



Foto di Giovanni Auriti



Foto di Edoardo Morelli



SOCIETÀ ITALIANA DI FARMACIA
OSPEDALIERA E DEI SERVIZI FARMACEUTICI
DELLE AZIENDE SANITARIE

XXXV CONGRESSO NAZIONALE SIFO

**IL FARMACISTA:
UNA RISORSA
PER LA SALUTE.
RESPONSABILITÀ,
APPROPRIATEZZA,
SOSTENIBILITÀ**

MONTESILVANO – PESCARA
PALACONGRESSI D'ABRUZZO
16-19 OTTOBRE 2014

HTA, the roadmap from investment to disinvestment

Dr. Iñaki Gutiérrez-Ibarluzea
Secretary of HTAi

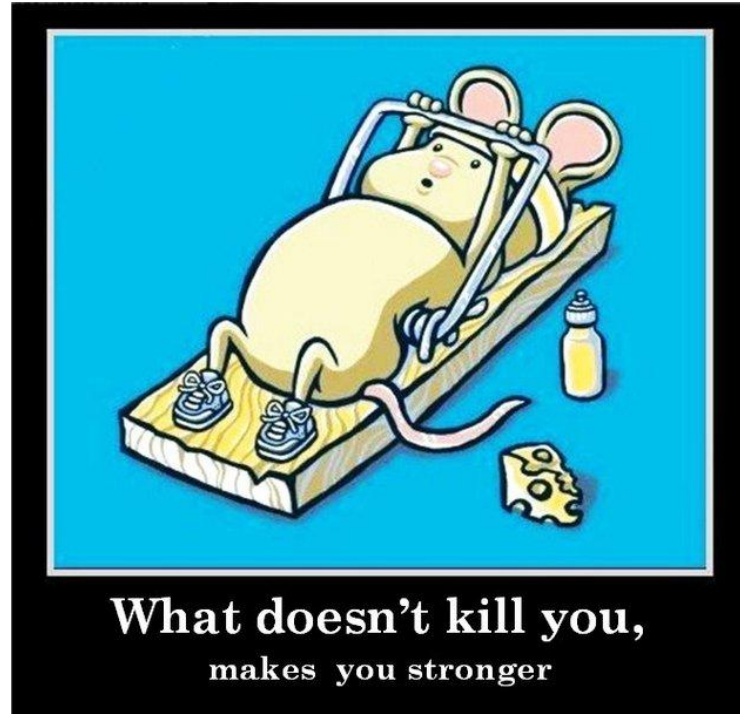
Osteba. Osasun Teknologien Ebaluazioaren Zerbitzua.
Basque Office for HTA.
Osasun Saila Ministry for Health
Eusko Jauriaritza Basque Government

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



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%

SPECIAL COMMUNICATION

ONLINE FIRST

Eliminating Waste in US Health Care

Donald M. Berwick, MD, MPP
 Andrew D. Hackbart, MPhil

NO MATTER HOW POLARIZED politics in the United States have become, nearly everyone agrees that health care costs are unsustainable. At almost 18% of the gross domestic product (GDP) in 2011, headed for 20% by 2020,^{1,2} the nation's increasing health care expenditures reduce the resources available for other worthy government programs, erode wages, and undermine the competitiveness of US industry. Although Medicare and Medicaid are often in the limelight, the health care cost problem affects the private sector just as much as the public sector. Both need serious relief.

Obtaining savings directly—by simply lowering payments or paying for fewer services—seems the most obvious remedy. Programs designed to make cuts of this kind appear across the policy spectrum, from many, carefully sequenced provisions of the Patient Protection and Affordable Care Act (ACA), favored by the Obama Administration, to draconian proposed shifts of Medicare costs to beneficiaries and reductions in payments to physicians and hospitals, favored by several Republican congressional proponents.

The ACA, for example, gradually phases in well-warranted decreases in payments to Medicare Advantage plans. Some in Congress have proposed caps on federal Medicare payments (with beneficiaries picking up the difference). Many states, reeling from unprecedented budget deficits, are reducing Medicaid benefits and payments.

Author Video Interview available at www.jama.com.

