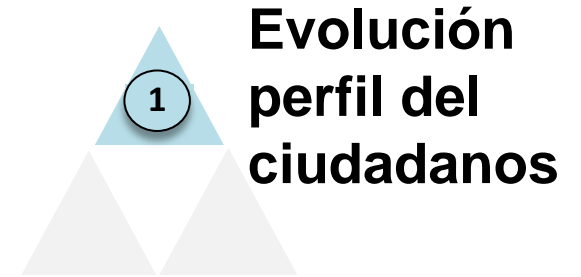

Evaluación de Tecnología en hospitales y El Proyecto EU AdHopHTA

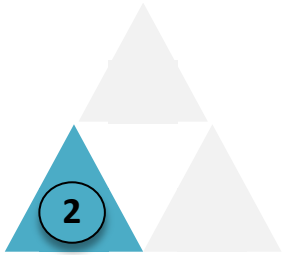
Laura Sampietro-Colom M.D, MScPH, Ph.D,
Unidad de Evaluación de Innovaciones y Nuevas Tecnologías
Dirección de Investigación e Innovación
Hospital Clínic de Barcelona

El contexto: Factores Clave: Social



- 1. Mejor Acceso**
- 2. A la mejor Tecnología**
- 3. Decisiones Transparentes**

El contexto: Factores Clave: Tecnológico



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)

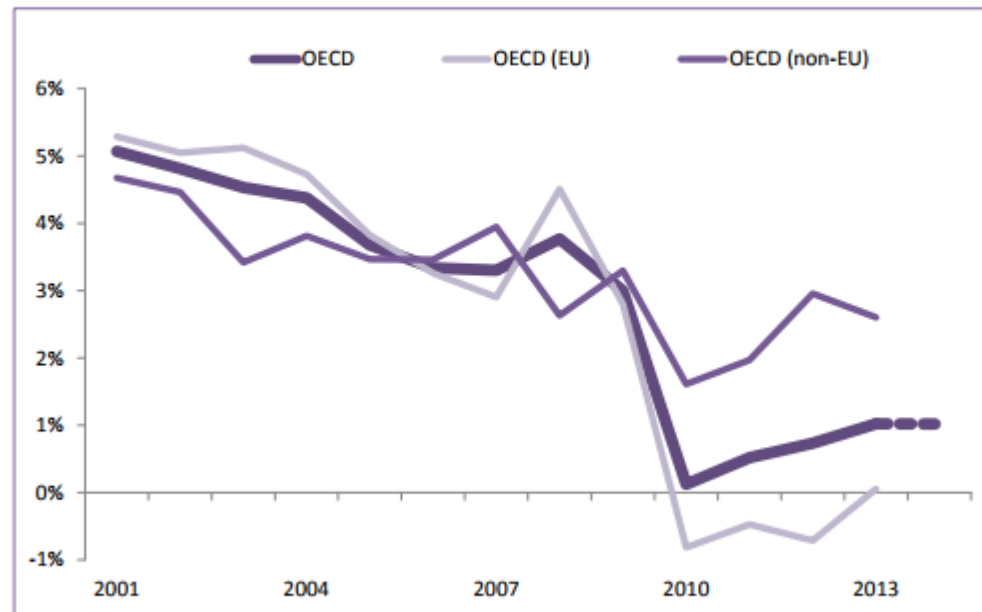
Source: Genzyme

El contexto: Factores Clave: Económico

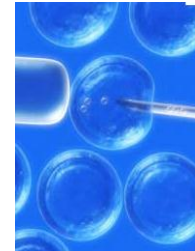
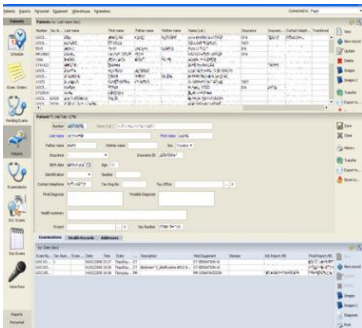


Fluctuaciones Financieras y Presupuestarias

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

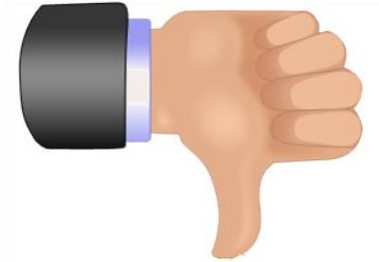


El contexto: Toma de decisión

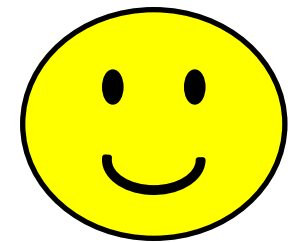


El contexto: Toma de decisión

Opción A



Opción B



¿ En qué consiste la Evaluación de Tecnología Sanitaria (ETS)?

UNDERSTANDING HTA



Proceso analítico sobre los efectos y el valor de las TS en el sistema 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



Orientada al proceso de decisión

¿ Qué hace la ETS?



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

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**



RESOLUTION
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC66/R4

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



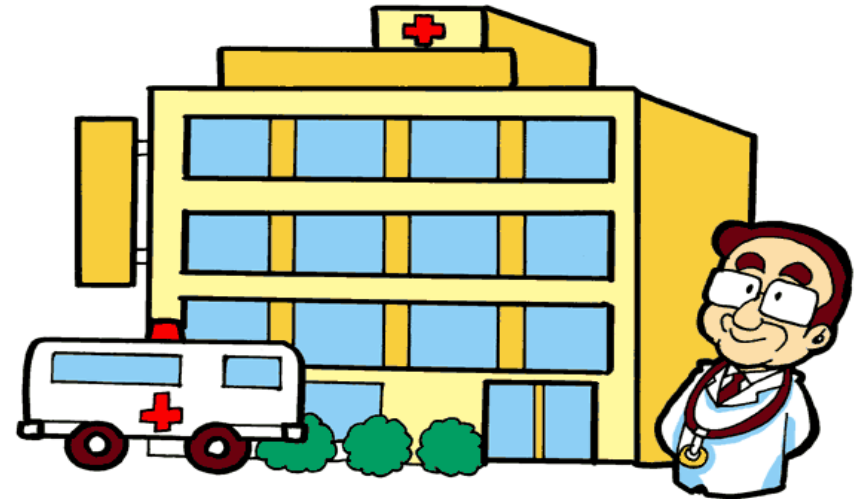
2013

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;

