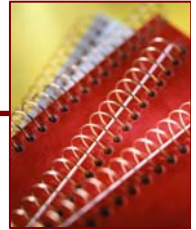




HTAi
7th Annual Meeting Dublin 2010



Maximising the Value of HTA – closing the loop of the life cycle of technologies. Assessing low-added value technologies

Dublin, June the 6th 2010



Osteba

Introduction (I)



■ Why a preconference workshop?

□ Previous initiatives

- Panel session in HTAi 2008 Montreal
- Panel session in HTAi 2009 Singapore
- Panel and workshop in Bilbao 2009

□ Existing experiences and projects

- Methodological guidance Avalia-T
- Identifying technologies. AHTA
- Guiding the actions. NICE
- Structuring the decision process. Osteba

Introduction (II)



■ Why a preconference workshop?

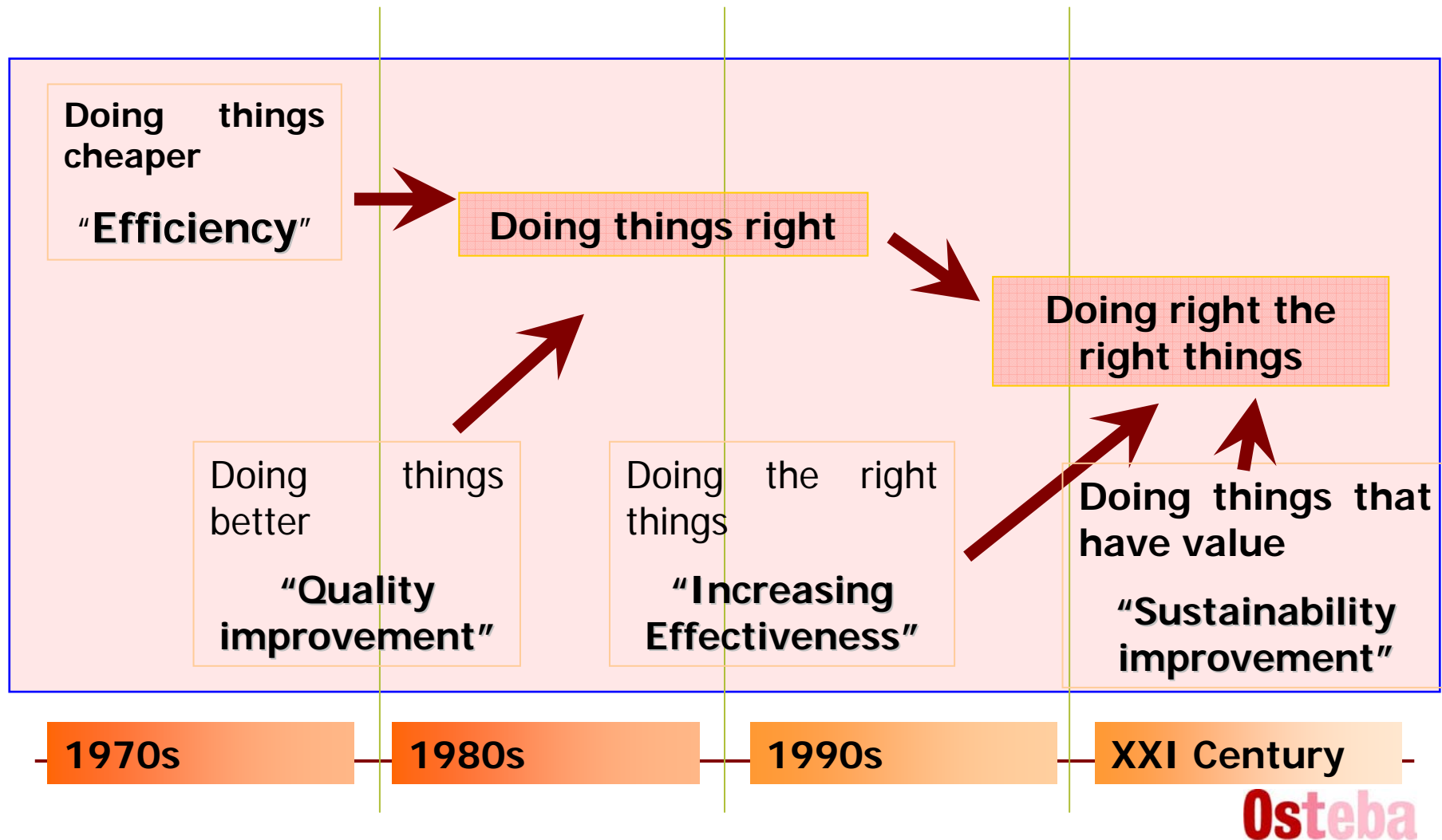
- Joint actions
 - Consolidation of a group
- Common knowledge
 - HTAi ISG on disinvestment

