

# ADOPTING NEW SURGICAL DEVICES INTO CLINICAL PRACTICE: CONTRASTING ROLES OF HTA ORGANISATIONS IN CANADA

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# Background: what is HTA?

- Health Technology Assessment Program
  - high-quality information
  - clinical effectiveness, cost-effectiveness, impact
  - drugs, medical technologies, and health systems
- The goal
  - to support and inform decision makers
  - health policy, purchasing, service management, clinical practice

# Background: our study

- what are the roles, responsibilities, information and policy needs of the key stakeholders in the introduction into clinical practice of **new surgical devices**?
  - using the example of pelvic floor procedures
  - decision-making – underlying ethical and economic principles
- CIHR funded

# Method: qualitative study

- website / published information
- stakeholder interviews
  - HTA organisations
  - provincial health departments
  - health care institutions
  - clinicians
  - professional bodies, regulatory body, patients, device manufacturers
- interviews – recorded, transcribed


# Results: “Levels” of HTA

- National - CADTH
- Provincial - QC, AB, ON, BC, MN, SK
- Regional - health region
- Local - institution - mandated only in QC
- Individual - clinicians / patients

# Results: National

- CADTH
  - To facilitate appropriate and effective utilization of health technologies in Canadian health care systems
  - Impartial rigorous evidence-based assessments
  - Clinical effectiveness, cost-effectiveness
  - Broader impact of HT
- Example: rapid review of use of biological mesh (Nov 2010)



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- *. . . 3 paradigms . . . on which these decisions are made. One is evidence based medicine, one is economic evaluation/decision analysis, sort of a comparative evaluation of cost and effect. And the other is sort of a bioethical framework . . . accountability for reasonableness.*




[HTA-28]

# Results: Provincial


- OHTAC
  - HT in context of clinical practice
  - Advice to MOH/practitioners/health care system
  - Diffusion of HTs
  - Implications for public/society/health care sectors and professionals
  - Advice about field evaluations
  - Transparency
- Example: midurethral slings for SUI





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- *[STE] . . . the S is social . . . it has to do with things like burden of illness . . . T stands for technical effectiveness which is basically a review of existing clinical evidence. And E is the economical part of it . . .*


[HTA – 35]



# Results: Local

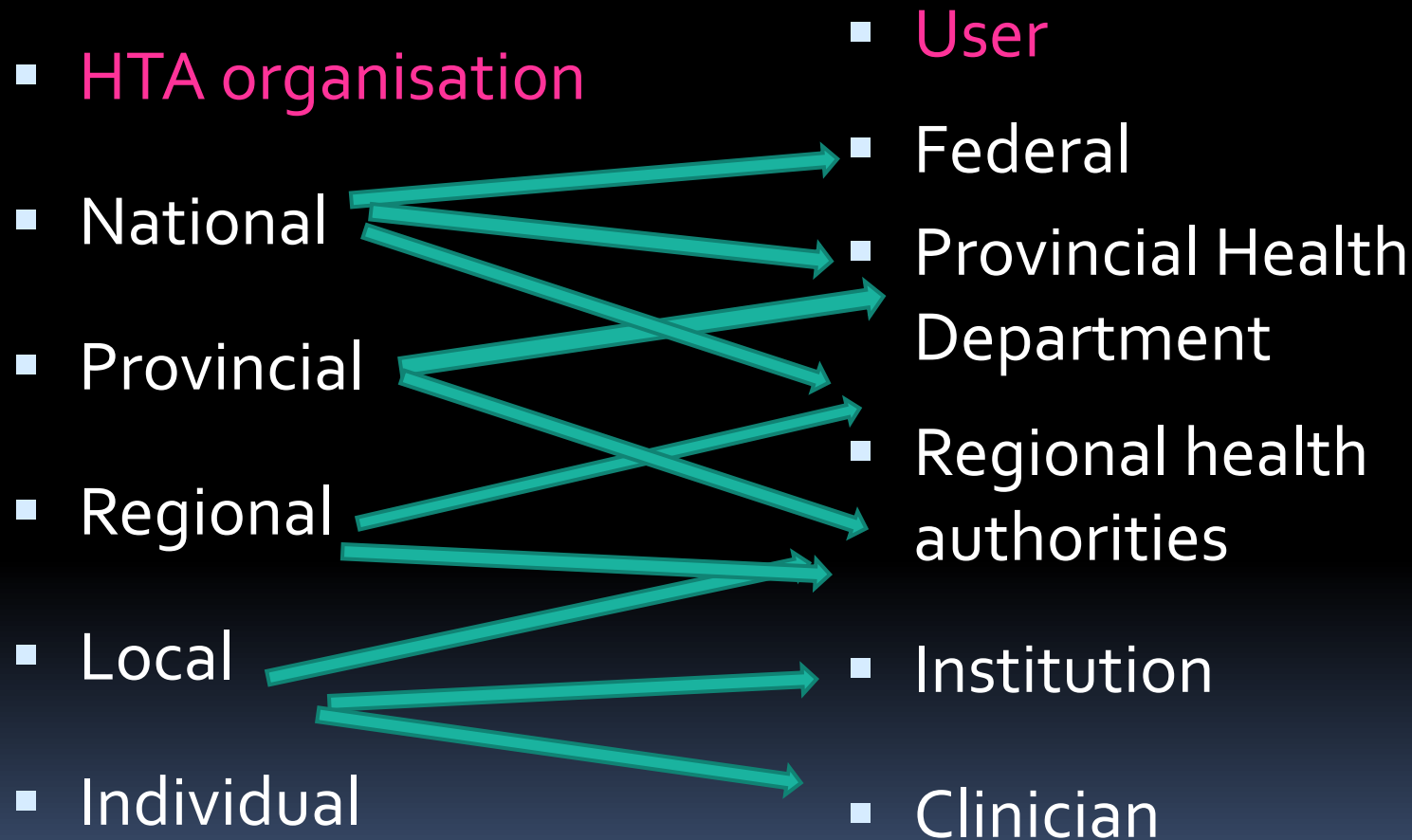
- Local HTA Advisory Committee
  - Objective review of technology, clearly defined criteria
  - Impact of new HT on clinical outcomes, training, resources or finances
- Advantages
  - Creates local HTA capacity
  - Stakeholders involved
  - Local impact considered
  - Integration with local departments



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- *our model . . . doesn't look at the huge picture of introducing technology in (province), it just looks at making sure we do the right thing here in (health region) . . . it's also more responsive, so, you know, we can make a decision in 5 minutes, once you've made your presentation*

[HTA-03]

# Results: “Levels” of HTA



# Discussion

- Many levels of HTA
- Apparently overlapping remits and stakeholders
- Local needs may not be addressed
- Local HTA may not be widely available
- Local HTA needed to address local circumstances
- Cost / duplication?



# Discussion

- HTA reviews are coordinated by several organisations
- How should coordination be organised?
- How should dissemination be arranged?
- Can local HTA reports be published?
- Do local HTA organisations have resources for this?
- Would local HTA reports be applicable elsewhere?