Evaluación de Tecnologías Sanitarias en el Hospital

Contexto Dependiente !!



hospital

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

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

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%**

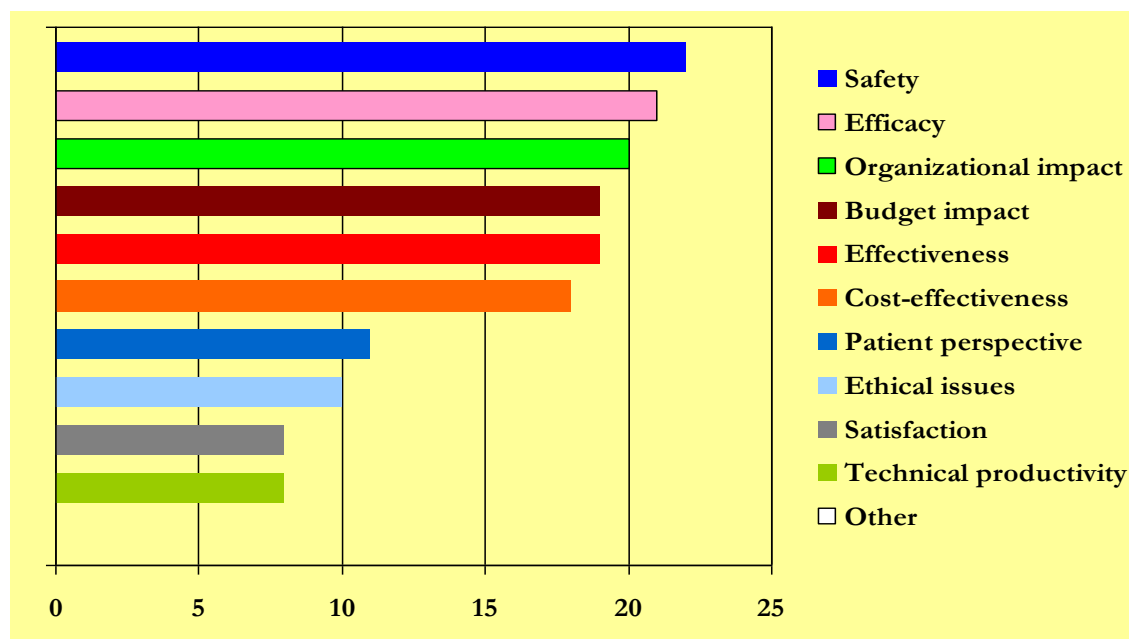
Kidholm K et al Int J Tech Assess Health Care. 2009;25(1):42-8.

- ✓ 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”)



¿ Por qué la ETS en el Hospital (HB-HTA)?

Presupuesto fijo () + Competencia de Tecnologías (innovadoras)

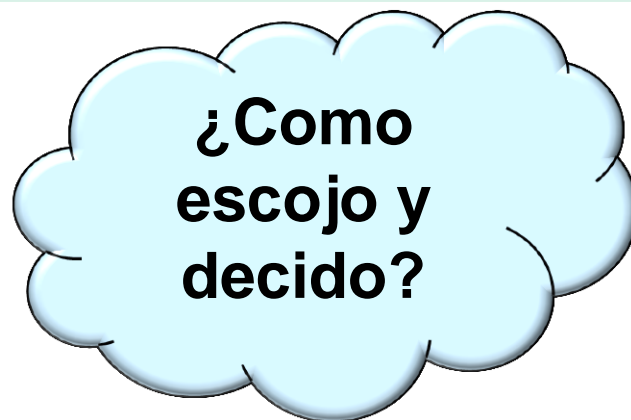


HB-HTA: ayudando a los profesionales en la toma de decisiones

Médico



Vendedor



Completa

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, productos sanitarios, tests diagnosticos, procedimientos médicos/quirúrgicos)
 - Tiempo de realización ajustado a las necesidades del hospital
 - En colaboración con los decisores hospitalarios (eg clínicos)



¿ Por qué el Proyecto AdHopHTA EU?



AdHopHTA
Adopting Hospital Based
Health Technology Assessment



¿ 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



BUDGET



1,5%***

of pharmaceutical spending
for in-patient care in the EU



Hospitals as main entry point

** 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 lleguen al mercado de forma rápida” a la vez que “se mejore la sostenibilidad 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

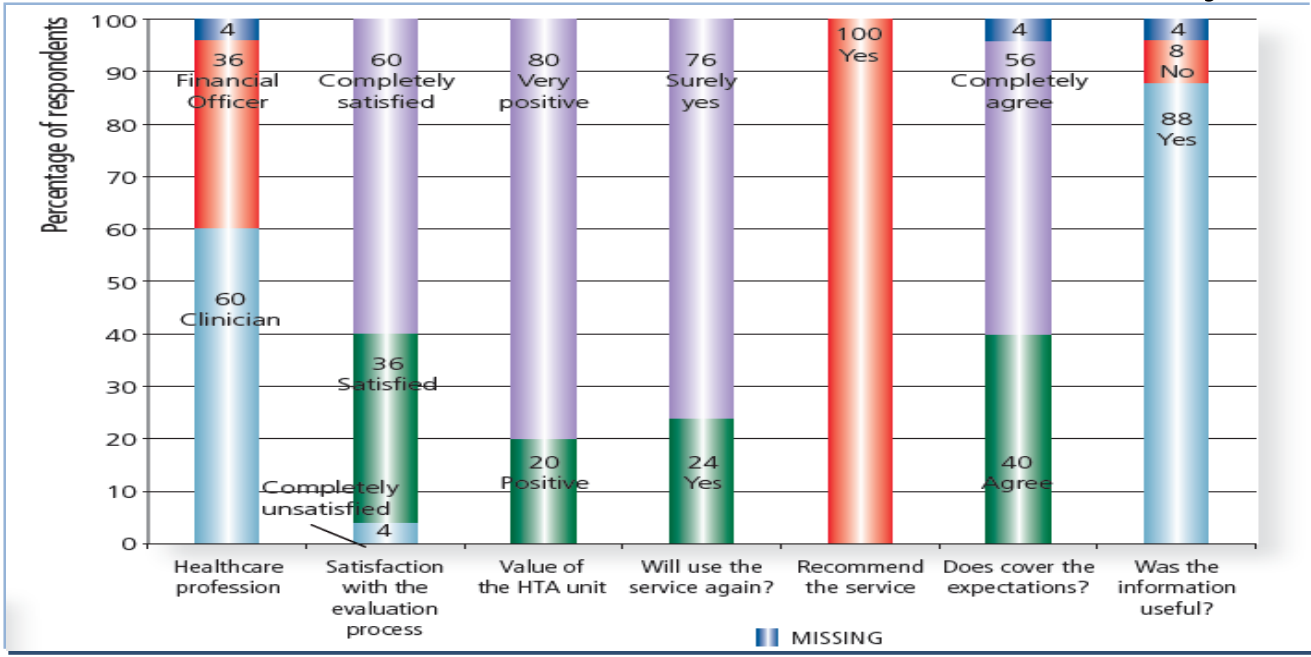
Clinical area
Biochemistry
Cardiology
Dermatology
Digestive system
General Surgery
Hepatology
Neurology
Neurosurgery
Oncology
Traumatology
Pharmacy



