

9th HTAi ANNUAL MEETING

“HTA in Integrated Care for a Patient Centered System”

Bilbao, 23rd-27th June 2012

SATELLITE SYMPOSIA

Sunday, 24th June 2012

GRADE: A TOOL FOR THE DEVELOPMENT OF HEALTH TECHNOLOGY ASSESSMENTS

Juan Ignacio Martín Sánchez^a, Holger J. Schünemann^b, Pablo Alonso Coello^c, Marco Pérez^b, Nora Ibarгойen-Rotet^d and Itziar Etxeandia-Ikobaltzeta^d

^aAragon Institute of Health Sciences. *GuíaSalud. Spain.* ^bMcMaster University Health Sciences Centre. *Hamilton. Canada.* ^cIberoamerican Cochrane Center. *Hospital de la Santa Creu i Sant Pau. Barcelona. Spain.* ^dOsteba (Basque Office for Health Technology Assessment). *Basque Country. Spain.*

Background: GRADE is a systematic and explicit approach make judgments about the quality of evidence and strength of the recommendations in the development of technology assessment.

Workshop session

Formulation of the question. Choice of outcome variables and ranking of their importance. Evaluation of confidence in the results. Process step from evidence to recommendations. Graduation of the strength of recommendations. Development of a table and table GRADE Summary of Findings

LOCAL VS NATIONAL HEALTH TECHNOLOGY ASSESSMENT (HTA). PLACING THE PATIENT AT THE CENTRE OF THE DECISION MAKING PROCESS

Mark Sculpher^a, Hans Severens^b, Laura Sampietro Colom^c, Ron Goeree^d, Karl Klaxton^e and Roberto Grilli^f

^aCentre for Health Economics, University of York, UK. ^bInstitute for Medical Technology Assessment. *Erasmus University. Netherlands.* ^cHospital Clínic. *Barcelona. Spain.* ^dPATH. *McMaster University. Canada.* ^eCentre for Health Economics. *University of York. UK.* ^fAgenzia Sanitaria e Sociale Regione Emilia-Romagna. *Italy.*

Objectives: Local health providers, hospitals and primary care organisations, worldwide are moving to systems of localized technology assessment, often in addition to national processes. Such procedures have the potential to facilitate rapid adoption of interventions, which promise clear gains in efficiency, particularly those offering cost savings not requiring substantial up-front investment. However, they may focus disproportionately on net budgetary impact and fail to consider the full lifetime health benefit of treatment. A range of questions therefore exists regarding the correct balance between local and national (and indeed supranational) HTA, and the appropriate methods to be used by each level. To discuss the following: 1. How should local and central HTA coexist in the same system - where are the synergies? 2. What types of decisions are best taken locally and which centrally? What is the most appropriate research to inform these decisions?. 3. What is the relative weight, which should be attached to various aspects of HTA at a local level (e.g. clinical effectiveness, cost effectiveness, budget impact, implementation issues)?

Anticipated value or benefit for the sponsor and attendees: The session will provide an authoritative overview of the methods, processes and issues relating to local HTA as used as an alternative and complement to national HTA. It will provide an opportunity for contributions from the audience to draw out implications for HTA internationally and potential research priorities moving forward.

Justification of the need for the session: Local and national HTA is now increasingly used in Europe and elsewhere. Local activities often co-exist with national HTA activities and, perhaps in the future, with supranational HTA (e.g. at a European level). There has been little consideration of the most appropriate HTA methods at these various levels. In principle this should consider factors such as the needs and objectives of decision makers, the availability of technical capacity in the scientific disciplines of HTA and the extent of generalisability between and within countries regarding evidence relevant to HTA. The strengths and weaknesses of different approaches to HTA and local and national level will be discussed.

QUICK AND CLOUD: INTEGRATED TECHNOLOGIES AND REAL TIME REGISTRIES. A NEW OPPORTUNITY FOR HTA?

Paolo Morgese

EuropaBio. Switzerland.

Background: Innovations in integrated technologies and individualized care have the potential to dramatically change healthcare, in a way that could make current HTA methodologies obsolete. A new approach is developing in which the patient is at the core of information generation and decision processes. How can HTA take advantage of the incredible opportunities coming from real time data collection on administration, response to treatment, patient preferences and outcomes? What will be the challenges to be overcome and risks for HTA of being replaced by quicker assessment/decision approaches?

