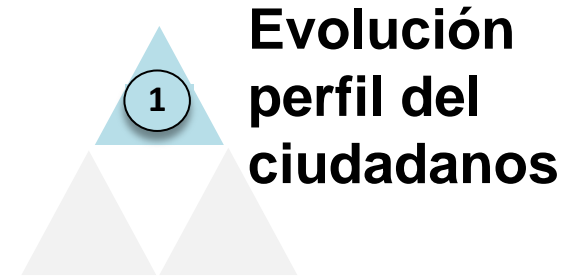# Evaluación de Tecnología en hospitales y El Proyecto EU AdHopHTA

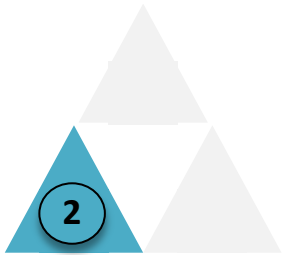Laura Sampietro-Colom M.D, MScPH, Ph.D,
Unidad de Evaluación de Innovaciones y Nuevas Tecnologías
Dirección de Investigación e Innovación
Hospital Clínic de Barcelona

# El contexto: Factores Clave: Social



**Evolución perfil del ciudadanos**

1. **Mejor Acceso**

2. **A la mejor Tecnología**

3. **Decisiones Transparentes**

**Aumento en el número y sofisticación**



Figure 3.14 UNDERSTANDING OF LYMPHOMA – 100 YEARS AGO AND TODAY

How Leukemia was seen...

**100 YEARS AGO**
Disease of the blood

**80 YEARS AGO**
Leukemia or lymphoma

**60 YEARS AGO**

Chronic leukemia · Indolent lymphoma
Acute leukemia · Aggressive lymphoma
Preleukemia

**TODAY**

ABOUT 38 LEUKEMIA TYPES IDENTIFIED:
- acute myeloid leukemia (~12 types)
- acute lymphoblastic leukemia (2 types)
- acute promyelocytic leukemia (2 types)
- acute monocytic leukemia (2 types)
- acute erythroid leukemia (2 types)
- acute megakaryoblastic leukemia
- acute myelomonocytic leukemia
- chronic myeloid leukemia
- chronic myeloproliferative disorders (5 types)
- myelodysplastic syndromes (6 type)
- mixed myeloproliferative/myelodysplastics syndromes (3 types)

51 LYMPHOMAS IDENTIFIED:
- mature B-cell lymphomas (~14 types)
- mature T-cell lymphomas (15 types)
- plasma cell neoplasm (3 types)
- immature (precursor) lymphomas (2 types)
- Hodgkin's lymphoma (5 types)
- immunodeficiency-associated lymphomas (~5 types)
- Other hermatolymphoid neoplasms (~7 types)

Source: Genzyme

*Burrill&Company. Biotech 2012.*
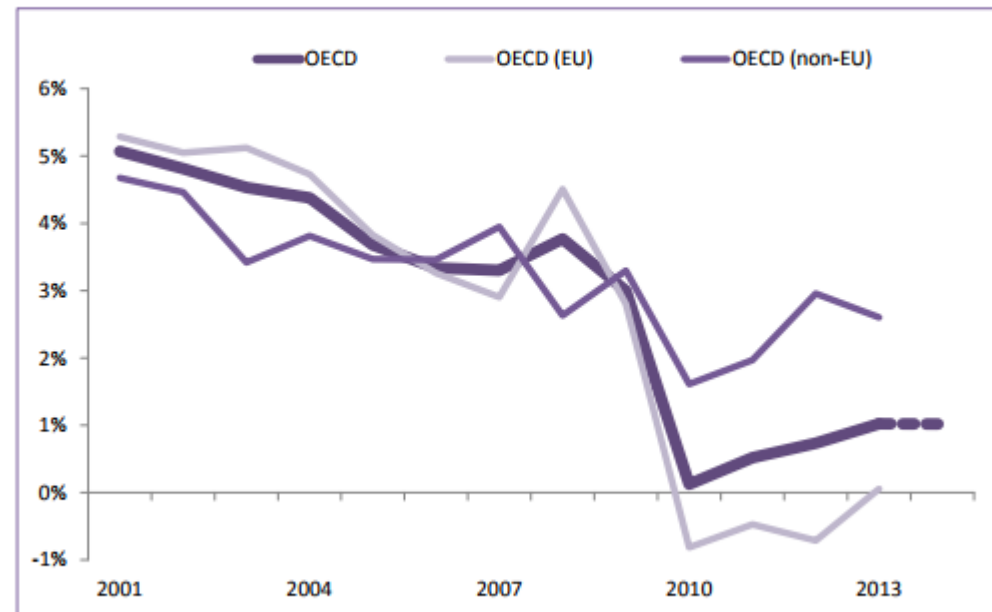
# El contexto: Factores Clave: Económico

**Fluctuaciones Financieras y Presupuestarias**

Figure 1. Average annual growth in per capita health spending, in real terms, 2001-2014



Source: OECD Health Statistics 2015

# El contexto: Toma de decisión

## Opción A
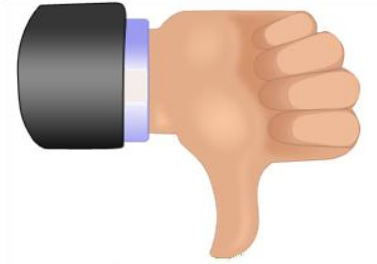


## Opción B
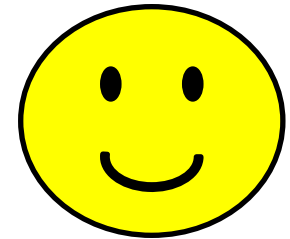
Proceso analítico sobre los efectos y el valor de las TS en el sistea sanitario:

✓ Estructurado y Sistemático

✓ Multidisciplinar

✓ Metodología: Robusta & Reproducible

✓ **Orientada al Contexto**

# ¿ Cuál es el objetivo de la ETS?

**Informar a los actores relevantes del sistema: Sobre "el valor" de las tecnologías**



POLITICIANS OF 2015

healthcare industry

**Orientada al proceso de decisión**

Value for money

$$\text{VALOR} = \frac{\text{Resultados de salud relevantes (actores sistema)}}{\text{Coste asociado a la obtención de los resultados}} + \text{Otros Criterios}$$

**Otros Criterios:** organización, éticos, legales, equidad (otros dependiendo del contexto)

# La ETS y Cobertura de Salud Universal (OMS)

PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

**28th PAN AMERICAN SANITARY CONFERENCE**
64th SESSION OF THE REGIONAL COMMITTEE

*Washington, D.C., USA, 17-21 September 2012*

CSP28.R9 (Eng.)
ORIGINAL: SPANISH

**RESOLUTION**

**CSP28.R9**

**HEALTH TECHNOLOGY ASSESSMENT AND INCORPORATION
INTO HEALTH SYSTEMS**

World Health Organization
Regional Office for South-East Asia

**RESOLUTION**
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC66/R4

**HEALTH INTERVENTION AND TECHNOLOGY ASSESSMENT IN
SUPPORT OF UNIVERSAL HEALTH COVERAGE**

2013

1. URGES Member States:

(1) to consider developing national methodological and process guidelines for health intervention and technology assessment to ensure transparency, quality, and policy-relevance of related research;

(2) to consider integrating health intervention and technology assessment into national frameworks such as those for health systems research, health professionals education, health systems development, and universal health coverage;

(3) to use evidence generated from health technology assessments for policy decisions;
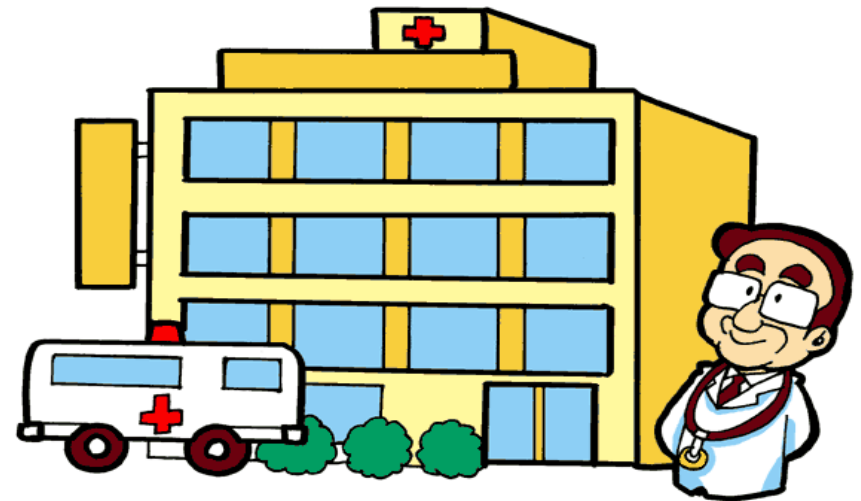
**Contexto Dependiente !!**



