Hospital-based Health Technology Assessment at AP-HP, in France and in Europe

(A tool for decision-making based on evidence)

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Background of the concept. Why doing HTA?

Context:
- A decision in medicine has to be based on up-to-date scientific results
- The scientific development is difficult to follow by the individual physician and policy maker
- Development of an integrated method. Ex: Cochrane Collaboration
- Development of integrating concepts / philosophy:
  - For health care: « Evidence Based Medicine » (EBM)
  - For policy making: « Health Technology Assessment » (HTA)

Why doing HTA?
- By indicating the preferable interventions, HTA allows the access for all to the best health care, in a environment of scarce resources
- HTA, return on investment in terms of public health and in terms of economic development of a country (McKee, 2005).
# HTA at the national level in France

<table>
<thead>
<tr>
<th>Medical devices</th>
<th>Pharmaceuticals</th>
<th>Medical procedures</th>
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<tbody>
<tr>
<td>Research and clinical trials</td>
<td>Industry</td>
<td>Industry</td>
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<tr>
<td>1) CE mark</td>
<td>Marketing authorization</td>
<td>EMA – ANSM</td>
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<td>Notified body</td>
<td>ANSM (competent authority)</td>
<td>European Commission - ANSM:</td>
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<td>Market surveillance</td>
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<tr>
<td>2) Evaluation for reimbursement and pricing</td>
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<td>3) Price and tariffs / Reimbursement rate</td>
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<tr>
<td>Economic Committee of Health Care Products (CEPS)</td>
<td>Health Insurance Funds (UNCAM)</td>
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<td>drugs and medical devices</td>
<td>reimbursement rate of drugs</td>
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<td>negotiation with the industry</td>
<td>tariffs and reimbursement of procedures, after discussions</td>
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<td>with the health care professionals</td>
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<td>Decision on reimbursement</td>
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<td>Ministry of Health</td>
<td>UNCAM</td>
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<td>Establishes the positive list of reimbursed drugs and medical devices</td>
<td>Establishes the list of reimbursed procedures</td>
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Why a hospital based HTA?

- When no national HTA agency => some big hospitals would like to take evidence based decisions in regard with equipment, technologies, …

- Even if existence of a national HTA agency, not all technologies are evaluated at the national level (ex: medical devices)

- Even if evaluated at national level,
  - conclusions and recommendations quite global and far from the local and precise questions of a hospital.
  - New and expensive technologies arrive mainly at University hospitals which have immediate pressure from manufacturers, physicians and patients to adopt them. Only later it reaches the national agenda, where the assessment time frame is often long

- Moreover, hospitals have a direct interest (medical, economic, organisational) to push and speed-up the process of assessment and reimbursement at the national level (ex: medical procedures)
Presentation of AP-HP and of CEDIT

AP-HP: “Assistance Publique - Hôpitaux de Paris”: the University Hospital of the Paris region: 39 hospitals, 90,000 employees including 22,000 doctors, more than 7 million patients: http://www.aphp.fr/


- Organisation:
  - The Committee (about 20 medical experts and representatives from the main administrative departments)
  - and its Scientific Secretariat (HTA unit)

- Main missions:
  - HTA: advises the Director-General of AP-HP to support strategic decisions regarding health technologies; assessment on technical, clinical, economic, organizational, legal and ethical aspects.
  - Horizon scanning: anticipating the technologies with an impact on hospital
How HTA is done at CEDIT?

(1) What is assessed?

- **Technical aspect:**
  - Goal: to verify a technology is doing what it was conceived for
  - To help the implementation of an equipment or device

- **Medical, clinical aspects:**
  - Knowledge about the intrinsic benefit / risk balance of a technology
  - Knowledge about the therapeutic progress (or relative effectiveness) in regard with alternatives

- **Economic aspects:**
  - To help the decision makers allocate resources in an optimal way: economic evaluations but also affordability, budget impact analysis

- **« Social acceptability » aspect**
  - The adoption and diffusion of technologies depends on the local context, on organizational, ethical, legal, “psychological” aspects
(2) On what subjects? The request for assessment emanates from:
- Practitioners of AP-HP (mostly physicians)
- Decision makers of AP-HP
- Self request (innovations mostly from horizon scanning)

(3) How do we work?
- Analysis, aggregation and synthesis of all data available
  - Literature (primary and secondary sources)
  - AP-HP specific data (from medical information system, research projects)
  - Expert opinions

(4) HTA report following the 4 main aspects already described, mainly from the point of view of AP-HP.
The recommendations of CEDIT

Evaluations have become more timely and operational.

Several types of conclusions by CEDIT:

- Recommend or not the general use of a new technology
- Recommend it, but under certain conditions:
  - Only into research or assessment programs
  - Recommended with necessity of follow-up studies
  - Restricted conditions of use (characteristics of patients, characteristics of illness, characteristics of physicians or local medical organization)
- Further recommendation for diffusion
  - Equipment sharing
  - External collaboration
  - Medical reorganization:
    - ...

How does the work of CEDIT influence the decisions?

In general

- HB-HTA answers specific questions in a specific context and is a useful tool for decision makers in large hospitals
- HB-HTA makes only recommendations to decision makers
- Question: can HB-HTA help policy makers to determine which services should be provided? Yes, up to a certain point
- Moreover the national HTA agencies could benefit from this early work realised in University Hospital HTA units.

At CEDIT

- Historically, the recommendations of CEDIT were binding
- Nowadays they are not binding but often followed
Some devices assessed by CEDIT

- da Vinci® surgical robot
- ECMO (ExtraCorporeal Membrane Oxygenation)
- Mitraclip® (early assessment)
Developments of HB-HTA in France and internationally

**France**
- Besides AP-HP, several other university hospitals are adopting the concept and starting to organise HTA units,
- Co-operation within a national network of university hospitals for innovation and HTA (National congress on hospital based HTA on 7th June 2013)

**Europe**
- Hospital based HTA efforts starting / ongoing in several countries (Italy, Sweden, Spain, Denmark, …)
- AdHopHTA project: first European project on HB-HTA
- EUnetHTA: hospital stakeholders involved in this process

**Globally**
- EuroScan: early awareness and assessment
- HTAi Interest Sub-Group on Hospital Based HTA
- Japan: is developing HTA ; interest for hospital HTA units
Conclusions

- Hospital based HTA: recently adopted concept
- Allows for a decision made in accordance with scientific results, adapted at the local level (evidence based policy)
- May have a positive and large return on investment
- It represents a tool helping the decision making process but is not a substitute to this process
- Positive perspectives of development across Europe
- Interest of international collaborations:
  - Avoid duplication
  - Learn about / Learn from

Hospital Based HTA answers specific questions in a specific context and is a useful tool for decision makers in large hospitals
Moreover the national HTA agencies could benefit from this early work.