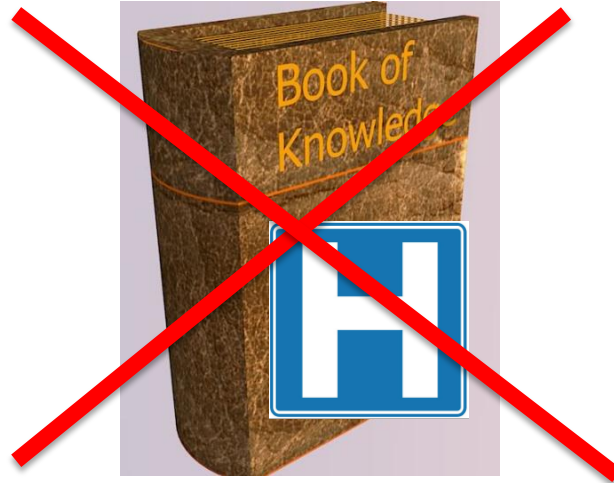
Acquisition cost (n=23)	€ 7.7 M
Accepted (n=12)	€ 1.9 M
(Final negotiated price)	(€ 1.5 M)
Opportunity cost (n=11)	€ 5.8 M

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

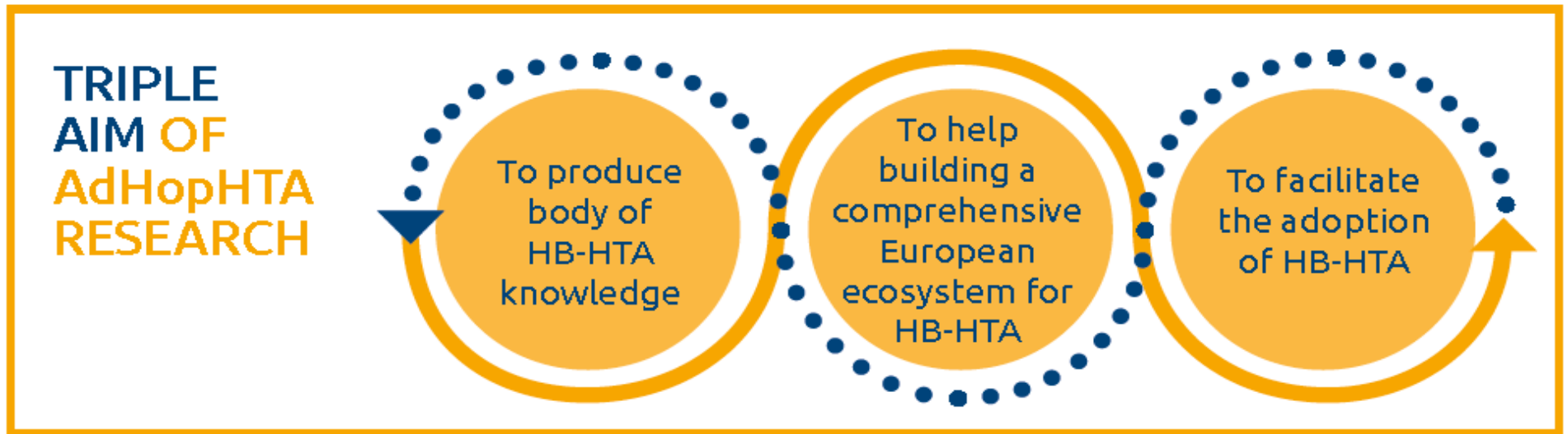
Satisfaction survey



¿ Por qué AdHopHTA?



AdHopHTA Objectivos Estratégicos



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)