**Parecido pero... diferente!!!**

# Las decisiones en atención sanitaria son contexto dependientes!



≠

- Miran al sistema sanitario en su conjunto

- Decisiones orientadas a TODOS los hospitales (utilización de medias)

- Miran a UN hospital en concreto:
    - Organización de la atención
    - Profesionales sanitarios
    - Costes y presupuestos

- Diferencias entre Hospitales

# ¿ No podrían los hospitales utilizar los documentos de las Agencias de ETS Nacionales/Regionales?

1. **Factor Tiempo**

2. **Desajuste (*Miss-match*) en las prioridades de evaluación**
   - ✓ Las Agencias de ETS= Más Fármacos que Equipos Médicos

**Tipos Tecnologías evaluadas en los hospitales** ⟹

|  | Median |
|---|---|
| Medical devices | 1 |
| Biomedical equipments | 1,5 |
| Clinical procedures | 2 |
| Combined technologies | 2 |
| Emerging technologies | 2 |
| Organizational procedures | 3 |
| CT support system | 3 |
| Drugs | 3 |
| Other | 0 |

1= Siempre; 2= A menudo; 3= algunas veces
4= rara vez; 5 = nunca

*HTAi ISG on Hospital-HTA, 2007*

2. **Desajuste (*Miss-match*) en las prioridades de evaluación**

- ✓ Las Agencias ETS: Tecnologías *Big Ticket* versus tecnologías medias y pequeñas

  - – 2006: Hospitales daneses producen 78 ETS (mini-HTA) sobre 46 tecnologías

  - – Sólo 14 tecnologías fueron también evaluadas por DACEHTA (Agencia ETS Danesa) = **30,4%**

    *Kidholm K et al Int J Tech Assess Health Care. 2009;25(1):42-8.*

- ✓ Poca información cuando se trata de tecnologías muy innovadoras

# ¿ No podrían los hospitales utilizar los documentos de las Agencias de ETS Nacionales/Regionales?

## 3. Desajuste (*Miss-match)* en las necesidades de información

✓  La relevancia que se da a los criterios de la ETS varia

✓ Abordaje generalista *versus* abordaje a medida (eg. "comparador")



Legend:
- ■ Safety
- □ Efficacy
- ■ Organizational impact
- ■ Budget impact
- ■ Effectiveness
- ■ Cost-effectiveness
- ■ Patient perspective
- ■ Ethical issues
- ■ Satisfaction
- ■ Technical productivity
- □ Other

*HTAi ISG on Hospital-HTA, 2007*
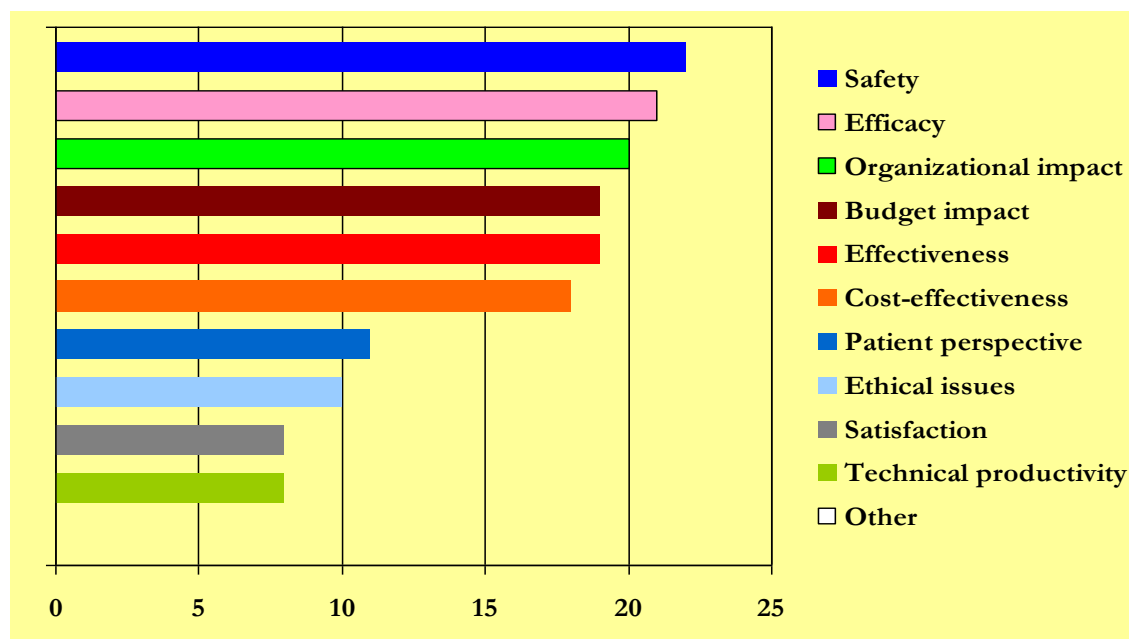
# ¿ Por qué la ETS en el Hospital (HB-HTA)?

**Presupuesto fijo ( ⬇ ) + Competencia de Tecnologías (innovadoras)**

HB-HTA: ayudando a los profesionales en la toma de decisiones

# HB-HTA: ayudando a los profesionales en la toma de decisiones

- Ayuda **Contextualizada** para llevar a cabo decisiones sobre **inversiones** en innovaciones de una manera informada
- Asegurar que las **innovaciones que aportan valor** alcanzan la práctica clínica.

- Hacer a medida la ETS considerando las circunstancias específicas y las necesidades del hospital

- Priorizar las tecnologías que son de interés para el hospital (eg. Grandes equipamientos, produtos sanitarios, tests diagnosticos, procedimientos médicos/quirúrgicos)

- Tiempo de realización ajustado a las necesidades del hospital

- En colaboración con los decisores hospitalarios (eg clínicos)