The need is urgent to bring US health care costs into a sustainable range for both public and private payers. Commonly, programs to contain costs use cuts, such as reductions in payment levels, benefit structures, and eligibility. A less harmful strategy would reduce waste, not value-added care. The opportunity is immense. In just 6 categories of waste—overtreatment, failures of care coordination, failures in execution of care processes, administrative complexity, pricing failures, and fraud and abuse—the sum of the lowest available estimates exceeds 20% of total health care expenditures. The actual total may be far greater. 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. The potential economic dislocations, however, are severe and require mitigation through careful transition strategies.

JAMA. 2012;307(14):1512-1516
 Published online March 14, 2012. doi:10.1001/jama.2012.362

www.jama.com



Scan for Author Video Interview

The cost reductions in the ACA are necessary and prudent, but if other initiatives to cut spending are taken too far or too fast, they become risky. Vulnerable Medicaid beneficiaries and seniors covered by Medicare with marginal incomes may find important care services out of reach, either because they cannot afford the new cost-sharing, because clinicians and hospitals have withdrawn from local markets, or both.

Reducing Waste in Health Care Spending

Here is a better idea: cut waste. That is a basic strategy for survival in most industries today, ie, to keep processes, products, and services that actually help customers and systematically remove the elements of work that do not.

The opportunity for waste reduction in health care is enormous. The literature in this area identifies many potential sources of waste and provides a broad range of estimates of the magnitude of excess spending.³⁻⁶ Six categories, at least,

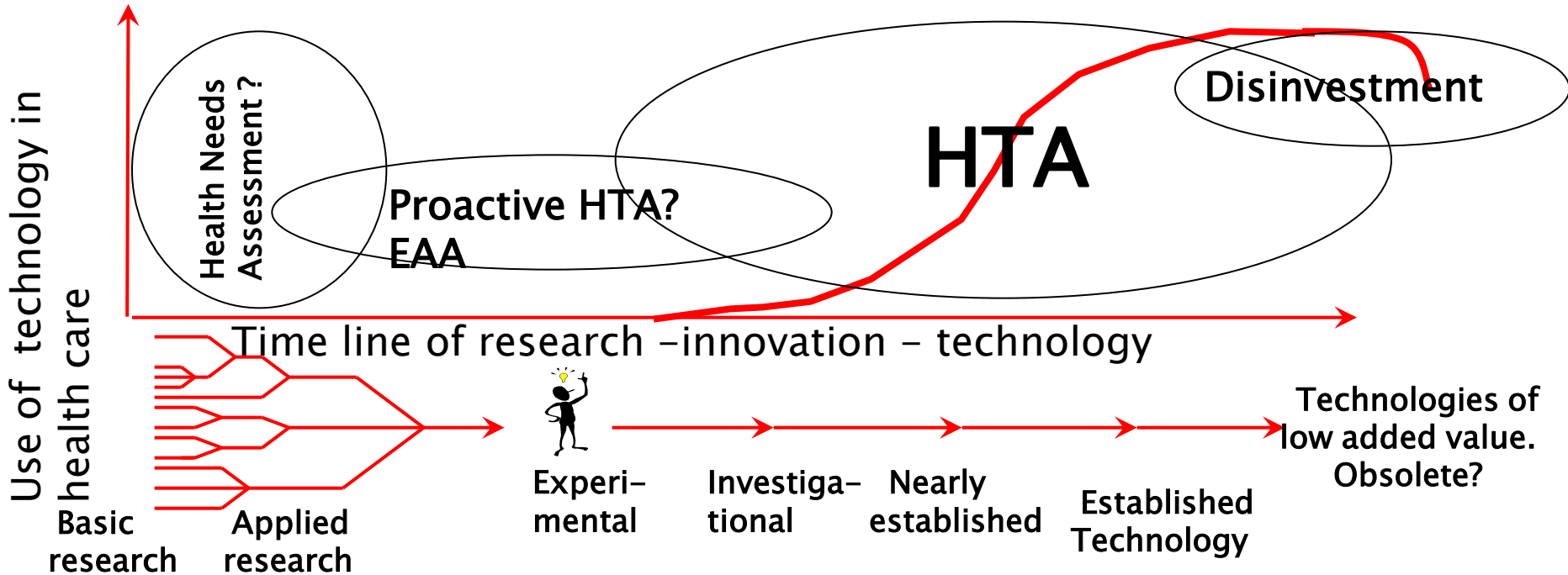
seem large (although this list is likely not exhaustive). The TABLE shows estimates of the total cost of waste in each of these 6 categories both for Medicare and Medicaid and for all payers.

