



***INAHTA***

**HTA IMPACT:**  
STORIES FROM THE FRONT LINES OF  
HTA PRODUCTION AND USE

Oral session, HTAi Annual Meeting  
20 June 2017 in Rome, Italy

# ABOUT INAHTA

## **International Network of Agencies for HTA**

- Founded in 1993 now a global network of 49 publicly-funded agencies.
- Member agencies support health system decision making that affects over 1 billion people in 30 countries.

[www.inahta.org](http://www.inahta.org)



# INAHTA IMPACT STORY SHARING

- Conducted annually at the INAHTA Congress.
- Interactive way for INAHTA members to share experiences directly with one another.
- Great success:
  - ✓ Sharing with other agencies facing similar challenges
  - ✓ Opportunity to ask questions, discuss & learn in informal setting
  - ✓ Fosters relationships among members, builds trust



# MINI-THEME IN IJTAHC

**Editor-in-Chief:** Prof. Wendy Babidge

**Associate Editors:** Tara Schuller & Sophie Williams

## Six stories:

- Alemán & Pérez: *Learning from the experience of low-income countries to improve access to high-quality health care*
- Fujita-Rowe et al.: *Impact of robotic-assisted total knee osteotomy on patient-reported outcomes and surgery for knee osteoarthritis*
- Ryan et al.: *Impact of a patient-centered care model on the patient experience in a primary care clinic*
- Sihvo, Ikonen et al.: *Recommendations for the use of medical devices in the operating room*
- Tivey et al.: *Implementation of a patient-centered care model for office-based primary care*
- Truchon et al.: *Shaping Quality Improvement in Quebec Trauma Through Vision and Quality Monitoring*



**Sneak Preview**

**Thanks to EIC, co-AE and to the authors for their contributions.**





## IMPACT OF HTA IN LITIGATION CONCERNING ACCESS TO HIGH-COST DRUGS

ALEMÁN & PÉREZ

## SOME CONTEXT

*Story from HTA unit in MOH, Uruguay.*

- In Uruguay, a public commission recommends coverage of high-cost drugs in National Health System.
- Not all drugs are selected for coverage.
- Patients can seek access to high-cost drugs that have been denied coverage through litigation (writ of protection)

→ **“judicialization” of the right to health**





# IMPACT OF HTA IN LITIGATION CONCERNING ACCESS TO HIGH-COST DRUGS

ALEMÁN & PÉREZ

## Objective

Review the judicialization of access to high-cost drugs and assess impact of HTA on this process.

## Methods

- Comprehensive literature search:
  - Electronic databases
  - Local journals
  - Internal MOH documents
- Key informant interviews





## IMPACT OF HTA IN LITIGATION CONCERNING ACCESS TO HIGH-COST DRUGS

ALEMÁN & PÉREZ

### Some findings

- Lack of knowledge about HTA in the judicial system = limited understanding why certain drugs were being declined coverage.
- MOH strategy to address the situation included:
  - Roundtables with judges and other stakeholders on the basis of HTA
  - Training defense lawyers in the use and interpretation of HTA
  - Participation of an HTA professional in preparation of defense arguments.
- One year later, the MOH won 25% of the writ of protection cases.



## ARTHROSCOPIC SURGERY FOR KNEE OSTEOARTHRITIS: IMPACT OF HTA IN GERMANY

FUJITA-ROWHERDER,  
SAUERLAND & RÜTHER

## Some context

*Story from HTA agency in Germany:  
IQWiG.*

- In 2016, following an IQWiG HTA knee arthroscopy was no longer reimbursed for osteoarthritis, but still covered for other conditions.
- In response, several surgical societies:
  - resisted this decision, and
  - challenged the underlying decision process and scientific basis.





*ARTHROSCOPIC  
SURGERY FOR KNEE  
OSTEOARTHRITIS:  
IMPACT OF HTA IN  
GERMANY*

FUJITA-ROWHERDER,  
SAUERLAND & RÜTHER

## Objective

To study how the negative HTA decision on this non-drug intervention was perceived by the medical community and how it affected health care.

## Methods

- Analysis of insurance data
- Review of medical literature
- Internet search
- Interviews with surgeons



*ARTHROSCOPIC  
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## Some findings

- HTA can challenge existing beliefs, practices, incentives.
- A lack of understanding of EBM / HTA → resistance
- Recognition that loopholes can undermine policy decisions (e.g., clinicians may choose to classify a condition according to what is currently being reimbursed).
- Emphasis on the importance of involving stakeholders in HTA in the right way & at the right times.



## CONTRIBUTION OF STAKEHOLDER ENGAGEMENT TO THE IMPACT OF A HTA

RYAN ET AL.

## Context

*Story from HTA agency in Ireland:  
HIQA.*

- Focus on a program for automated external defibrillators (PAD), which can improve survival from cardiac arrest.
- Topic already subject of substantial public and political discussion.
- MOH requested HTA from HIQA to inform their decisions.



*CONTRIBUTION OF  
STAKEHOLDER  
ENGAGEMENT TO  
THE IMPACT OF A  
HTA*

RYAN ET AL.

## Objective

To highlight the contribution of stakeholder engagement to the impact of the HTA.

## Methods

- Full HTA conducted.
- Extensive, targeted stakeholder engagement part of the HTA.
- HIQA also evaluated the impact of the HTA and the communication of outputs.

## CONTRIBUTION OF STAKEHOLDER ENGAGEMENT TO THE IMPACT OF A HTA

RYAN ET AL.

