“The Micro Level”
HTA Into Practice at the Local Clinical Network Level

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Surgery Clinical Network
Alberta Health Services

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Ottawa, Ontario
Hub and Node Model

Clinical Network – HTAI Committee
Clinical Network HTAI Committees (e.g. Surgery)

WHO?
- Collaborative Inter-disciplinary group: physicians, managers, procurement, nurses, researchers, ..... HTAI analyst, Health economist

WHAT?
- Review and recommend new health technologies within sphere of expertise

HOW?
- Adapt the “Local HTA Decision-Support Program”
Objectives:

1. Local HTA Program Overview
2. Adaptation Plan for Clinical Networks in AHS
3. Challenges & Keys for Success
4. From Micro – Meso – Macro
4. the case of Bariatric Services
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4. From Micro – Meso – Macro the case of Bariatric Services
Local HTA Program in the Calgary Health Region

1997

Department of Surgery/Surgical Services
Local HTA Decision Support “Tool Box”

2005 - 2009

HTA Education & Clinical Engagement
New ideas & improvements

Jan. 2009

10 Calgary Departments (CoP)
Local HTA Decision Support “Tool Box”

Revised Local HTA Decision Support Program
Systematic, Consistent, Transparent
Local HTA Program Components

A. HTA Policy
B. Local HTA Advisory Committee
C. Two Pathways for Technology Review
D. Forms to gather information
E. Tools for Multi-Criteria Decision Making
### Tools: Multi-Criteria Decision Process

<table>
<thead>
<tr>
<th>Domain (5)</th>
<th>Criteria (12)</th>
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<tbody>
<tr>
<td>Health Gain</td>
<td>Efficacy / Effectiveness</td>
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<td>Population Health</td>
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<td></td>
<td>Standard of Care</td>
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<td>Service Delivery</td>
<td>Safety</td>
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<td>Training</td>
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<td>Access</td>
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<td>Service Coordination</td>
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<td>Strategic Fit</td>
<td>Strategic Fit</td>
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<td>Innovation</td>
<td>Knowledge &amp; Research</td>
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<td>Financial</td>
<td>Cost</td>
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<td>Sustainability</td>
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<td>Economic Analysis</td>
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Recommendation and Decision Tool

Recommendation made by Local HTA Committee

Recommendation and Decision Tool

Decision made by Executive Committee

1. Rejected
2. Approved
3. Conditional
   a. Single case
   b. Clinical audit
   c. Other (e.g. training)
4. Research Use
   a. Clinical trial
   b. Support of project
5. Referred
SIGNIFICANT CHANGE
Uncertainties about clinical safety, effectiveness and/or cost or resources impact

MINOR CHANGE
No significant clinical, contractual, cost or resource issues

68 Requests

53 Completed Requests

15 Incomplete

Local HTA Committee evaluation

42 Requests 79%

11 Requests 21%

42 Requests

42 Requests

11 Requests

Require further assessment

Approved for purchase/implementation

89 Requests

15 Completed Requests

54 Incomplete
## Decisions on 53 Requests

<table>
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<tr>
<th>Minor Change (11)</th>
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<tr>
<td><strong>Approved</strong></td>
<td>11 (21%)</td>
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<td>12 (23%)</td>
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<table>
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<th>Significant Change (42)</th>
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<tr>
<td><strong>Approved</strong></td>
<td>1 (2%)</td>
<td></td>
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<tr>
<td>Conditional: Single Case</td>
<td>3 (6%)</td>
<td>24 (45%)</td>
</tr>
<tr>
<td>Conditional: Clinical Audit</td>
<td>21 (39%)</td>
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<tr>
<td>* Research: Clinical Trial</td>
<td>8 (15%)</td>
<td>14 (26%)</td>
</tr>
<tr>
<td>Research: Support of Project</td>
<td>6 (11%)</td>
<td></td>
</tr>
<tr>
<td>Referred</td>
<td>3 (6%)</td>
<td>3 (6%)</td>
</tr>
</tbody>
</table>

* rejected for broad application into practice
** disinvestment

Outcomes Reporting
Outcomes Reporting & Further Review

SIGNIFICANT CHANGE
Uncertainties about clinical safety, effectiveness and/or cost or resources impact

