Seminario LUISS Business School – Area PA e Sanità
Roma, 23 gennaio 2008

HTA in Hospitals
A tool for Management?

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SIHTA

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Agenda

- HTA in Italy
- HTA's Map
- HTA as a tool for hospitals' management
- Results from a world-wide survey (HTAi)
- Conclusions

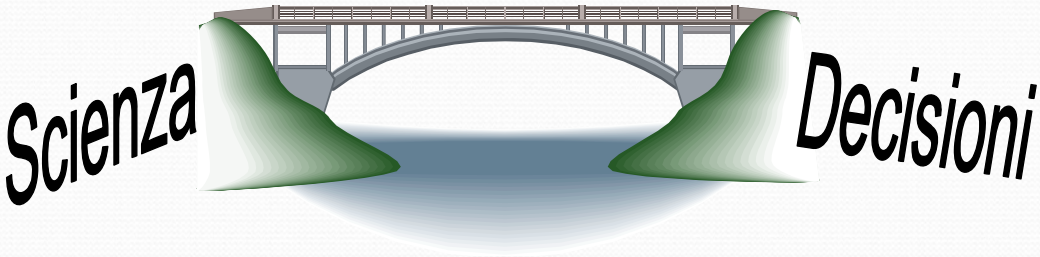
Domande attuali

- Quale modello è auspicabile per l'HTA in Italia?
- L'HTA può essere uno strumento per la gestione manageriale delle aziende sanitarie?
- E' effettivamente utile dotare ogni struttura di una funzione di HTA?

HTA in Italy: towards a “national” framework

- PSN 2006-2008
- Conferenza Stato Regioni, competenze per l’ANSSR (0tt0bre 2007)
- Ministero della Salute (Decreto sull’ammodernamento del Ssn)
- Regioni
  - Emilia Romagna
  - Veneto
  - …..
- Aziende Sanitarie e Università: il Network Italiano di HTA
- Il dibattito culturale e professionale: La SIHTA