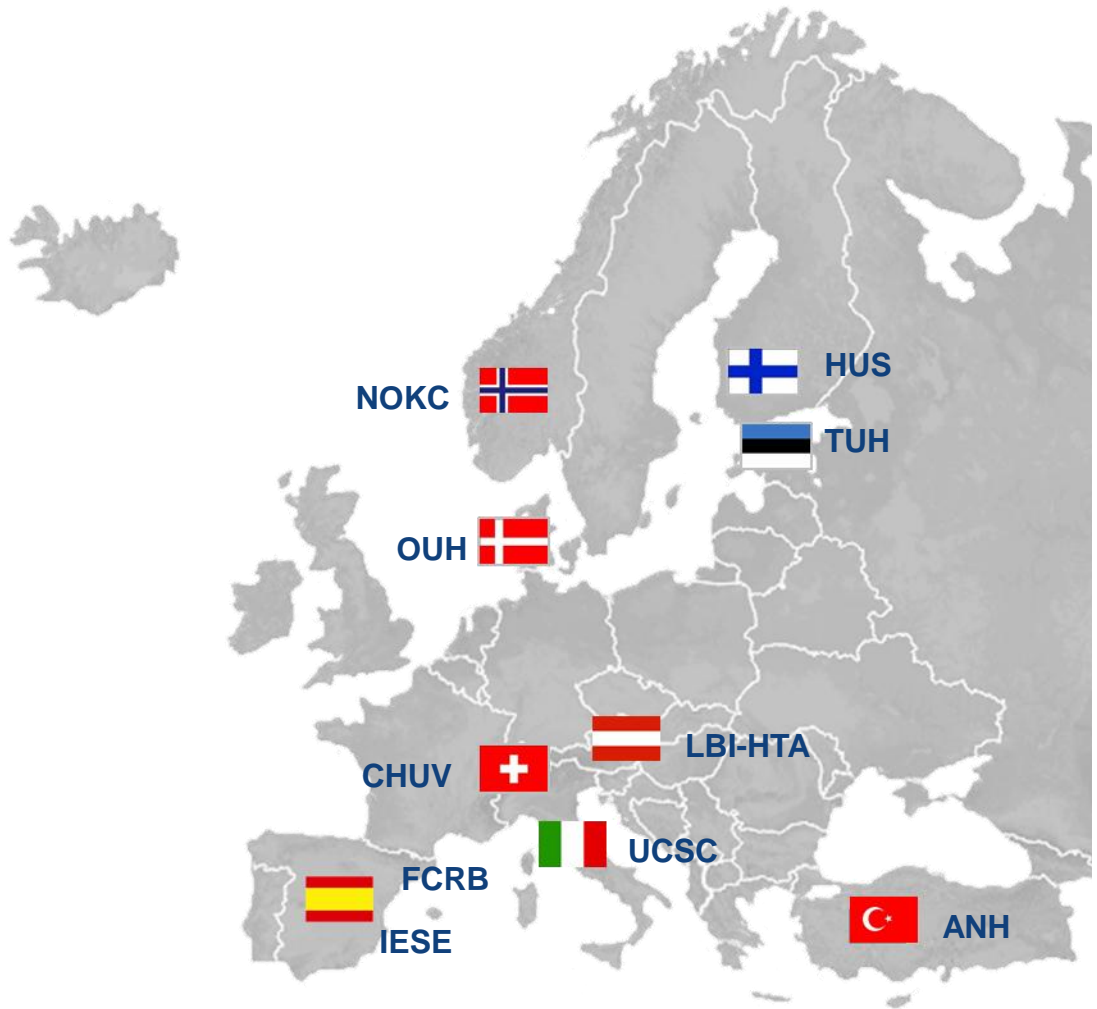
2 HTA Agencies

LBI-HTA (AT)

NOKC (NO)

1 Business school

IESE (ES)



