HTAi
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Maximising the value of HTA. Closing the loop of the life cycle of technologies. Assessing low added value technologies.

Prioritisation of potentially obsolete technologies

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Agenda

- Why to prioritize obsolete technologies?
- How to prioritize obsolete technologies?
- Exercise
- Practical tools, the PriTec software

- Conclusions

Why to prioritize?

- Too many obsolete technologies are being currently used in clinical practice.

- Only those generating a large impact in health care merit attention→ Prioritisation criteria.

- Provide transparence when deciding which one has to be assessed.

- Limited resources of assessment bodies.

How to prioritize? Establishing prioritisation criteria

- Who should establish these criteria?
  - Researchers from health technology assessment agencies?
  - Clinicians?
  - Health managers?
  - Patients?
- Should they agree with the others' criteria?
- Why not join their opinions and compare if they differ?

How to prioritize? Establishing prioritisation criteria

- Implicit criteria are:
  - Effectiveness
  - Safety
  - Cost-effectiveness
  - Organizational issues
  - Patients and clinicians preferences
  - Frequency of use of the obsolete technology
  - Ethical, social aspects
  - …

How to prioritize? Establishing prioritisation criteria and weighting

- Population/users (weighting 36.7%)
  - Frequency of the disease
  - Burden of disease
  - Frequency of use of the obsolete technology
  - Patients' preferences
- Risk/benefit ratio (36.7%)
  - Efficacy/effectiveness/reliability
  - Adverse effects
  - Risks (definition)
- Costs, organization and other implications (26.6%)
  - Efficiency
  - Mainteinance costs
  - Other implications

11 clinicians, 12 health managers and 6 patients

Exercise

- Read carefully the instructions provided and the outline of the three potentially obsolete technologies.
- Form groups of 5-6 people and give a consensus scoring to each technology.
- Write down the scoring in the provided prioritization sheet.
- You have 15 minutes.

Exercise

- Prioritisation scoring for each technology given by two groups.

- Discussion on discrepancies is not allowed (time schedule reasons).

Population/end-user domain of prioritisation tool.		RX	Surg	Est
Disease frequency	The condition or indication for which the potentially obsolete technology can be used is frequent (high prevalence and/or incidence).		↑	
Disease burden	The condition or indication for which the potentially obsolete technology can be used amounts to a considerable health loss for the patient (mortality, morbidity, disability).	↑		
Frequency of use of technology	The potentially obsolete technology is currently applied to a high number of patients.			
Patient preferences	There is scientific evidence of a lower acceptance by patients of the potentially obsolete technology versus other existing technological alternatives (e.g., greater unpleasantness, greater discomfort, longer treatments).			
Risk/benefit domain of prioritisation tool.		**RX**	**Surg**	**Est**
Efficacy/Effectiveness/Validity	The scientific literature indicates that the potentially obsolete technology displays less efficacy or effectiveness than other alternative technologies. If it is a diagnostic technology, the potentially obsolete diagnostic test is less valid (yields more false positives and negatives than other available diagnostic tests).			
Adverse effects	There is evidence in the literature of more adverse or more important effects with the potentially obsolete technology versus other existing technological alternatives.			
Risks	The potentially obsolete technology poses a higher likelihood of health-care staff falling ill or having a work accident (e.g., radiations) or of a greater environmental hazard (e.g., waste) than do other existing technological alternatives.			
Costs domain, organisation and other implications of the prioritisation tool.		**RX**	**Surg**	**Est**
Efficiency	There are financial evaluation studies that are more favourable for other existing technological alternatives.			
Maintenance costs	The potentially obsolete technology requires more resources for its functioning (e.g., consumables, reviews, human resources, etc.) versus other existing technological alternatives.			
Other implications	It is foreseeable that withdrawal of the potentially obsolete technology will have a positive impact on the ethical, cultural and/or legal sphere.			