But, why there is a need for working in this area?

- When there is uncertainty, there is a lack of research and imply construction of standards
 - Research on new health technologies
 - Reformulate existing standards or defining new ones
- When standards are in place, it is lack of knowledge of training

The evolution of evidence based health care.

(Source : Muir Gray JA. modified)



Sustainability of the health systems

- Variability in practice dominant
- Variability is not linked to effectiveness or efficiency
- The cost of ineffective health technology is 20 % of the total expenditure
- New technologies complementary and not substitutive

Variability

- Geography could be surgical destination
- Uncertainty (sometimes ignorance) is the base of variability in nearby areas
- More is not always better
 - Cardiovascular diseases pharmacological treatments
 - Cardiac procedures
 - Elective surgery

More is indifferent

Tu JV, Pashos CL, Naylor CD, et al. Use of cardiac procedures and outcomes in elderly patients with myocardial infarction in the United States and Canada. *N Engl J Med.* 1997; 336:1500-5.

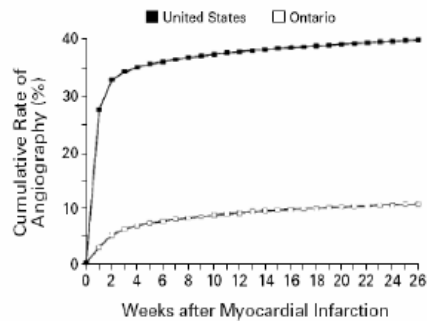


Figure 1. Cumulative Rates of Coronary Angiography after Acute Myocardial Infarction among Elderly Patients in the United States and Ontario, 1991.

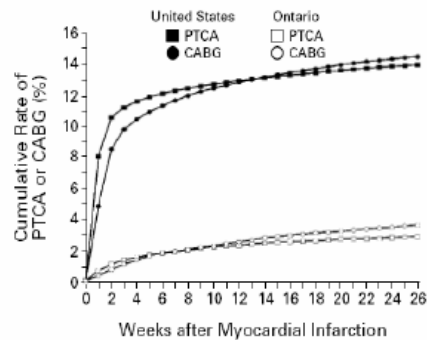


Figure 2. Cumulative Rates of Percutaneous Transluminal Coronary Angioplasty (PTCA) and Coronary-Artery Bypass Grafting (CABG) after Acute Myocardial Infarction among Elderly Patients in the United States and Ontario, 1991.

