



Patient aspects in Danish HTAs – from Caesarean Section to Chronic Renal Failure

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Panel session: Impact of including patient aspects in HTA

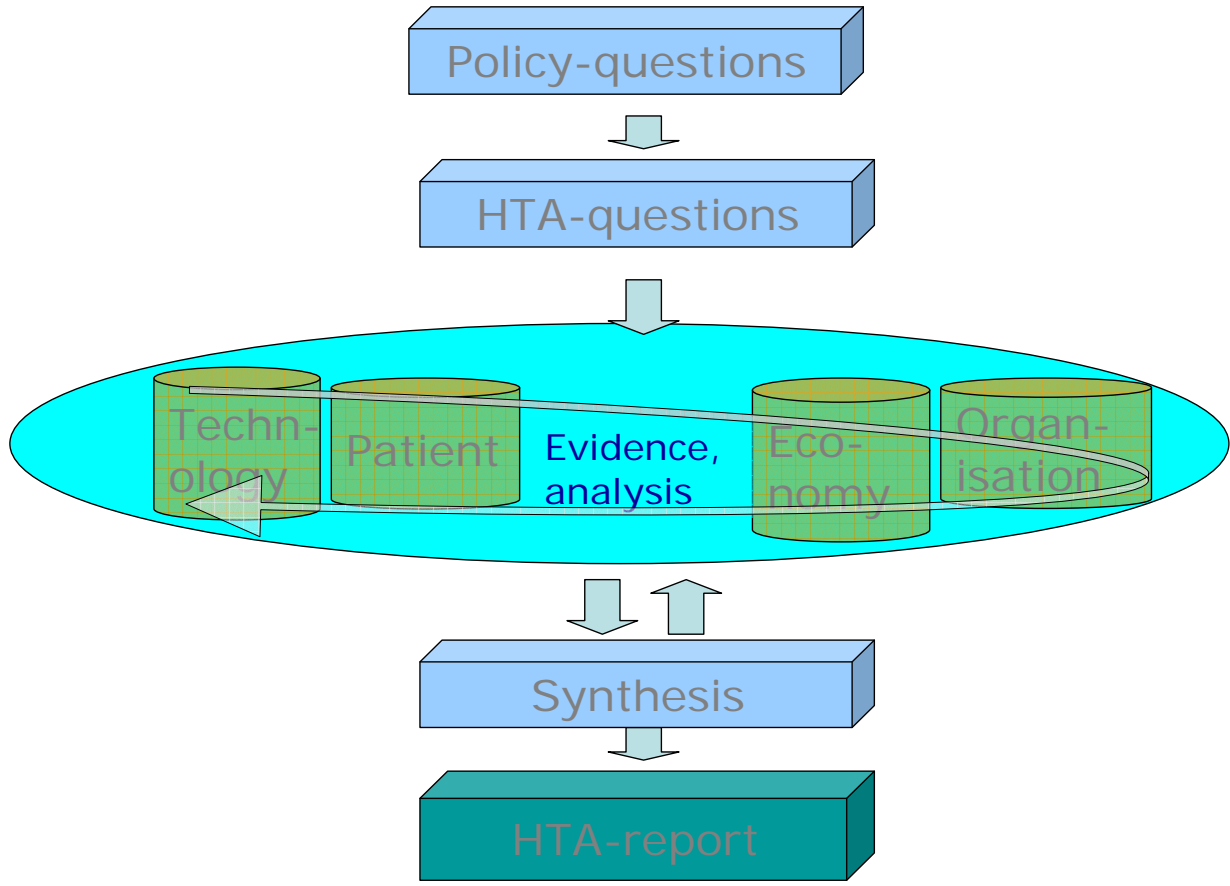
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Including patient aspects in HTAs - outline

- What does it mean?
- Why do we do it?
- When do we do it?
- Since when?
- How do we do it?
- Examples:
 - Does it work out?
 - What do we achieve?