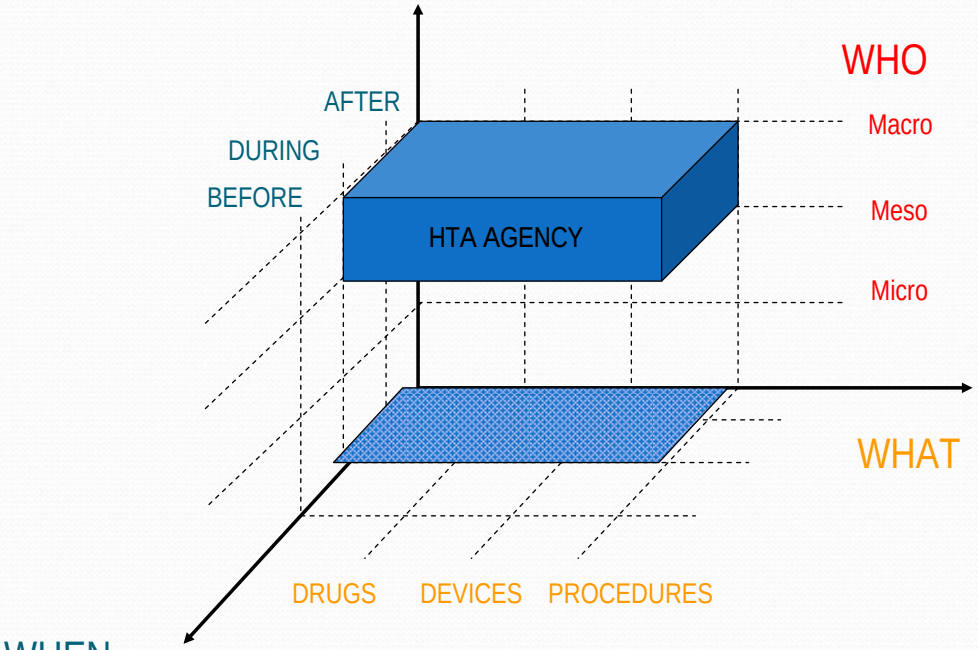
Valutazione delle tecnologie



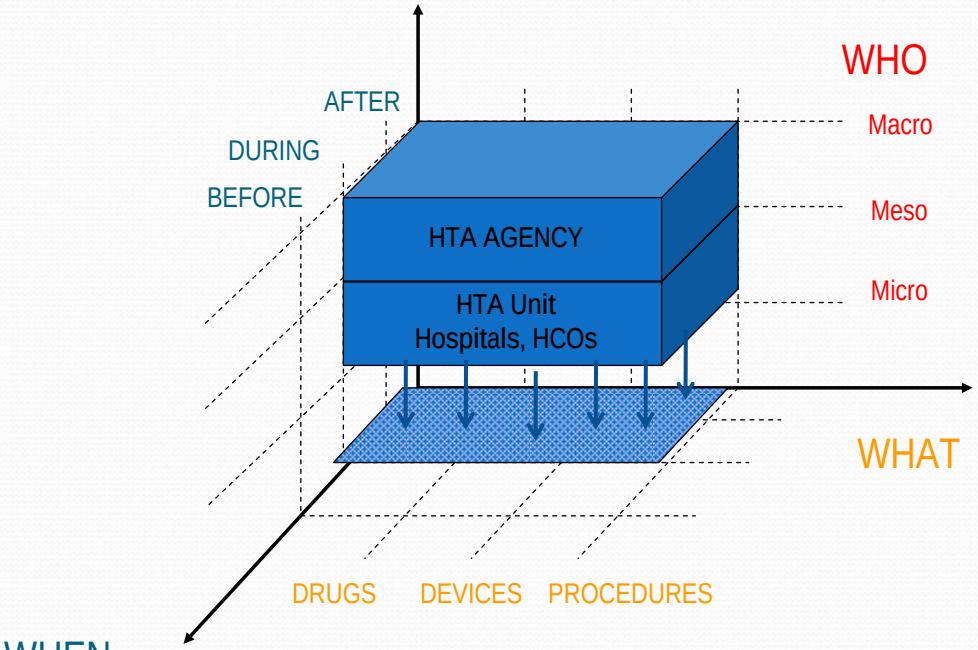
L’HTA e gli ambiti di applicazione

- **Macro (politica sanitaria)**
  - Progettazione ed organizzazione dei servizi
  - Copertura / rimborso
  - Regolazione
- **Meso (gestione istituzionale)**
  - Acquisizione
  - Monitoraggio dell’utilizzo
- **Micro (pratica clinica)**
  - Linee-guida
  - Verifica e assicurazione della qualità

HTA's Map


WHO
Macro
Meso
Micro
AFTER
DURING
BEFORE
HTA AGENCY
WHAT
DRUGS
DEVICES
PROCEDURES
WHEN

HTA's Map


WHO
Macro
Meso
Micro
AFTER
DURING
BEFORE
HTA AGENCY
HTA Unit
Hospitals, HCOs
WHAT
DRUGS
DEVICES
PROCEDURES
WHEN

HTA as tool for management
Pressures to change

- “Bringing HTA into practice”
- Pressures to micro-economic ef

REVIEW

Why Don't Physicians Follow Clinical Practice Guidelines?

A Framework for Improvement

Michael D. Cabana, MD, MPH
Cynthia S. Rand, PhD
Neil R. Powe, MD, MPH, MBA
Albert W. Wu, MD, MPH
Modena H. Wilson, MD, MPH
Paul-André C. Abboud, MD
Hein R. Rubin, MD, PhD

JAMA, October 20, 1999-Vol 282, No. 15

Micro economic efficiency

- Hospitals operating under budget constraints
- payment mechanisms based on DRGs
- Internal markets
- Responsibility and autonomy at HCOs' level

  - Financial equilibrium

Decision Making Alternative Approaches

- Political
  - Power driven – coalition approach
- Rational – Managerial approach
  - Based on scientific evidence
  - Granting distinctive competencies
  - Coherent with corporate strategies (Mission, Goals)
  - Shared with professionals (Involvement and commitment)