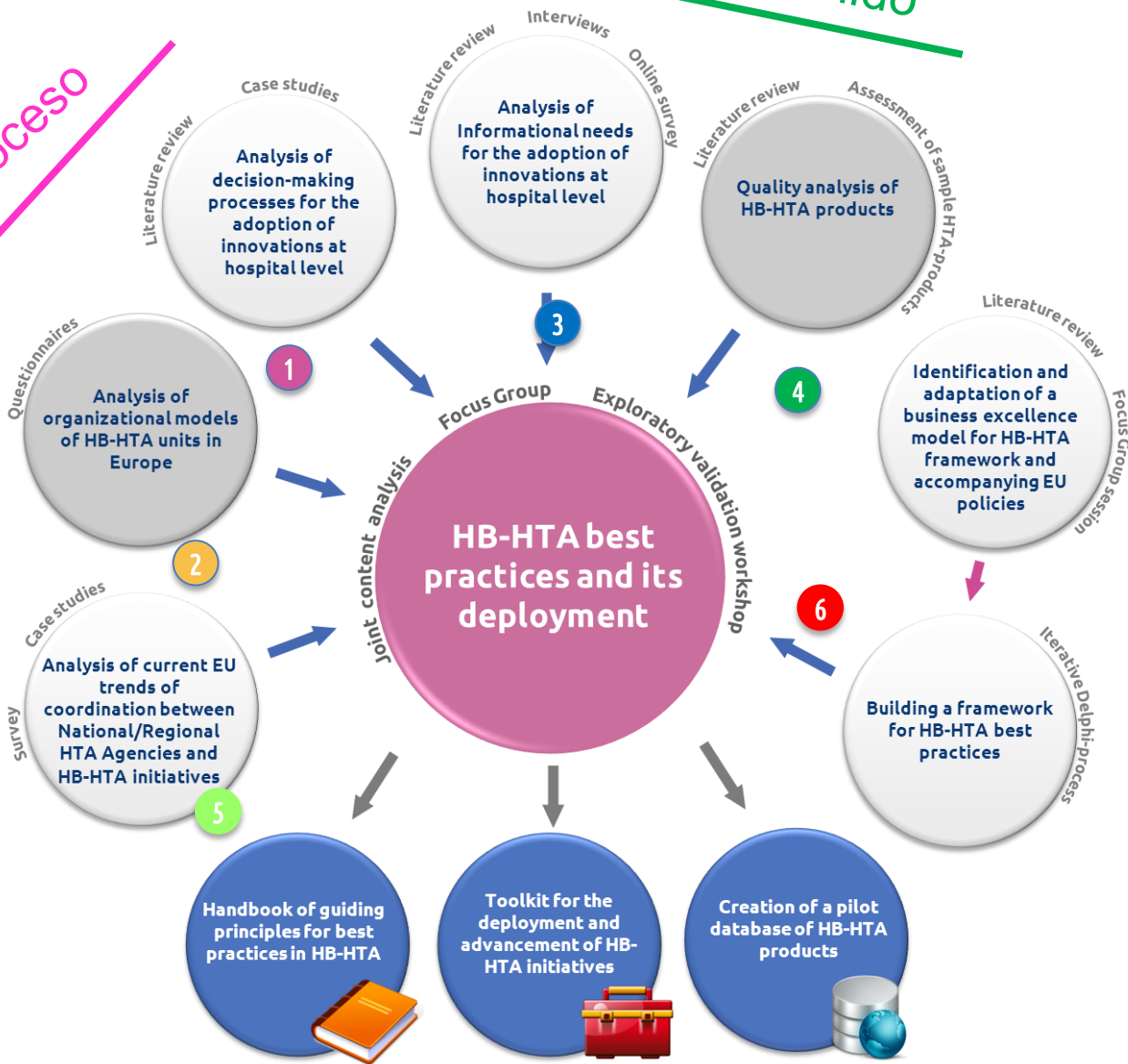
Actividades, métodos y resultados

Contenido

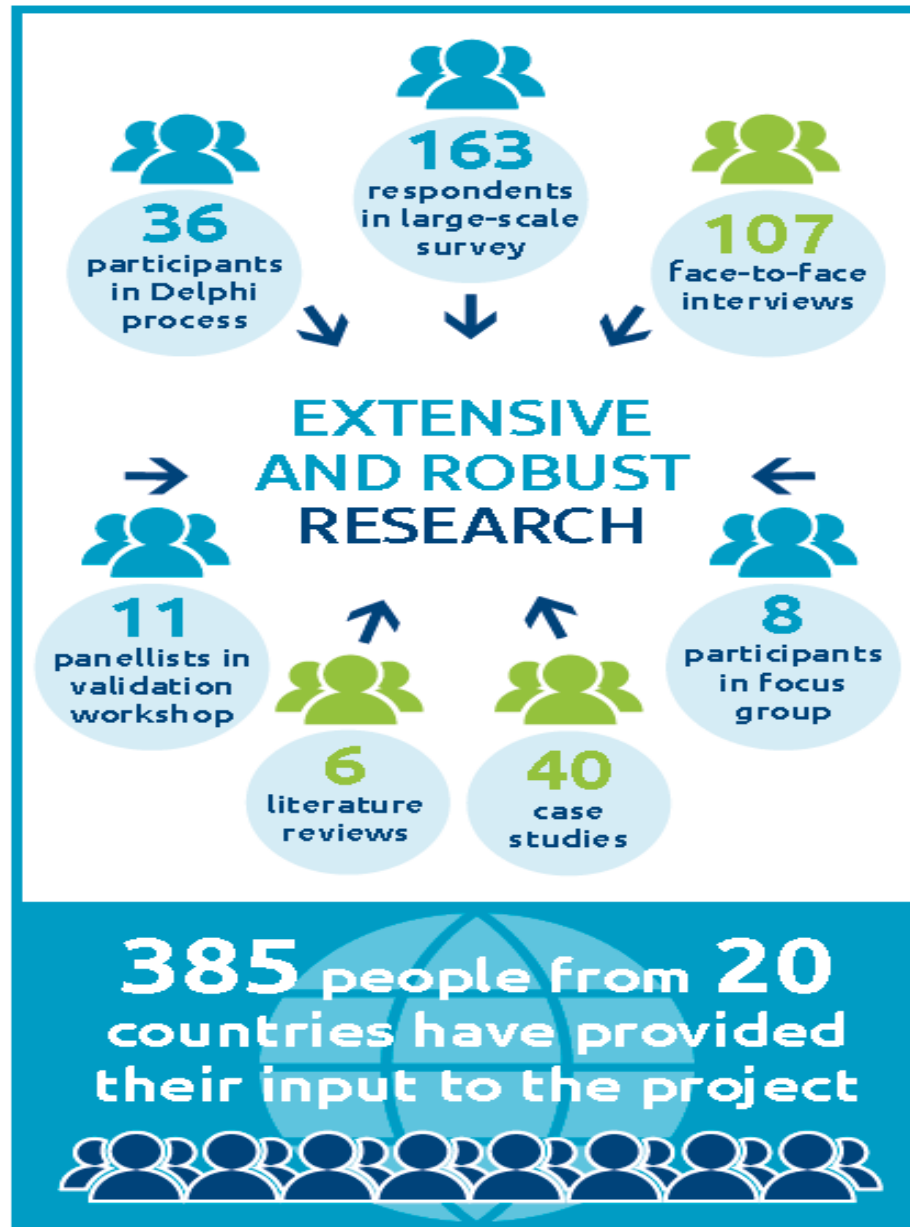
Proceso

Colaboración

Marco Conceptual



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.

Principales Resultados

Key message 2



		LEVEL OF INTEGRATION	
		MID-LOW	HIGH-MID
LEVEL OF FORMALISATION AND SPECIALISATION	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

Principales Resultados



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 16HB-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

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

Key message 4



Domain	HTA Core model	HB-HTA Core model
	EUnetHTA	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



