to make a record of the extent to which a health technology assessment report meets the 14 questions given in the checklist.

It is NOT intended as a scorecard to rate the standard of HTA reports — reports may be valid and useful without meeting all the criteria that have been listed.

Item	Yes	Partly	No
Preliminary			
1. Appropriate contact details for further information?			
2. Authors identified?			
3. Statement regarding conflict of interest?			
4. Statement on whether report externally reviewed?			
5. Short summary in non-technical language?			
Why?			
6. Reference to the policy question that is addressed?			
7. Reference to the research question(s) that is/are addressed?			
8. Scope of the assessment specified?			
9. Description of the assessed health technology?			
How?			
10. Details on sources of information and literature search strategies provided?			
Search strategy	Databases	Year range	Language restriction
Primary data	Other kind of information resources		
Complete reference list of included studies	List of excluded studies	Inclusion criteria	Exclusion criteria
11. Information on basis for the assessment and interpretation of selected data and information?			
Method of data extraction described?	Critical appraisal method for quality assessment of the literature described?	Method of data synthesis described?	Results of the assessment clearly presented, e.g. in the form of evidence tables?
Context? (may or may not apply to each HTA)			
(Medico-) legal implications considered?	Economic analysis provided?	Ethical implications considered?	Social implications considered?
Other perspectives (stakeholders, patients, consumers) considered?			
What then?			
12. Findings of the assessment discussed?			
13. Conclusions from assessment clearly stated?			
14. Suggestions for further action?			

Version 3.2, August 2007

- Reliable sources
 - Members of INAHTA, EUnetHTA, HTAsialink, REDETSA, EuroScan...
- Updated
- Methodological quality analysis
 - INAHTA Checklist



ADAPT / ADOPT or DE NOVO

- To verify the relevance of the retrieved report to our report's question or questions
- To identify the information that is relevant and feasible to be transferred to the context to be applied
- To evaluate the reliability of the information;
- To identify the issue or issues that can occur when transferring the retrieved information to the local context;
- To decide how to solve those problems.



Main issues

- **Relevance:** the question or inquiry questions of the report or reports that we retrieve must be sufficiently similar to the one of the report that is being carried out to guarantee its possible adaptation **Utility or Usefulness**
- **Reliability:** A HTA report is reliable when its users can rely on the results. If this is the case, consideration should be given to their adaptation or adoption; **Internal validity**
- **Transferability:** possibility of transferring information: this is the ability to apply the information collected in a HTA report into another context. **External validity**
 - It is divided into safety and effectiveness



Transferability

- Safety
 - Is the population described in the report alike to the target population in our context?
 - Is there any reason to expect differences in complication rates (eg, epidemiological, genetic, health system-related, quality of care, surveillance)?
 - Are the requirements for the use of technology (special measures for use, implementation, maintenance, or other needs) available in the new context?
 - Does safety depend especially on training? Are there any groups in which the procedure should be limited for safety reasons? Do you need special training or certification to perform the intervention properly? Would it be acceptable or supported in the new context to develop the required training or capacity building, if required?



Transferability

- Effectiveness:
 - Would you expect the baseline risk of the patients in your own environment to be the same as that of the patients considered in the HTA report to adapt? (Assuming patients receive the same treatment and the comparator is also the same).
 - Problems could be related to the SOC's



Main challenges

- Internal validity
- External Validity
- Transferability
 - Safety
 - Effectiveness
 - Health System



Our experience...

- What are the opportunities and challenges of adapting HTA reports produced elsewhere to the local health system?
- What has worked well (or not so well) in adaptation experiences?
- Are some HTA reports (or parts of reports) better suited for adaptation than others?
- What skills or capacities are needed to adapt HTA reports successfully?



What are the opportunities and challenges of adapting HTA reports produced elsewhere to the local health system?

TABLE 1: CRITERIA FOR ASSESSMENT OF APPROPRIATENESS OF A TOPIC

Criterion	Definition and Weight	Score	Score Definition
Duplication of effort	Is another organization undertaking a review or considering a review on the same topic? 30	3	No duplication foreseen
		2	Partial duplication is possible, which may allow brokering or collaboration
		1	Another organization is considering this topic
		0	Another organization is currently working on this topic
Need	How important is the policy, purchasing, or practice decision for which this evidence is needed? 40	3	Decision with substantial impact on patient care
		2	Decision with moderate impact on patient care
		1	Decision with limited impact on patient care
		0	No decision to be made in the foreseeable future, or decision with no impact on patient care
Stage of diffusion	Is the technology available in Canada? 30	3	Currently approved or in use in Canada
		2	Currently not approved or used in Canada, but likely to be approved or used in the next year
		1	Currently not approved or used, and unlikely to be approved or used in the next year
		0	Currently not approved or used and will not be considered for approval or use in the next year (i.e., not approved in any other countries)

- Should be a mandate
- Efficiency, avoiding duplication
- Should be systematic and iterative
- Transparent and robust

CADTH, 2015



What has worked well (or not so well) in adaptation experiences?

- Easier in the case of certain technologies (drugs,...)
- Transferability is challenge in surgical procedures and public health initiatives
- Stakeholder involvement
- Health care system knowledge
- It is not just... HTA analysis



Are some HTA reports (or parts of reports) better suited for adaptation than others?

- Core (safety and efficacy)
- More difficulties when compliance, adherence, ELSOI...
- Health care and professional characteristics
- Society
- Qualitative research required



What skills or capacities are needed to adapt HTA reports successfully?

- Checklists useful but..,
- Need to know the characteristics and way of implementing decisions
- Knowledge on health care system, its structure and processes, its professionals and the characteristics of the population
- It is not pure ... HTA



A very recent experience

Technology for the treatment of dysmetria or achondroplasia

- Safety and efficacy of a new prosthesis for limb lengthening in children with limb dysmetria or achondroplasia.
- New technology
- A HTA report found from CADTH, 2017
 - Seek for permission (obtained)
 - Update, adaptation to our context



Main challenges

- Not a full HTA (new technology)
- PICO question
- Relevance, reliability and transferability
- Different regulatory requirements
 - Canada and Europe
- Organizational aspects
- Social consequences
- Ethical and legal aspects



