

HTAi 2018

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Professional, patient, and public involvement in disinvestment activities

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The toolkit on disinvestment

A jointly effort performed by HTAi IG on DEA, IG on ethics, EuroScan network and INAHTA is aiming to elaborate a toolkit that could aid organizations and individuals on the steps to be developed when considering disinvestment activities.

This presentation refers to one of the chapters of that book on identification activities and disinvestment.

What we are talking about...

Health technology has no or low added value when it is harmful and/or is deemed to deliver limited health gain relative to its cost, representing inefficient health resource allocation*.

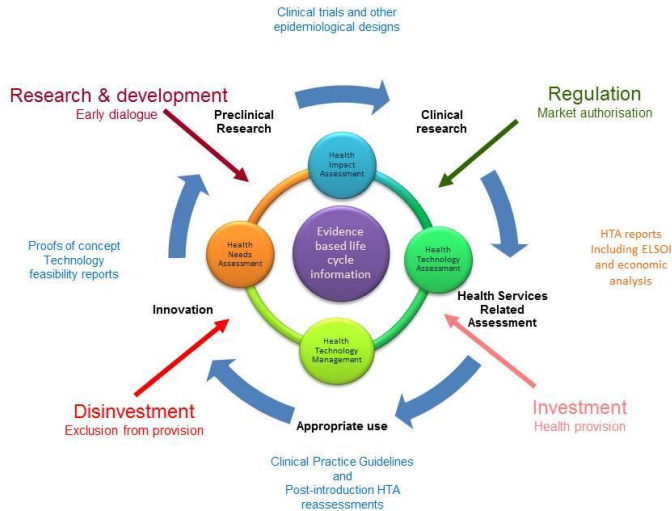
Adam Elshaug

Introduction (II)



- Patients are the people who with their informed consent receive medical interventions. It is important, therefore, that patients have an understanding of interventions and their potential as treatment for their condition.
- Patients are becoming more informed about their health care and the treatments that are available to them.
- At a population level, the potential benefits and harms of treatments need to be regularly assessed. This is part of healthcare decision making at a policy level about what treatments are publically available.
- As technology develops and old methods are replaced by new and evidence-based interventions and procedures, healthcare payers look to streamline their payment schedules and disinvest in old technologies and procedures.

Hypothesis



- Some users of health care are reluctant to let go of outmoded methods, so disinvestment is best achieved through transparent processes.
- Successful engagement with key stakeholders of health care, engaging with payers, health service administrators, clinicians and patients, can facilitate implementation of disinvestment processes.

Goal



- To assist in this process, HTAi Interest Groups and EuroScan have come together to develop the following key points to consider in the involvement and engagement of clinicians, patients, and the public in the disinvestment of services and technologies.

Methods

The aim was not to performed an analysis of the bunch of methods used for stakeholders involvement but an aid to those that were aiming to do so. We used an iterative process in which the authors were involved.

Key players in this process...

Clinicians: Through continuing professional development and revalidation of the currency of their qualifications, clinicians have a good understanding of developments in technology and when treatment methods have become outdated. As the billers of services they have an important role in identifying services for disinvestment. Their input and buy in to disinvestment processes is necessary for efficient services.

Administrators: Changing technologies bring with them changes in the support systems for delivery of services. Administrators of clinical services therefore have a vital role in enabling changes in practice.

Patients: Patients have experiential knowledge of healthcare services and the potential benefits and harms of those services. They can inform discussions on use of different technologies. Patient advocates are aware of new technologies and practices and the potential social costs.

Public: The public are potential users of healthcare services and through their taxes help fund universal health care.

