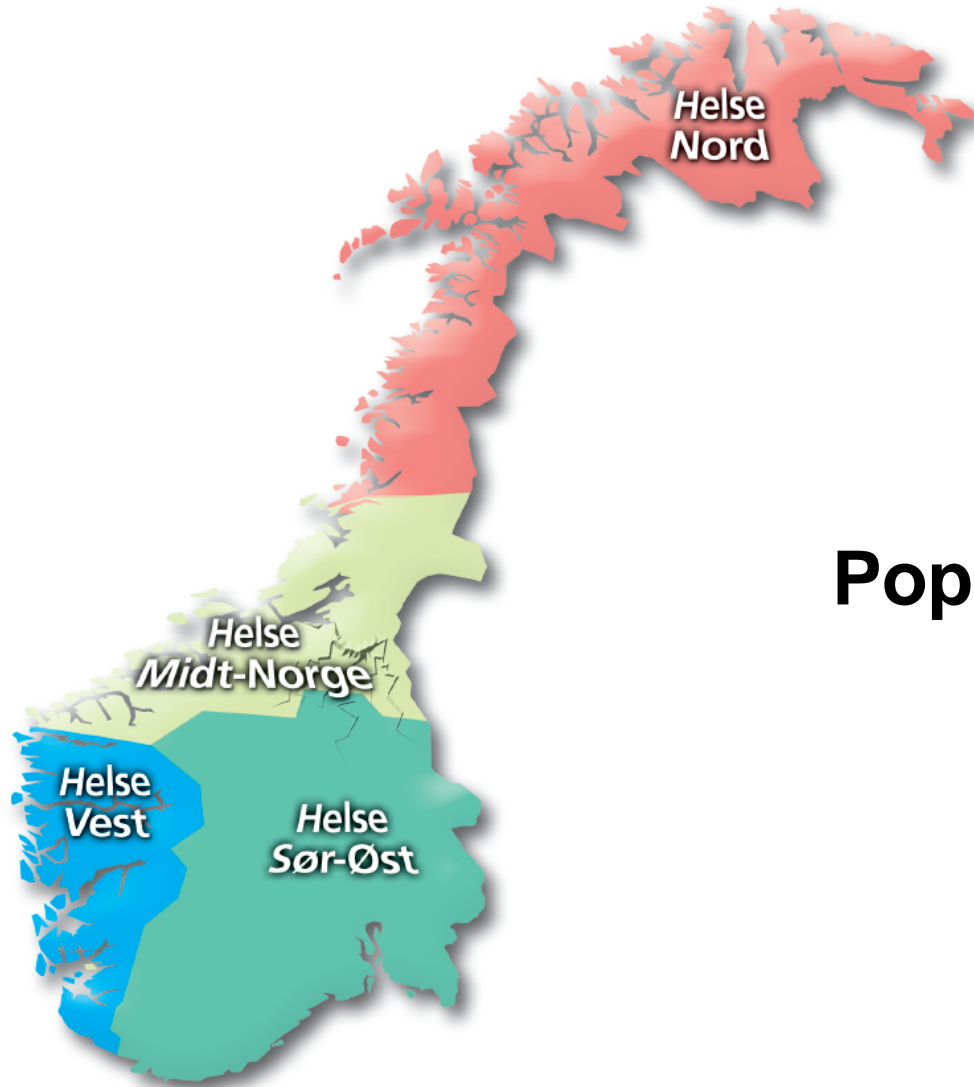


Mini-HTA for local decision-making

Hospital Based HTA;
what about methods, impact and future perspective?