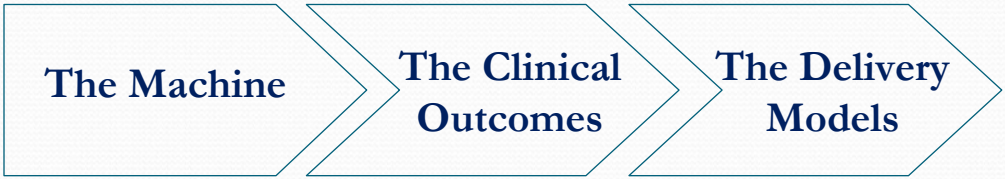
HTA Approach

Background
Decentralizing HTA

- "As the focus shifted from a single machine, to choosing among health interventions for specific disease conditions, to service delivery approach"

Battista R.N. 2006. Expanding the scientific basis of health technology assessment: A research agenda for the next decade. Int J Technol Assess Health Care, 2006; 22(3):275-282.

HEALTH TECHNOLOGIES PERFORMANCE IS MEDIATED BY ORGANIZATIONAL FACTORS



COMMITTEES
PROGRAMME
Scientific Programme
Pre-Conference Workshops
Satellite Sessions
Post Conference
Exhibition
Social Programme
Accompanying Person Programme
CALL FOR PROPOSALS
SERVICES TO SPEAKERS

PRELIMINARY SCIENTIFIC PROGRAMME

Plenary sessions

HTA and governance in the Americas
Chair: **Reiner Banken**, Canada

HTA in hospitals
Chair: **Americo Cicchetti,** Italy

Enabling the introduction of promising technologies, the role of HTA
Chair: **Sean Tunis**, USA

HTA in the context of decision-making processes, at all levels in different health systems, will be further explored in workshops and panel sessions during the conference. Workshops and panel sessions will provide as well an opportunity to share and take stock of best practice in methods and processes in the overall field of HTA. The call for proposals for workshops and panel sessions will be launched in October 2007.

All plenary sessions will be translated into French, Portuguese and Spanish.

Santé et Services sociaux Québec

Canadian Agency for Drugs and Technologies in Health

Decentralizing HTA
HTA as a tool for management

- HTA Italian Network (25 partners)
  - Ricciardi, Cicchetti, Marchetti, IJPH 3(2) 2005
- HTA Swiss Network (SNHTA; 22 partners)
- Mini-HTA in Denmark
  - Helers et al (2006), IJTAHC 22(3): 295-301
- HTA Unit at McGill University Hospital (Montreal)
  - Mc Gregor & Brobhy, IJTAHC 21(2) 2005
- HMOs and Health Care organizations (US)
  - Luce & Brown (1995), Int J Tech Ass Health Care, 11(1): 79-82
  - Es. Veterans Health Administration Technology Program
- HTA in Israeli Medical Centers
  - Greenberg, Petersburg, Vekstein & Pliskin, IJATHC, 21 (2) 2005

Hospital based HTA special interest group

Hospital Based HTA Special Interest Group's mission is:

- to gather professionals involved in the use of HTA logic at an organization level in order to support both managerial and clinical decision-making processes

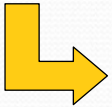
People/organizations enrolled

Countries	Persons (n)	Organizations (n)
Argentina	1	1
Australia	2	2
Austria	1	1
Brasil	2	2
Canada	9	7
Colombia	2	2
Denmark	4	3
France	2	2
Germany	1	1
Italy	24	15
Mexico	2	1
New Zealand	1	1
Poland	1	
Spain	1	1
Sweden	2	2
Switzerland	4	3
USA	2	2
Total	***61***	***46***

Hospital Based HTA Survey

Rationale

Increasing attention to HTA methodologies' application within health management, but up to present a systematic approach to hospital-based HTA is still unavailable.



