



RED ESPAÑOLA DE AGENCIAS DE EVALUACIÓN  
DE TECNOLOGÍAS Y PRESTACIONES DEL SISTEMA NACIONAL DE SALUD



Agència de Qualitat  
i Avaluació Sanitàries de Catalunya

# Jornadas científico-técnicas abiertas de la RedETS

16-17 de Noviembre 2017 (Tenerife)

COOPERACIÓN PARA AFRONTAR LOS NUEVOS RETOS EN EVALUACIÓN  
DE TECNOLOGÍAS SANITARIAS EN ESPAÑA Y EN EUROPA

## Evaluación del impacto de las ETS Experiencias metodológicas internacionales *Articulando un discurso...*

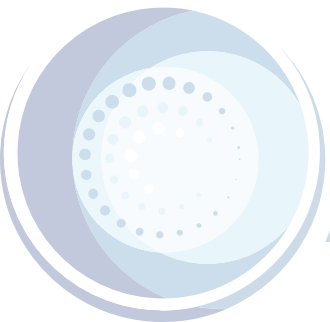
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**Emmanuel Giménez y Maite Solans**  
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# ¿Qué significa impacto de la investigación?



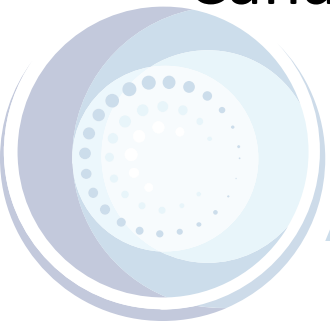
# El impacto se define....

...cualquier efecto, cambio o beneficio producidos por la actividad de investigación sobre la economía, la sociedad, las políticas o servicios sanitarios, la salud o la calidad de vida



# Factores relacionados con el impacto de los programas ETS

- Programas orientados a las “necesidades”
  - Temas relevantes para el sistema
- Importancia de incluir un “decisor” en la evaluación
  - Implicación directa de los usuarios
- Influencia de los expertos
  - Líderes de opinión: modificación de comportamientos clínicos
- Canales de comunicación establecidos



# Proceso estandarizado AQuAS

## Contexto



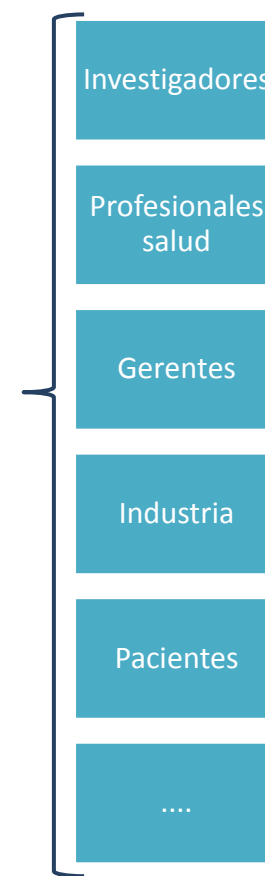
## Objetivo



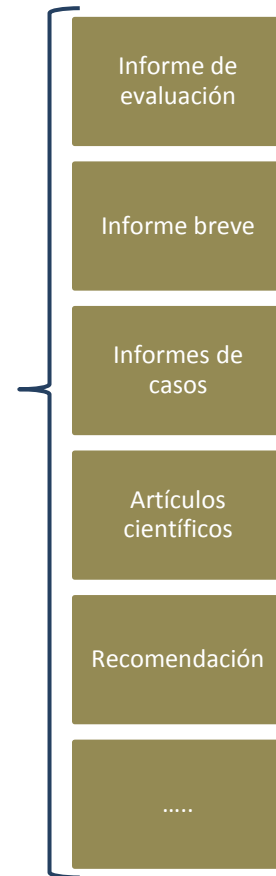
## Múltiples métodos



## Usuarios claves

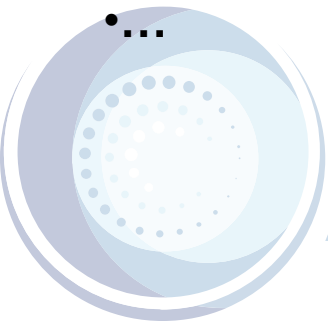


## Comunicación



# Existen múltiples marcos y ejemplos internacionales sobre impacto en salud

- Describing the impact of health research: an **Impact Framework** (Kuruville, 2006) [adaptable p.e. al entorno de JA in DEMENTIA 2 (Act on Dementia)]
- **JA Chrodis y Chrodis Plus. Evaluation Plan. Part 2: Impact Assessment Plan**
- Assessing the **Impact of the NHS Health Technology Assessment Programme** (RAND, sobre 2003-2013)
- **INAHTA y EUnetHTA** impact analysis
- The impact of HTA and procurement practices on the selection and prices of **Medical Devices (MD)** (Callea G et al, 2017)