Four Regional Health Authorities

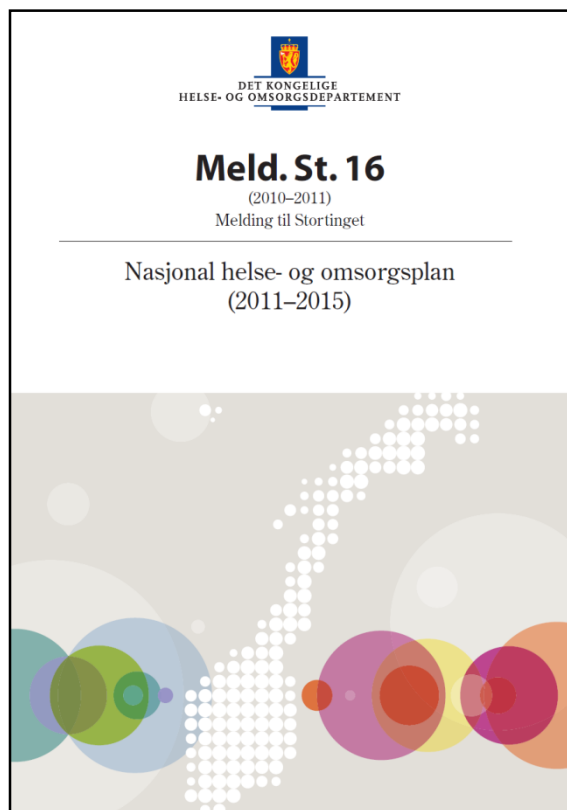


Population: 5 million

Background



The Norwegian National Health Plan 2011-15



Chapt 8 Quality and knowledge

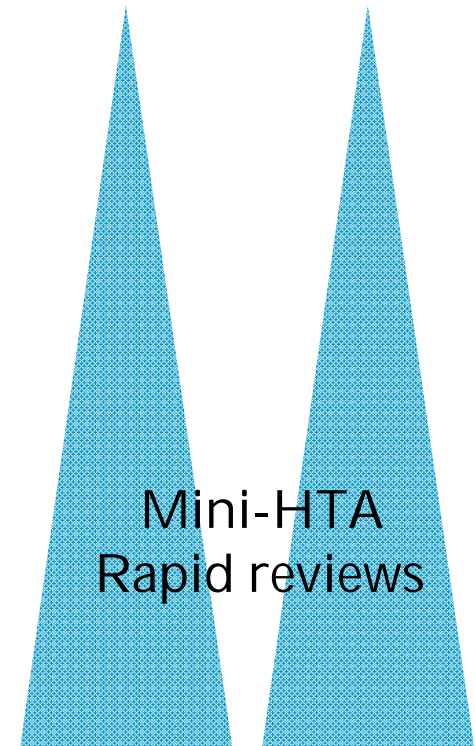
- HTA for assessment of new technologies, at **local, regional** and **national** level.
- HTA for re-assessment of established technologies.
- Technologies with unclear evidence should be provided within clinical studies (CED).

HTA at all levels

- **National level**
 - Guidelines
 - Reimbursement
 - Priority setting
 - Organisation of care
- **Regional level**
 - Organisation of care
 - Clinical decision-making
- **Local (Hospital) level**
 - Clinical decision-making

Drugs **Screening programs**

HTA
Rapid reviews



Procedures/ Devices treatments

Mini-HTA internationally

New South Wales Health, Australia
Southern Health, Australia

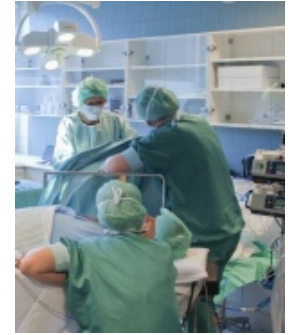
Alberta Health Services-Calgary, Canada
Agency for Healthcare Research and Quality (AHRQ), US

Mini-MTV, Denmark
Landstinget i Östergötland, Sweden
Västra Götaland, Sweden
La Agencia de Evaluación de Tecnologías Sanitarias de
Andalucía (AETSA), Spain

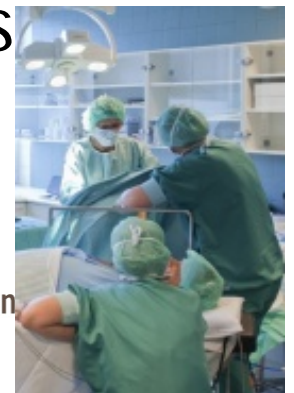


*Ormstad SS et al. Mini-HTA systems internationally.
NOKC 2010.*

What is mini-HTA ?