SPIG held as a priority to investigate different existing approaches of hospital based HTA all around the world

Hospital Based HTA Survey

Sections

- General information
- Part I: Description of Health Care Organization
  - (e.g. mission, competences, …)
- Part II: Description of HTA activities within the HCO
  - (e.g. health technologies assessed, assessment criteria, ….)
- Part III: Description of the outputs
  - (e.g. kinds of report, tools of reports' dissemination, …)
- Part IV: HTA Training activities

Hospital based HTA's Models

Organizational Complixity	Focus of Action: Clinical practice	Focus of Action: Managerial decision making
HIGH (Teams–Organizational units)	(Q3) Commette	(Q4) HTA-Unit
LOW (Individual professionals)	(Q1) Ambassador Model	(Q2) Mini-HTA

Hospital based HTA's Models

- Internal Committee
  - To represent different perspectives and "interests"
- HTA Unit
  - Multi-professional organizational structure
- Ambassador Model
  - clinicians recognized as "opinion leaders" play the role of ambassadors of the HTA "message inside" HCOs
- Mini HTA
  - specific forms containing questions to be fulfilled by clinicians and/or managers to requested technology

Hospital Based HTA Survey

Response Rate

Country	Frequency	Organizations	Answering rate
Argentina	0	1	0%
Australia	2	2	100%
Austria	1	1	100%
Brasil	0	2	0%
Canada	3	7	43%
Colombia	1	2	50%
Denmark	1	3	33%
France	1	2	50%
Germnay	1	1	100%
Italy	8	15	53%
Mexico	1	1	100%
New Zealand	1	1	100%
Spain	0	1	0%
Sweden	2	2	100%
Switzerland	2	3	67%
USA	1	2	50%
Total	***24***	***46***	***52%***

Hospital Based HTA Survey

HTA Mission & Organizational arrangements

		Organizational complexity				Total
		High Team-group-unit		Low Individual		
		Internal Committe	HTA unit	Ambassador Model	Mini HTA	
Only	Clinical practice		1			1
	Management Decision Making		2			2
Both	Clinical Practice and management Decision Making	5	10	2	1	20
Total		5	13	2	1	23

Hospital Based HTA Survey

Organizational arragments & Organizational Profile

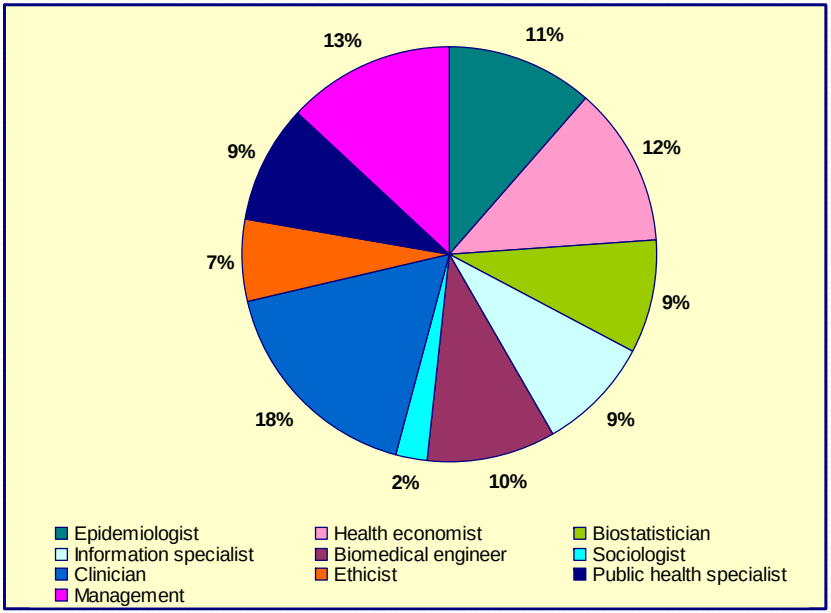
	Organizational complexity				Total
	High		Low		
	Team-group-unit		Individual		
	Internal Committe	HTA unit	Ambassador Model	Mini HTA	
HTA body		1			*1*
Academia/University			1		*2*
Public Health Care	1	1			*3*
Teaching hospital	2	8		1	*11*
Research institution		1	1		*2*
Industry	1				*1*
Total	*5*	*13*	*2*	*1*	*24*

Hospital Based HTA Survey

❖ **Competences and personnel**

- Clinicians and health economists are prevalent, followed by epidemiologists, Sociologists are rarely involved.