Prioriticising. The PriTec tool

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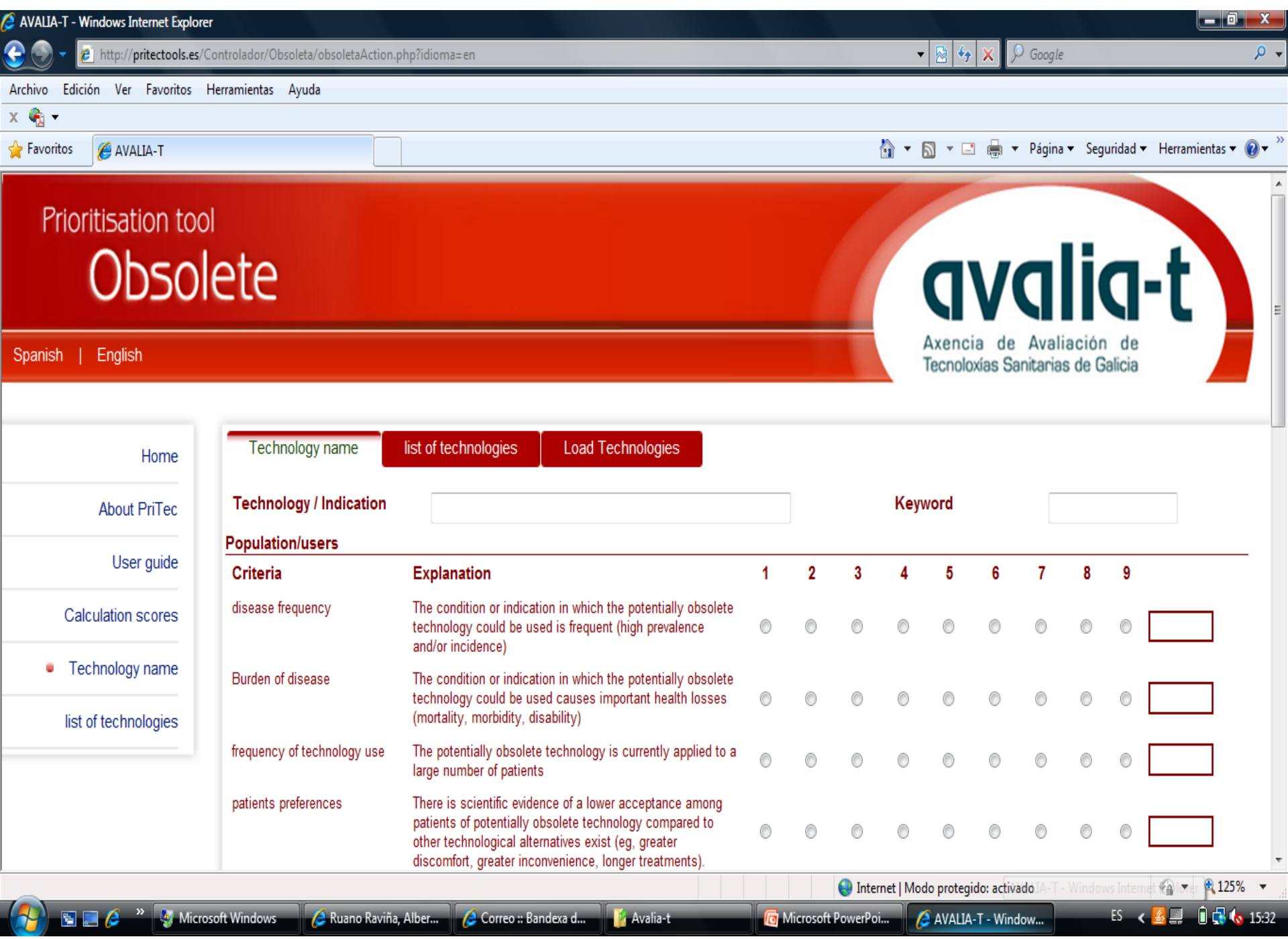
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list of technologies
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list of technologies
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Keyword
Population/users
Criteria
Explanation
1 2 3 4 5 6 7 8 9
disease frequency
The condition or indication in which the potentially obsolete technology could be used is frequent (high prevalence and/or incidence)
Burden of disease
The condition or indication in which the potentially obsolete technology could be used causes important health losses (mortality, morbidity, disability)
frequency of technology use
The potentially obsolete technology is currently applied to a large number of patients
patients preferences
There is scientific evidence of a lower acceptance among patients of potentially obsolete technology compared to other technological alternatives exist (eg, greater discomfort, greater inconvenience, longer treatments).
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Conclusions

- Is PriTec a friendly tool to prioritise obsolete health technologies?
- Is PriTec potentially reliable when used by different people? And if used by people with different background?
- Does PriTec allow for the priotirisation of technologies through using homogeneus, sound and explicit criteria?
- Is PriTec applicable to different health care settings?
- Can PriTec qualify different technologies with a quantitative result in an objective way?
- Do the participation of the interested parties in the ellaboration of the tool enable a high external validity?