- A 3 parted formula/checklist designed to support evidence-based decisions in hospitals for introduction of new technologies
- Questions concerning evidence on efficacy, safety, costs, organisational and ethical consequences for the new technology
- Prepared by clinicians, with support from persons or units with competence in HTA



Mini-HTA

- **Part 1**

Description of the new health technology and the patient population, description of the search strategy, evidence for efficacy and safety, costs and ethical and organisational issues

- **Part 2**

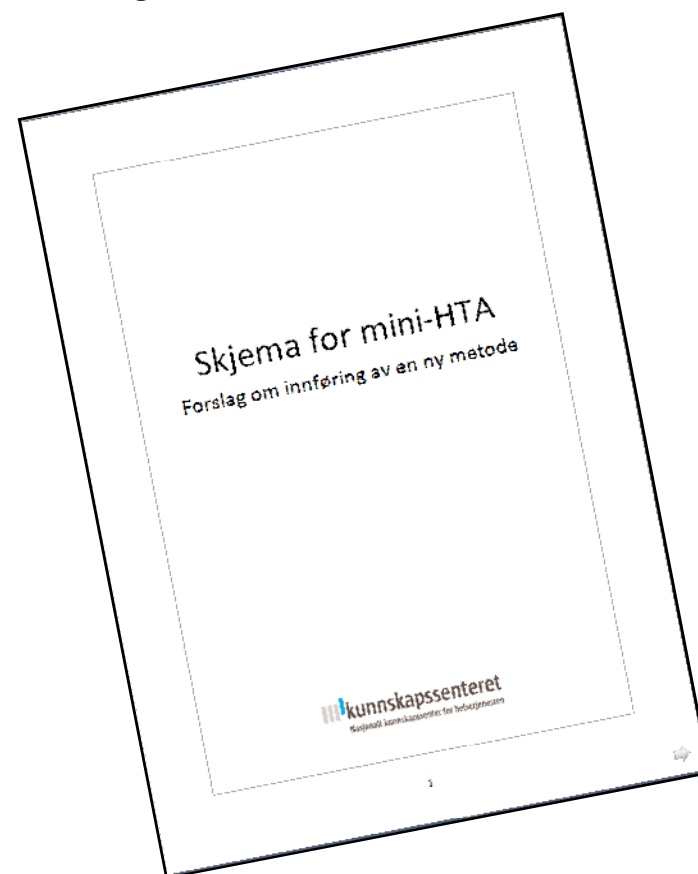
Report from peer reviewer

- **Part 3**

Report on the decision-making

- **Appendix**

Guidance



Pilot of mini-HTA in two Norwegian hospitals



Preparation - support and training before the pilot

- Push and strong support from local hospital management
- Support unit at regional level
 - Librarians, people trained in EBM, health economists
- Teaching sessions in HTA
- Methodological guidance

Topics

	Mini-HTA topic	Dep	Status	Decision
	Fractional Flow Reserve (FFR) measurements to assess severity of coronary artery stenosis			
	CT coronar angiograpy			
	Fluorescencystoscopy for detection of bladder cancer (Hexvix)			
	DaVinci-robot for urological surgery			
	Care link (remote monitoring and treatment of cardiac failure)			
	Pacemaker for treatment of gastroparesis in patients with diabetic mellitus			

Topics

	Mini-HTA topic	Dep	Status	Decision
	Fractional Flow Reserve (FFR) measurements to assess severity of coronary artery stenosis		Completed	
	CT coronar angiography		Completed	
	Fluorescencystoscopy for detection of bladder cancer (Hexvix)		Completed	
	DaVinci-robot for urological surgery		Partially completed	
	Care link (remote monitoring and treatment of cardiac failure)		Partially completed	
	Pacemaker for treatment of gastroparesis in patients with diabetic mellitus		Partially completed	