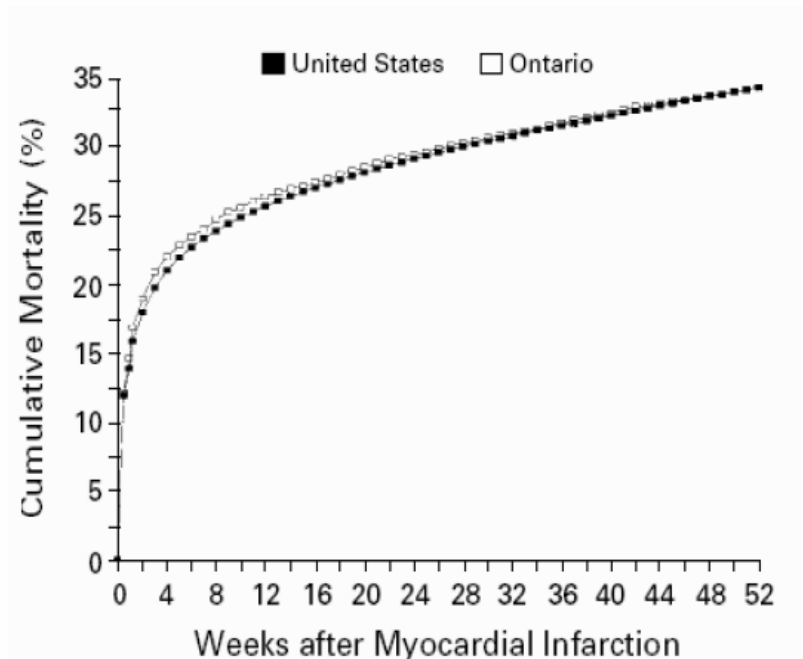
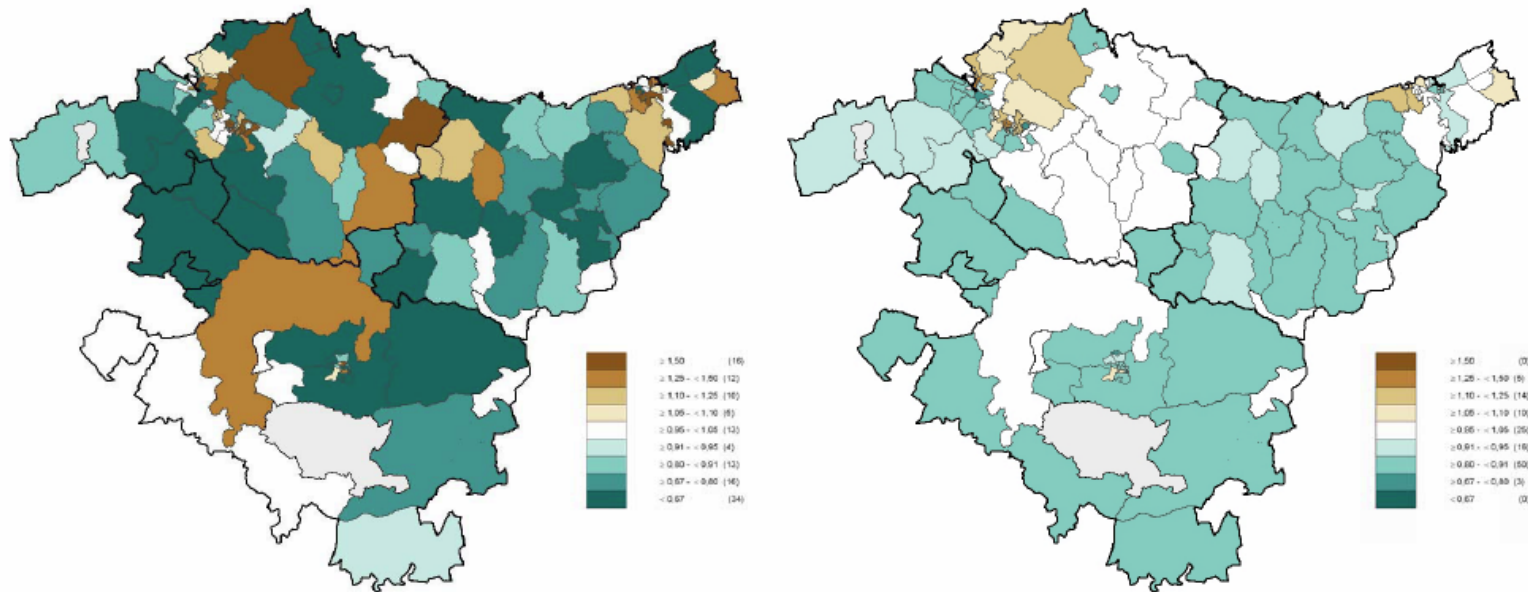