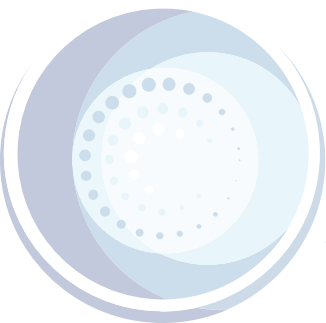


# Marco sobre análisis del impacto de la investigación de políticas de salud..

**Table 2: Research Impact Framework**

<i>Research-related impacts</i>	<i>Policy impacts</i>	<i>Service impacts</i>	<i>Societal impacts</i>
<ul style="list-style-type: none"> <li>• Type of problem/knowledge</li> <li>• Research methods</li> <li>• Publications and papers</li> <li>• Products, patents and translatability potential</li> <li>• Research networks</li> <li>• Leadership and awards</li> <li>• Research management</li> <li>• Communication</li> </ul>	<ul style="list-style-type: none"> <li>• Level of policy-making</li> <li>• Type of policy</li> <li>• Nature of policy impact</li> <li>• Policy networks</li> <li>• Political capital</li> </ul>	<ul style="list-style-type: none"> <li>• Type of services: health/intersectoral</li> <li>• Evidence-based practice</li> <li>• Quality of care</li> <li>• Information systems</li> <li>• Services management</li> <li>• Cost-containment and cost-effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge, attitudes and behaviour</li> <li>• Health literacy</li> <li>• Health status</li> <li>• Equity and human rights</li> <li>• Macroeconomic/related to the economy</li> <li>• Social capital and empowerment</li> <li>• Culture and art</li> <li>• Sustainable development outcomes</li> </ul>

Kuruvilla et al analizan variables de comunicación, efectividad y salud



# Impacto de JA-Chrodis ampliado en Chrodis+.

## Se observan las dificultades prácticas...

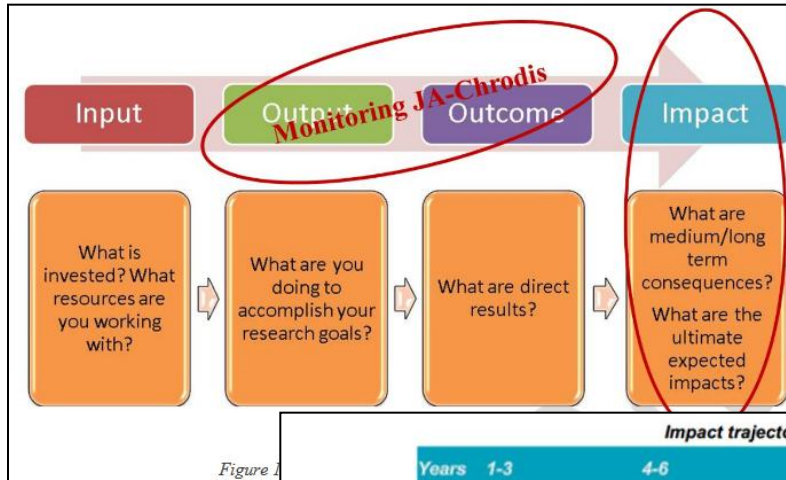


Figure 1

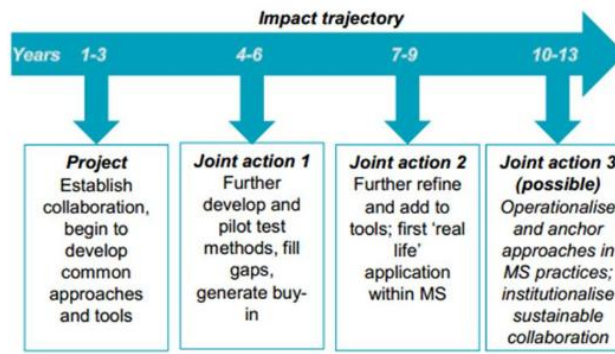
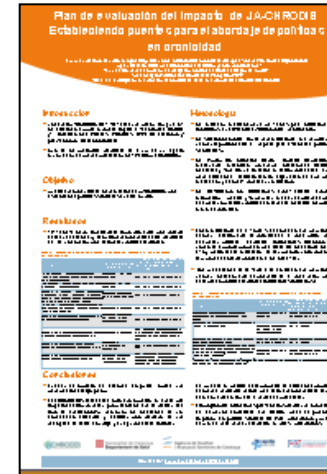