### Some findings

- HTA findings about the PAD:
  - The clinical benefits were modest.
  - It would add a high cost burden to small businesses during economic recession.
  - Not cost-effective.
- HTA informed the government's decision not to progress with the legislation or program.

They found that:

- Informing & educating stakeholders about HTA process, findings & results maximized acceptance.
- Good media management & non-technical summaries promoted public engagement and understanding.



IMPLEMENTING  
HTA-BASED  
RECOMMENDATIONS  
IN FINLAND:  
MANAGED UPTAKE  
OF MEDICAL  
METHODS

SIHVO, IKONEN &  
MÄKELÄ

## Context

*Story from HTA agency in Finland:  
FinOHTA.*

- Focus on the Managed Uptake of Medical Methods (MUMM) program which offers critically-appraised information on medical methods, similar to rapid review.
- Physicians propose topics, MUMM Board prioritizes these for review.
- MUMM Board gives recommendation to hospitals.



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MANAGED UPTAKE  
OF MEDICAL  
METHODS*

*SIHVO, IKONEN &  
MÄKELÄ*

## Objective

To evaluate the awareness & implementation of MUMM recommendations by physicians in secondary care.

## Methods

- Web-survey with closed and open responses.
- Targeted to chief physicians
- Conducted 6 months after a MUMM recommendation was published.

*IMPLEMENTING  
HTA-BASED  
RECOMMENDATIONS  
IN FINLAND:  
MANAGED UPTAKE  
OF MEDICAL  
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SIHVO, IKONEN &  
MÄKELÄ

## Some findings

- MUMM recommendations well-received by physicians, but less used than clinical practice guidelines.
- Short-form electronic surveys were useful method to gather data but also served to increase awareness among physicians about the recommendations.

They observed that:

- Organizational culture can influence the application of new knowledge.







# LEGISLATIVE AND ACCREDITATION REQUIREMENTS FOR OFFICE-BASED SURGERY IN AUSTRALIA

TIVEY ET AL.

## Context

*Story from HTA agency in Australia:  
ASERNIP-S.*

- Focus on surgeries performed in office settings.
- No national standards for office-based facilities.
- Some surgical procedures increasingly performed in office-based facilities leading to some safety concerns.





# LEGISLATIVE AND ACCREDITATION REQUIREMENTS FOR OFFICE-BASED SURGERY IN AUSTRALIA

TIVEY ET AL.

## Objective

To determine the legal definition of surgery along with the legislative and regulatory requirements across Australia for accreditation of surgery in office settings.

## Methods

Rapid review

Targeted internet searches:

- Government websites
- Accreditation Commission





# LEGISLATIVE AND ACCREDITATION REQUIREMENTS FOR OFFICE-BASED SURGERY IN AUSTRALIA

TIVEY ET AL.

## Some findings

Analysis led to the identification of **loopholes** where higher risk surgeries could occur in office settings.

i.e.:

- Procedures requiring local anesthesia (vs. full sedation)
- Procedures not listed for reimbursement (e.g., liposuction)

Furthermore:

- Non-prescribed or non-reimbursed surgical procedures performed in office settings unlikely to be regulated.

The HTA report was used to prepare a consultation response to the government on this issue.





SHAPING QUALITY  
IN QUEBEC  
TRAUMA THROUGH  
VISION AND  
QUALITY  
MONITORING

TRUCHON ET AL.

## Context

*Story from HTA agency in Québec,  
Canada: INESSS.*

- Prior to 1990 no regulated pre-hospital triage system in Québec.
- Higher mortality and morbidity relative to other Canadian provinces and U.S.A.
- In response, the Québec government created the Québec Trauma Care Continuum (TCC)





*SHAPING QUALITY  
IN QUEBEC  
TRAUMA THROUGH  
VISION AND  
QUALITY  
MONITORING*

TRUCHON ET AL.

## Objective

To establish a trauma care program and to monitor and demonstrate it's quality, benefit, sustainability.

## Methods

Applying HTA approach to program development and quality improvement:

- Systematic literature reviews
- Engagement of expert advisory groups
- Comparative effectiveness
- Longitudinal tracking of indicators





SHAPING QUALITY  
IN QUEBEC  
TRAUMA THROUGH  
VISION AND  
QUALITY  
MONITORING

TRUCHON ET AL.

## Some findings

- In one decade, the in-hospital mortality rate dropped from 52% to 9%.
- 186 lives saved per year.
- Cost savings of CAD 6.3 million per year due to shorter length of stay in hospital.
- Continuous evaluation & improvement process, grounded in evidence-based knowledge was central to the success of the TCC.

**→ Could be considered a type of health technology management? (supporting implementation)**



# SOME EMERGING THEMES

## 1. Stakeholder engagement fundamental to achieving impact in HTA:

- Patients
- Clinicians
- Government bureaucrats / decision makers
- Public
- Politicians
- Media
- Lawyers, judges



# SOME EMERGING THEMES

## **2. Examples of HTA impact reaching new domains:**

- Informing legislation development
- Informing legal system / judicial domain
- Technology management & optimization
- Organizational structures & process (service delivery)





**COMING SOON !**

Mini-theme on  
HTA impact  
stories!

**International Journal of  
Technology Assessment in  
Health Care**

<http://www.htai.org/journal/about-ijtahc.html>



# ON BEHALF OF INAHTA MEMBERS

*Thank you ~~ Grazie*

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