AdHopHTA
Adopting Hospital Based
Health Technology Assessment

# ¿ Por qué el Proyecto AdHopHTA EU?
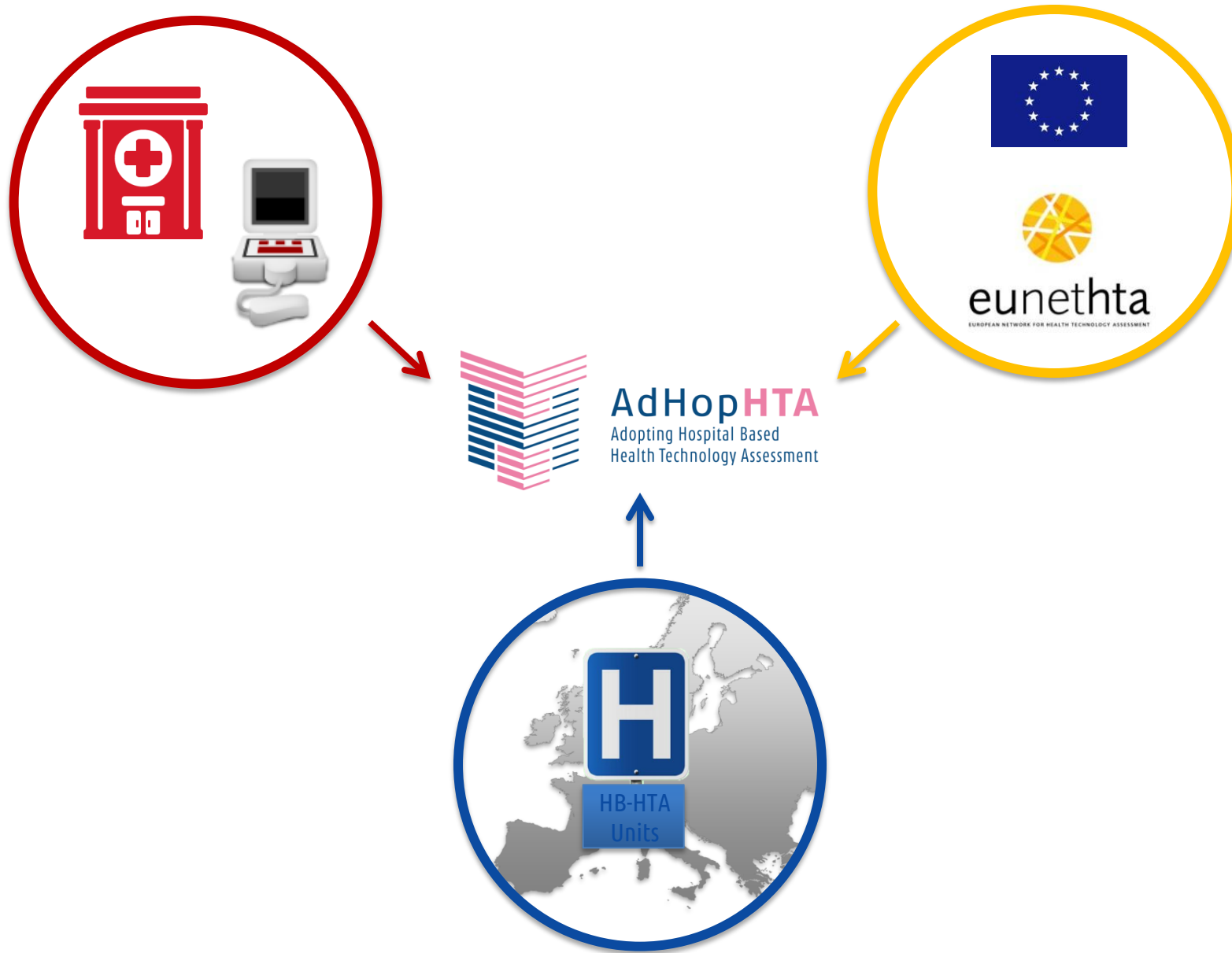
# ¿ Por qué AdHopHTA?

**Increase in Spending and number of HTs**

There are more than

**500 000**\*\*:

- ➤ Imaging equipment
- ➤ Medical devices
- ➤ E-health
- ➤ In-vitro diagnostics

**1,5%**\*\*\*

of pharmaceutical spending for in-patient care in the EU

HOSPITAL

**Hospitals as main entry point**

HB-HTA

HB-HTA

\*\* The MEDTECH Industry
\*\*\* EFPIA, 2012

# ¿ Por qué AdHopHTA?

Existencia de varias políticas de la EU relacionadas con la ETS y hospitales:

- "asegurar que las innovaciones con beneficio social llegan al mercado de forma rápida" a la vez que "se mejore la sostenabilidad y eficiencia de los sistemas de salud" (*European Innovation Partnership on Active and Health Ageing of the Council of the European Union (EIP-AHA)*)

- "la Unión debe dar soporte y facilitar ... conectar redes ... de organismos responsables de la ETS" *(Directive 2011/24/EU of the European Parliament and of the Council)*

- "aumentar el uso e implementación de ETS de alta calidad ... en hospitales,..." *(European Science Foundation 2012)*

# ¿ Por qué AdHopHTA?



HTA
Nacional/Regional

Hospitales UE
HB-HTA
unidades/programas

# Impacto: *HB-HTA* Hospital CLINIC Barcelona: 5 primeros años

| Clinical area |
| --- |
| Biochemistry |
| Cardiology |
| Dermatology |
| Digestive system |
| General Surgery |
| Hepatology |
| Neurology |
| Neurosurgery |
| Oncology |
| Traumatology |
| Pharmacy |

**CLÍNIC**
**BARCELONA**
Hospital Universitari

| **Acquisition cost (n=23)** | **€ 7.7 M** |
| --- | --- |
| Accepted (n=12) | € 1.9 M |
| (Final negotiated price) | (€ 1.5 M) |
| Opportunity cost (n=11) | € 5.8 M |

| NPV tech accepted (n=12) | € 4.1 M |
| --- | --- |
| NPV tech not accepted (n=11) | € -13.6 M |

## Satisfaction survey
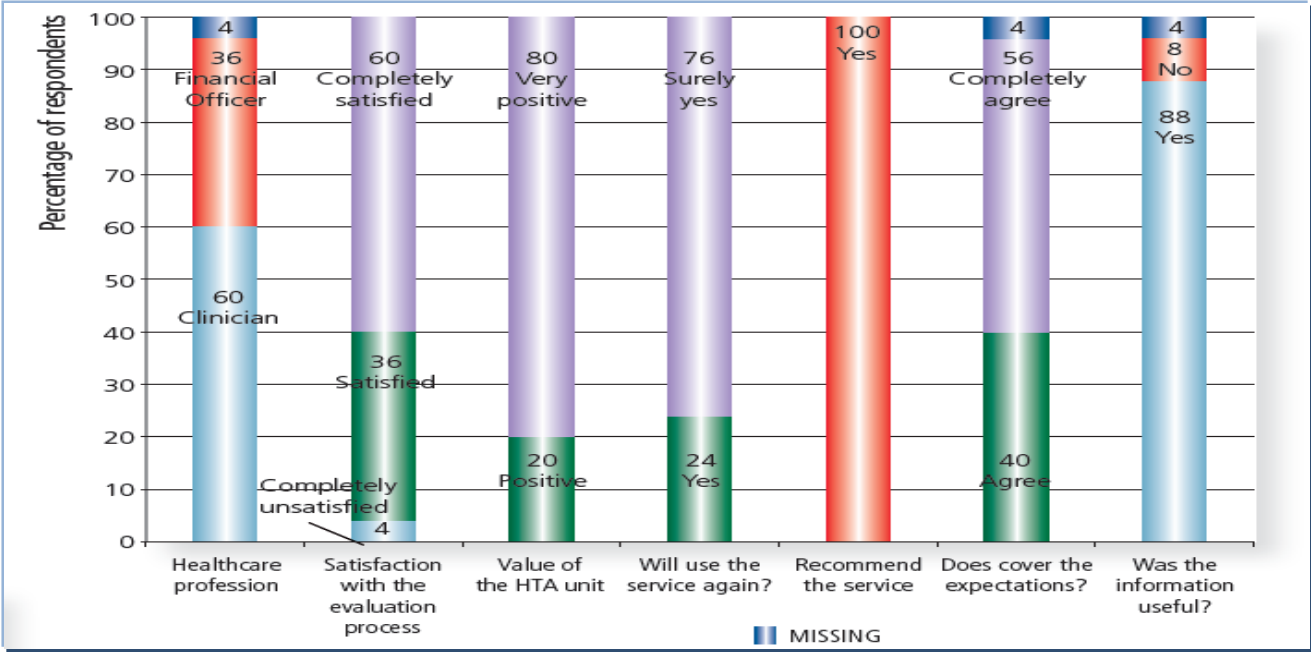
¿ Por qué AdHopHTA?
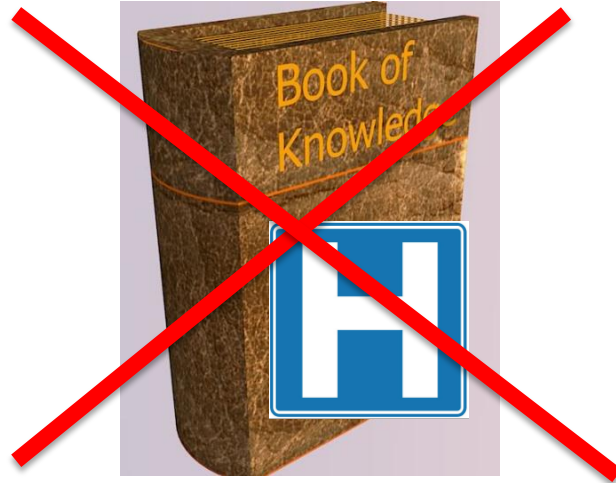
# AdHopHTA Objectivos Estratégicos



