

Survey and discussion of existing mini-HTA systems internationally

This is an excerpt from the full technical report, which is written in Norwegian.

The excerpt provides the report's main messages in English.

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Survey

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Norwegian Knowledge Centre for the Health Services summarizes and disseminates evidence concerning the effect of treatments, methods, and interventions in health services, in addition to monitoring health service quality. Our goal is to support good decision making in order to provide patients in Norway with the best possible care. The Centre is organized under The Norwegian Directorate for Health, but is scientifically and professionally independent. The Centre has no authority to develop health policy or responsibility to implement policies.

We would like to thank all contributors for their expertise in this project. Norwegian Knowledge Centre for the Health Services assumes final responsibility for the content of this report.

Norwegian Knowledge Centre for the Health Services
Oslo, January 2010

Key Messages

Mini-HTA is a tool designed to support evidence-based processes when introducing new health technologies at the hospital level. Mini-HTA consists of a form or a checklist that is used to assess efficacy, safety, costs and organisational consequences before a new health technology is introduced into clinical practice or an existing health technology is phased out.

The purpose of this work was to investigate various mini-HTA systems internationally. We identified eight mini-HTA systems from Australia, Canada, Denmark, Spain, Sweden and the United States.

The comparison of the eight systems shows that it is important to consider the following elements when introducing a system of mini-HTA:

- The system should be anchored in the management
- Should the use of mini-HTA be mandatory?
- Who should prepare mini-HTAs (clinicians or a local HTA-unit)?
- What kind of support services should be established?
- In what cases should one conduct mini-HTA?
- How to make decisions about the introduction of new health technologies?
- System for monitoring the performance of new health technologies
- How broad should the mini-HTAs and decisions be made public?

Experiences from the identified mini-HTA systems and evaluations of their function are used to develop a Norwegian mini-HTA version and to pilot a project for mini-HTA in the Western Norway Regional Health Authority.

Executive summary

Survey and discussion of existing mini-HTA systems internationally

BACKGROUND

Many countries have established regional or national Health Technology Assessment organisations (HTA), such as the Norwegian Knowledge Centre for the Health Services (NOKC) to support health care decision-making. Several countries/regions have gradually seen a need to develop systems that support *local* decision-making at the hospital level.

In Norway, there is on-going work to establish a national plan for handling of new health technologies. There are currently different practices between secondary health care services and other health services, between the regional health authorities and between local health authorities. As a follow-up of the National Health Plan for 2007–10, the regional health authorities are asked to review the decision-making processes around investments of expensive equipments and drugs. The goal is to establish common routines for such processes.

MANDATE

In August 2008 the Western Norway Regional Health Authority asked NOKC to develop a system of mini-HTA, a tool designed to support evidence-based processes when introducing new health technologies at the hospital level.

Mini-HTA consists of a form or a checklist with a number of questions to assess efficacy, safety, costs and organisational consequences of a specific health technology. Mini-HTA uses the same methodology as HTA (Health Technology Assessment).

METHOD

The purpose of this work was to investigate various mini-HTA systems. As a starting point we used a Danish report, describing international systems that use mini-HTAs and rapid reviews in decision-making at the hospital level and their experiences. We used also the "Hospital Based Health Technology Assessment World-Wide Survey" prepared by the Hospital Based Health Technology Assessment Sub-Interest Group of Health Technology Assessment International Society (HTAi).

To identify additional mini-HTA systems and to supplement information about already identified systems, we conducted a literature search for relevant literature in February 2009. We visited websites of organisations that we either knew had an existing system of mini-HTA or supposed had such a system. To obtain additional information about the identified systems, we contacted relevant organisations.

To be included in this publication, a system of mini-HTA had to meet the following criteria:

- Be based on a tool (a form or a checklist) that is based on HTA methodology
- Be used for local or regional decision-making
- Be a system that is in use today

RESULTS

We identified eight mini-HTA systems in six countries:

- New South Wales Health, Australia
- Southern Health, Australia
- Alberta Health Services-Calgary, Canada
- Mini-MTV, Denmark
- La Agencia de Evaluación de Tecnologías Sanitarias de Andalucía (AETSA), Spain
- Landstinget i Östergötland, Sweden
- Västra Götaland, Sweden
- Agency for Healthcare Research and Quality (AHRQ), USA

These are common elements that occur in several mini-HTA forms:

- Description of the technology and information whether it replaces another technology or not
- Patient population, clinical effectiveness and safety
- Cost-effectiveness
- Need for upgrading professional skills

- Organisational impact
- Ethical implications

CONCLUSION

Evaluations of the systems are currently quite limited because most systems are relatively new. Nevertheless most countries that have a mini-HTA system continue to use and further develop their systems. Further evaluation of these systems will be necessary and useful to keep up with.

A major challenge of introducing a mini-HTA system will be the need for allocation of resources, in terms of clinicians' time and establishment of support services. The advantage of such a system is that decisions will be more structured and evidence-based. The tool is flexible and can be adapted to the local circumstances and decision-making processes. Mini-HTA can be used both when considering introduction of new health technologies and phasing out existing health technologies.

The comparison of the identified systems shows that it is important to consider the following elements when introducing a system of mini-HTA:

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Experiences from the identified mini-HTA systems and evaluations of their function are used to develop a Norwegian mini-HTA version and to pilot a project for mini-HTA in the Western Norway Regional Health Authority. The pilot study of the Norwegian version is carried out in autumn and winter 2009–2010.