1. Failures of Care Delivery: the waste that comes with poor execution or lack of widespread adoption of the known best care processes, including, for example, patient safety systems and preventive care practices that have been shown to be effective. The results are patient injuries and worse clinical outcomes. Better care can save money.¹⁰ We estimate that this category represented between \$102 billion and \$154 billion in wasteful spending in 2011.^{11,12}

2. Failures of Care Coordination: the waste that comes when patients fall through the slots in fragmented care.

Author Affiliations: RAND Corporation and Pluribus RAND Graduate School, Santa Monica, California (Dr Hackbart); Dr Berwick is the former president and CEO of the Institute for Healthcare Improvement and former Administrator of the Centers for Medicare & Medicaid Services. Corresponding Author: Donald M. Berwick, MD, MPP (dberwick1@gmail.com).

HTA is mainly a *retrospective* assessment approach

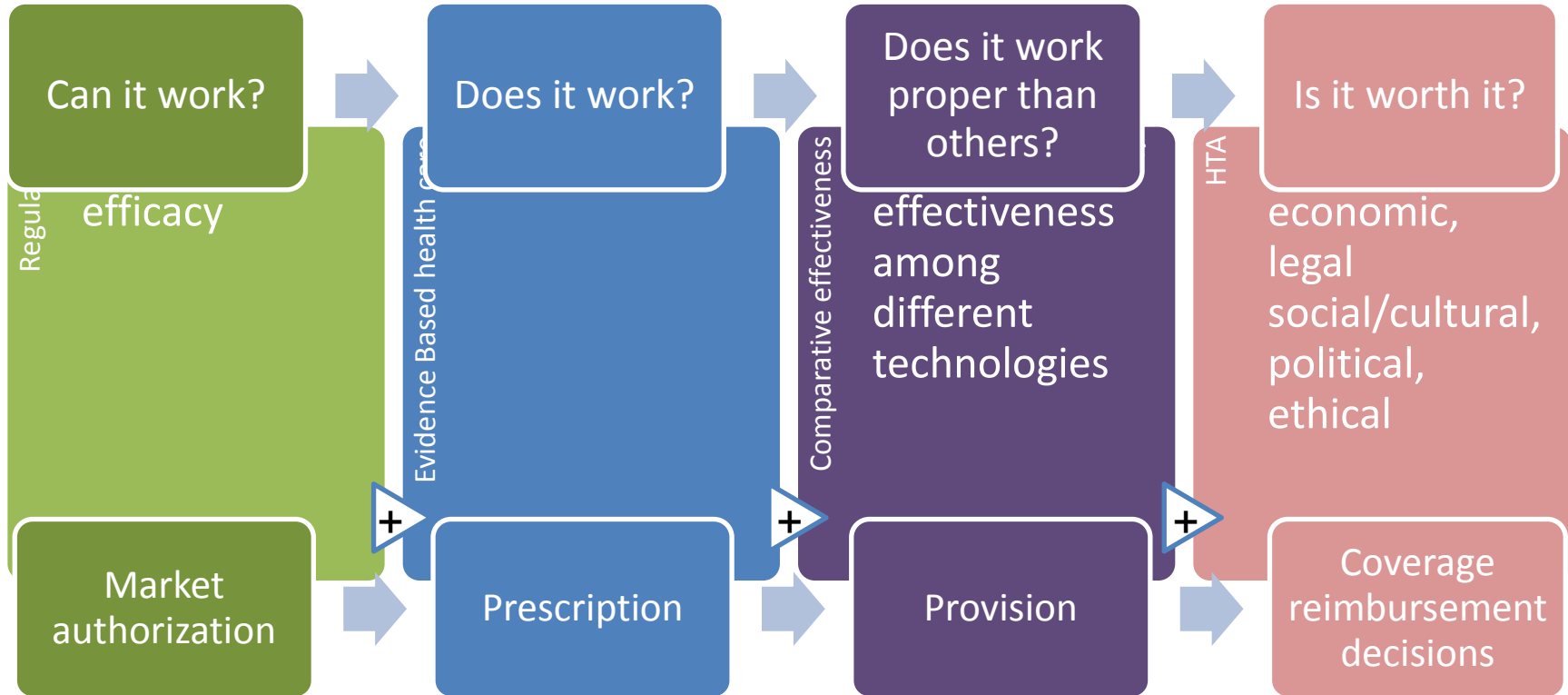


Properties and Impacts of health technologies to be Assessed

Main categories:

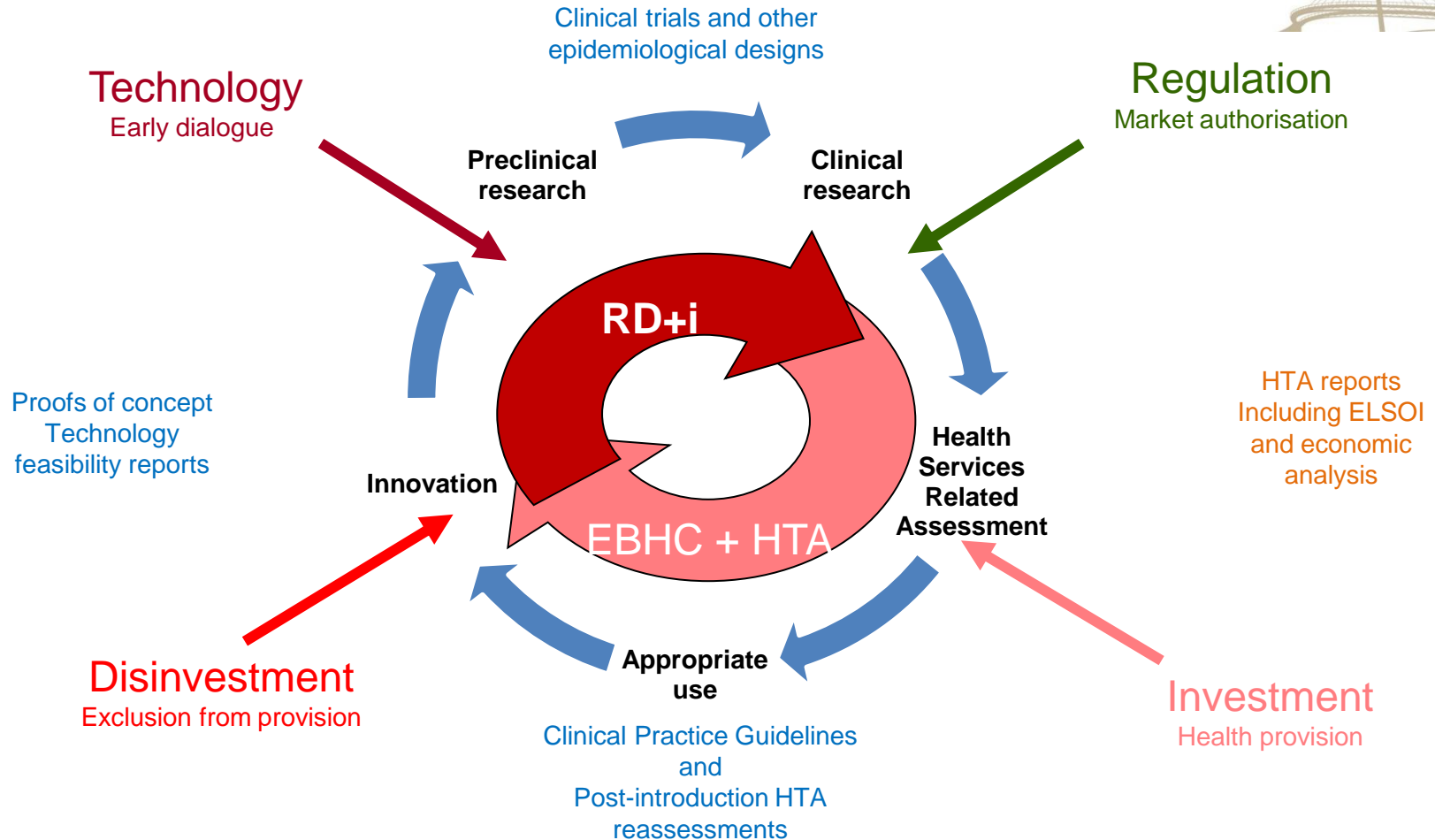
- Technical properties
- Safety
- Efficacy and effectiveness
- Cost and other economic attributes
- Social/cultural, legal, ethical, organizational or political impacts