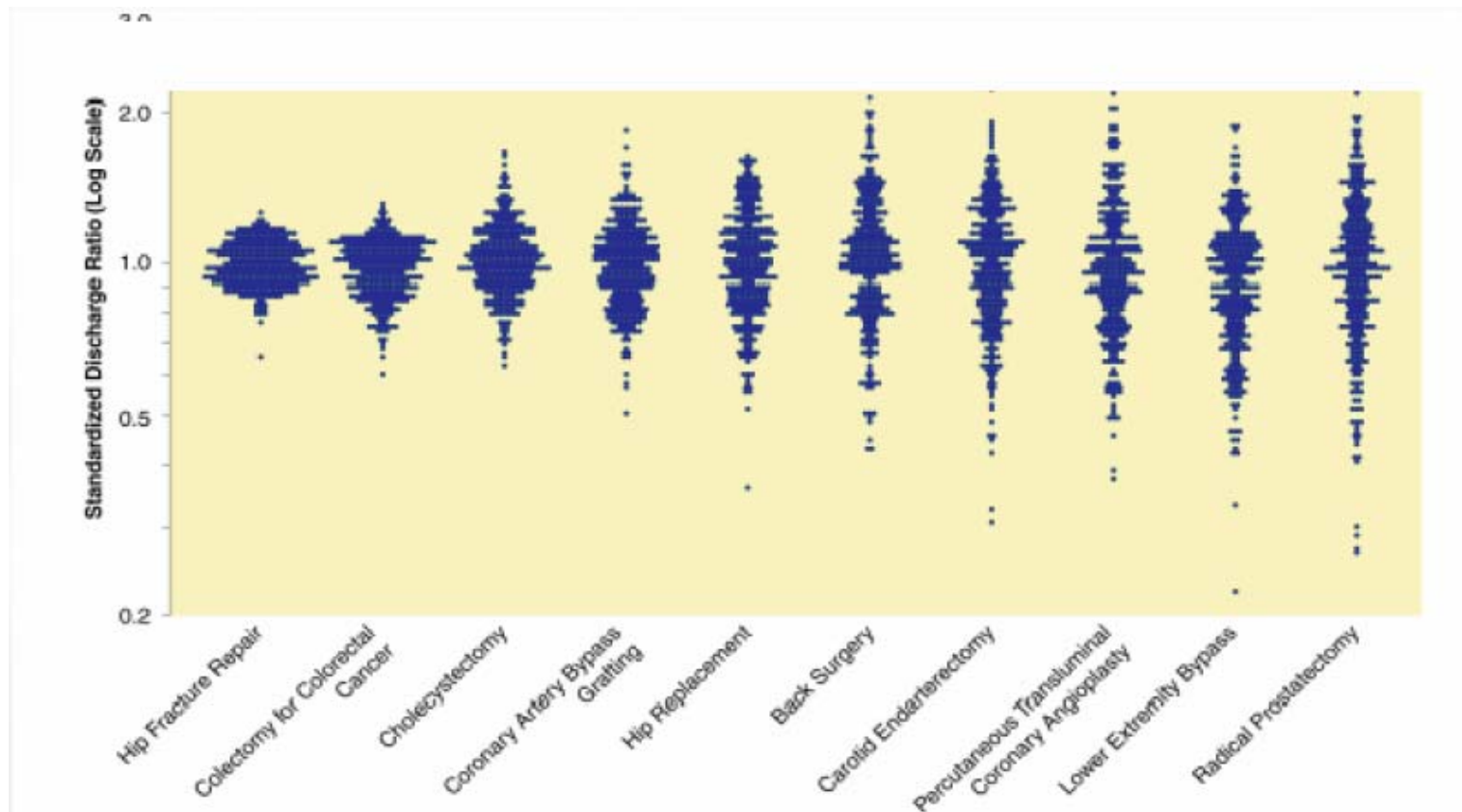
Figure 3. Cumulative Mortality after Acute Myocardial Infarction among Elderly Patients in the United States and Ontario, 1991.

Even in small areas



Variability in chronic disease detection and treatment in the Basque Country
Latorre et al, 2010

When there is less uncertainty...