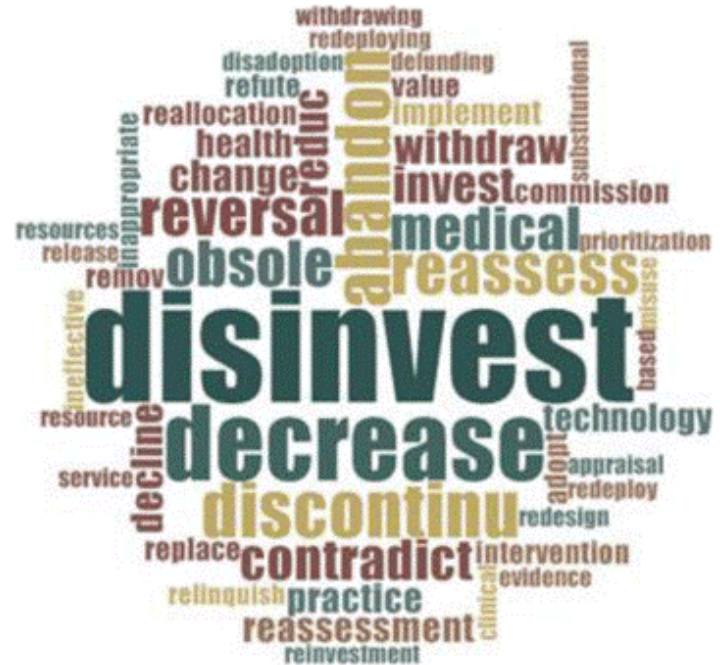
But...where disinvestment takes place

- This depends on the organization of the health system, and its funding. A hospital or health service may question the value of its own practices and the need for disinvestment, being accountable for its own spending.
- The decision to disinvest can also take place at a regional level, or for the whole of the health system.
- Be clear for whom disinvestment applies.



When disinvestment is called for...

- Technology advances
- Procedures are no longer performed, rarely performed, or are not supported by evidence
- The required skill set may no longer be available – or support systems are no longer in place for a service or technology
- The disease pattern or environment may have changed – and the health condition is now rare



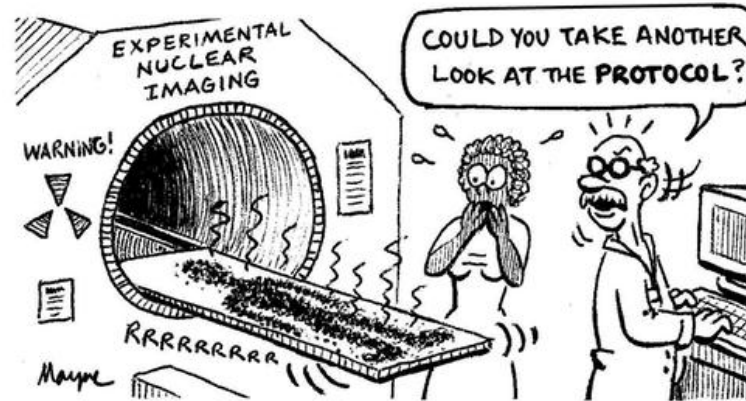
When disinvestment is called for...

More patient orientated reasons can include:

- Serious adverse events have been identified, or many side effects – with a poor risk-benefit profile
- Not the preferred treatment:
 - slow recovery, difficult route of administration, high associated costs
 - not readily available in regional and rural areas, so not equitable
 - carries longer-term consequences
 - as it is incompatible with co-morbidities.

From the public perspective:

- The service or technology is too expensive – requires expert specialists, hospitalization, specialized care, longer lengths of stay; or has longer-term consequences



When...?

- The best time to involve clinicians and patient representatives is right at the beginning of the process.
- Clinicians and patients can make valuable contributions as advisory committee members.
- The disinvestment processes may be led by clinicians, payers, or independent organisations.
- This will likely influence commitment of clinicians to the process.



What is expected from each group?

Professionals

- *Experiential knowledge on the use of technologies*
- *Knowledge of the evidence base, guidelines, health service requirements*
- *Knowledge of technologies and their use*
- *Ability to provide a collegiate response.*

Expected to be:

- *free of influence by sponsors of technologies*
- *aware of safety concerns, applicability within the health service.*

Patients

- Experiential knowledge, as receivers of health care
- Patient experience of disease/ health condition and the application of services and technologies
- Awareness of side effects and adverse events
- Able to address quality of life
- Able to address support issues, and indirect costs
- Ability to provide a broad patient and caregiver response.

Expected to be:

- free of influence by sponsors of technologies
- aware of safety issues, applicability within the health service.

What is expected from each group?