From regulation to coverage

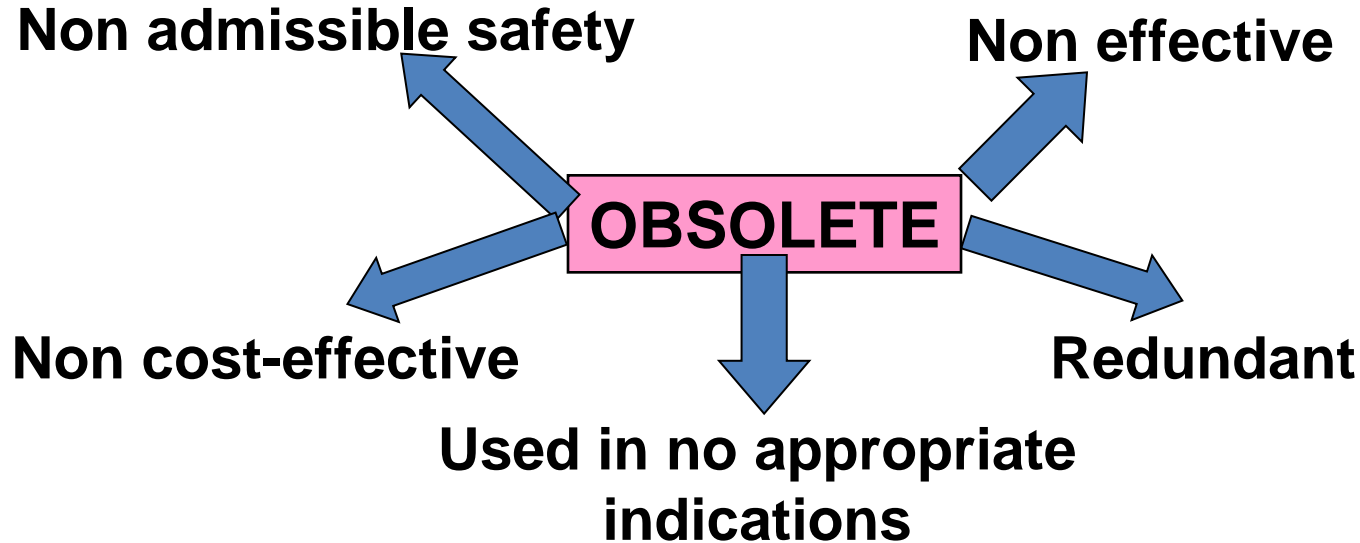


HTA objectives

- **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?



* 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

** NUEVA ZELANDA:

An exercise of PBMA in respiratory diseases



Communitarian claims and capabilities in priority setting

A list for disinvestment procedures

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

A disinvestment project (for information)

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**


Identificación,
priorización y
evaluación de
tecnologías sanitarias
obsoletas. Guía
metodológica.

Identification, prioritisation and
assessment of obsolete health
technologies. A methodological
guide.

Informes de Evaluación
de Tecnologías Sanitarias

avalia-t Núm. 2007 / 01

INFORMES, ESTUDIOS E INVESTIGACIÓN



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

International Journal of Technology Assessment in Health Care, 26:3 (2006), 249-254.
Copyright © 2006 Cambridge University Press. Printed in the U.S.A.
doi:10.1017/S0269072906000050

Scanning the horizon of obsolete technologies: Possible sources for their identification

Nora Ibarгойen-Roteta, Inaki Gutierrez-Ibarluzea, José Asua,
Gaizka Benguria-Arrate, Lorea Galnares-Cordero
Osteba, Basque Office for Health Technology Assessment

Objective: The aim of this study was to identify and rank the sources for the detection of potentially obsolete technologies (POTs).

Methods: A specific questionnaire related to the search strategies and sources used for the identification of POTs and also for ineffective, inefficient or harmful health technologies was sent to the Health Technology Assessment International's Information Resources Group (HTA-IRG) group. With the obtained information and taking into account the sources used for the identification of new and emerging technologies, a second questionnaire was elaborated and sent to EuroScan and International Network of Agencies for Health Technology Assessment (INAHTA) members, who had to select and score them. For the final ranking, the number of votes and the median score were taken into account.