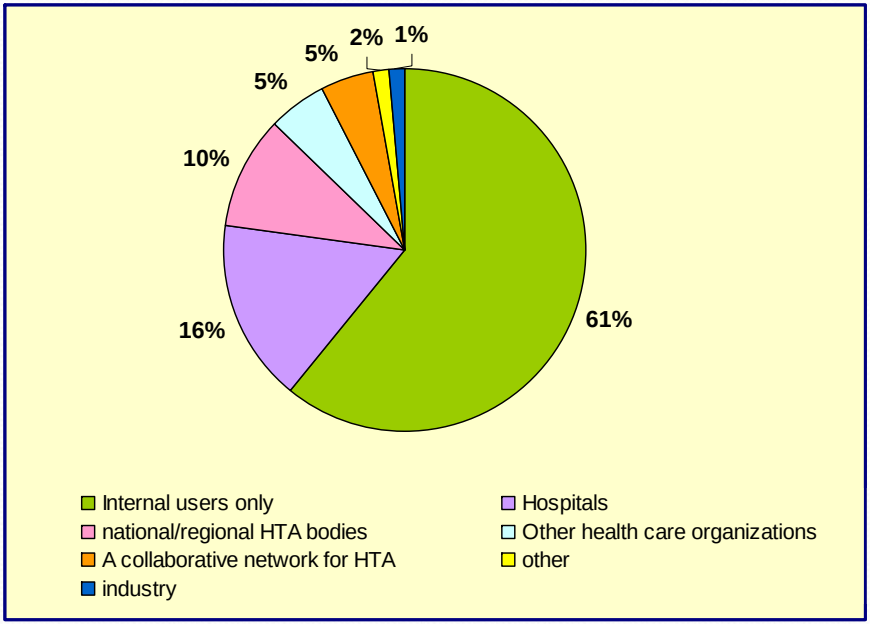
- Ethicists are always involved as consulting while economists full time and clinicians part time



Hospital Based HTA Survey

❖ **Target users**

- The plot shows the relevance (mean) assigned to each potential users.
- Internal users are the main target, followed by hospitals



Hospital Based HTA Survey

Links (1)

- **Formal:** links are based on written agreement.
- **Informal:** links are not based on written agreement.
- **Permanent:** continuing links, with sharing of competences, tasks and knowledge in the assessment processes.
- **Temporary:** project based links.

	Formal	Informal	Both	Permanent	Temporary	Both
National/regional HTA bodies	40,00	45,00	15,00	66,67	20,00	13,33
Research centres	31,25	56,25	12,50	41,67	58,33	0,00
University-faculties	33,33	61,90	4,76	53,85	46,15	0,00
Other HCOs	23,08	61,54	15,38	30,00	60,00	10,00
Health Policy Institutions	42,11	52,63	5,26	30,00	70,00	0,00
Other	33,33	33,33	33,33	100,00	0,00	0,00

