Tool 7 Types of recommendations in HB-HTA reports

What is this tool for?

The results of an assessment of health technology should be clearly summarised as explicit recommendations to provide valuable directions to support decision-making towards the adoption, rejection or disinvestment of a health technology.

This tool provides examples of recommendations in HB-HTA reports to be used following the process of assessment of a health technology.

Who is this tool for?

The tool was designed for use by different stakeholders who participate in the assessment process of health technology. The final decision on recommendation based on the report may be taken through consensus (assessment team, HB-HTA unit) or made by the hospital manager or particular clinician asking for the assessment (e.g. head of clinical department).

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Types of recommendations in HB-HTA reports (all types of health technologies)

**ADOPTION**

✓ The health technology should be adopted
   (the assessed technology is recommended for use in the hospital)

✓ The health technology could be adopted with restrictions

   ✔ The health technology could be adopted with limitations
      (for specific subpopulations; a specific number of patients; a specific period of time; a specified number of uses of the technology per year – i.e. not for routine use)

   ✔ The health technology could be adopted conditionally based on negotiation with the manufacturer
      (if the clinical effectiveness of the assessed technology is proven and cost-effectiveness depends only on the price)

   ✔ The health technology could be adopted conditionally based on monitoring the performance of the health technology
      (if there is little evidence on the assessed technology and/or evidence is not applicable to the hospital setting, but the available evidence shows a good therapeutic effect)

**DISINVESTMENT**

✔ The (e.g. obsolete) health technology should be phased out
   (to be used for assessment of technologies currently used in the hospital)

**REJECTION**

✗ The health technology should be rejected
   (the assessed technology is not recommended for the use in the hospital; health technology can be re-assessed after a certain time period when more evidence will be available from clinical trials)

✗ The consideration of the introduction of health technology should be made on regional/national level
   (to be used when there is scarce evidence, assessed technology cannot be implemented within financial and/or organizational structure of the hospital, requires ethical evaluation, raises challenges in national equity of healthcare services)
Types of recommendations in HB-HTA reports (drugs only)

**ADOPTION**

- **The drug should be adopted in the hospital formulary**
  (the assessed drug is recommended for use in the hospital)

- **The drug could be adopted in the hospital formulary with restrictions**
  (when prescribed by selected clinicians and/or for a predefined number of patients and/or when the prescription of the drug is internally monitored)

**REJECTION**

- **The drug should be rejected for the moment**
  (the drug could be adopted in the hospital formulary if first approved by regional or national authorities)

- **The drug should not be adopted in the hospital formulary**
  (the assessed drug is not recommended for the use in the hospital)
Examples of recommendations based on existing HB-HTA reports

☑ Examples when adoption of assessed health technology is recommended

THE CRIOABLATION IN PATIENTS WITH PRIMITIVE LUNG CANCER OR LUNG METASTASES COMPARED WITH PALLIATIVE TREATMENT WITH CHEMOTHERAPY

- The SeedNet™ System is intended for cryogenic destruction of tissue during surgical procedures. It is indicated for use as a cryosurgical tool in the fields of general surgery, dermatology, neurology, thoracic surgery, ENT, gynaecology, oncology, proctology, and urology. It is designed to destroy tissue by the application of extreme cold temperatures, including prostate and kidney tissue, liver metastases, tumours, skin lesions, and warts.
- Percutaneous cryoablation is indicated for inoperable patients.
- The technique has been recommended for the treatment of kidney cancer, prostate cancer and liver metastases.
- In the case of lung cancer, there are several ongoing studies. The evidence selected was promising, but it referred to small series: max 34 patients with non-homogeneous characteristics of the disease by type (primary or secondary tumours) and staging.
- Percutaneous cryoablation has proven more effective than palliative treatment in a study. The applicants have already completed 4 treatments from October 2013, which have been authorised on the individual patient with good results. Adoption of the device is recommended.

☑ Examples when rejection of assessed health technology is recommended

AUTOLOGOUS CHONDROCYTE IMPLANTATION, A ROUTINE TREATMENT OF CHONDRAL DEFECTS OF THE KNEE

- The evaluation team does not support the use of autologous chondrocyte implantation, a routine treatment of chondral defects of the knee.
- The evaluation team suggests that the ACI procedure could be used under special circumstances based on careful consideration. Such special circumstances could include, for example, large (> 4 cm²) chondral defects of the knee, or situations where other treatment modalities have failed. If the ACI procedure is used, results of treatment should be monitored systematically and reported.
- For the treatment of joints other than the knee, the scientific evidence regarding autologous chondrocyte implantation is insufficient and the use of the method should be limited to scientific studies only.