Topics

	Mini-HTA topic	Dep	Status	Decision
	Fractional Flow Reserve (FFR) measurements to assess severity of coronary artery stenosis		Completed	Introduced
	CT coronar angiography		Completed	Introduced
	Fluorescencystoscopy for detection of bladder cancer (Hexvix)		Completed	Introduced
	DaVinci-robot for urological surgery		Partially completed	No decision
	Care link (remote monitoring and treatment of cardiac failure)		Partially completed	No decision
	Pacemaker for treatment of gastroparesis in patients with diabetic mellitus		Partially completed	No decision

Evaluation

1. Quality of completed mini-HTAs
 - I. Appropriate answers to questions
 - II. Literature searches in relevant databases and with appropriate terms
 - III. Relevant systematic reviews or studies identified

2. Participants experiences with mini-HTA
 - I. Clinician
 - II. Peer reviewer
 - III. Decision-maker
 - IV. Support group

Quality of completed mini-HTAs

- Literature searches
 - Medium to low quality
 - No search for systematic reviews in relevant databases
 - No understanding of the difference between a study and a systematic review
- Efficacy and safety
 - high quality
- Costs
 - medium to low quality
- Organisational and ethical issues
 - high quality

Clinicians experiences

Questions	Answers from clinicians (N=6)
How demanding was the different sections of the mini-HTA?	Literature search and costs were very demanding
How long did it take you to complete the mini-HTA?	6-12 hours: 3 clinicians 15-20 hours: 2 clinicians 3 weeks: 1 clinician
Need for mini-HTA training sessions?	Yes: 3 clinicians No: 2 clinicians No answer: 1 clinician
Relevant input from peer reviewer?	Yes: 3 clinicians No answer: 3 clinicians
Did you find mini-HTA useful?	Not at all: 2 clinicians To some extent: 2 clinicians To a large extent: 2 clinicians

Additional comments from clinicians

“Mini-HTA leads to more bureaucracy within a system that is already heavy loaded with paperwork”

“Useful system to ensure thorough and uniform assessment of new technologies”

“Mini-HTA seems costly and with little scientific value”

“Clinicians should be given time to do it”

“We need to establish the role for mini-HTA in the decision-making process”

Additional comments from decision-makers

"I look forward to learn more about mini-HTA"

"When mini-HTA is incorporated as a routine prior to the introduction of new health technologies, I think this will be educational, useful, of scientific importance and cost-effective"

"It will take some time to let mini-HTA be a part of everyday clinical practice "

A database for mini-HTAs - free access

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Akuttmedisin	Gynekologi og obstetikk	Kirurgi	Nyrer og urinveier	Sjeldne tilstander
Allmenntmedisin	Hjerte og kar	Kreft	Pediatri	Øre, nese, hals
Anestesiologi	Hormonsykdommer	Lunge	Psykisk helse	Øye
Blod	Hud	Muskel og skjelett	Rehabilitering	Andre
Fordøyelse	Infeksjoner	Nevrologi	Revmatologi	

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- ▶ [Innsetting av stenter for å stoppe blødning fra vener i spiserøret](#)

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MedNytt er en database med tidlige vurderinger av nye medisinske metoder. Databasen er uavhengig av industri og myndigheter. [Mer om oss](#)

Motta nye metodevarsler på e-mail
Fyll ut skjemaet nedenfor hvis du ønsker en månedlig oppdatering over nye metodevarsler.

Fullt navn

E-post

Ta kontakt dersom du ønsker å stoppe abonnementet.

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Summary

- Experiences and value of mini-HTA varies
- National “push”, coordination and supervision
- Anchor mini-HTA system in local management
- Establish local/regional support groups with HTA competence
- Divide the work between clinicians and HTA-experts
- Establish systems for peer review
- Reduce duplication by providing free access to a national database for mini-HTAs

Thank you !