Hospital Based HTA Survey

- **Assessed Technologies**

Legenda
1 = always
2 = often
3 = sometimes
4 = rarely
5 = never

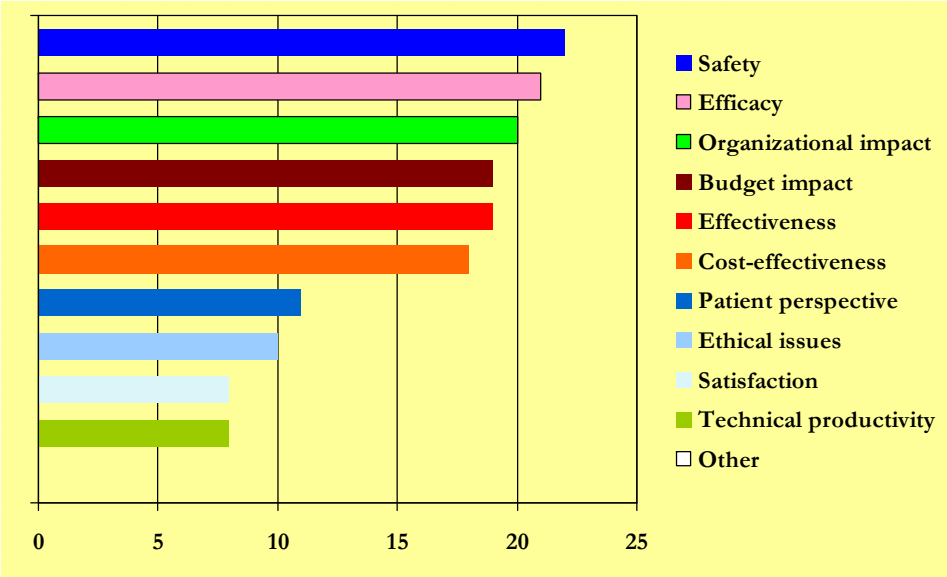
	Median
Medical devices	1
Biomedical equipments	1,5
Clinical procedures	2
Combined technologies	2
Emerging technologies	2
Organizational procedures	3
CT support system	3
Drugs	3
Other	0

- medical devised are always assessed,
- biomedical equipments are assessed at least often;
- clinical procedures, combined technologies and emerging technologies are often assessed while the last are sometimes assessed.

- Drug assessment is spread but unequally (always, often, sometimes).

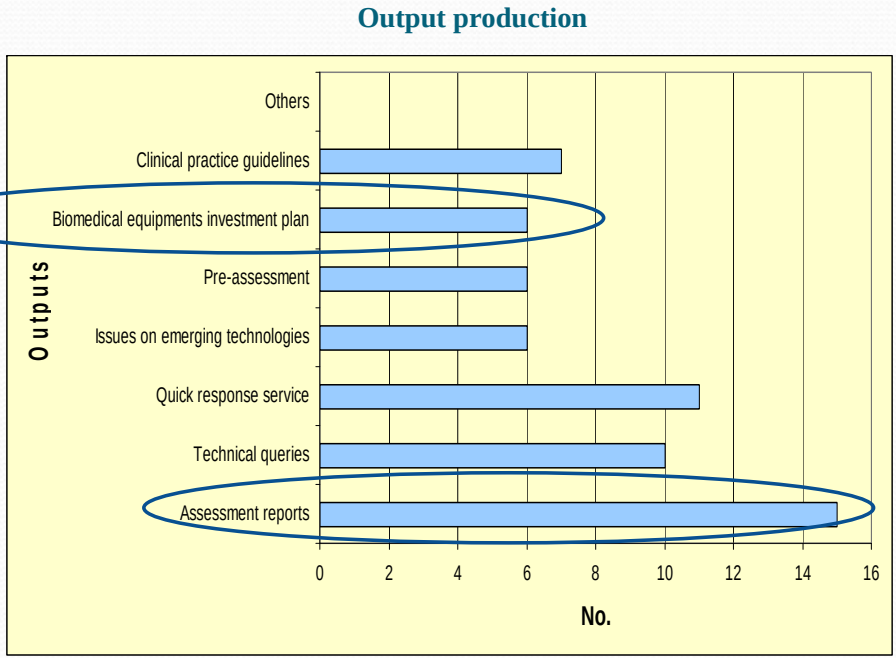
Hospital Based HTA Survey

- Assessments are mainly focused on safety, efficacy and organizational dimensions.
- Unlike technical productivity and satisfaction are rarely assessed



Hospital Based HTA Survey

- The graphic shows the number of performers. Assessment reports are the most spread, followed by quick response service.
- If we consider the number of output produced for typology, the most relevant are clinical practice guidelines and quick response service, but they have high concentrations (respectively 84 and 30) in some organizations.