The Danish HTA-model

Patient aspects as one of the four analytical elements



The patient* element (patient* = citizen, customer, user, individual)

Aspects (1984/1994/2000) → Handbook (2001/2007)

- Psychological: Confidence, anxiety, information
- Social: Every day life, working ability
- Ethical: Acceptance, specific ethical problem
- Effect related: Effect/side effects

Reports >60 HTAs (1998-2009)

- Including patient aspects relevant?
- Relevant but impossible?
- Relevant and possible - but too difficult?

Impact evaluation

- Planned(2010???)

Two examples – need for decision support

HTA-reports

- Caesarean Section on Maternal Request (2005)
- Dialysis in Chronic Renal Failure (2006)

Two different decisions

- Caesarean: Caesarean section > < vaginal birth
- Dialysis: Hospital based > < “outgoing”

Two different patient groups

- Caesarean: Healthy (young) women
- Dialysis: Chronic ill patients (mostly elderly)

“outgoing” = dialysis for capable patients / minimal assistance

Background and objectives

Caesarean section

- Increase of planned Cs without clinical indication
- Initiated by debate, e.g. at Parliament level
- To contribute to the debate and give input for further management

Dialysis

- Urgent capacity problem in hospitals
- Initiated by professional/administrative groups
- To clarify whether the number of patients on outgoing dialysis can be increased with a positive effect

Analyses – patient aspects

Caesarean section

- Systematic literature review / register data
- Study at large hospital / patient questionnaires
 - risks, benefits, background parameters
- Ethical analysis based on principles and legislation
 - ethical correctness of choice

Dialysis

- Systematic literature review
 - quality of life analysis, advantages, disadvantages
- Focus group interview with patients and relatives
 - needs and preferences

The set-up of the projects

Project team

- Both: Clinical experts; economists; health scientists; HTA-generalists
- Caesarean: Anthropologist; ethicist

Reference group

- Both: Administrative & professional stakeholders
- Caesarean: Parents & children; Consumer Council
- Dialysis: Kidney Association

Tools and processes

- Intro for project team / protocol
- Feed-back from reference group on protocol
- Project team meetings / coordination
- Subgroup-meetings / analyses
 - Library service / evidence tables
 - Investigators / interview guides / questionnaires
- Project team meeting for synthesis
- Feed-back from reference group on draft
- Launching of report
- Mini-conference / discussions with target groups and stakeholders

Results – conclusions/recommendations

Caesarean section

- 80% of caesarean section on maternal request were multiparae
- Fear as major reason for request for caesarean section
- No right (mother) – no obligation (health service)
- Women to be convinced of appropriateness of vaginal birth
- Ensure a good experience first time - information and support

Dialysis

- No difference in self declared quality of life & health
- Early decisions needed - patients not to be forced to switch
- Improved patient preparation by optimal information
- Strong social reasons to be respected / benefits prioritized
- Possibility of increase from 30% to 45%

Impact - what was achieved?

Caesarean section

- Debate: Busy young women that want to plan everything
- Identified: The women really concerned and how they feel
- **Result: Turning around the debate**
- Initiatives:
 - Prevention of bad experiences
 - Handling of fear / information
- Main influence: On planning and support

Impact - what was achieved?

Dialysis

- Capacity problem: Hospital planning issue
- Identified: The patients' needs and preferences
- **Result: Change of focus to the early phase**
- Initiatives:
 - Patient education / preparation for dialysis
 - Organisational changes
 - Improved cooperation and information
- Main influence: On praxis

Impact of including patient aspects

Benefits

- Subtle results and conclusions / changes in favour for patients
- Authentic knowledge / not provided indirectly by doctors and nurses
- Systematic documentation / evidence
- Improved HTA-process / active involvement
- Interdisciplinary approach / critical watchfulness
- Extended target group
- Basis for patient decision support

Impact of including patient aspects

Barriers

- Prolonged production time?
- More expensive?
- More resources?
- Lack of necessary skills?
- Lack of relevant methodology?
- Patients as hostages?
- Others ???

However, the benefits seem to be predominant!



Thank you !