Results: Seven HTA-IRG members answered to the first questionnaire. Seventeen agencies answered to the second one (thirteen EuroScan members and four more members from INAHTA), but only seven had worked in the identification of POTs and one of them using only experts for it. The remaining six agencies answered the part related to devices, diagnostics, and procedures; five of them did it for settings and programmes and only three for drugs. The Canadian Agency for Drugs and Technologies in Health (5 votes; median = 2), Cochrane Collaboration (5 votes; median = 3), NICE (4 votes; median = 1), Food and Drug Administration (4 votes; median = 1.5), and EuroScan (4 votes; median = 2) were the most relevant sources for devices and diagnostics.

Conclusions: There is little experience on POTs identification. The identified sources provide mostly indirect information and further research should take place to determine the best use of them.

Keywords: Obsolete technology, Health technology assessment, Identification sources

Healthcare systems and organizations have the responsibility to decide which services will be incorporated into national health systems, determining the limits of their funding (1,2). In recent years, healthcare systems have been overwhelmed by a continuous increase of new health technologies; in 1994,

We acknowledge and thank all HTA-IRG, EuroScan, and INAHTA members who had answered the questionnaires and provided information about their experience in this area, and especially to Elizabeth Adams, Susan Bell, Sophie Blanchard, Bao-Ping Dao, Liu Dan, Ingeborg Eickhoff, Alan Etkovitz, Clifford Goodman, Nina Hakak, Sant Hilde, Dor Jaroslov, Minna Kalls, Irving Lee, Sun-Ho Lee-Robin, Claire Parker, Devesh Patel, Jill Sankin, Leigh Ann Tappin, Marisa Velasco, Catherine Vostler and Lena Wallgren.

Banta and Gelinas (1) found it necessary to develop a systematic approach to identify and select the most important appeared new and emerging technologies, evaluating them and communicating the obtained information to the decision makers, providing them more time for considering the future introduction of those technologies into the healthcare systems (9). The set of steps described by Banta and Gelinas (1) is known as a horizon scanning system (HSS), a system that is generally part of or is connected to health technology assessment (HTA) agencies. To identify new and emerging health technologies, most HSSs use a combination of resources, ranging from the Internet to clinical experts and the industry

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

The screenshot shows the 'Pritool.es' website interface. The main content area is titled 'Pritool.es' and 'Obsolete'. It features a navigation menu on the left with options like 'Home', 'About PriTEC', 'User guide', 'Calculation scores', 'Technology name', and 'list of technologies'. The main table is divided into two sections: 'List of technologies' and 'Load technologies'. The 'List of technologies' section contains a table with columns for 'Technology / Indication', 'Population/users', and 'Keyword'. Below this is a scoring table with criteria and a 9-point scale. The 'Benefit / Risk' section contains a similar table with criteria and a 9-point scale. The bottom right corner shows a 'Score' bar and a 'Weighted score (base 100)' bar. The system tray at the bottom indicates the date as 12/06/2013.

Criteria	Explanation	1	2	3	4	5	6	7	8	9	Score
disease frequency	The condition or indication in which the potentially obsolete technology could be used is frequent (high prevalence and/or incidence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Burden of disease	The condition or indication in which the potentially obsolete technology could be used causes important health losses (mortality, morbidity, disability)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
frequency of technology use	The potentially obsolete technology is currently applied to a large number of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Score											<input type="text"/>
Weighted score											<input type="text"/>
Weighted score (base 100)											<input type="text"/>

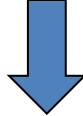
Criteria	Explanation	1	2	3	4	5	6	7	8	9	Score
efficacy/effectiveness/validity	There is scientific evidence that the effectiveness of the prioritized technology has been surpassed by other alternatives (or even by doing anything). For diagnostic tests, the reliability of the technology being prioritized has been clearly overcome by other available diagnostic tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Adverse effects	There is evidence in the literature of more adverse effects, or more important, with the potentially obsolete technology, than with the other existing alternative technologies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Risks	The potentially obsolete technology increases the likelihood of health staff of becoming ill or having an accident at work (eg. radiation) or supposes a higher environmental hazard in comparison to other existing alternative technologies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Score											<input type="text"/>