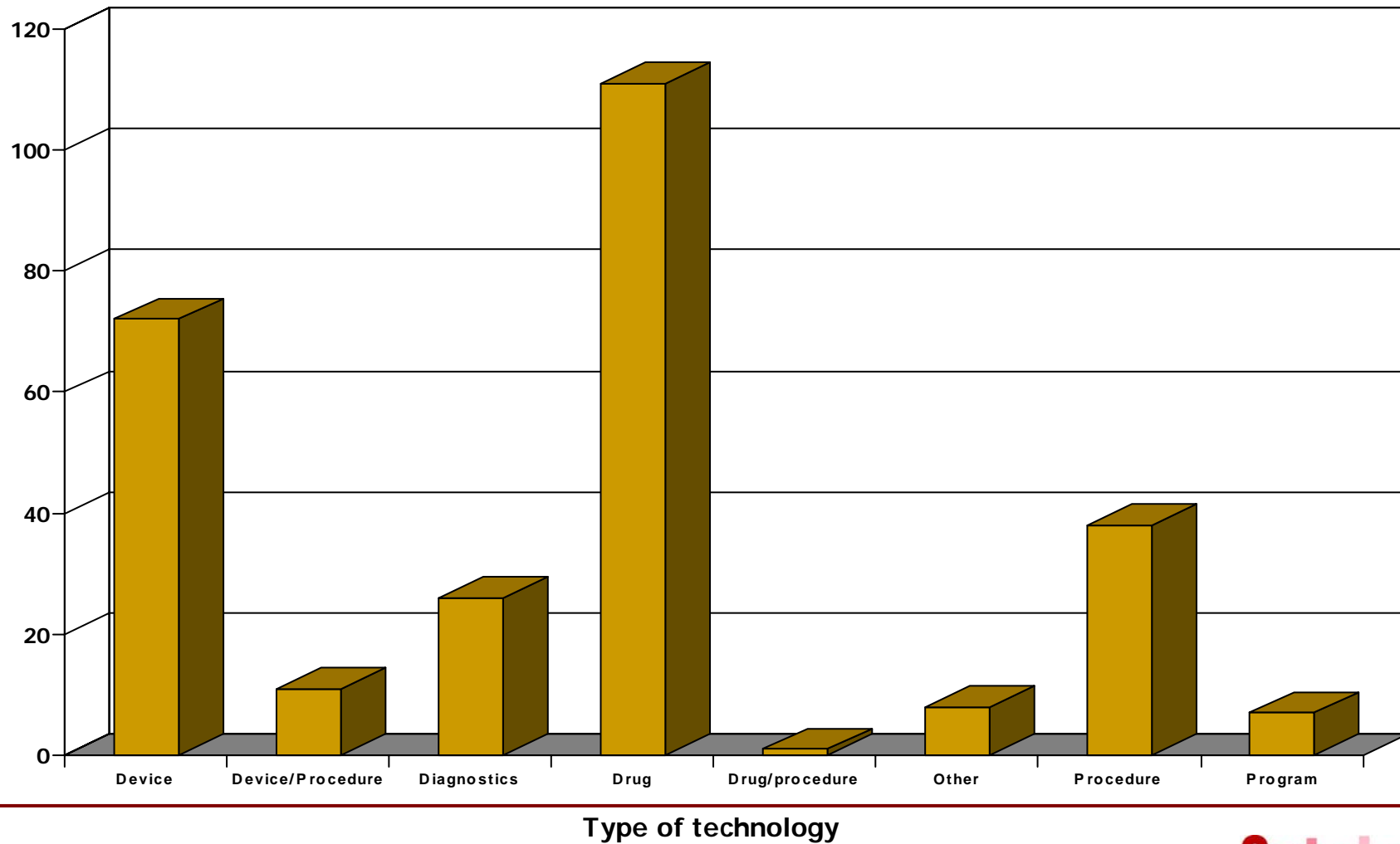
Source: Weenberg et al, 1980

What happen with technologies?

■ EuroScan database

- 15 organizations
- 1,129 technologies (May 15th 2008)
- 274 substitutive technologies (24,27%)

Number of technologies by technology type



Is it a new area of knowledge?