**TRIPLE AIM OF AdHopHTA RESEARCH**

To produce body of HB-HTA knowledge

To help building a comprehensive European ecosystem for HB-HTA

To facilitate the adoption of HB-HTA
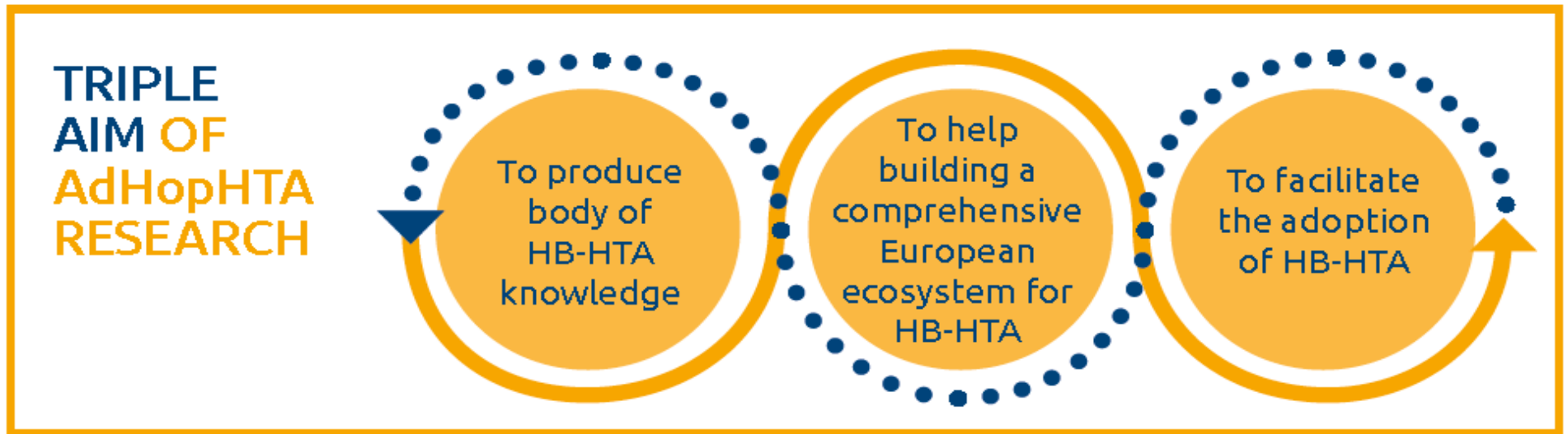
# *Partners* en el Proyecto

**AdHopHTA**
Adopting Hospital Based
Health Technology Assessment

**7 Hospitals**

Hospital CLINIC (ES) - coordinator

Gemelli U.H. (IT)

Odense U.H. (DK)

Laussane H. (HE)

Helsinki U.H. (FI)

Tartu U.H. (EE)

Ankara Numune H. (TU)

**2 HTA Agencies**

LBI-HTA (AT)

NOKC (NO)

**1 Business school**

IESE (ES)



NOKC

HUS

TUH

OUH

LBI-HTA

CHUV

UCSC

FCRB

IESE

ANH

# Actividades, métodos y resultados

**Contenido**

**Proceso**

**Marco Conceptual**

**Colaboración**

**Case studies**

**Literature review**

Analysis of decision-making processes for the adoption of innovations at hospital level

**1**

**Literature review**

**Interviews**

**Online survey**

Analysis of Informational needs for the adoption of innovations at hospital level

**3**

**Literature review**

**Assessment of sample HTA-products**

Quality analysis of HB-HTA products

**4**

**Literature review**

**Focus Group session**

Identification and adaptation of a business excellence model for HB-HTA framework and accompanying EU policies

**Questionnaires**

Analysis of organizational models of HB-HTA units in Europe

**2**

**Focus Group**

**Exploratory validation workshop**

**Joint content analysis**

HB-HTA best practices and its deployment

**6**

**Iterative Delphi-process**

Building a framework for HB-HTA best practices

**Case studies**

**Survey**

Analysis of current EU trends of coordination between National/Regional HTA Agencies and HB-HTA initiatives

**5**

Handbook of guiding principles for best practices in HB-HTA

Toolkit for the deployment and advancement of HB-HTA initiatives

Creation of a pilot database of HB-HTA products

# Participación y Actividades

# Principales Resultados

Analysis of **decision-making processes** for the adoption of innovations at hospital level
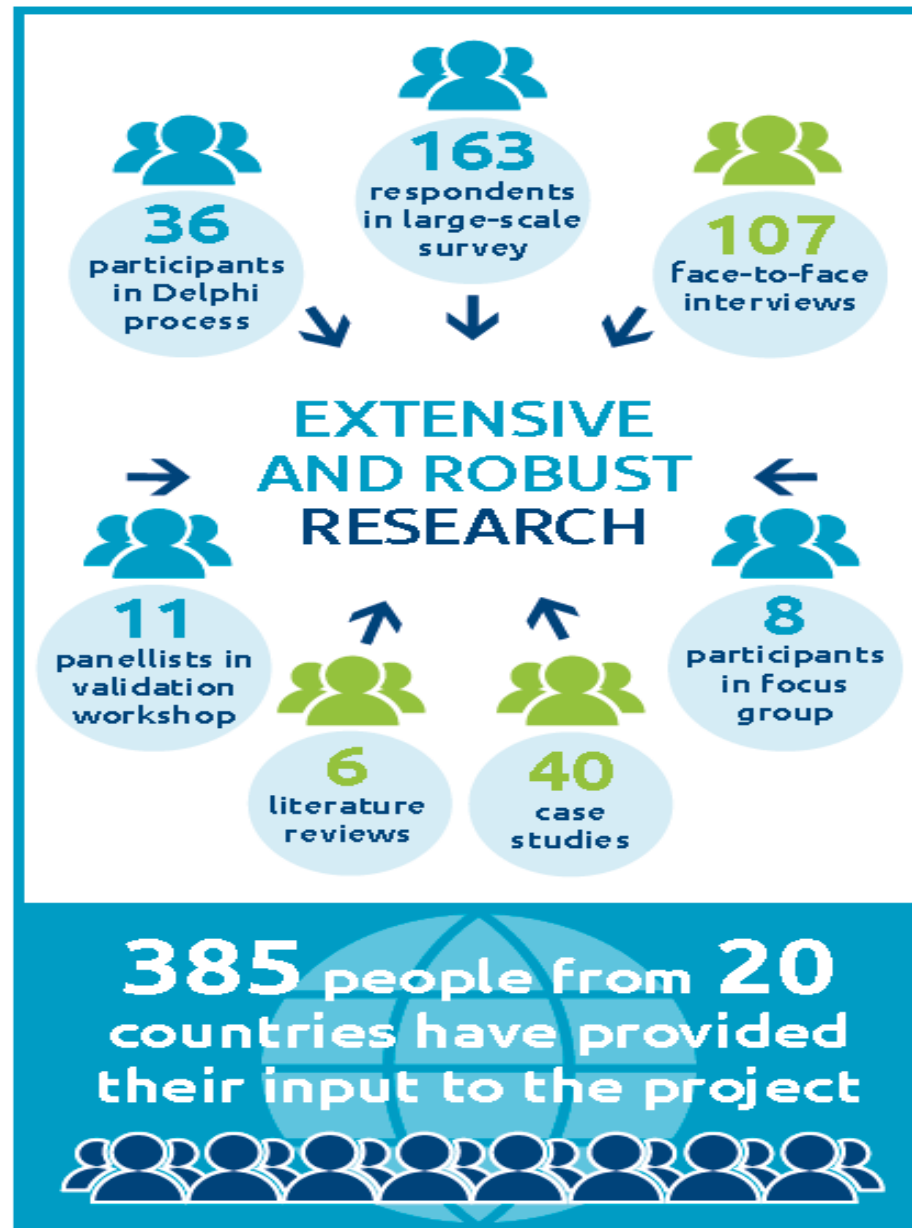
**1**

Key message 1:

Hospitals with an HTA Unit show a **better organised process and more efficient** uptake of innovations.

Intermediate results

# Principales Resultados

**Key message 2**

| LEVEL OF INTEGRATION | | |
|---|---|---|
| | MID-LOW | HIGH-MID |
| INFORMAL AND ESSENTIAL | 1. Independent group | 2. Integrated-essential HB-HTA unit |
| FORMAL AND SPECIALISED | 3. Stand-alone HB-HTA unit | 4. Integrated-specialised HB-HTA unit |

LEVEL OF FORMALISATION AND SPECIALISATION

# Principales Resultados

Analysis of organizational models of HB-HTA units in Europe ②

Key message 3

① HB-HTA leads to sound investment Decisions contributing to **hospital efficiencies**