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

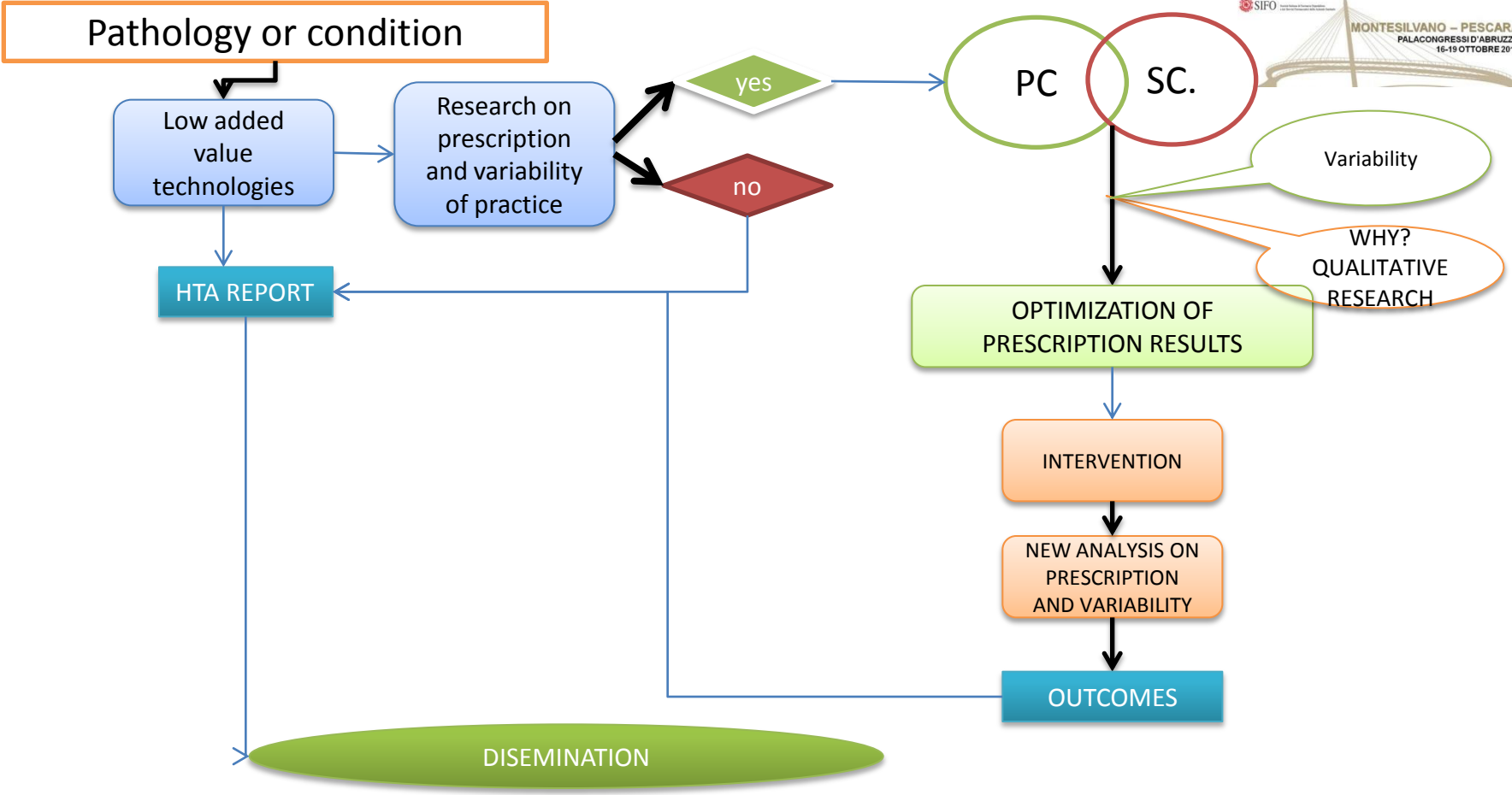
to facilitate the establishment of a transparent, systematic and explicit process to assess the potential for disinvestment in certain health technologies or in some of their indications which, for whatever reason, fail to achieve the objective(s) for which they were originally financed.

