The need of a continuous reassessment. The Basque experience

Iñaki Gutiérrez-Ibarluzea
Osteba, Basque Office for HTA
Basque Ministry of Health and Consumer Affairs
• Basque Autonomous Region
• 2,124,000 inhabitants (2005)
• Health transference 1979
• Health system with **full coverage**
• Main purchaser (Ministry of Health of the Basque Country)
• Main provider Basque Health Service (Osakidetza) created on 1983. 93% of public provision
Some data on the Basque Health system

- Mortality rate per 1,000 inhabitants
  - 9.2
- Obesity rate
  - 13% men
  - 12% women
- 4 Beds per 1,000 inhabitants (total number of beds 8,330)
- 44 hospitals; 18 public with 5,835 beds
- 321 primary care centres
- Life expectancy without disability (2007)
  - Women 75.2
  - Men 69.7
- Life expectancy (2007)
  - Women 85.6
  - Men 78.3
Some data on technological equipment

- 4 PET-CT
- 35 CT-scan
- 13 LINAC
- 3 SPECT
- 19 MRI
- 12 Gamma cameras
- 194 dialysis equipments
Health Technology

- Dinamic
- Sometimes didn’t change in decades
- Obsolete for some indications

Devices and equipment, medical and surgical procedures, drugs and organization and support systems for health care
How is HTA seen?
HTA
HTA objectives early stages

- **To help** in decision making about the incorporation of new and emerging health technologies
- **To reduce** the risk of introducing no effective or harmful technologies
- **To give advice** about externally identified technologies
- **Consultancy on innovation and value...**
What has been HTA position till now

HTA

Disinvestment

Health Needs Assessment?

Proactive HTA?

EAA

Use of technology in health care

Time line of research – innovation – technology

Basic research

Applied research

Experimental

Investigational

Nearly established

Established Technology

Technologies of low added value. Obsolete?

Workshop on practical aspects of HTA
HTA in the Basque Country

- SorTek, early awareness and alert system established in 2000
- Founder members of INAHTA, EuroScan, GIN, AUnETS, EUnetHTA
- Members of INAHTA, HEN, HTAi and EUnetHTA (associated partners)
- In 2004: Regulatory law (not drugs) for the introduction of new and emerging health technologies and disinvestment of existing ineffective, no cost-effective or harmful ones
- In 2009: ZaharTek, network for the identification of obsolete technologies
- Promoters of the HTAi ISG on disinvestment 2010
- Promoters of the HTAi ISG on EAAS
The black box of Basque Health System

Procedures for the introduction of new health technologies
Horizon scanning and EAA

• to identify, filter and prioritise new and emerging health technologies;
• to assess or predict their impact on health, costs, society and the healthcare system; and
• to inform decision makers.
HTA, an opportunity

• HTA systems a bridge:

• To improve the process of product (health technology) development and access to the market by providing a more efficient framework that engages producer, reimbursement bodies and providers of services.

• To harmonize the processes of needs of information in the regulation, quality assurance and reimbursement processes.
Life cycle of technologies (Basque Country)

14 Procedures for the introduction of new and emerging health technologies

- Innovation
- Phase I / II
- Phase III
- Phase IV
- Provision

Regulatory bodies

Technological Prospection

Gap

Help and consultancy on innovation

Horizon Scanning

Health Technology Assessment

Regulation

Post-introduction

Reimbursement

Delisting

Desinvestment
Who is our customer?

- Mainly the Ministry of Health and Consumer affairs Basque Country
- But....
  - Basque Health Service (27,000 professionals)
  - Basque population (2 M inhabitants)
  - Spanish Ministry of Health Social Policy and Equity
    - Coordinators of the Spanish Horizon Scanning network GENTecS
    - Informing the Spanish common benefit package of health services
  - European market
    - Partners of EUnetHTA project and other similar EU based projects
  - International information
    - EuroScan, INAHTA, HTAi
Life cycle of technologies (Basque Country)

Procedures for the introduction of new and emerging health technologies
Managing health technologies in the Basque Country. The life cycle concept

- A global perspective
  1. Identifying innovation in the private sector
  2. Identifying innovation needs in the public sector
  3. Facilitating the rational innovation diffusion in the Public sector
  4. Collaborating in EU projects (Inno-HTA) in the identification of criteria for a sustainable diffusion of innovation in the Health Care Systems
  5. Finding new opportunities for reinvestment in technologies
  6. Collaborating in EU projects (ITFoM) in new advances on health services provision P4 medicine
1. Identifying in the private sector

- 92 SMEs in our database
- Technology consulting
  - Hemobye
  - Owl genomics
  - Bioftalmik
  - Mondragon Health
  - Osteoplak
  - Progenika
  - Histocell
  - CiKautxo
Public-private relation needed but…

COUNTERTHINK “FDA VISION TEST”

I DON'T SEE A THING, DOC.