New

Sci

Rev

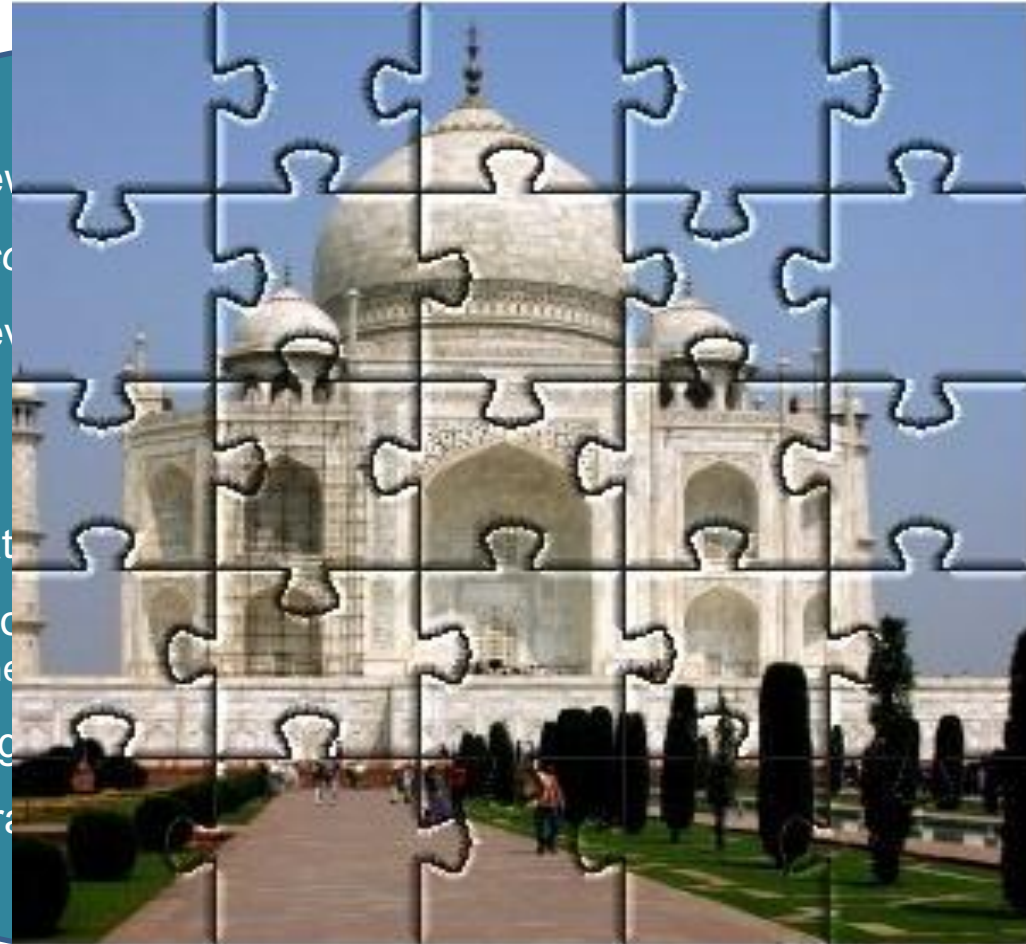
Pat

Ecc

+ ne

Org

Str



AdHopHTA
Adopting Hospital Based
Health Technology Assessment

HTA in and for hospitals



HB-HTA: Diferentes Productos de ETS

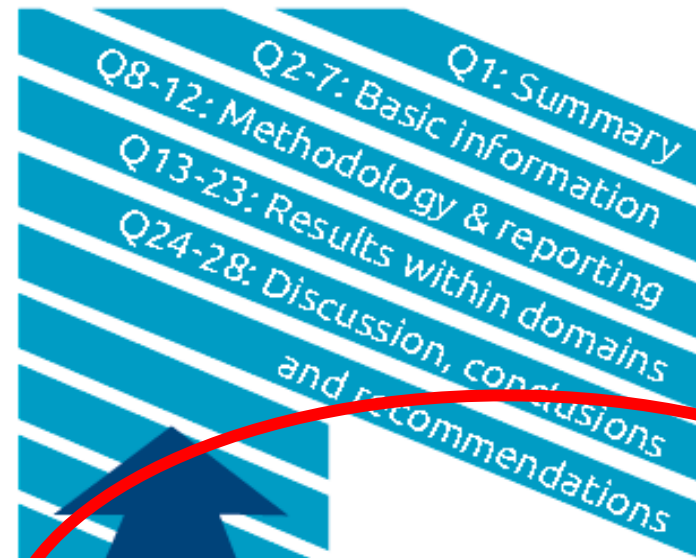


Principales Resultados



NEW METHODOLOGICAL TOOLS SPECIFIC FOR HB-HTA

AdHopHTA MINI-HTA template



NEW

AdHopHTA quality checklist

for assessing the quality of HB-HTA reports

26
QUESTIONS



Principales Resultados



Key message 5



HB-HTA REPORT	FORMAT	STAFF-EFFORT (no. of weeks)	COMPREHENSIVENESS (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

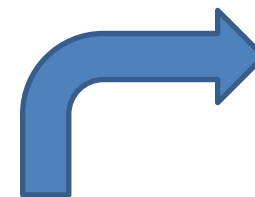
5

Key message 6:

Más que colaboración técnica:

Soporte mutuo estratégico

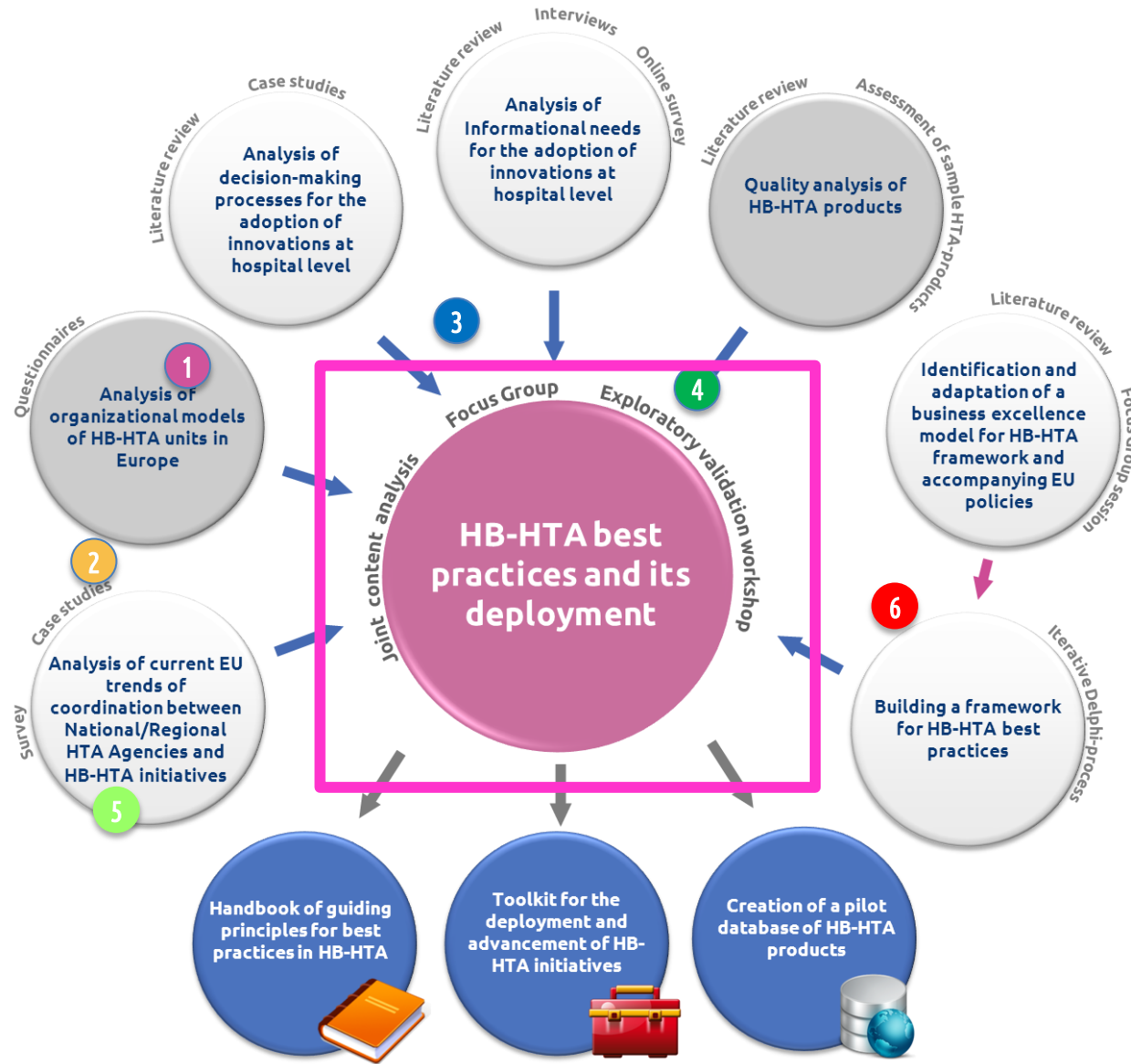
y político.