Referred
for further assessment

Recommendation
Made by Local HTA Committee

Decision
Made by Executive Committee

Outcomes reporting may lead to further review

1. Approved
2. Rejected

3. Conditional
4. Research Use
5. Referred

Improvement cycle

Outcomes Reporting

www.albertahealthservices.ca
Local HTA Program Features:

- Systematic, consistent, transparent.
- Designed by the end-users. End-users are key players.
- Multi-disciplinary, impartial HTA Committee (avoids conflict-of-interest).
- Any department member can make a technology request.
- Rarely delivers a “yes” or “no” answer. Rather, most decisions involve local testing.
- Encourages innovation while managing risk.
- Bridges the gap between evidence and practice.
Objectives:

1. Local HTA Program Overview
2. Adaptation Plan for Clinical Networks in AHS
3. Challenges & Keys for Success
4. From Micro – Meso – Macro the case of Bariatric Services
Adaptation Plan: Six-Step Process

1. Identification and Education of Networks
2. Formation of CN HTAI Committees
4. Process for Innovation and Research
5. Evaluation Instrument
6. Quality Improvement
Program Adaptation for Clinical Networks

Interactive Education & Clinical Engagement
New ideas & improvements

Local HTA Decision-Support Program

Clinical Networks

HTA Into Practice For AHS Clinical Networks
Step 1. Identification and Education of Networks

- Physician Leader Education
- Support and Resources
- Physician Leader Appointment
- Executive Endorsement
- Program Presentation

Proceed to Next Step
Step 2. Formation of CN-HTAI Committees

Network HTA Physician Leaders

Clinical Network Members
(Researcher, Physicians, Managers, Directors)

Support Personnel
(project manager, admin assistant, CPSM rep, HTAI analyst)

Interactive Education Sessions
Step 3. CN-HTAI Committee Handbook

Terms of Reference

Forms

Policy

Tools
Step 4. Process for Innovation and Research

1. Rejected
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3. Conditional
   a. Single case
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Research Excellence Support Team
AHS Research Portfolio
AHS HTAI

Research Funding
Step 5. Program Evaluation Tool

QUESTIONNAIRE TO EVALUATE:

- Program objectives
- Program tools
- Process flow
- Process structure
- Process content
- Funding
Step 6. Program Quality Improvement Cycle

What works well?

What are the problems?

Program Review & Improvement
Community of Practice
Objectives:

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Challenges and Keys to Success

Challenges

• Time
  • Resistance to change
  • Funding
  • Support Personnel
Challenges and Keys to Success

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Challenges and Keys to Success

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Challenges and Keys to Success

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• Time
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• Funding
• Support Personnel
• Patient interests not well represented
Challenges and Keys to Success

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• Time
• Resistance to change
• Funding
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• Patient interests not well represented
Challenges and Keys to Success

Keys to Success

- Starting documents & adaptation process
- Physician Engagement + Team
- Education, education, education
- People – support personnel
- Bottom up approach: Ownership, Participation

- Provides a broad, systematic, consistent and transparent Multi-Criteria Local HTA Framework for technology evaluation and decision-making
Objectives:

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Laparoscopic Sleeve Gastrectomy

- Technology Request (Dec. 2009)
- CADTH HTIS (March 12, 2010)
- Local HTA Committee recommendations (March 17, 2010)

LSG approved as an option for morbid obesity with the following proviso:
1. credentialing process completed
2. patients are reviewed by existing pre-op laparoscopic adjustable gastric banding protocol Calgary Zone
3. considered as part of a broader comprehensive obesity program Calgary zone/AHS (refer to Meso level)
4. data collection process be developed to follow outcome and safety
5. data to be reported back to SEC via HT&I Program
6. approved pending funding (refer to Macro level for funding decision)
Clinical Network HTAI Features:

- “Bottom-up” approach
- Proven starting program
- Clear process for adaption
- Integrated, embedded
- Clinical engagement
- Quality improvement
Objectives:

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Contact Information

If you would like to obtain more information about our Local HTA Program,
please contact:

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(403) 944-1652

http://www.calgaryhealthregion.ca/surgicalservices/hta.html
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• AHS Surgery Clinical Network & HTAI

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• Surgery & Surgical Services
• Anesthesia
• Cardiac Sciences
• Critical Care Medicine
• Internal Medicine
• Professional Practice & Development
• Medical Device Safety & Risk Management
• Pharmacy
• Physician Leadership Portfolio, and the
• Calgary Health Research Portfolio
• HTAI