CAN INDUSTRY INVOLVEMENT IMPROVE HTA OUTCOMES?

Edith Frénoy

EFPIA. Belgium.

Objectives: HTA agencies and HTA stakeholders seem to agree that there is value in involving stakeholders in the HTA process. This is even embodied in the European legislation with article 15 of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare which states that Union funds should be used to “facilitate the consultation of stakeholders on the work of the network”. However, HTA agencies and HTA stakeholders often seem to disagree on the degree to which stakeholder involvement should be realised, ranging from a simple consultation of stakeholders' views to inclusive engagement in all parts of the HTA process. In particular, HTA agencies seem to be concerned about the degree to which they should involve industry in their processes, as they seem to see a risk that their independence could be compromised which in turn could compromise their effectiveness and the validity of their findings. At the same time,

industry develops the technologies that are being assessed and is thus in possession of key information and data. The question is therefore how industry involvement should be captured to bring greatest value to the HTA process. This interactive workshop will provide a platform for discussion on the appropriate degree of industry involvement in the development and conduct of HTA processes.

SPANISH NETWORK OF AGENCIES FOR HEALTH TECHNOLOGY ASSESSMENT AND BENEFITS OF THE NATIONAL HEALTH SERVICE: SHARING METHODOLOGICAL TOOLS FOR ASSESSING HEALTH TECHNOLOGIES

Session 1: Methodological tools and procedures developed to enhance networking in health technology assessment.

Coordination: Rosa Rico Iturrioz and Joan Escarrabill Sanglás

Prioritisation tools of health technologies to be assessed (PriTec). *Marisa López García. Agencia de Evaluación de Tecnología Sanitaria (Avalia-t). Galicia.*

Guide for the acquisition of new technologies (GANT-GEN-GINF). *Teresa Molina. Agencia de Evaluación de Tecnologías Sanitarias (AETSA). Andalucía.*

Platform for identifying emerging and obsolete technologies and guide for not-financing of low-value TS(GuNFT). *Gaizka Benguria and Nora Ibarogoyen Roteta. Servicio de Evaluación de Tecnologías Sanitarias (OSTEBA-Eku). País Vasco.*

Cards for On-line Critical Reading. *Marta López de Argumedo. Servicio de Evaluación de Tecnologías Sanitarias (OSTEBA-Eku). País Vasco.*

Check-list to evaluate the quality of products for assessment of health technologies. *Juan Antonio Blasco Amaro. Evaluation of Health Technologies (UETS). Unidad de Evaluación de Tecnologías Sanitarias (UETS) de la Agencia Laín Entralgo. Comunidad de Madrid.*

Consensus guidelines to the economic evaluation of health technologies. *Pedro Serrano Aguilar. Servicio de Evaluación del Servicio Canario de la Salud (SESCS). Canarias.*

Electronic tools for dissemination of findings and recommendations of the ETS' reports. *Juan Manuel García-Lechuz Moya. Instituto Aragonés de Ciencias de la Salud (IACS). Aragón.*

Plan of extension of the Mini-HTA Network in hospitals. *Cari Almazán. Agència d'Informació, Avaluació i Qualitat en Salut (AIAQS). Catalunya.*

Discussion. Opportunities for the use of methodological tools.

Session 2: Presentation of the Spanish Network of agencies for evaluating technologies and health benefits of the National Health System.

Speaker: Sonia García de San José. Subdirectora General de Calidad y Cohesión. Ministerio de Sanidad, Servicios Sociales e Igualdad.

