XXXV CONGRESSO NAZIONALE SIFO

IL FARMACISTA: UNA RISORSA PER LA SALUTE. RESPONSABILITÀ, APPROPRIATEZZA, SOSTENIBILITÀ
HTA, the roadmap from investment to disinvestment

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Technologies of no added-value... a long and winding road

"I've seen things you people wouldn't believe. Attack ships on fire off the shoulder of Orion. I watched C-beams glitter in the dark near the Tannhauser gate. All those moments will be lost in time... like tears in rain... **Time to die.**"

Blade runner
Health care systems

What doesn’t kill you, makes you stronger
Room for improvement

• Cost containment is not the solution.

• “The savings potentially achievable from systematic, comprehensive, and cooperative pursuit of even a fractional reduction in waste are far higher than from more direct and blunter cuts in care and coverage”

• 20%
HTA is mainly a *retrospective* assessment approach.

Use of technology in health care:
- Basic research
- Applied research

Time line of research - innovation - technology:
- Experimental
- Investigational
- Nearly established
- Established Technology

Technologies of low added value. Obsolete?

Health Needs Assessment?
- Proactive HTA?
  - EAA

Disinvestment
Properties and Impacts of health technologies to be Assessed

Main categories:

• Technical properties
• Safety
• Efficacy and effectiveness
• Cost and other economic attributes
• Social/cultural, legal, ethical, organizational or political impacts
From regulation to coverage

Can it work?
- efficacy

Market authorization

Regulation

Does it work?
- Evidence Based health care

Prescription

Does it work proper than others?
- Comparative effectiveness
- effectiveness among different technologies

Provision

Does it work proper than others?

Is it worth it?
- economic, legal
- social/cultural, political, ethical

HTA

Coverage reimbursement decisions

Coverage reimbursement decisions
HTA objectives

- **To help** in decision making about the incorporation of new and emerging health technologies
- **To reduce** the risk of introducing no effective or harmful technologies
- **To share** the obtained information and to contribute with relevant data about the technology
- **To give advice** about externally identified technologies
- **Collaboration** in the establishment of scenarios
- **Identification/establishment of criteria** to disinvest (reinvestment) obsolete technologies (reallocation of resources)
Obsolete definition?

Non admissible safety
Non effective
Non cost-effective
Redundant
Used in no appropriate indications

* In comparison to other technologies??
Disinvestment

- Disinvestment relates to the processes of withdrawing (partially or completely) health resources from any existing health care practices, procedures, technologies and pharmaceuticals that are deemed to deliver no or low health gain for their cost and are thus not efficient health resource allocation

- Adam Elshaug, 2007
Some difficulties to take into account

- **In relation to Obsolete technologies:**
  - Less interest on efficacy and effectiveness data collection after the adoption of a technology

- **In relation to Disinvestment:**
  - More difficult to delist when ineffectiveness/inefficacy
  - Alternative technologies and target population
  - Disinvestment of obsolete technologies depends on obsolete definition
  - Implementation problems of disinvestment methodologies
Disinvestment Process

- Methodology
- Identification
- Prioritisation
- Evaluation
- Analysis of variability in practice
- Reasons that justify variability
- Intervention (mandatory / educational)
- Analysis of intervention
Strategies to detect obsolete technologies in other contexts

• Australia, to promote systems of Horizon scanning similar to what happens with new and emerging health technologies

• Evaluation of low added value technologies, NICE aimed to establish a program similar to the STA (Single Technology Appraisal)
NICE disinvestment activities

• Recommendation reminders
• Commissioners’ guides
• Using existing NICE programmes
• Establishing dedicated disinvestment streams
• Topic selection
• A disinvestment related research agenda
• Working with external partners
NICE do-not do

- Mostly based on existing CPGs and Cochrane Systematic reviews
- Difficulties in finding good evidence that supports the delist of technologies
AUSTRALIA

• Policy makers perspectives on disinvestment
• Challenges in Australian policy processes for disinvestment

Communitarian claims and capabilities in priority setting

A list for disinvestment procedures

** NUEVA ZELANDA:
An exercise of PBMA in respiratory diseases
ITALY

• Some promising initiatives at the hospital level to delist technologies
• They use the GuNFT guideline in the Gemelli Hospital in Rome
What should be taken into account:

• High impact technologies? Eg: technologies with CLEAR SUBSTITUTIVE and that the change implies investment or adaptation…

• Areas in which vulnerable populations are not affected
• Start in areas that aren’t controversial or suppose low impact?
• Start in areas in which safety and effectiveness are controversial?
Methodological guidelines