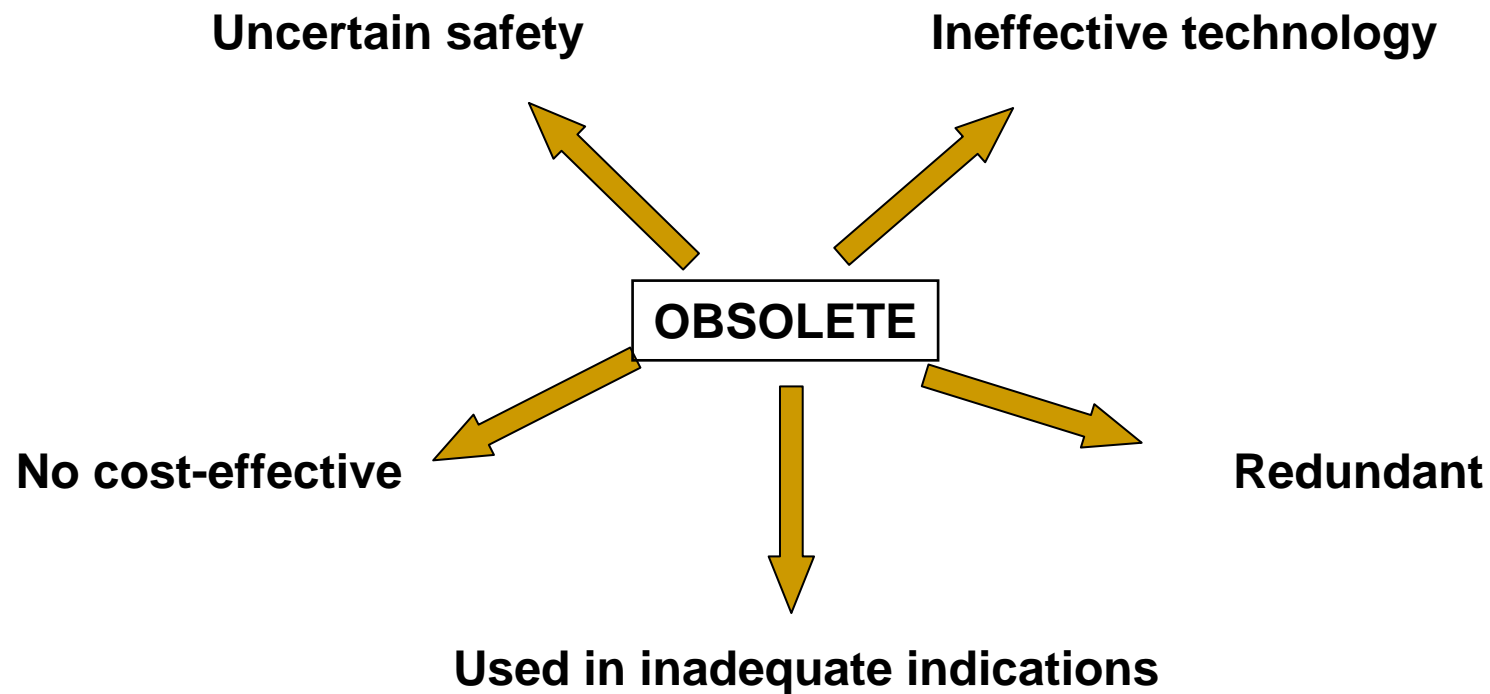
HTA 101, Goodman, 2004

www.nlm.nih.gov/nichsr/hta101/hta101.pdf

■ Stage of Diffusion

- Technologies may be assessed at different stages of diffusion and maturity. In general, health care technologies may be described as being:
 - *Future*: in a conceptual stage, anticipated, or in the earliest stages of development
 - *Experimental*: undergoing bench or laboratory testing using animals or other models
 - *Investigational*: undergoing initial clinical (i.e., in humans) evaluation for a particular condition or indication
 - *Established*: considered by providers to be a standard approach to a particular condition or indication and diffused into general use
 - *Obsolete/outmoded/abandoned*: superseded by other technologies or demonstrated to be ineffective or harmful

Which technologies are we going to consider?



Scheduled timetable



Maximising the Value of HTA – closing the loop of the life cycle of technologies. Assessing low-added value technologies

Subject	Activity/resources	Timing	Proposed Speaker
Introduction, objectives of workshop and constitution of the HTAi ISG on disinvestment	Presentation and current activities in the world	10	Iñaki
Setting up a delisting system. Needs of the customer and determining the needs	Group discussion and feedback on what is considered as low-added value health technologies and who could be the receptors of the information. What are the main barriers for establishing disinvestment systems or models?	25	Iñaki and group discussions Feed-back (groups of 6 people)
Identification of potential low added value technologies	Summary of related projects and articles 1.Disinvestment 2.Possible identification sources	30	Adam (refer to paper on disinvestment) 20 minutes Nora (identification sources) 10 minutes
Criteria for prioritisation	Group discussion and feed back	15	
Coffee break		20	