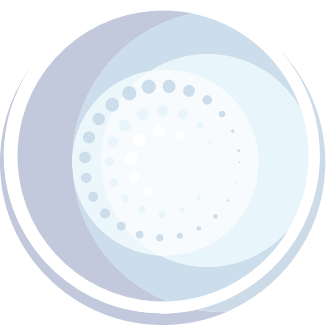
Figure 2 - Natural History" of a Joint Action (from the Ex-post Evaluation report. permission for use to be obtained on request)



Indicadores salud  
**Proxies**  
 Aparición medios  
 Encuestas  
 Literatura científica/reports  
 Docs policy  
 Uso Plataforma, réplica, desarrollo

After analysis and discussion, a structure with 3 dimensions was agreed upon which constitute the present proposal. These dimensions currently are:

- Availability and Survivability;
- Dissemination and Transferability Support;
- Addressing Chronicity.



Jornadas científicas abiertas



# Análisis del National Institute for Health Research HTA Programme...

## Methodology

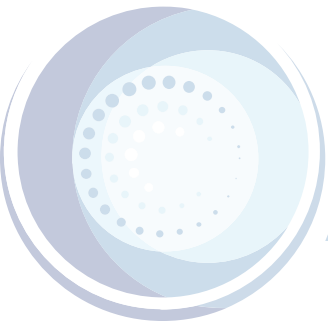
The methodology for this study consisted of two phases. In the first phase, the team looked at the impacts of the programme as whole through a bibliometric analysis of the publications resulting from HTA-funded research; interviews with a range of stakeholders from the NHS and National Institute for Health and Care Excellence (NICE) to industry and other HTA bodies internationally; and analysis of survey data asking researchers funded by the HTA programme about the outcomes and impacts of their work.

The second phase of the work focused on 12 projects funded by the HTA programme, looking at them in detail to understand not just the impact they had, but how that impact came about, and exploring impacts across a wide range of areas.

## Findings

The HTA programme primarily has the following impacts:

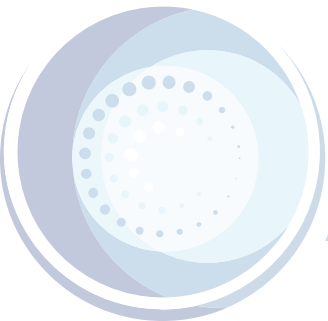
- The programme has an important impact on patients and NHS care, primarily through the relationships it has with key policy-making organisations.
- It supports research of high academic quality and plays an important role in supporting clinical research in the UK.
- The programme has helped change attitudes to practical research among academics and others in the NHS and has contributed to the increasing use of evidence in NHS care.
- Research from the programme is also widely used outside the UK.



# INAHTA “Framework for Submitting Impact (Influence) Reports” ...


Objetivo de la ETS	Indicación del impacto	Opinión de la Agencia/agente externo sobre la ETS
<ol style="list-style-type: none"><li>1 Coverage decisions</li><li>2 Capital funding decisions</li><li>3 Formulary decisions</li><li>4 Referral for treatment</li><li>5 Program operation</li><li>6 Guideline formulation</li><li>7 Influence on routine practice</li><li>8 Indications for further research</li><li>9 Other:</li></ol>	<ol style="list-style-type: none"><li>1. HTA considered by decision - maker. [The HTA was considered but further impact was not obvious/ apparent.]</li><li>2. Acceptance of HTA recommendations/ conclusions [clear acceptance of HTA findings possibly, but not necessarily, linked to action by the decision maker.]</li><li>3. HTA demonstrated that a technology met specific program requirements [in circumstances where the HTA and its findings are linked to a program, for example where minimum standards must be met before some type of approval is given.]</li><li>4. HTA material is incorporated into policy or administrative documents [Material in an HTA is cited in subsequent documentation.]</li><li>5. HTA information used as reference material. [The HTA is used by decision makers as an ongoing source of information]</li><li>6. HTA linked to changes in practice [The HTA may be one of a number of factors influencing such change]</li><li>7. No apparent impact</li></ol>	<ol style="list-style-type: none"><li>1 No apparent influence</li><li>2 Some consideration of HTA by decision maker</li><li>3 Informed decisions</li><li>4 Major influence on decisions</li></ol>

[Available at INAHTA Web](#)



# EUnetHTA WP7 on “National implementation and impact” ...

Mientras se establece una herramienta para medir el impacto/implementación...