Report on the development of the GuNFT Guideline «Guideline for Not Funding existing health Technologies in health care systems»

Reports of Health Technology Assessment.
Osteba N° 2007/11

REPORTS, STUDIES AND RESEARCH





Reasons for an analysis of evidence

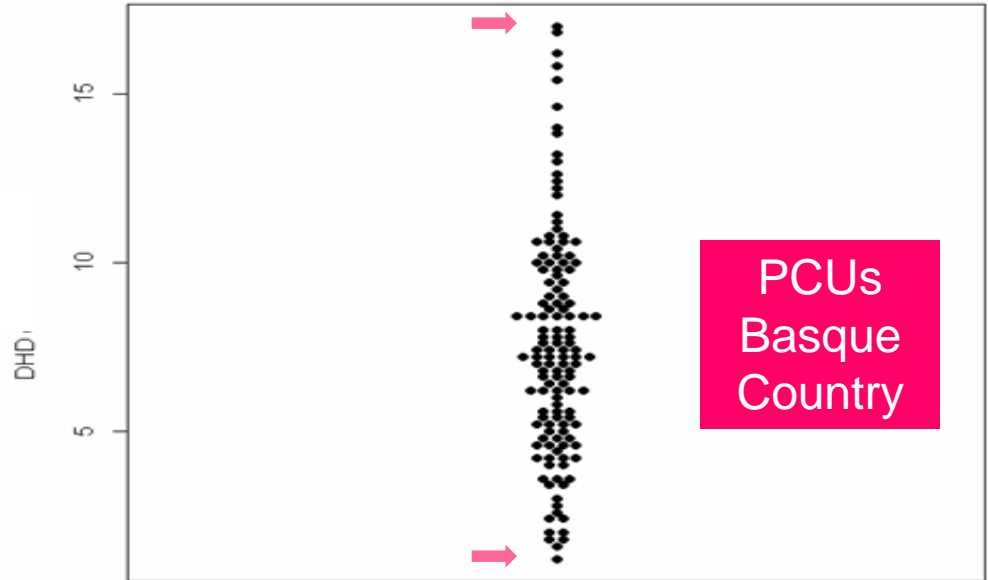


- A project developed in the Basque Country to pilot health technology disinvestment initiative has detected an increased use and prescription variability of Symptomatic Slow Action Drugs for OsteoArthritis (SYSADOAS).



Analysis of variability

	SYSADOAS
RV	13.62
RV₉₅₋₅	6.00
RV₇₅₋₂₅	1.87
CV_u	0.44
CV_{u95-5}	0.35
CV_w	0.43
CV_{w95-5}	0.34
SCV	0.19
SCV₉₅₋₅	0.11
Aov (p)	0.55 (<0.001)



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 disinvestment 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

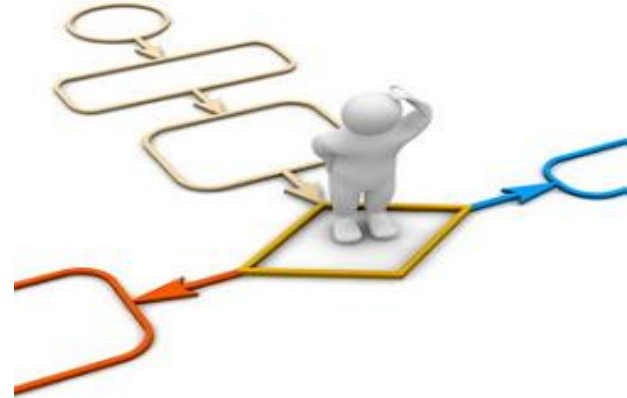


CONCLUSIONS

- 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

- **Dr. Iñaki Gutiérrez-Ibarluzea**

Secretary of HTAi

Osteba, Basque Office for HTA

Research and Innovation Directorate

Ministry for Health

Basque Country

Osteba7-san@ej-gv.es





Foto di Giovanni Auriti



Foto di Edoardo Morelli



SOCIETÀ ITALIANA DI FARMACIA
OSPEDALIERA E DEI SERVIZI FARMACEUTICI
DELLE AZIENDE SANITARIE

XXXV CONGRESSO NAZIONALE SIFO

IL FARMACISTA:
UNA RISORSA
PER LA SALUTE.
RESPONSABILITÀ,
APPROPRIATEZZA,
SOSTENIBILITÀ