Public/citizens

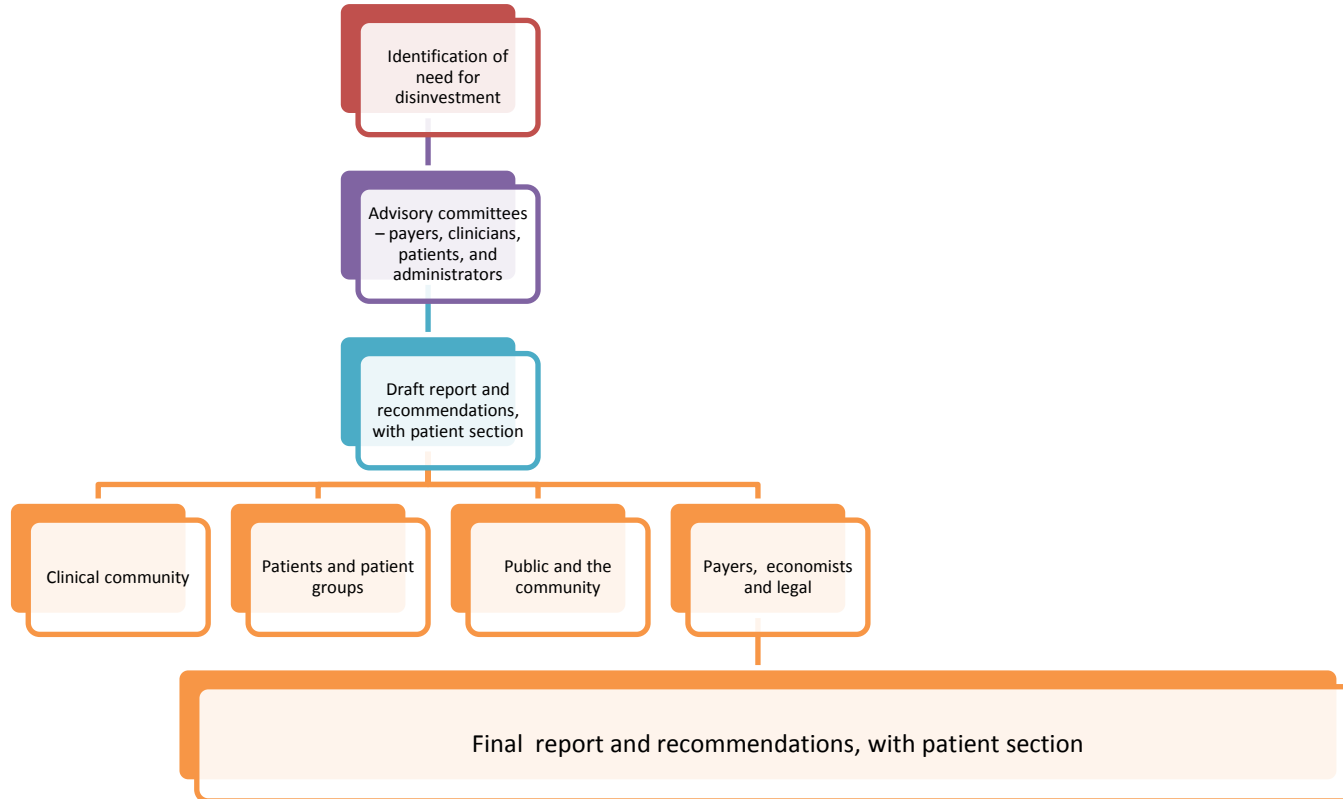
- Tax payer perspective – value to the health system
- Potential patients or caregivers
- Address social and ethical concerns
- Provide a citizen and community group response.

Expected to be:

- Free of loobysm
- *aware of budget assignment and costs and benefits of health technologies.*



A possible scheme for involvement



Final remarks

Conclusions

- Broader consultation with clinicians, patients and the public in the development and consideration of draft reports and recommendations can increase the transparency of the disinvestment process.
- Consultation is an important means of obtaining buy in.
- Feedback needs to be seen as taken seriously and explanations given for any changes made, or not made to the report and its recommendations.
- These facts relate to acceptance and affordability and finally success of the process

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