② HB-HTA **provides** with **the information needed** to make decisions

③ HB-HTA **is used** by hospital decision-makers

**US$ 370K savings** from decrease in unnecessary lab tests

**US$ 3M savings** from 16 HB-HTA reports 1-year performance of an HB-HTA unit

**100%** Satisfied by hospital decision-makers of a 5-year activity of an HB-HTA unit.

**>90%** recommendations from HB-HTA reports adopted in 4 studied hospitals

# Principales Resultados

**Analysis of Informational needs for the adoption of innovations at hospital level**

③

Key message 4

| Domain | HTA Core model — EUnetHTA | HB-HTA Core model — AdHopHTA |
|---|---|---|
| **D1: Health problem and current use** | ✓ relevant | ✓✓✓ most important |
| **D2: Description and technical characteristics** | ✓ relevant | ✓ relevant |
| **D3: Clinical effectiveness** | ✓ relevant | ✓✓✓ most important |
| **D4: Safety aspects** | ✓ relevant | ✓✓✓ most important |
| **D5: Costs and economic evaluation** | | |
|     D5.1 Societal point of view | ✓ relevant | ✓ relevant |
|     D5.2 Hospital point of view | | ✓✓✓ most important |
| **D6: Ethical aspects** | ✓ relevant | ✓ relevant |
| **D7: Organizational aspects** | ✓ relevant | ✓✓✓ most important |
| **D8: Social aspects** | ✓ relevant | ✓ relevant |
| **D9: Legal aspects** | ✓ relevant | ✓ relevant |
| **D10: Political and strategic aspects** | | |
|     D10.1 Political aspects | | ✓ relevant |
|     D10.2 Strategic aspects | | ✓✓✓ most important |

# El Instrumento: AdHopHTA mini-HTA



NEW METHODOLOGICAL TOOLS SPECIFIC FOR HB-HTA
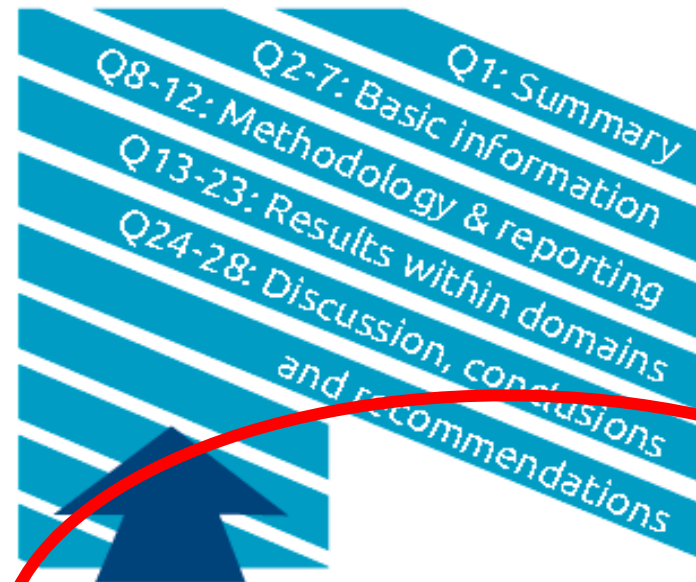
AdHopHTA quality checklist
for assessing the quality of HB-HTA reports

26 QUESTIONS

AdHopHTA
Adopting Hospital Based
Health Technology Assessment

HTA in and for hospitals

New

Sc

Rev

Pat

Ec
+ ne

Org

Stra

# HB-HTA: Diferentes Productos de ETS



Full report — 8-12 months

Mini-HTA — 1-3 months

Informative note — 4-6 months

Rapid Review — 2-4 months

# Principales Resultados

# Principales Resultados

Quality analysis
of HB-HTA
products

**4**

Key message 5

| HB-HTA REPORT | FORMAT | STAFF-EFFORT (no. of weeks) | COMPREHEN-SIVENESS (no. of pages) | QUALITY (% of positive ratings) |
|---|---|---|---|---|
| Report 1 | Checklist | 14.3 | 42 | 0.84 |
| Report 2 | Checklist | N/A | 15 | 0.80 |
| Report 3 | Text report | 2.0 | 17 | 0.52 |
| Report 4 | Text report | 10.8 | 54 | 0.92 |
| Report 5 | Text report | 8.7 | 21 | 0.50 |
| Report 6 | Text report | 4.3 | 6 | 0.56 |
| Report 7 | Text report | 4.3 | 25 | 0.69 |
| Report 8 | Text report | N/A | 14 | 0.62 |
| Report 9 | Checklist | 0.6 | 5 | 0.62 |
| Mean | - | 9.0 | 22.1 | 0.67 |

**TABLE 2**
OVERVIEW OF SPECIFIC HB-HTA REPORTS FORMATS, AMOUNT OF STAFF-EFFORT INVESTED IN PRODUCING THESE REPORTS (in weeks), COMPREHENSIVENESS (total number of pages) AND QUALITY OF THESE REPORTS (proportion of positive ratings).

# Principales Resultados

Analysis of current EU coordination trends between National/Regional HTA Agencies and HB-HTA units

5

**Portafolio de Actividades**

Key message 6:

Más que colaboración técnica:

Soporte mutuo estratégico

y político.

Good leadership

THE BUILDING BLOCKS OF SUCCESSFUL COLLABORATION
BETWEEN HB-HTA UNITS AND NATIONAL/REGIONAL HTA ORGANISATIONS

Competent people

Fluent process across levels national/regional and hospital

Relevant outputs

# Activities, methods and project outputs
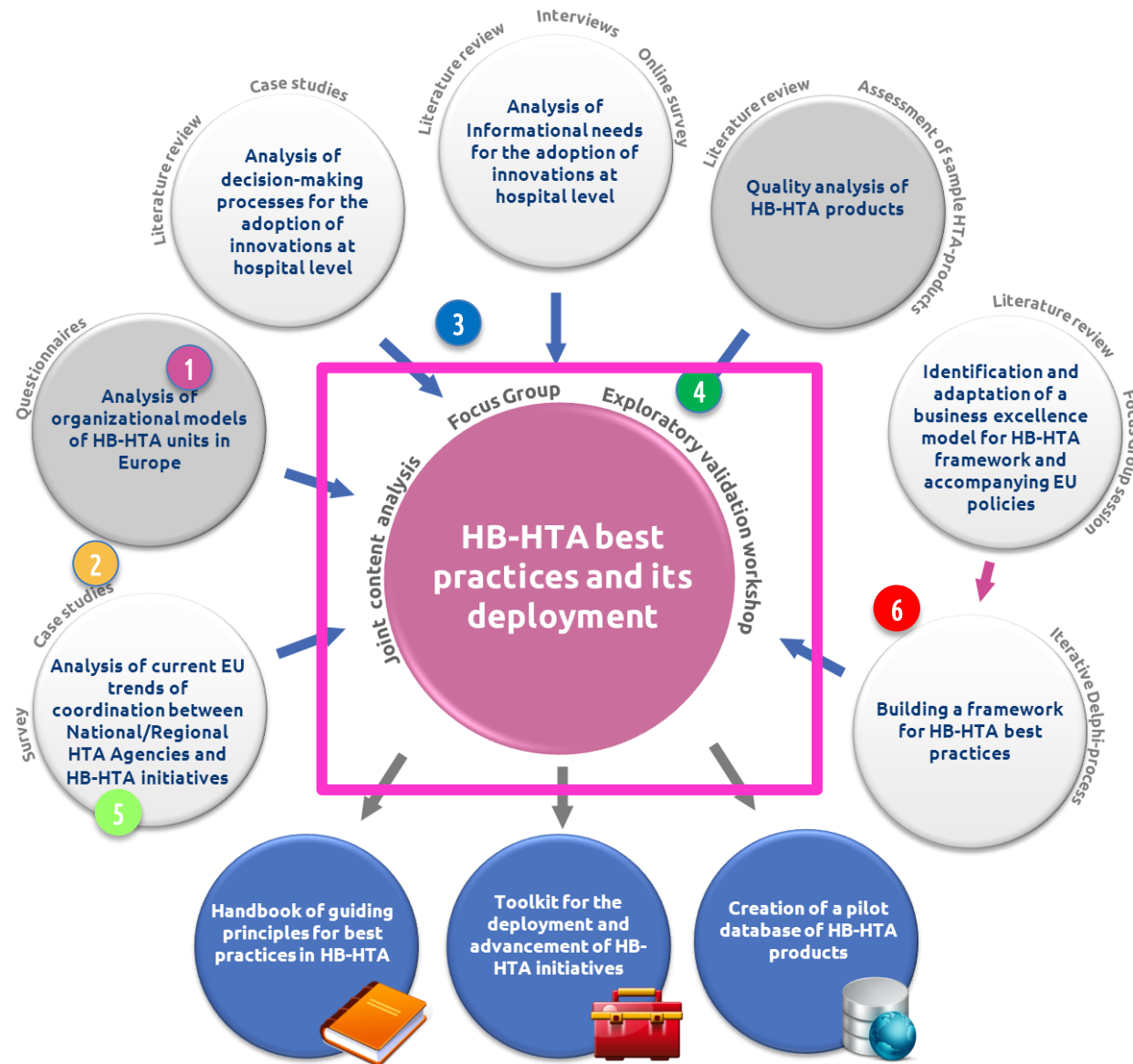
HB-HTA good practices and its deployment

