A **handbook** and a **toolkit** for hospital-based Health Technology Assessment

AdHopHTA
Adopting Hospital Based
Health Technology Assessment

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Hospital-based HTA (HB-HTA)

Organising and undertaking HTA in hospitals means providing dicision-makers with contextualised assistance on how to make sound investment decisions on innovations, thus ensuring that good-value innovative health technologies reach clinical practice.

Hospital-based HTA means:

- tailoring HTA to specific hospital circumstances (comparators, how care is organised in the hospital, budget impact analysis,…),
- keeping a sharper focus on the health technologies that are specifically interesting for the hospital,
- timely adjustments to the hospital context,
- Working in collaboration with hospital decision-makers.

The AdHopHTA project

The aim of AdHopHTA is to make available pragmatic knowledge and tools to facilitate the adoption of hospital-based HTA initiative, while contributing to build a European ecosystem for HTA "in" and "for" hospitals.

The AdHopHTA methods and products

6 Literature reviews
107 face-2-face interviews
40 Case studies
Large-scale survey = 163 respondents
Focus group = 8 participants
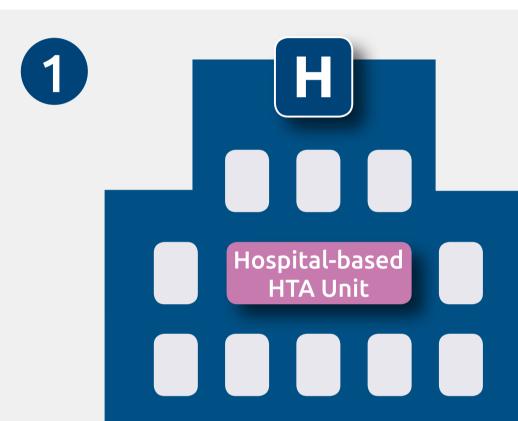Delphi process = 36 participants
Validation workshop = 11 panellists

385
people from 20 different countries have provided their input.

A Handbook of hospital-based Health Technology Assessment

A toolkit for setting up and running an HB-HTA unit

A database of HB-HTA reports

THE AdHopHTA HANDBOOK: Key observations

1 Hospitals with an HB-HTA unit manage better the process of adoption of health technologies (e.g. less time and people involved)

2 **4** Organisational **models** for **HB-HTA**

INDEPENDENT GROUP
- provides support for managerial decisions in fairly informal way

INTEGRATED-ESSENTIAL
- small HB-HTA units with limited staff involving many stakeholders and 'allies'

STAND-ALONE *MOST COMMON*
- formalised and specialised internal HB-HTA unit
- not strongly influenced by national or regional HTA

INTEGRATED-SPECIALISED
- HB-HTA unit formally collaborating with national or regional HTA
- HTA-based recommendations often used by hospital decision-makers

3 Informational needs of hospital decision-makers

DOMAINS	HTA CORE MODEL EUnetHTA	HB-HTA CORE MODEL AdHopHTA
D1: Health problem and current use	• relevant	••• most important
D2: Description and technical characteristics	• relevant	• relevant
D3: Clinical effectiveness	• relevant	••• most important
D4: Safety aspects	• relevant	••• most important
D5: Costs and economic evaluation	• relevant	
D5.1 Societal point of view		• relevant
D5.2 Hospital point of view		••• most important
D6: Ethical aspects	• relevant	• relevant
D7: Organizational aspects	• relevant	••• most important
D8: Social aspects	• relevant	• relevant
D9: Legal aspects	• relevant	• relevant
D10: Political and strategic aspects		
D10.1 Political aspects		• relevant
D10.2 Strategic aspects		••• most important

4 New methodological tools specific for HB-HTA

AdHopHTA MINI-HTA template

Q1: Summary
Q2-7: Basic information
Q8-12: Methodology & reporting
Q13-23: Results within domains
Q24-28: Discussion, conclusions and recommendations

NEW

AdHopHTA quality checklist

for assessing the quality of HB-HTA reports

26 QUESTIONS

5 HB-HTA units and national or regional HTA agencies: factors for successful collaboration

THE BUILDING

SUCCESSFUL COLLABORATION

- Good leadership
- Competent people
- Fluent processes across levels (national/regional and hospital)
- Relevant outputs

SEE MORE INSIDE!

