

AdHopHTA at a glance

Making hospital-based Health Technology Assessment (HB-HTA) work



AdHopHTA
Adopting Hospital Based
Health Technology Assessment

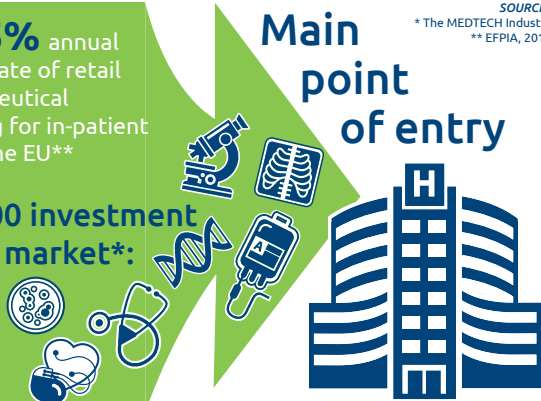
INCREASE IN SPENDING AND NUMBER OF HEALTH TECHNOLOGIES



↑1,5% annual growth rate of retail pharmaceutical spending for in-patient care in the EU**

More than 500,000 investment candidates in the market*:

- imaging equipment
- medical devices
- in-vitro diagnostics
- e-health



SOURCES
* The MEDTECH Industry
** EFPIA, 2012

What is HB-HTA?



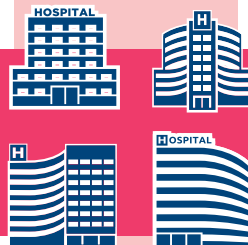
Organising and performing contextualised HTA in and for hospitals for managerial decisions regarding health technologies.

3 REASONS FOR ADOPTING HB-HTA

HB-HTA leads to sound investment decisions contributing to improved hospital efficiency

Provides with the information needed to make decisions

Is used by hospital decision-makers

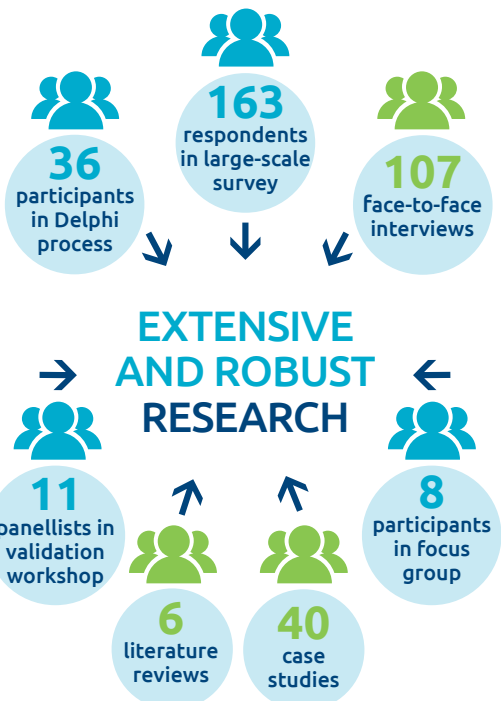


US\$ 370K improved efficiency from cuts in unnecessary lab tests
US\$ 3M improved efficiency from 16 HB-HTA reports

1-year performance of an HB-HTA unit

100% satisfied hospital decision-makers after 5 years of activity of an HB-HTA unit

>90% of recommendations from HB-HTA reports adopted in 4 studied hospitals



385 people from 20 countries have provided their input to the project



TRIPLE AIM OF AdHopHTA RESEARCH

To produce body of HB-HTA knowledge

To help building a comprehensive European ecosystem for HB-HTA

To facilitate the adoption of HB-HTA



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**BETTER
MANAGEMENT**
of adoption
of health
technologies

NEW METHODOLOGICAL TOOLS SPECIFIC FOR HB-HTA

AdHopHTA MINI-HTA template



NEW

AdHopHTA quality checklist

for assessing the quality
of HB-HTA reports

**26
QUESTIONS**



SMALL UNIT HB-HTA PIONEERS

SPECIALISED
HIGH FORMALISATION
NOT STRONGLY
INFLUENCED BY
NATIONAL OR
REGIONAL HTA
VOLUNTARY
BASIS IN HOSPITAL
COOPERATION
WITH ALLIES
FORMALISED

NO FULL-TIME
DEDICATION
FORMAL
COLLABORATION
WITH NATIONAL
OR REGIONAL HTA
INFORMAL
LIMITED STAFF
COMPLETE
DEDICATION
TO HB-HTA

4 ORGANISATIONAL MODELS FOR HB-HTA

1. Independent group
2. Integrated-essential HB-HTA unit
3. Stand-alone HB-HTA unit
4. Integrated-specialised HB-HTA unit

INFORMATION NEEDED BY HOSPITAL DECISION-MAKERS

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

15 GUIDING PRINCIPLES FOR GOOD PRACTICES IN ORGANISING AND PERFORMING HB-HTA

DIMENSIONS	Principle	Importance
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
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	
RESOURCES	12 SKILLED HUMAN RESOURCES AND CAREER DEVELOPMENT	CORE
	13 SUFFICIENT RESOURCES	CORE
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



Good leadership



Fluent process
across levels
national/regional
and hospital

**THE BUILDING
BLOCKS OF
SUCCESSFUL
COLLABORATION
BETWEEN HB-HTA UNITS
AND NATIONAL/REGIONAL
HTA ORGANISATIONS**



Competent people



Relevant outputs

3 AdHopHTA OUTPUTS



The AdHopHTA Handbook
HB-HTA body of knowledge
www.adhophta.eu/handbook



The AdHopHTA Toolkit
HB-HTA guidance and tools
www.adhophta.eu/toolkit



The AdHopHTA Database
Source of information
219 HB-HTA reports from 8
countries
www.adhophta.eu/database

Project partners

Project coordinator
CLINIC
HOSPITAL UNIVERSITÄT
HOSPITAL UNIVERSITÄT

Region of
Southern Denmark
OUH
Odense
University Hospital

UNIVERSITÀ
CATTOLICA
Della Salute Cattolica

CHUV Centre hospitalier
universitaire vaudois

HUS
Helsinki University Central Hospital

UNIVERSITÄT
DUISBURG
ESSEN

ANHTA

kunnskapsenteret
Norwegian Knowledge Centre for the Health Services

IESE
INSTITUT D'ENQUÊTES
SUR LA SOCIÉTÉ
UNIVERSITY OF NAVARRA

Ludwig Boltzmann Institut
Health Technology Assessment