Portafolio
de
Actividades



Activities, methods and project outputs





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	

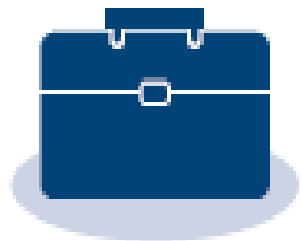
CORE 9 Core Guiding Principles prerequisites for setting-up and running HB-HTA units

AdHopHTA: Productos Finales



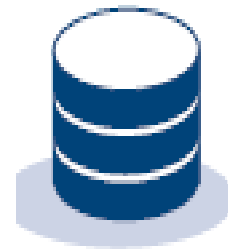
Handbook of HB-HTA

- knowledge base to improve the process of decision-making on health technologies in the hospital



Toolkit for HB-HTA

- guidance and tools for setting up and running an HB-HTA unit



Database of HB-HTA

- sharing of HB-HTA reports to make learning from each other easier

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
- ✓ Énfasis en cómo establecer y desarrollar una unidad de 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**

The AdHopHTA Toolkit

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

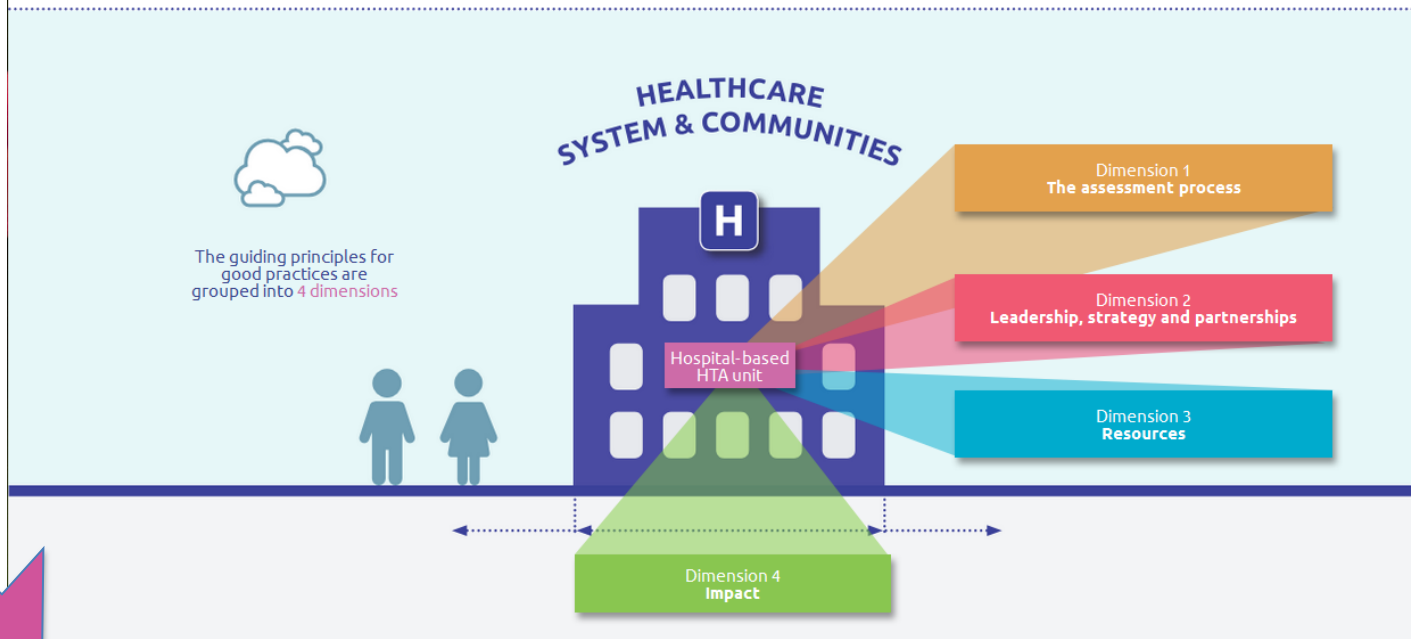
<http://www.adhophta.eu>



Welcome to the toolkit for hospital-based Health Technology Assessment (HB-HTA)

Guidance and tools facilitating pragmatic application of guiding principles for good practices in HB-HTA units.
This toolkit is based on the **HANDBOOK** for HB-HTA developed by the AdHopHTA project.

- ABOUT
- HANDBOOK
- DATABASE



SELF-ASSESSMENT

Not sure where to start? Use this tool to assess your capabilities for establishing or improving your HB-HTA activity.



THE GUIDING PRINCIPLES

Access all the guiding principles and filter the core ones.



TOOLS

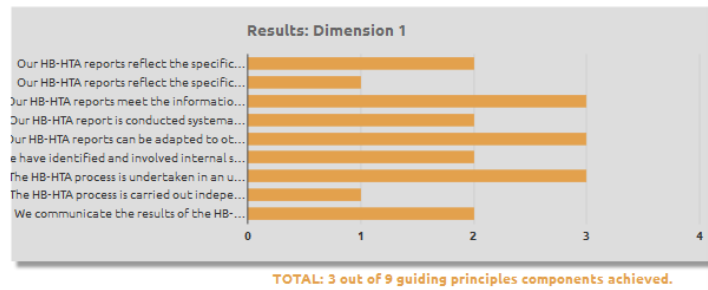
Display the complete list of available tools to facilitate establishing and running your HB-HTA activity.