**Revisión Literatura**

**Grupos Focales** → **49**

**Delphy**

**Resultados WPs/áreas de investi: 1 to 5**

**Workshop Partners**

# 15 GUIDING PRINCIPLES FOR GOOD PRACTICES IN ORGANISING AND PERFORMING HB-HTA

| DIMENSIONS | | | | |
|---|---|---|---|---|
| **THE ASSESSMENT PROCESS** | 1 | HB-HTA REPORT: SCOPE, HOSPITAL CONTEXT AND INFORMATIONAL NEEDS | CORE |
| | 2 | HB-HTA REPORT: METHODS, TOOLS AND TRANSFERABILITY | CORE |
| | 3 | HB-HTA PROCESS: INDEPENDENT, UNBIASED AND TRANSPARENT WITH STAKEHOLDER INVOLVEMENT AND COMMUNICATION | CORE |
| **LEADERSHIP, STRATEGY AND PARTNERSHIPS** | 4 | MISSION, VISION AND VALUES AND GOVERNANCE | CORE |
| | 5 | LEADERSHIP AND COMMUNICATION POLICY/STRATEGY | CORE |
| | 6 | SELECTION AND PRIORITISATION CRITERIA | CORE |
| | 7 | PROCESS OF DISINVESTMENT | |
| | 8 | IMPROVING THROUGH INNOVATION | |
| | 9 | KNOWLEDGE AND RESOURCE SHARING | |
| | 10 | COLLABORATION WITH HTA ORGANISATIONS | CORE |
| | 11 | LINKS WITH ALLIES AND PARTNERS | |
| **RESOURCES** | 12 | SKILLED HUMAN RESOURCES AND CAREER DEVELOPMENT | CORE |
| | 13 | SUFFICIENT RESOURCES | CORE |
| **IMPACT** | 14 | MEASURING SHORT- AND MEDIUM-TERM IMPACT | |
| | 15 | MEASURING LONG-TERM IMPACT | |

**CORE** 9 Core Guiding Principles prerequisites for setting-up and running HB-HTA units

# AdHopHTA: Productos Finales

**Handbook** of HB-HTA
- knowledge base to improve the process of decision-making on health technologies in the hospital

**Database** of HB-HTA
- sharing of HB-HTA reports to make learning from each other easier
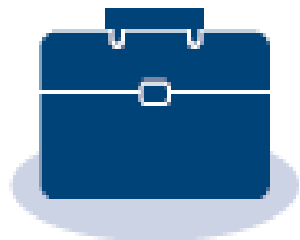
**Toolkit** for HB-HTA
- guidance and tools for setting up and running an HB-HTA unit

# The AdHopHTA **Handbook**

## Objetivo

- ✓ Proporciona información (desde la evidencia) y conocimiento (desde la experiencia)

- ✓ Soporte para el desarrollo de un proceso de decisión basado en la evidencia y en el conocimiento para gestionar la incorporación e implementación de tecnologías sanitarias en el hospital

- ✓ Emfasis en cómo establecer y desarrollar una unidad de HB-HTA.

**HB·HTA**

# Información y Conocimiento

THE
AdHopHTA
HANDBOOK

- ❖ HB-HTA *versus* ETS Nacional/Regional

- ❖ Cómo utilizan los hospitales la HB-HTA

- ❖ Modelos organizativos existentes de HB-HTA

- ❖ Tipología y calidad de documentos de HB-HTA y necesidades de información

- ❖ Experiencias colaborativas de HB-HTA con Agencias ETS Nacionales/regionales

- ❖ **Principios Guía de Buenas Prácticas**

## Objetivo

✓ Guía y instrumentos para facilitar de forma pragmática la aplicaciones de los Principios Guía de Buenas Prácticas en HB-HTA al poner en marcha una unidad en el hospital.
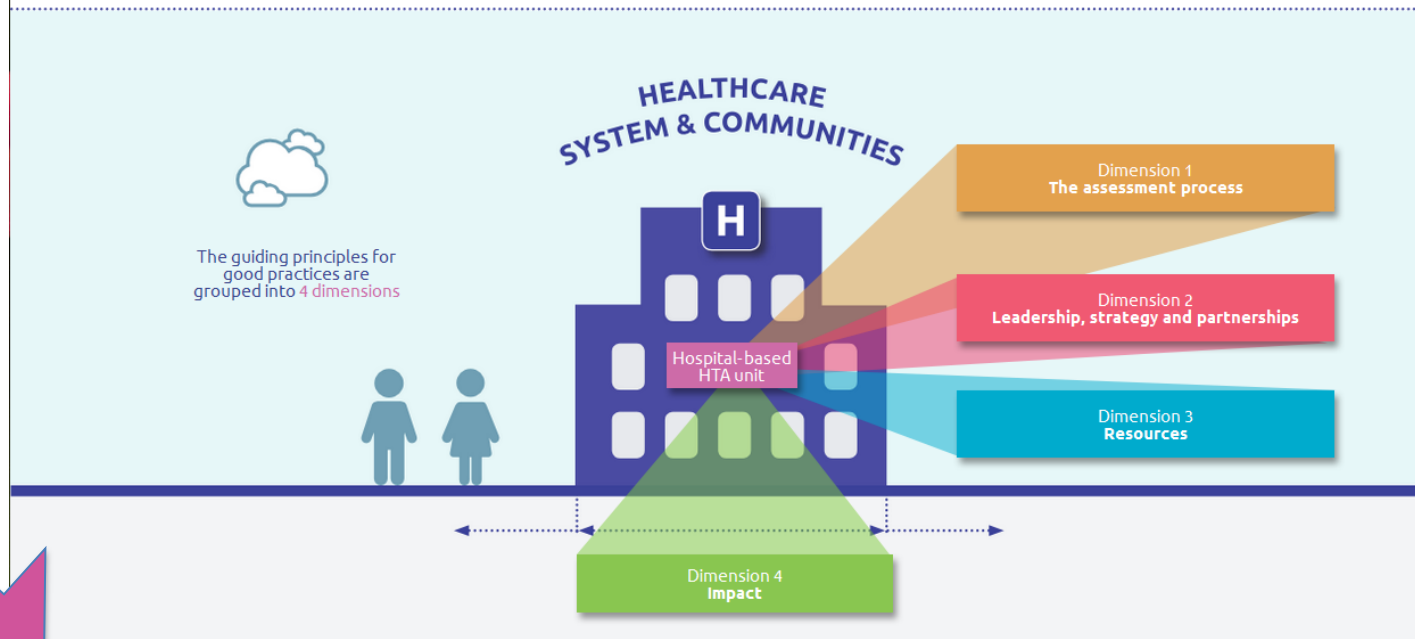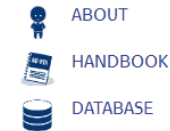
✓Basado en el Handbook

# The AdHopHTA Toolkit

http://www.adhophta.eu

# The AdHopHTA toolkit: auto-evaluación y plan de implementación

**Self-assessment test results & Implementation Plan**

## Self-assessment test results

**Results: Dimension 1**

- Our HB-HTA reports reflect the specific...
- Our HB-HTA reports reflect the specific...
- Our HB-HTA reports meet the informatio...
- Our HB-HTA report is conducted systema...
- Our HB-HTA reports can be adapted to ot...
- We have identified and involved internal s...
- The HB-HTA process is undertaken in an u...
- The HB-HTA process is carried out indepe...
- We communicate the results of the HB-...