PORTFOLIO OF REQUIREMENTS FOR COLLABORATION BETWEEN HB-HTA UNITS AND NATIONAL OR REGIONAL HTA ORGANISATIONS.

Arentz-Hansen et al. 2013; Pasternack et al.

LEADERSHIP AND GOVERNANCE SHOULD ENSURE
- regulations that require the use of HTA at all levels
- clear definition of mission, vision and values of collaboration
- mutually agreed strategy and managers' commitment to collaborate
- clearly defined roles and responsibilities across levels
- adequate funding that prevents competition between levels

THE INDIVIDUALS WHO COLLABORATE SHOULD
- have appropriate HTA knowledge, including methodological skills
- be trained in project leadership, communication and knowledge transfer
- have access to relevant databases, IT support and administrative assistance
- be open to informal contacts and express mutual respect across levels

BETTER USE OF RESOURCES THROUGH COLLABORATIVE PROCESSES SUCH AS
- sharing HTA reports, data and library resources
- training in HTA methodology
- joint identification of relevant HTA topics
- exchange of competence and networks
- providing strategic and political support across levels

USEFUL OUTPUTS OF COLLABORATION SUCH AS
- joint HTA reports that are directly useful for decision making in hospitals, i.e.
  - to the point and usually brief tailored for hospitals and to include information on the organisation, costs and patient aspects
  - methodologically "good enough"
  - clear and easy to read
- database for easy sharing of HTA information
- improved communication between partners and reduced duplication of HTA work

6 15 guiding principles for good practices in organising and performing HB-HTA

Guiding Principles

Dimension 1: THE ASSESSMENT PROCESS
1 HB-HTA REPORT: SCOPE, HOSPITAL CONTEXT AND INFORMATIONAL NEEDS — CORE
2 HB-HTA REPORT: METHODS, TOOLS AND TRANSFERABILITY — CORE
3 HB-HTA PROCESS: INDEPENDENT, UNBIASED AND TRANSPARENT WITH STAKEHOLDER INVOLVEMENT AND COMMUNICATION — CORE

Dimension 2: LEADERSHIP, STRATEGY AND PARTNERSHIPS
4 MISSION, VISION AND VALUES AND GOVERNANCE — CORE
5 LEADERSHIP AND COMMUNICATION POLICY/STRATEGY — CORE
6 SELECTION AND PRIORITISATION CRITERIA — CORE
7 PROCESS OF DISINVESTMENT
8 IMPROVING THROUGH INNOVATION
9 KNOWLEDGE AND RESOURCE SHARING
10 COLLABORATION WITH HTA ORGANISATIONS — CORE
11 LINKS WITH ALLIES AND PARTNERS

Dimension 3: RESOURCES
12 SKILLED HUMAN RESOURCES AND CAREER DEVELOPMENT — CORE
13 SUFFICIENT RESOURCES — CORE

Dimension 4: IMPACT
14 MEASURING SHORT- AND MEDIUM-TERM IMPACT
15 MEASURING LONG-TERM IMPACT

CORE **9 Core Guiding Principles** prerequisites for setting-up and running HB-HTA units

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THE AdHopHTA TOOLKIT

Guidance and tools facilitating the pragmatic application of the guiding principles for good practices in HB-HTA units

Healthcare system & communities

Hospital-based HTA Unit

Dimension 1 The assessment process
Dimension 2 Leadership, strategy and partnerships
Dimension 3 Resources
Dimension 4 Impact

SELF-ASSESSMENT
Not sure where to start? Use this tool to assess your capabilities for establishing or improving your HB-HTA activity.
?
A starting point for assessing your capabilities in HB-HTA

THE GUIDING PRINCIPLES
Access all the guiding principles and filter the core ones.
A list of:
- 15 Guiding Principles
- 9 Core Guiding Principles

TOOLS
Display the complete list of available tools to facilitate establishing and running your HB-HTA activity.
A collection of:
- 34 tools
- suggested solutions to potential problems while setting-up and running an HB-HTA unit

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