The AdHopHTA toolkit: auto-evaluación y plan de implementación

Self-assessment test results & Implementation Plan

Self-assessment test results



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 >>

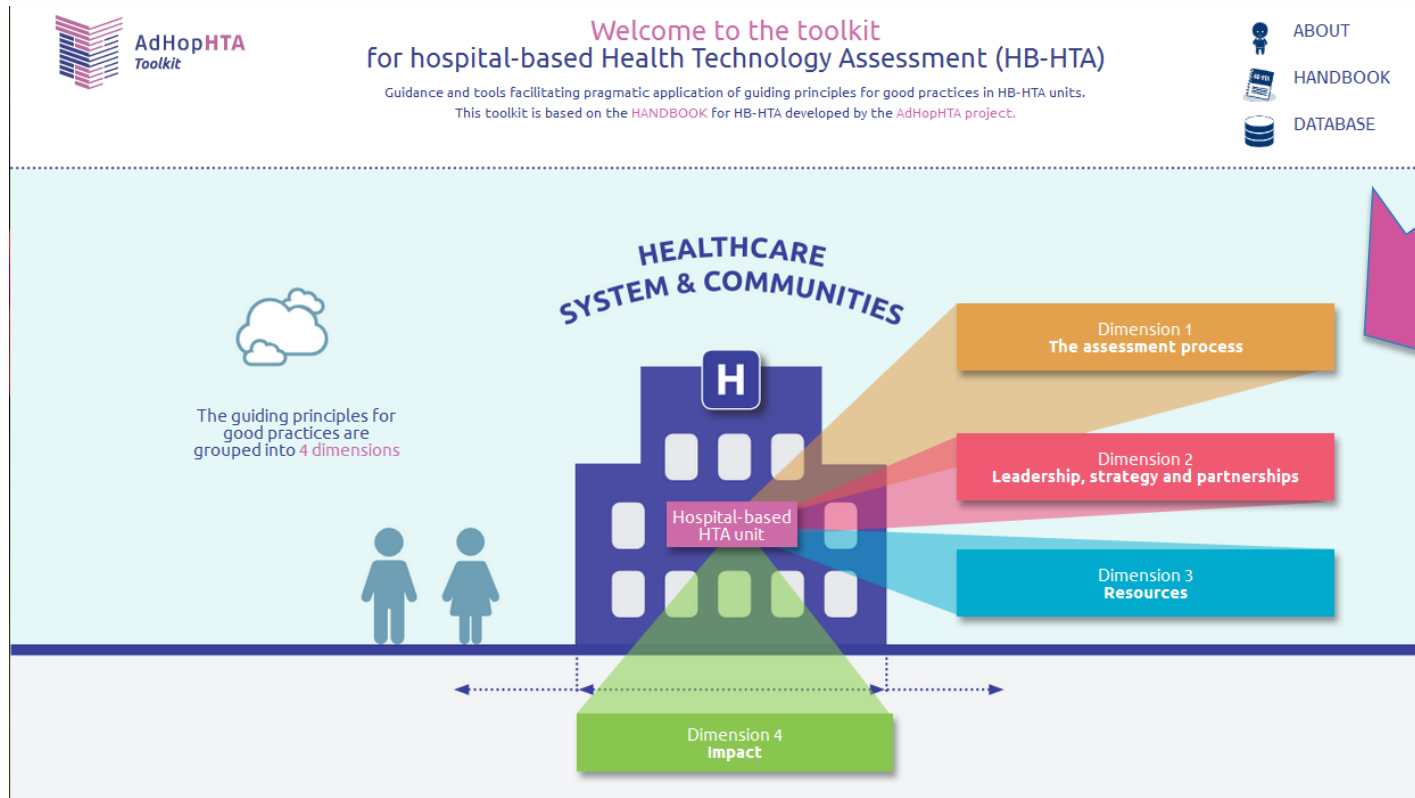
Guiding principle 1: HB-HTA report scope, hospital context and informational needs

Statement	Suggested actions	Priority
1.- Our HB-HTA reports reflect the specific context of our hospital.	<ul style="list-style-type: none"> 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 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.	<ul style="list-style-type: none"> Use tool 2 (Official submission form requesting an HB-HTA assessment) to get an insight of what matters in reflecting the hospital context 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/>



SELF-ASSESSMENT

Not sure where to start? Use this tool to assess your capabilities for establishing or improving your HB-HTA activity.



THE GUIDING PRINCIPLES

Access all the guiding principles and filter the core ones.



TOOLS

Display the complete list of available tools to facilitate establishing and running your HB-HTA activity.



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.

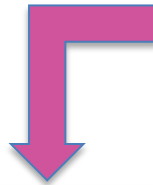
Guiding principle 1

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

The HB-HTA report clearly states its informational needs of hospital decision-makers

TOOLS

- TOOL 2:** Official (submission) form requesting an HB-HTA assessment
- TOOL 3:** Example of PICO (Population, Intervention, Comparison, Outcome) question for an HB-HTA report
- TOOL 4:** AdHopHTA mini-HTA template



Tool 2: Official (submission) form requesting an HB-HTA assessment

What is this tool for? The purpose of the tool is to give assistance to hospital decision-makers to understand particular health technologies to be assessed and to identify the informational needs of hospital decision-makers for the technologies to be assessed.

Who is this tool for? The tool was designed for the use of hospital decision-makers for the assessment of a particular health technology.

	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 a new technology.	Discuss with the applicant clinician in order to identify the closest comparator. Remember that "no treatment" is also a comparator.



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 CHECKLIST

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



Tools (ejemplo)



Links to calculators



EPIDEMIOLOGICAL CALCULATORS

Calculator for diagnostic test evaluation with results of:

- Sensitivity.
- Specificity.
- Positive likelihood ratio.
- Negative likelihood ratio.
- Disease prevalence.
- Positive predictive value.
- Negative predictive value.
- Relative risk, 95% CI, z statistic and p value.
- Odds ratio, 95% CI, z statistic and p value.

MedCalc easy-to-use statistical software

 [Click to Find out more](#)

Effect size type calculator:

- Standardized Mean Difference (d).
- Correlation Coefficient (r).

Odds-ratio (OR) and Risk Ratio (RR) calculator for:

- 2 by 2 frequency table.
- Binary proportions.

Practical Meta-Analysis Effect Size Calculator

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 tecnologías 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 no: 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



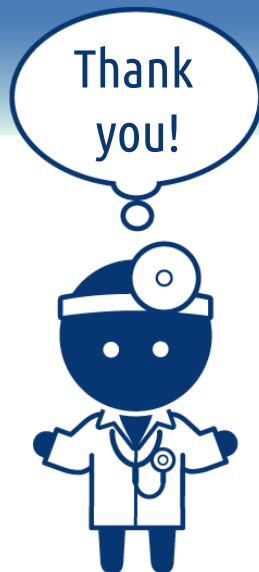
Database of HB-HTA reports

www.adhophta.eu
(2013-15)



**18 Countries
32 experiences
(2016)**





AdHopHTA
Adopting Hospital Based
Health Technology Assessment

<http://www.adhophta.eu>



www.htai.org