**HUNGARY**

following receipt of marketing authorisation once a product is reimbursed in three other European countries. NIPN do not know in advance if and when an assessment will be requested.

NIPN reviews the evidence submitted and provides a report to NHIF. In their review, NIPN will check the appropriateness and robustness of the company's submission including the appropriateness of the proposed place in therapy, appropriateness of the

produce HTAs. Therefore, NIPN used EUnetHTA assessments and specifically the relative effectiveness data as a source of information in the clinical effectiveness section of their report to support their review of the company submission (for example, in the case of canagliflozin, NIPN's report questioned the non-inferiority of the product based on the analysis in the EUnetHTA assessment) and check the comparability of the data submitted. The use of EUnetHTA assessments to support the review

**NATIONAL IMPLEMENTATION AND IMPACT**  
Written by Zoe Garrett, NICE  
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The HTA Department in the National Institute of Pharmacy and Nutrition (NIPN) produces reports that are used by the National Health Insurance Fund (NHIF) and Ministry of Human Capacities to make decisions about national reimbursement and pricing of pharmaceuticals and other health technologies. The HTA Department produces approximately 200 outputs per year including 90-100 pharmaceutical reports, 90-100 reports about medical aids used by patients and four to five healthcare technology reports about medical devices used by physicians in hospitals. The pharmaceutical and healthcare technology reports include a review of the company's submitted evidence of clinical effectiveness, cost effectiveness and budget impact. The reports for medical aids include a clinical overview and assessment of budget impact comparing the prices and attributes of the devices.

**1.1 Working Practices**

For all technologies, companies submit for reimbursement to the National Health Insurance Fund (NHIF) who forwards the submission to NIPN for review. Companies can submit for reimbursement in Hungary

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## 1.2 Use of EUnetHTA Assessments

In their national procedures, NIPN used the EUnetHTA reports for canagliflozin for the treatment of type 2 diabetes mellitus and ramucirumab in combination with paclitaxel as second-line treatment for adult patients with advanced gastric or gastro-oesophageal junction adenocarcinoma to support their national assessments. NIPN review company submissions rather than



**FINLAND**

**USE OF EUnetHTA ASSESSMENTS AT THE FINNISH MEDICINES AGENCY (FIMEA)**

FIMEA staff. Companies are asked to provide evidence about the available clinical information (completed and ongoing clinical trials, subgroup analysis etc.), budget impact and any budget impact models available. If the company submits commercially confidential material and it is used in the report, the company gets the opportunity to comment before the

The key drivers that support the use of EUnetHTA assessments is a flexible assessment process within the agency and the fact that the same staff are involved both in national assessments and international collaboration. The biggest challenge when using EUnetHTA assessments is the timing

writing the report in Finnish with summaries in Swedish and English.

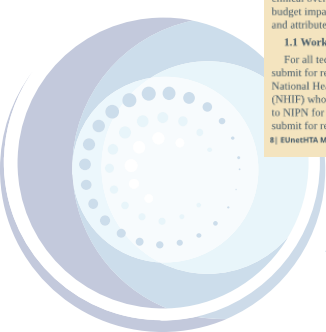
**NATIONAL IMPLEMENTATION AND IMPACT (CONT.)**  
Written by Zoe Garrett, NICE  
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## 1.2 Use of EUnetHTA Assessments

FIMEA adapted two EUnetHTA assessments; ramucirumab in combination with paclitaxel as second-line treatment for adult patients with advanced gastric or gastro-oesophageal junction adenocarcinoma and new pharmaceuticals for the treatment of chronic hepatitis C. Data from the EUnetHTA assessment was used to support the process of national assessment. The final product was published in the standard FIMEA format (which is based on EUnetHTA core model). The adaptation process included:

- condensing the EUnetHTA

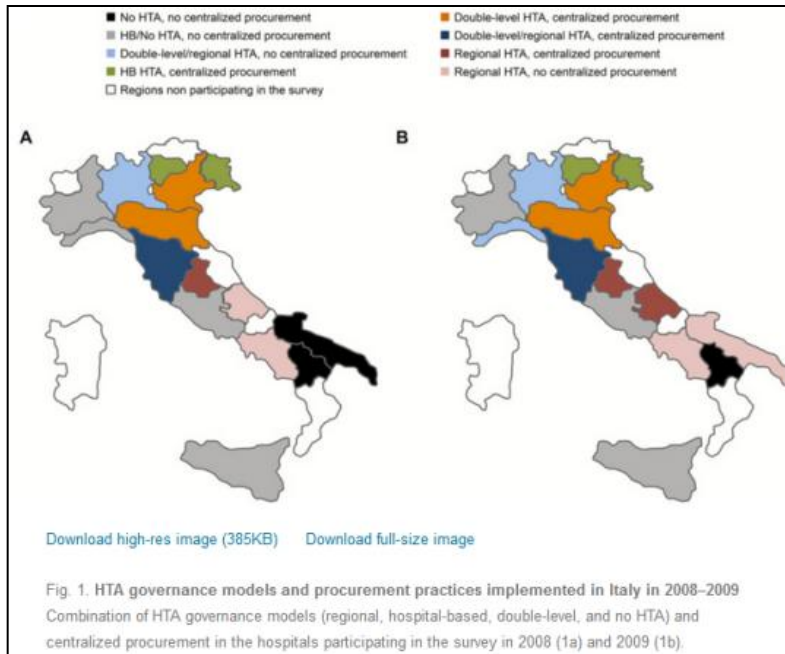
**COOPERACIÓN PARA A DE TECNOLOGÍAS SAN**



# El impacto de ETS en selección y precios de MD en hospitales públicos italianos...

- Region HTA increase the purchase prob. of costly MD
- Hospital-based HTA functions like a cost-container

## Modelos de HTA por región



Variables	(1) Odds ratio (Baseline = no HTA)	(2) Odds ratio (Baseline = double-level HTA)
No HTA		0.969
Hospital-based HTA	0.941	0.912
Regional HTA	1.421**	1.377***
Double-level HTA	1.032	–

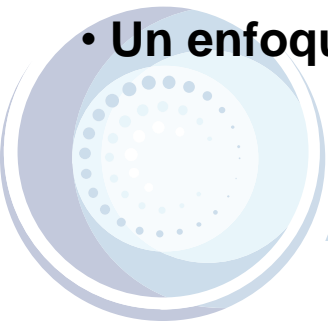
- Hospitals located in regions with active regional HTA programs pay higher prices for the same MD (+23.2% for inexpensive products)
- Hospitals that developed internal HTA programs pay +8.3% on average for the same product (all devices)

Variables	(3) All devices	(4) Costly devices	(5) Inexpensive devices
Hospital-based HTA	0.083***	0.098***	0.200***
Regional HTA	0.069*	0.032	0.232**
Double-level HTA	0.102***	0.098*	0.303***

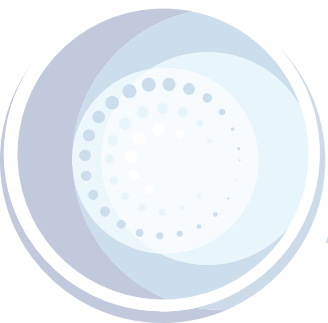
# Reflexión final. Pensando en experiencias internacionales. ¿Qué temas nos podemos preguntar para ampliar el impacto de las ETS?

- ¿Umbrales oficiales? ¿Superar las barreras del estatus de recomendaciones?
- ¿Rigor científico vs practicidad? ¿Dicotomizar las conclusiones y recomendaciones?
- ¿Maximizar el alineamiento con necesidades reales y el decisor? (¿IntegrateHTA?)
- ¿Ampliar las estrategias de comunicación? ¿Reducir la “endogamia”? ¿Autocrítica?
- ¿Vincular con políticas de salud? (programas, intervenciones, guías, posicionamientos, estrategias, planes...)
- ¿Integrar el rol de coordinador de ETS?

## • Un enfoque hacia la mejora multifactorial



# !Gracias!



**Jornadas científico-técnicas  
abiertas de la RedETS**

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