Conclusions

MEDICAL NUTRITION: A COST-EFFECTIVE PILAR IN THERAPEUTIC INTERVENTIONS

Hélène Chevrou-Séverac^a, Patrick S. Coppens^b, Mercedes Planas Vila^c, Michael Hiesmayr^d and Jean-Blaise Wasserfallen^e

^aNestlé Health Science. Switzerland. ^bInternational Food and Health Law and Scientific Affairs. EAS. Strategic Task Force on Undernutrition of the Belgian Food and Health Plan. Belgium. ^cPathophysiology and Artificial Nutrition. Escola de Ciències de la Salut. Universitat de Vic. President of the Organizing Committee ESPEN 2012 Conference (European Society of Parenteral and Enteral Nutrition). Spain. ^dDivision of Cardiac Thoracic Vascular Anaesthesia & Intensive Care. Medical University. NutritionDay Worldwide project. Austria. ^eUniversity Hospital of Lausanne CHUV. Switzerland. Health Technology Assessment unit (CHUV). Switzerland.

Workshop session

The aim of this symposium is to raise the awareness on medical nutrition in therapeutic interventions and to demonstrate that they

bring value-for-money to healthcare systems. Indeed, introduction of medical nutrition interventions into therapeutic protocol of care should be a focus of HTA, as medical nutrition interventions are a pillar into cost-effective therapeutic protocol. Health Technology Assessments have rarely focused on the interest of medical nutrition (also known as FSMP food for special medical purpose) as a full part of medical intervention into current healthcare, although disease-related malnutrition is highly prevalent in healthcare settings. Indeed malnutrition is often perceived to be an issue of developing countries in dramatic period of starvation. It is as well a scandalous hidden and long lasting issue in developed countries. Malnutrition is highly prevalent in all healthcare settings, ranging from 15 to 90% depending on the age and the pathologies of the patients in the community and in hospitals. Malnutrition increases the death toll of patients as well the risk of developing comorbidities and therefore hospitals' length of stay. In 2007, malnutrition has been shown to cost €120 million to the EU, with 50% incurred by hospitals. In the UK, costs of disease-related malnutrition reached €15 billion in 2007 which exceeded by twice the social costs of overweight and obesity. In 2005, the NICE has developed guidelines on malnutrition screening and implementation of medical nutrition in hospitals and the community for adult patients malnourished and at risk of malnutrition. In their costing report, the NICE demonstrated that at the national level, introducing malnutrition screening and medical nutrition interventions in all hospitals would cost €47.4 million (£32.3 million) due to implementing cost mainly, and save €66.9 million (£45.6 million), thus bringing a net savings of €19.5 million (£13.3 million) for the NHS. Despite these guidelines, malnutrition has remained an issue into hospitals as prompted again by the BCC in 2011 which stated that more patients were discharged malnourished from hospitals than those admitted malnourished to hospitals.

Many initiatives exist at the European, National and hospitals levels to fight against malnutrition and introduce medical nutrition into protocol of care. Indeed medical nutrition interventions have been already demonstrated by using usual HTA methods to be cost-effective options to curb post-operative complications and speed up recovery of patients.

Monday 25th June 2012

DOES SPAIN NEED A NICE?

Juan del Llano^a, Manuel Cervera^b and José Freire^c

^aFundación Gaspar Casal/Asociación Española de Evaluación de Tecnologías Sanitarias. Spain. ^bCommission of Health and Social Services; PP. Spain. ^cNational School of Public Health. PSOE. Spain.

Workshop session

As Spain proceeds toward a national network of HTA agencies, the experiences of similar organizations should not be overlooked. Of particular interest is the *National Institute for Health and Clinical Excellence* (NICE), which in little more than a decade has become a paragon of the "fourth hurdle". Though the HTA program in NICE is excellent in many respects, it is not without its weaknesses; both the achievements and the limitations of NICE can be instructive as we consider the qualities that the HTA program in Spain should embody.

Tuesday, 26th June

THE FOCUS OF CHRONICITY IN A SYSTEM OF INTEGRATED HEALTH CARE AND PATIENT-CENTERED

Rosa Rico^a, Esteban de Manuel-Keenoy^b, Igor Zabala^c, Cristina Domingo^d, Sílvia López-Aguilà^e, Joan Escarrabill-Sanglas^f and Mireia Espallargues-Carreras^g

^aBasque Office for Health Technology Assessment–Osteba and Catalan Agency for Health Information. Assessment and Quality (CAHIAQ). Spain. ^bDirector of KRONIKGUNE. the Basque Centre for Health Services Research and Chronicity. Basque Country. Spain. ^cStaff member of The Basque Office for Chronicity. Osakidetza. Basque Country. Spain. ^dMedical Director of a Primary Health Care Area Interior County. Osakidetza. Basque Country. Spain. ^eCatalan Agency for Health Information. Assessment and Quality (CAHIAQ) and CIBER of Epidemiology and Public Health. Catalonia. Spain. ^fHTA Manager. Catalan Agency for Health Information. Assessment and Quality (CAHIAQ). Spain. ^gAssistant Director for Quality in Health Care at the Catalan Agency for Health Information. Assessment and Quality (CAHIAQ). Spain.