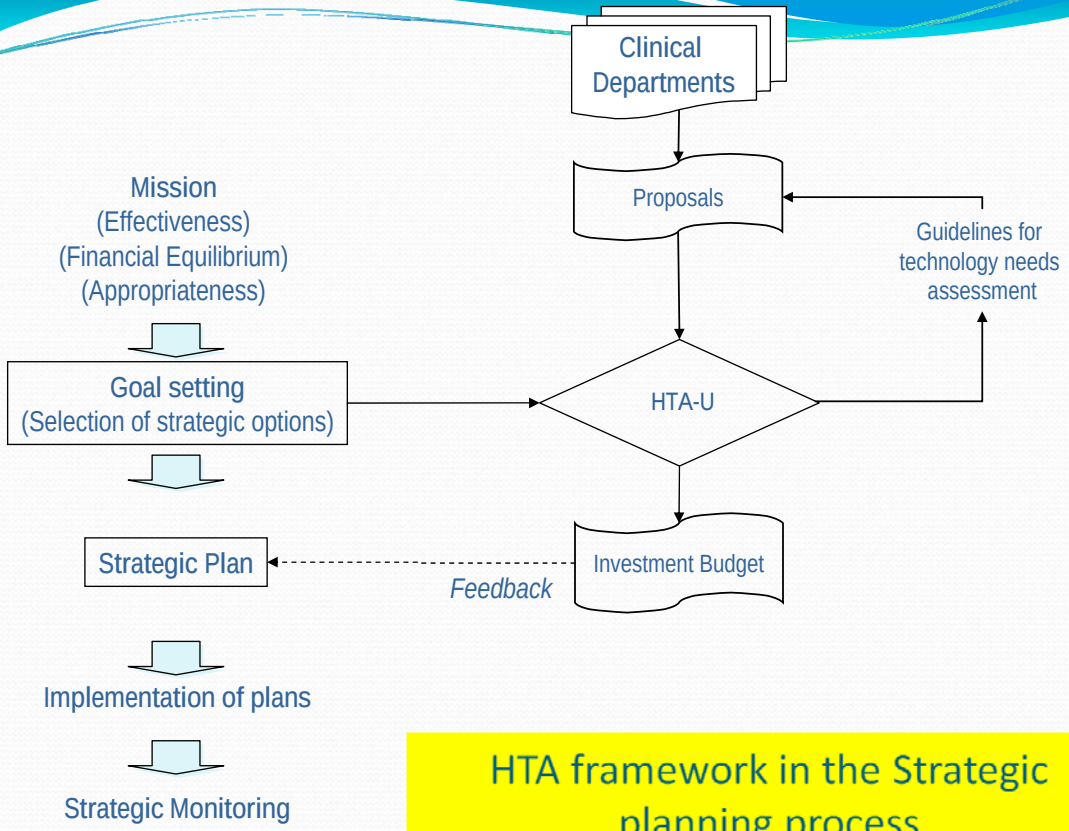


Policlinico “A. Gemelli”

Rome, Italy

(HTA Unit: Estabilished in 2001)

University Hospital and Network
(5HCOs; Acute, Rehab, Hospice, Nursing Homes)
3.000 beds
Budget: 400 million €/Year
5.000 employed
2004-2006 New tech investment plan (30 million €)



HTA framework in the Strategic planning process

Recommendation(s): **It was recommended that the MUHC approve the use of colorectal stents for the relief of large bowel obstruction, both for palliation, and whenever clinically indicated, as a bridge to surgical resection.**

CAPSULE ENDOSCOPY

Requestor:	Dr. Ewa Sidorowicz, Assistant Director – Professional Services
Title:	**Should the MUHC approve the Video Capsule Endoscopy System in the Diagnosis of Small Bowel Abnormalities?**
Publication date:	March 2003
Author(s):	Vania Costa BSc (Pharm) MSc, Research Assistant/Epidemiologist - TAU James Brophy MD Phd, Director - TAU
Added members:	Alan Barkun MD, Peter Szego MD, Nicolas Christou MD
Consultants:	Alan Barkun MD, Peter Szego MD, Nicolas Christou MD
Background:	The TAU was requested to "give its opinion" concerning the use of endoscopic video capsule in the diagnosis of small bowel disorders. The objective of this report was therefore to evaluate the current available literature regarding the capsule endoscopy and to make recommendations regarding its use.
Recommendation(s):	**The TAU, while recognizing the innovative characteristics of capsule endoscopy does not feel that there is sufficient evidence to recommend either the purchase of this technology or its incorporation into routine clinical practice.**