- Collaboration Project (AVALIA-T and Osteba) to identify, prioritize and assess obsolete technologies
  - Knowledge of the situation in other context:
    - Contact with other organizations (INAHTA- EuroScan)
    - Bibliography searches
  - Definition of obsolete technologies and variables of interest for their IDENTIFICATION and ASSESSMENT
  - Prioritization criteria for assessment PriTec
  - Case-Study testing
  - FINAL AIM: Methodological Guide
Identification

- From experts networks
  - Choosing wisely
- From new and emerging technologies
  - EuroScan database
- From systematic reviews
  - Cochrane collaboration
- From Clinical Practice Guidelines
- Analysis of variability in practice
  - Specially in prescription of drugs and variability surgical procedures and diagnostics
Identification: Things to learn from our experience

• Effectiveness and safety aspects

• Answers from more technified units
  – Ophthalmology
  – Radiotherapy Oncology
  – Neurology (imaging)
  – Psychiatry: they don’t know any

• More collaborative experts:
  – Those who knows the clinical reality
  – Technological frustration
  – When disinvestment would mean future investment or reinvestment
Variables for evaluation (and prioritization?) PriTEC tool

- General information about the Technology of Interest
- The context of the technology
- Why is the technology considered obsolete?
- Information about costs, effectiveness and security of the technology
- Possibility of being eliminated or substituted by an alternative
- Information about costs, effectiveness, security of the alternative technology
- Possible consequences to take into account
GuNFT Guide elaboration

Identification of criteria for disinvestment

Nominal Group Methodology

GuNFT Guide (for Hospitals)

• Management
• Medical Direction
• Clinicians
• HTA
• Financing and Contract
• Health Plan
• Ethic and Juridical
• Patients
• General Director
GuNFT guideline

to facilitate the establishment of a transparent, systematic and explicit process to assess the potential for disinvestment in certain health technologies or in some of their indications which, for whatever reason, fail to achieve the objective(s) for which they were originally financed.
Pathology or condition

- Low added value technologies
- Research on prescription and variability of practice

Yes

- PC
- SC.

No

HTA REPORT

Optimization of Prescription Results

- Intervention
- New analysis on prescription and variability

Why?

Qualitative research

Variability

Dissemination

Outcomes
Reasons for an analysis of evidence

- A project developed in the Basque Country to pilot health technology disinvestment initiative has detected an increased use and prescription variability of Symptomatic Slow Action Drugs for OsteoArthritis (SYSADOAS).
### Analysis of variability

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<tr>
<td>RV</td>
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<tr>
<td>RV(_{95-5})</td>
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<td>CVu</td>
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<tr>
<td>CVu(_{95-5})</td>
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<tr>
<td>CVw</td>
<td>0.43</td>
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<tr>
<td>CVw(_{95-5})</td>
<td>0.34</td>
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<tr>
<td>SCV</td>
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<tr>
<td>SCV(_{95-5})</td>
<td>0.11</td>
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<tr>
<td>Aov (p)</td>
<td>0.55 (&lt;0.001)</td>
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</tbody>
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![Graph showing variability analysis](image)

PCUs Basque Country
Reasons

• Five CPGs recommended not using SYSADOAS,
• two suggested their use but not as first-line treatment and indicated their discontinuation after six months if no effect was seen and one conditionally recommended not using them.
• CPGs recommending the use of SYSADOAS were those who obtained the lowest methodological scores.
• Conflict of interests?
Some ideas....

- Health technologies should be considered as a whole
- Life cycle of technologies is a more appropriate concept
- Different processes are comprised
  - Identification of health needs
  - Innovation
  - Effective implementation of technologies
  - Delisting or disinvestement of technologies of low-added or no added value
Initiatives currently in practice

- Horizon scanning / Early Awareness and Alert Systems
  - EuroScan, HTAi ISG on DEA
- Early Dialogue.
  - JA2 EUnetHTA and Tender DG SanCo;
  - Concept papers and guidances
- Incorporation
  - Innovative purchasing process
    - Coverage with evidence
    - Risk sharing agreements
  - Post-introduction observation
- Disinvestment
  - HTAi ISG on Disinvestment
  - EuroScan
CONCLUSIONS

• Context is important
• Same evidence could lead to different recommendations and actions
• HTA is needed at the three levels of decision (micro, meso and macro) and at the three main decision moments (investment, practice and disinvestment)
• HTA initiatives that have been focused at the macro level are not successful
• The life cycle concept of health technologies needs to be considered
• Identify the customer and feed its needs
• Importance of the combination of methods (qualitative and quantitative) for the identification of problems and the reasons that justified them
Final statements.

• HTA and decision making...

  – A wish changes nothing

  – A decision can change everything

  – An aid can be the start of a promising future
For more clarifications

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