Scheduled timetable



Maximising the Value of HTA – closing the loop of the life cycle of technologies. Assessing low-added value technologies. Part.2

Filtration and Prioritisation	Examples from agencies Group exercise on prioritisation criteria. Provide a short list of technologies with some information and ask groups to develop some prioritisation criteria to enable them to make a decision as to which 1 or 2 would be the best candidates to be delisted in a health system. Practical use of PriTec tool	45	Alberto
How to Disseminate information to stakeholders. NICE strategy. Guidance, technology appraisals	Presentation	15	Sarah
How to structure decision process	Group discussion & feedback Who should be involved?	20	Group discussion (groups of 6 people)
Assessment and structuring the decision process	Which criteria should be taken into consideration when assessing a low added value health technology? Including all the stakeholders in the disinvestment process. The GuNFT guideline and software	15	Nora
Audit of the workshop and Feed back from audience	Individual and group discussion	15	Group discussion

Group discussion 1.

- What do you consider as low-added value health technologies?
- Who should be the receptors of the information?
- Which do you think are the main barriers for establishing disinvestment systems or models in your context?

Group discussion 2

- Which criteria do you think could be used for prioritising low-added value technologies? Could you order them by relevance?

Conclusions

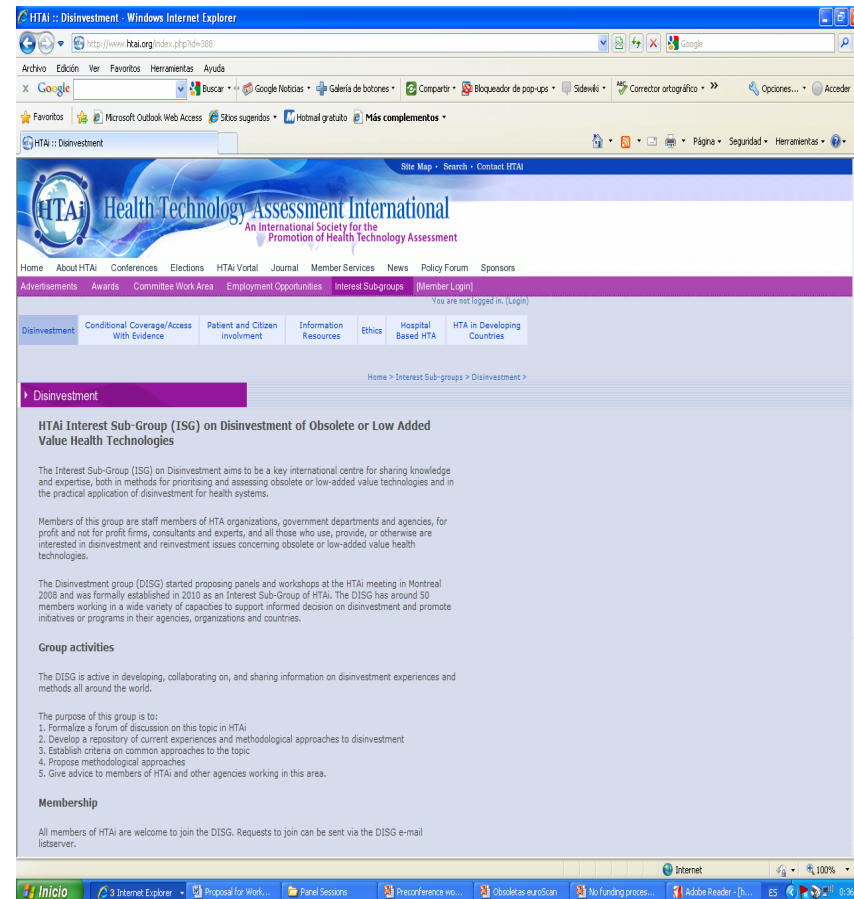


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Join us



- The purpose of this group is to:
 - Formalise a forum of discussion on this topic in HTAi
 - Develop a repository of current experiences and methodological approaches to disinvestment
 - Establish criteria on common approaches to the topic
 - Propose methodological approaches
 - Give advice to members of HTAi and other agencies working in this area.



Thanks