Background: Health systems respond to the challenge of chronicity through strategies that affect patients, caregivers, professionals and citizens and also promoting integrative care models, moving from a management of isolated structures to a local system management. The application of predictive models to identify people at risk can have a considerable impact on the care of patients with high comorbidity, promoting more proactive health systems, and reducing at the same time, the cost of avoidable hospitalizations. In local contexts other initiatives have been launched, such as PROMIC that is a high intensity multidisciplinary Care Management Program built and implemented by trained nurses, family physicians, cardiologist, internists, social workers, pharmacists and researchers, based on the Chronic Care Model and on the evidence based guidelines. On the other hand, barriers have been identified among clinicians to join this focus of health care as training focused on the diagnosis of acute problems, seduction by technology, low skills in team working, insufficient training in non technical skills and, especially, the low conviction about the role of patient self-management among others. So far, there are little evaluative experiences on the effectiveness and efficiency of these processes; thus it is necessary to work on a conceptual and methodological framework for evaluating programs being developed in different contexts. Research on innovative practices and structured generation of scientific evidence regarding chronicity and health services sustainability is a priority for health systems in order to assess their efficiency and their capacity to be scaled up throughout the Health System.

REGIONAL NETWORKS OF HTA IN THE AMERICAS, IN EUROPE AND IN ASIA: WHAT CAN THEY LEARN FROM EACH OTHER AND WHAT ARE THE OPPORTUNITIES FOR COLLABORATION

Presenters: Representative of the HTA Network of the Americas (RedETSA), Representative of the European Network for Health Technology Assessment (EUnetHTA), Representative of HTAsiaLink

Commenters: Representative of INAHTA, Representative of HTAi

The importance of Health Technology Assessment (HTA) is growing as a means to support decision-making about the incorporation of health technologies in the health systems. Three regional networks have emerged to support the strengthening of HTA in the Americas (RedETSA), Europe (EUnetHTA) and Asia (HTAsiaLink). Experiences of the collaboration in HTA among the networks' members will be presented and opportunities for collaboration between the networks will be explored. As a way of facilitating the debate among the session attendees, representatives of INAHTA and HTAi will comment the presentations and moderate the debate.

The European network for Health Technology Assessment (EUnetHTA) grew organically from international collaboration among HTA researchers and policy processes in EU Member States (MS) and the European Commission. EUnetHTA is a practically oriented collaboration between MS institutions with EU support since 2006. Tools and instruments for scientific collaboration are developed and tested through careful piloting. EUnetHTA currently comprises 34 HTA institutions from 24 EU member states, Norway and Croatia.

The HTAsiaLink was established in 2010 as a collaboration between HTA organizations in Asia. Six institutes in 5 countries: Japan, Korea, Malaysia, Taiwan and Thailand are involved in the network, which aims to strengthen individual and institutional capacity in HTA research and enhance the integration of evidence into policy decisions. The objective will be achieved through information exchange, joint research projects, annual conference and other collective activities. Transfer of lessons learned is also expected between HTAsiaLink and HTA networks and organizations in other settings.

RedETSA, the HTA Network of the Americas, was launched in June 2011, when Representatives from 13 countries and a total of 20 institutions (Ministries of Health, PAHO/WHO Collaborating Centers and other centers for excellence in the Region) agreed to form the network. PAHO, the Pan-American Health Organization, acts as the Secretariat of RedETSA. The Network shall promote and strengthen HTA, through regional exchange as a tool to support decision-making on the introduction, dissemination and use of technologies; advance the adoption of common methodologies; and establish joint working priorities for capacity building.