CONFLICTS OF INTEREST
CONFLICTS OF INTEREST
CONFLICTS OF INTEREST
CONFLICTS OF INTEREST
CONFLICTS OF INTEREST

FDA

CONCEPT: MIKE ADAMS  ART: DAN BERGER  WWW.NEWSTARGET.COM

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2. Identifying innovation needs in the public sector

- Direct contact with health professionals
  - Network of professionals of different specialties (80 professionals involved)
  - Identifying professionals’ needs

- Offer
  - Information about new and emerging technologies
  - Assessment of new technologies identified
  - Regulated used

- Demand
  - Identification of new health technologies or developments of existing ones
  - Peer review and advice
2. Identifying innovation needs in the public sector
Others ways of Identification

- Shared methods with other HTA agents in Spain and abroad
  - Webalerts (Osteba)
  - Information on systematic search on Mass media (AETS)
  - Systematic search on general databases (Avalia-T)
  - Direct information from patients and population (AETSA)
  - EuroScan
How to feed the needs of our market

Filtration and prioritisation

- Based on our criteria (modified from IOM)
- Added criteria current strategy of the Ministry of Health and consumer Affairs
  - Interlevels coordination
  - Patients’ empowerment
  - Patient centred system
  - Nurses’ empowerment
  - ICTs
3. Facilitating the rational innovation diffusion in the Public sector

- Information about new and emerging technologies on time
- Monitoring systems
- Promoting regulated used of certain technologies
4. Technology Prospective

• B+I Gipuzkoako Foru Aldundia – Gipuzkoa aurrera
• OPTI
• Mondragon
• IPTS
Initiatives that justify our actions

- Technology productive model has changed in the Basque Country
  - 2001
    - 4 enterprises in the Health Care Sector
  - 2010
    - 68 enterprises (without spin-offs)
  - 2012
    - CASEIB 2012
- Demand for scientific advise from other sectors
  - Diversify
  - Competitiveness
  - Added value
5. Finding new opportunities for reinvestment in technologies

- Finding new opportunities for reinvestment in technologies
  - Delisting technologies
  - Promoting a guideline for rational disinvestment of technologies in hospitals
  - Joint project with Galician agency Avalia-T to structure the process of identifying obsolete, superseded or outmoded.
5. Finding new opportunities for reinvestment in technologies

Identificación, priorización y evaluación de tecnologías sanitarias obsoletas. Guía metodológica.
Identification, prioritisation and assessment of obsolete health technologies. A methodological guide.

Informes de Evaluación de Tecnologías Sanitarias
Informes, Estudios e Investigación

Report on the development of the GuNFT Guideline «Guideline for Not Funding existing health Technologies in health care systems»

Reports of Health Technology Assessment. Osteba Nº 2007/11

REPORTS, STUDIES AND RESEARCH
Disinvestment initiatives

List of medical devices
• Analysis of EuroScan database
• Prioritised by our Advisory board

Drugs:
• SYSADOAS
• TDAH
Analysis of EuroScan database

Scanning the horizon of obsolete technologies: Possible sources for their identification

Nora Ibargoyen-Roteta, Iñaki Gutierrez-Ibarluzea, José Asua, Gaizka Benguria-Arrate, Lorea Galnres-Cordero
Osteba, Basque Office for Health Technology Assessment

Objectives: The aim of this study was to identify and rank the sources for the detection of potentially obsolete technologies (POTs).

Methods: A specific questionnaire related to the search strategies and sources used for the identification of POTs and also for infeasible, inefficient or harmful health technologies was sent to the Health Technology Assessment International’s Information Resources Group (HTA-IRG) group. With the obtained information and taking into account the sources used for the identification of new and emerging technologies, a second questionnaire was elaborated and sent to EuroScan and International Network of Agencies for Health Technology Assessment (INAHTA) members, who had to select and score them. For the final ranking, the number of votes and the median score were taken into account.

Results: Seven HTA-IRG members answered to the first questionnaire. Seventeen agencies answered to the second one (thirteen EuroScan members and four more members from INAHTA). Among them, eight had worked in the identification of POTs and one of them using only experts for it. The remaining six agencies answered the part related to devices, diagnosis, and procedures. Five of them did it for settings and programmes and only three for drugs. The Canadian Agency for Drugs and Technologies in Health (2 votes; median = 2), Cochrane Collaboration (6 votes; median = 3), NICE (4 votes; median = 1), Food and Drug Administration (4 votes; median = 3), and EuroScan (4 votes; median = 2) were the most relevant sources for devices and diagnostics.

Conclusions: There is little experience on POTs’ identification. The identified sources provide mostly indirect information and further research should take place to determine the best use of them.