0 1 2 3 4

**TOTAL: 3 out of 9 guiding principles components achieved.**

**Results: Dimension 2**

- The mission, vision and values of our HB-H...
- The hospital in which our HB-HTA unit op...
- Our HB-HTA unit is integrated in the gen...
- We have a well-defined and active leaders...
- Our leaders engage actively and personall...
- Our HB-HTA unit has an active internal co...
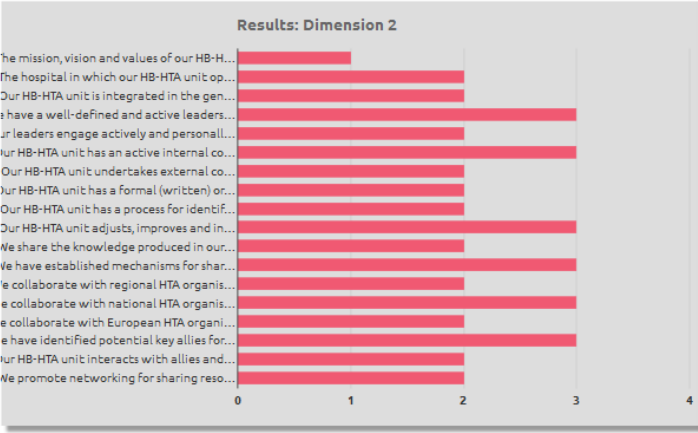- Our HB-HTA unit undertakes external co...
- Our HB-HTA unit has a formal (written) or...
- Our HB-HTA unit has a process for identif...
- Our HB-HTA unit adjusts, improves and in...
- We share the knowledge produced in our...
- We have established mechanisms for shar...
- We collaborate with regional HTA organis...
- We collaborate with national HTA organis...
- We collaborate with European HTA organi...
- We have identified potential key allies for...
- Our HB-HTA unit interacts with allies and...
- We promote networking for sharing reso...

0 1 2 3 4

---

**The overall score of your self-assessment test is '16 out of 42'.**

Below you will find an implementation plan to obtain a set of tailored instruments and solutions offered in the AdHopHTA Toolkit to help you to achieve the guiding principles not yet attained.

## Implementation plan

The implementation plan aims to deliver tailored, step-by-step guidance on the actions necessary to ensure compliance with guiding principles for good practices in HB-HTA units. Regardless of your starting point, there are essential steps to be taken in order to establish and secure proper running of your HB-HTA activity/unit. These are called Core Guiding Principles and they determine the priorities in your implementation plan. Your tailored plan below that consists of statements (that you currently do not comply with) and priority actions.

To get the most out of the implementation plan, it should be read together with Chapter 3 of the AdHopHTA handbook "A handbook of hospital-based Health Technology Assessment (HB-HTA)".

**Dimension 1:** The assessment process
Go to tools and proposed solutions to potential problems of this dimension >>

**Guiding principle 1:** HB-HTA report scope, hospital context and informational needs

| Statement | Suggested actions | Priority |
|---|---|---|
| 1.- Our HB-HTA reports reflect the specific context of our hospital. | ■ Use tool 3 (Example of PICO question for the scoping of an HB-HTA report) to learn how to define the scope of your HB-HTA report according to internationally recognised standards<br>■ See proposed solutions to potential problems under Guiding Principle 1 | High (this statement is part of a Core Guiding Principle) |
| 2.- Our HB-HTA reports reflect the specific context of our hospital. | ■ Use tool 2 (Official submission form requesting an HB-HTA assessment) to get an insight of what matters in reflecting the hospital context<br>■ See proposed solutions to potential problems under Guiding Principle 1 | High (this statement is part of a Core Guiding Principle) |

# The AdHopHTA toolkit

http://www.adhophta.eu/
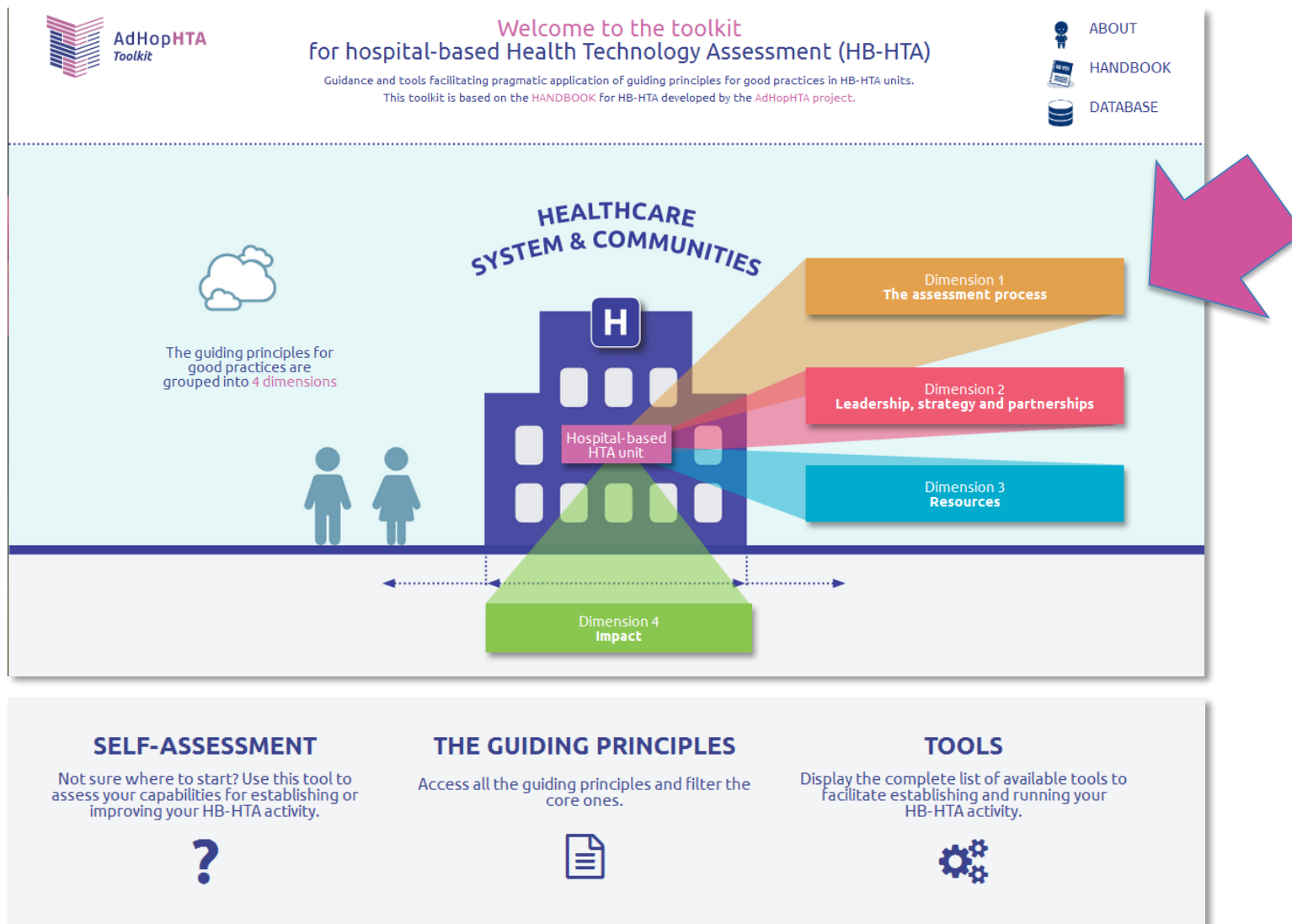
# The AdHopHTA toolkit

## Dimension 1
## The assessment process

Excellent HB-HTA units design, manage, carry out, review and improve the assessment process to generate valuable, tailored information for hospital decision-makers. The assessment report should be relevant and reliable, carried out in an unbiased and transparent manner with involvement of stakeholders. Assessment results and recommendations should be properly communicated to hospital stakeholders.

### Guiding principle 1

**HB-HTA report: scope, hospital context and informational needs**

The HB-HTA report clearly states its ... informational needs of hospital dec...

**TOOLS**

**TOOL 2:** Official (submission) form ...

**TOOL 3:** Example of PICO (Populati... HB-HTA report

**TOOL 4:** AdHopHTA mini-HTA templ...

---

**Tool 2**: Official (submission) form requesting a HB-HTA assess...

**What is this tool for?** The purpose of the tool is to give assistan... understand particular health technologies to be assessed and technologies to be assessed.