EPREX & PRCA

Requestor:	Mr. Victor Simon – Chief Operating Officer
Title:	**EPREX and pure red cell aplasia. What should be MUHC policy for hemodialysis patients?**
Publication date:	April 2003
Author(s):	Maurice McGregor MD, Chair - TAU
Added members:	André Bonnici MSc (Pharm), Pierre Laneuville MD
Consultants:	Denis Cournoyer MD, Paul Barré MD
Background:	The TAU was requested to consider the "Eprex/IV protocol" as a "priority project for the MUHC". The Pharmacy and Therapeutics Committee had submitted a report to the MUHC entitled "Recombinant Epoetin Alpha and Pure Red Cell Aplasia" on September 25, 2002 [1]. This report forms the basis for the present document. However, new data are now available and a review of the evidence is appropriate.
Recommendation(s):	**It is recommended that both Aranesp and Eprex iv should be available at the MUHC.In addition, the ministry should also be urgently requested to refund the cost of these medications directly to the hospitals as elsewhere in Canada, or alternatively to authorize the budget overrun that will result from application of present policy. The conclusions arrived at in the present document should be repeatedly reviewed to make sure that they are consistent with contemporary information.**

TAU Current Projects

1. Drug Eluting (Coated) Stents
2. Esophageal Stents
3. Gastric Stents
4. Implanted Cardiac Defibrillators

03/05/29 approved at TAU committee meeting held on May 28, 2003

McGill

CARTA DI TRENTO

sulla valutazione delle tecnologie sanitarie in Italia

CHI. La valutazione delle tecnologie sanitarie deve coinvolgere tutte le parti interessate all'assistenza sanitaria (operatori, pazienti, cittadini, decisori, industria);

COSA. La valutazione delle tecnologie sanitarie deve riguardare tutti gli elementi che concorrono all'assistenza sanitaria (farmaci, devices, elettromedicali, infrastrutture, procedure, organizzazione);

DOVE. La valutazione delle tecnologie sanitarie deve riguardare tutti i livelli gestionali dei sistemi sanitari e delle strutture che ne fanno parte (macro, meso, micro);

QUANDO. La valutazione delle tecnologie sanitarie deve essere un'attività continua che deve essere condotta prima della loro introduzione e durante l'intero ciclo di vita.

PERCHÉ. La valutazione delle tecnologie sanitarie è una necessità e una opportunità per la governance integrata dei sistemi sanitari e delle strutture che ne fanno parte (sostenibilità economica);

COME. La valutazione delle tecnologie sanitarie è un processo multidisciplinare che deve svolgersi in modo coerente con gli altri processi assistenziali e tecnico- amministrativi dei sistemi sanitari e delle strutture che ne fanno parte (medici, economisti, ingegneri e tecnici, giusristi, eticisti).

Integrazione delle competenze
Integrazione dei livelli decisionali
Integrazione delle prospettive

Health Technology Assessment Italian Network

INHTA

2003 - 2005

CARTA DI TRENTO

sulla valutazione delle tecnologie sanitarie in Italia

2006

2007

Trento 24 gennaio 2007
24 Soci Fondatori
Medici, Economisti,
Ingegneri clinici

sihta

società italiana di health technology assessment

1° congresso nazionale

primo annuncio

sihta

società italiana di health technology assessment

Health Technology Assessment in Italia: Modelli, Strumenti, ed Esperienze

Roma 8-9 Febbraio 2008

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Largo F. Vito, 1
00168 Roma

Con il patrocinio

HTAi Health Technology Assessment International