Keywords: Obsolete technology, Health technology assessment, Identification sources

Healthcare systems and organizations have the responsibility to decide which services will be incorporated into national health systems, determining the limits of their funding (12). In recent years, healthcare systems have been overwhelmed by a continuous increase of new health technologies; in 1994, Buma and Gelijns (1) found it necessary to develop a systematic approach to identify and select the most important appeared new and emerging technologies, evaluating them and communicating the obtained information to the decision makers, providing them more time for considering the future introduction of these technologies into the healthcare systems (9). The set of steps described by Buma and Gelijns (1) is known as the horizon scanning system (HSS), a system that is generally part of or is connected to health technology assessment (HTA) agencies. To identify new and emerging health technologies, most HSSs use a combination of sources ranging from the Internet to clinical experts and the industry.

### Low added value HT selected

<table>
<thead>
<tr>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen humidification system</td>
<td>Araba Hospital. BHS</td>
</tr>
<tr>
<td>MONTELUCAST – substituent to the corticosteroids in the treatment of childhood asthma</td>
<td>CPG Asthma. BHS, NHS</td>
</tr>
<tr>
<td>Radiography for the diagnosis of low back pain</td>
<td>CPG Low Back Pain. BHS, NHS</td>
</tr>
<tr>
<td>Influenza vaccine in asthmatic patients</td>
<td>CPG Asthma. BHS, NHS</td>
</tr>
<tr>
<td>Arthroscopic joint lavage for the treatment of knee arthritis</td>
<td>NICE &quot;Do not Do&quot;</td>
</tr>
<tr>
<td>MRI in the early stages of assessing severe brain damage</td>
<td>NICE &quot;Do not Do&quot;</td>
</tr>
<tr>
<td>Treatment with antihistamines and/or corticosteroids in atopic dermatitis in children</td>
<td>NICE &quot;Do not Do&quot;</td>
</tr>
<tr>
<td>Prostate biopsy based on PSA results</td>
<td>NICE &quot;Do not Do&quot;</td>
</tr>
<tr>
<td>Antidepressants in the treatment of mild or moderate depression (with or without chronic)</td>
<td>NICE &quot;Do not Do&quot;</td>
</tr>
</tbody>
</table>
Evidence showed no effectiveness

Year 2011
- ≈ 2,300,000 inhabitantes
- ≈ 4,800,000 Euros
SYSADOAS in the Basque Country (II)

Suspected ineffectiveness

EVIDENCE
- CPG
- Primary research

Prescription Basque Country

Prescription causes

Teaching intervention
 Evidence (III)

- Systematic research of CPGs
  - National Clearinghouse
  - TRIPDATABASE
  - Others

- Evaluation by pairs

- Identification of recommendation (Strength, evidence level and method)
SYSADOAS in the Basque Country (IV)

Suspected ineffectiveness

SYSADOAS

EVIDENCE
- CPG
- Primary research

Prescription Basque Country

Prescription causes

Teaching intervention
### Prescription analysis (III)

<table>
<thead>
<tr>
<th></th>
<th>SYSADOAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RV</td>
<td>8.73</td>
</tr>
<tr>
<td>RV&lt;sub&gt;95-5&lt;/sub&gt;</td>
<td>3.92</td>
</tr>
<tr>
<td>RV&lt;sub&gt;75-25&lt;/sub&gt;</td>
<td>1.59</td>
</tr>
<tr>
<td>CVu</td>
<td>0.35</td>
</tr>
<tr>
<td>CVu&lt;sub&gt;95-5&lt;/sub&gt;</td>
<td>0.28</td>
</tr>
<tr>
<td>CVw</td>
<td>0.33</td>
</tr>
<tr>
<td>CVw&lt;sub&gt;95-5&lt;/sub&gt;</td>
<td>0.28</td>
</tr>
<tr>
<td>SCV</td>
<td>0.12</td>
</tr>
<tr>
<td>SCV&lt;sub&gt;95-5&lt;/sub&gt;</td>
<td>0.08</td>
</tr>
<tr>
<td>Aov (p)</td>
<td>0.61 (&lt;0.001)</td>
</tr>
</tbody>
</table>

![DHD estandarizadas](image)
Prescription analysis (IV)
SYSADOAS in the Basque Country (V)

Suspected ineffectiveness

SYSADOAS

EVIDENCE
- CPG
- Primary research

Prescription Basque Country

Prescription causes

Teaching intervention
6. Collaborating in EU projects (ITFoM) in new advances on health services provision P4 medicine
Some ideas….

- Health technologies should be considered as a whole
- Life cycle of technologies is a more appropriate concept
- Different processes are comprised
  - Identification of health needs
  - Innovation
  - Effective implementation of technologies
  - Delisting or disinvestement of technologies of low-added or no added value
Roma eterna