**Who is this tool for?** The tool was designed for the use of HB-... assessment of a particular health technology.

---

A Toolkit for Hospital based Health Technology Assessment

HB-HTA Toolkit > DIMENSION 1: The assessment process > Guiding Principle 1: HB-HTA report: scope, hospital context and informational needs

**❷.❶ Short general form applicable to all types of technologies**

**Application form for submitting the request for health technologies to be assessed**

**Information on Applicant**

Name: _____
Position: _____
Department/unit of the Hospital: _____
E-mail address (or other contact information): _____

This form is divided into four different parts that cover the following:

☑ General information on the technology
☑ Expected health benefits and health risks
☑ Expected costs
☑ Impact on hospital performance

*Explanatory note:* Please explain below the reasons for request for the assessment of health technology and attach supporting documentation or provide relevant links to descriptive information

*General information on the health technology to be assessed*

➩ Description, purpose (clinical indicator) and alternatives to health technology to be assessed

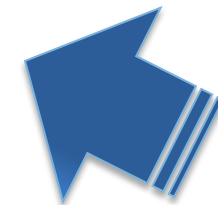| | Description of potential problems | Proposed solutions |
|---|---|---|
| 1.1 | The goal and scope of the HB-HTA report are unclear or represent a point of contention. | Define the TICO (Technology, Intervention, Comparison, Outcome) question and be specific with regard to inclusion and exclusion criteria. Make sure that everybody understands and agrees on what is going to be assessed. Make a formal contract with stakeholders of the HB-HTA process including a detailed time plan and a description of what should be done if the time plan is not met. An informal agreement could also help, but make sure that all the team involved understands the process of assessment and what will happen if commitment from people is weak. |
| 1.2 | The new HT is not well defined. The intervention is adapted to the specific needs of the patient, and thus the content of the intervention will vary from patient to patient. | Initially, align expectations of project stakeholders. Clearly define inclusion and exclusion criteria and do not start the assessment process before the TICO (Technology, Intervention, Comparison, Outcome) question is clearly defined and agreed with stakeholders. |
| 1.3 | It is difficult to identify a comparator for the assessed HT, e.g. in the case of... | Discuss with the applicant clinician in order to identify the closest comparator. Remember that "no treatment" is also a... |

# Tools (ejemplo)

## Tool 4 AdHopHTA mini-HTA template

### What is this tool for?

The "AdHopHTA mini-HTA template" aims at providing guidance to perform the assessments of health technologies in hospital contexts. The tool constitutes an evolution of the mini-HTA developed by DACEHTA and integrates the research coming from the AdHopHTA project regarding the informational requirements of hospitals' decision-makers.

### Who is this tool for?

The tool is designed to be used by HB-HTA units (or other organizations performing HB-HTA) as a guidance for preparing HB-HTA reports of high quality.

**AdHopHTA MINI-HTA TEMPLATE**

28 questions

Q1: Summary
Q2-7: Basic information
Q8-12: Methodology & reporting
Q13-23: Results within domains
Q24-28: Discussion, conclusions and recommendations

**AdHopHTA CHECKLIST**

Correspondiong to the template for assessing quality of HB-HTA reports

26 QUESTIONS

# Tools (ejemplo)

🔧 **Links to calculators** 📅

| EPIDEMIOLOGICAL CALCULATORS | |
|---|---|
| **Calculator for diagnostic test evaluation with results of:**<br>→ Sensitivity.<br>→ Specificity.<br>→ Positive likelihood ratio.<br>→ Negative likelihood ratio.<br>→ Disease prevalence.<br>→ Positive predictive value.<br>→ Negative predictive value.<br>→ Relative risk, 95% CI, z statistic and p value.<br>→ Odds ratio, 95% CI, z statistic and p value. | **MedCalc easy-to-use statistical software**<br><br>🔍 *Click to find out more* |
| **Effect size type calculator:**<br>→ Standardized Mean Difference (d).<br>→ Correlation Coefficient (r).<br><br>**Odds-ratio (OR) and Risk Ratio (RR) calculator for:**<br>→ 2 by 2 frequency table.<br>→ Binary proportions. | **Practical Meta-Analysis Effect Size Calculator**<br>George Mason University, USA, The Campbell Collaboration |

# The AdHopHTA base de datos

Objetivo

- ✓ Repositorio online de información sobre documentos de HB-HTA producidos por los hospitales (*partner*)

- ✓ Permite el acceso a la información e intercambio de conocimiento sobre technologías específicas

- ✓ Promueve el *networking*

# The AdHopHTA base de datos

**219** entries



Database Search

| Fulltext Search | Browse Database | Help |

**Search**

[                    ] [Search] [Show All]

Examples: lungs AND (lbi-hta OR chuv), system AND ucsc, robot* 2012

Filter by organisation:  +

Filter by end of project/hta:

(-) 2014
March 2014 (19)
April 2014 (18)
February 2014 (18)
June 2014 (17)
September 2014 (14)
May 2014 (13)
October 2014 (12)
January 2014 (11)
July 2014 (11)

Show more

Filter by type of technology:  +

Filter by record status:  +

Filter by mesh:  +

| Title | Organisation | End of Project/HTA | Record Status | Type of Technology |
|---|---|---|---|---|
| Drug-eluting stents for peripheral artery disease | LBI-HTA | 2014-07 | Published | Therapeutic device |
| Observation unit for patients with COPD in non-invasive ventilation treatment | OUH | 2014-12 | In progress | Other |
| Percutaneous left atrial appendage (LAA) closure to prevent thromboembolic events in patients with atrial fibrillation- update | LBI-HTA | 2014-07 | Published | Therapeutic device |
| Exhaled nitric oxide (FENO) in the diagnosis and monitoring of treatment effect of asthma. | MUMM | 2014-10 | In progress | Diagnostic device |
| Implantation of endobronchial valves in patients with emphysema- update | LBI-HTA | 2014-07 | Published | Therapeutic device |
| Cytoreductive surgery followed by hyperthermic intraperitoneal chemotherapy for peritoneal carcinomatosis | LBI-HTA | 2014-07 | Published | Therapeutic device |
| Stereotactic and robot-assisted radiofrequency ablation for liver carcinomas and colorectal liver metastases | LBI-HTA | 2014-07 | Published | Therapeutic device |
| OSNA | FCRB | 2014-01 | Published | Diagnostic device |
| Rapid-deployment aortic valve replacement | CHUV | 2014-07 | Published | Diagnostic device |
| Indocyanine green (ICG) lymphography in imaging diagnosis of secondary lymphedema | CHUV | 2014-07 | Published | Diagnostic device |
| Arthroscopic hip surgery | CHUV | 2014-04 | Published | Other |

# The AdHopHTA base de datos

## Composite mesh for hernya repair

| | |
|---|---|
| **Record Status:** | published |
| **End of Project/HTA:** | 2010-02 |
| **Author's objectives:** | Population: Patients with hernia disease. Intervention: physiomesh. Comparator: mesh currently used (Parietex Composite, PROCEED). Outcome: procedural time, patient quality of life (QOL). Physiomesh is a novel, lightweight, large pore, polypropylene mesh designed to have flexibility that matches the compliance of the abdominal wall. Methodology. For the dimension of safety and effectiveness: rapid literature review. For the safety in real world: analysis of warnings and recalls (MAUDE, MHRA, Italian Ministry of Health warning' section). For organizational and economic impact: budget impact analysis. |
| **Author's conclusions:** | The literature showed lack of data on the superiority of the system compared to the traditional meshes. Safety and effectiveness evidence has been found, since that this medical device reduces the procedure time. It is recommended to introduce the system for one year in the treatment of 10 cases, in order to verify the usability for clinicians and the benefits for the patients. |
| **Decision / Recommendation:** | Accepted |
| **URL for published record:** | Link |
| **Country:** | Italy |
| **Language:** | Italian |
| **Type of Technology:** | Therapeutic device |
| **Organisation:** | UCSC |
| **Contact Name:** | Marco Marchetti |
| **E-Mail Address:** | marco.marchetti@unicatt.it |
| **Address:** | Largo Gemelli 1, 00168 Rome (IT) |
| **MeSH:** | Musculoskeletal System [A02], Musculoskeletal Diseases [C05], Therapeutics [E02] |

## More like this

- Flexible composite mesh for Ventral Hernia Repair
- ORTHOWAVE 280 (shock waves for pseudoarthrosis)
- Electro-scalpel "MarSeal"
- Ultrasound device to remove the bone cement in revision arthroplasty surgery (OSCAR)
- PainBuster delivers local anesthetic to surgical sites continuously for up to 5 days, providing post-operative pain relief
- BST-CarGel
- Stabilization of the cervical spine with plate
- Mini External fixation system for the hand and foot fracture
- Hip arthroscopy system
- Percutaneous axial lumbar interbody fusion

# HB-HTA: Más información



AdHopHTA
Adopting Hospital Based
Health Technology Assessment

HTA in and for hospitals

The AdHopHTA project (grant agreement nr. 305018) is co-funded by the EC Seventh Framework Programme theme FP7-HEALTH-2012-INNOVATION

**Handbook** of HB-HTA

**Toolkit** for setting-up and running an HB-HTA unit

**Database** of HB-HTA reports

## www.adhophta.eu
**(2013-15)**

Laura Sampietro-Colom
Janet Martin *Editors*

# Hospital-based Health Technology Assessment

The Next Frontier for Health Technology Assessment

△ Adis

**18 Countries**
**32 experiences**
**(2016)**