



# **The scope and influence of rapid HTAs from members of INAHTA**

**David Hailey**

**Institute of Health Economics, Edmonton**

**HTAi 6, Singapore**

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Assessment**



## **Rapid HTAs**

- **Assessments completed between 1 and 6 months after receiving a request**
- **Fall between “full HTAs” and mini – HTAs, HS reports**
- **Trade off:**
  - **rapid advice to decision makers, but**
  - **losing the detail, assurance from full HTA**
- **Possible concerns:**
  - **validity, how used, pressures on HTA programs**



## **Purpose of survey**

- **Still little published information on the influence of rapid HTAs.**
- **E.g. policy impact of within-hospital rapid HTAs in Quebec, influence of rapid HTAs in Alberta**
- **Use and influence of such assessments of interest to INAHTA**
- **Survey by an INAHTA working group to obtain preliminary information**



## **Approach**

- **Seeking basic information on use and influence**
- **Questionnaire and instructions, based on INAHTA form for recording HTA impact**
- **Member agencies asked for responses re rapid HTAs prepared during 2006**
- **Date chosen in hope that information on influence of assessments would be available**



## **Main items from questionnaire**

- **Identity – HTA agency and name of technology**
- **Origin of request for the HTA**
- **Purpose of the HTA  
(type of decision, 8 categories)**
- **Conclusions reached**
- **Indications of influence (one or more of 7)**
- **Opinions (agency and external) on HTA influence  
(No influence/ Some consideration / Informed decisions/  
Major influence)**



## **Responses**

- **Seven member agencies provided responses on 15 rapid HTAs**
- **Nine HTAs prepared in 1 - 3 months, six in 3 - 6 months**
- **Both new and widely distributed technologies:**
  - **drugs, other substances; devices; procedures**
- **Most requests from health ministries or departments**



## **Purposes of the HTAs - 22 responses**

- **Coverage decisions** 9
- **Routine practice** 3
- **Program operation** 2
- **Referral for treatment** 2
- **Guideline formulation** 2
- **Further research** 2
- **Formulary** 1
- **Capital funding** 1



## **Direction of HTA findings**

- |   |          |
|---|----------|
| <b>• Supported use of the technology, current practice</b>          | <b>5</b> |
| <b>• Positive findings, but need for further data and appraisal</b> | <b>3</b> |
| <b>• Insufficient evidence of efficacy and/or safety</b>            | <b>5</b> |
| <b>• Technology not cost – effective</b>                            | <b>1</b> |
| <b>• No difference between competing products.</b>                  | <b>1</b> |



## **Indications of influence**

- **Most common indications of influence:**
  - **consideration by a decision maker (n=10)**
  - **use of HTA as reference material (n = 10)**
  - **acceptance of conclusions (n = 8)**
- **Agencies considered that all the rapid HTAs had some influence**
- **External opinions available for 9 HTAs, were consistent with agencies' opinions**



## Indications of influence - 1

<b><i>Technology</i></b>	<b><i>HTA conclusions</i></b>	<b><i>Outcomes</i></b>
<b>Topical benzocaine, dental</b>	<b>Positive, no evidence re safety concern</b>	<b>Policy direction was consistent with HTA findings</b>
<b>Robotic surgery</b>	<b>No clear advantage over standard procedures</b>	<b>Major influence on decisions</b>



## **Indications of influence - 2**

<b><i>Technology</i></b>	<b><i>HTA conclusions</i></b>	<b><i>Outcomes</i></b>
<b>Autologous blood donation</b>	<b>Few reasons to support</b>	<b>Informed statement of ministerial policy, use by hospital managers to establish rules on utilization</b>
<b>Laparoscopic electrosurgery</b>	<b>Risk of thermal injury likely to be low</b>	<b>Used to support agency response to a media inquiry</b>



## **Conclusions**

- **Indication of the use and influence of rapid HTAs**
- **Used for a broad range of technologies, to inform several types of decision**
- **Effective in informing the decision making process**
- **Follow up by further assessments appropriate in some cases**
- **Use of questionnaire an option for routine collection of information on HTA influence**



## **Thanks to:**

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- **VATAP (USA)**