The Policymakers Perspective: Making Health Technology Assessment Relevant

Ontario Ministry of Health and Long-Term Care
CCOHTA HTA Symposium April 25 & 26, 2005
Ottawa
The Ontario Health Care System

- The Ontario health budget is growing at 8% per year.
- If 2% = inflation and human resource costs
- Then 6% = the increase in the uptake of new technologies or hospitals assuming new interventions.
  - 117% ↑ in physician fees vs. 17% for non-technology
  - 16% ↑ in procedures in acute care services
  - 29% ↑ in technology dependent Same Day Surgery
THE ONTARIO HEALTH CARE SYSTEM

**Mental Health Services**
- 3 Provincial Psychiatric Hospitals
- 4 Specialty Psychiatric Hospitals
- 4,353 Community Programs
- 159 homes for special care
- 3,600 homeless supportive Units
- 6,900 dedicated supportive housing units
- 160 agencies for drug and alcohol treatment services
- 47 problem gambling treatment agencies

**Health Care Providers**
- More than 21,000 physicians
- Over 139,000 Nurses
- 2270 Midwives
- 223 regulated professions
- 321 regulatory colleges

**Drugs**
- Over 2,800 Pharmacies
- Over 3,600 Drug Products on Formulary

**Groups & Associations**
- 400 Health Interest Groups and Professional Associations.

**Community Services**
- 732 Community Service Agencies
- 67,441 beds in Long-Term Care Facilities
- 55 Community Health Centres operating at over 68 sites
- 18 Children's Treatment Centres
- 275 hospital, community (private) and public health laboratories
- 1,100 assistive device and home oxygen vendors
- 42 community care access centres
- 70 HIV/AIDs education and support programs
- 67 land ambulance operators
- 134 diabetes education centres

**Independent Health Facilities**
- 944 IHFs

**Hospitals**
- 154 Corporation on 228 sites

Technologies (including all treatment interventions) can enter the health system at any of these points.
Health Technology Assessment in Ontario—The Past

- Occurred haphazardly or “passively”.

- Decision-making did not rest on rigorous evidence of effectiveness and cost-effectiveness.

- Technology was used to lever retention/recruitment and promote institutional profile.

- Result:
  - unequal access and ad hoc uptake
  - compounds deficits and wait times
  - does not guarantee uptake of the most effective technologies
Making Health Technology Assessment Relevant in Ontario– The Present

- Consultations with 29 key stakeholders.
- October 2003, the creation of the Ontario Health Technology Advisory Committee (OHTAC).
- A single coordinated transparent process.
- OHTAC provides advice to the Deputy Minister.
- Website for MAS and OHTAC: [www.health.gov.on.ca/english/providers/program/mas/ohtac_about.html](http://www.health.gov.on.ca/english/providers/program/mas/ohtac_about.html)
Acknowledged by the OECD in its 2004 report as innovative, MAS and OHTAC are receiving provincial, national and international recognition in using evidence-based analysis as a platform for making decisions regarding health technology in Ontario:

“The committee promotes the use of HTA in decision making by bridging the worlds of evidence and decision-making. Under this model, early assessments or evaluations of technology are based on the characteristics of the technology, the evidence available, and the needs of decision makers…The Ontario model is a systematic bottom-up method of incorporating evidence into decision making”.

The OECD Health Project
Towards High-Performing Health Systems
OHTAC—Health Technology Definition

For the purpose of the committee:

- procedures
  - maintenance
- devices
  - restoration
- equipment
  - promotion

- Interventions at any stage of health care.
- Does not include drugs or information systems.
- OHTAC focuses on technologies that have a significant health system impact, both in the hospital and the primary care sectors.
OHTAC—Membership

- OHTAC membership includes:
  - Senior Hospital Administrators
  - Health economists
  - Practitioners
  - Health technology experts
  - Ethicists
  - MOHLTC
  - Ontario Medical Association (OMA) and the Ontario Hospital Association (OHA) appointees.
OHTAC Process for Reviewing Health Technologies

- Application to OHTAC through MAS
  - Details on OHTAC website
- Pre-assessment for OHTAC prioritisation
- Health Technology evidence based Policy Analysis (HTPA) and Ontario based data analysis [16 weeks]
- Recommend
  - Implement
  - Not implement
  - Field evaluation
  - Registry
  - Special consideration
- MOHLTC response (60 days)
  - Appeals process

MOHLTC

Application with Sponsorship

OHTAC MAS

OHTAC

MOHLTC

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Medical Advisory Secretariat HTPA Process

**Prioritisation:**
- Description
- Priority score
- OHTAC

**Systematic Review re-Effectiveness**
- Selection criteria
- Database searches
- Analysis
- Consult experts, industry

**Economic Analysis**
- Budget impact
- CEA
- Cost avoidance
  
  Expert Review of HTPA

**Policy Options & Ontario Specific Analysis**
- Ethical, legal, regulatory, systems implications
  
  Options

**OHTAC: Critical Review**
- Recommend to DM
- Disseminate on Website

**Published systematic review available**

MAS HTPA Unit → Synthesis Review → MAS HTPA
The Current Approach

1. **Interdivisional Committee**
   - Do Nothing
   - Technology not recommended

2. **Usability Lab**
   - Further analysis required
   - Technology recommended for safety & training research by OHTAC

3. **Ontario Health Technology Advisory Committee (OHTAC)**
   - Recommended for Implementation
   - Further analysis required
   - Technology recommended for Guideline Development by OHTAC
   - Technology recommended for Field Evaluation by OHTAC

4. **Medical Advisory Secretariat (Evidence-based platforms)**
   - Experts, industry, E-BASE (ICES, PATH, CHEPA)
   - Does the technology meet the criteria?
   - YES
   - NO
   - Letter sent to applicant

5. **Deputy Minister**
   - Letter sent to applicant

6. **Program in Evidence Based Care Steering Committee, Expert Panels, PATH, Experts, Institutions**
   - Technology recommended for Guideline Development by OHTAC
   - Technology recommended for Field Evaluation by OHTAC
OHTAC—Recommendations

• Since October 2003, OHTAC has made recommendations to the Deputy Minister regarding 23 health technologies. Five additional ongoing.

• 24 HTPAs were prepared by MAS pre-OHTAC, 18 of which resulted in policy direction that reflected the recommendations.

• Of the 18 reviewed by MOHLTC, all have been:
  – implemented
  – are currently under implementation analysis, or
  – have been communicated to hospitals to assist in their prioritization processes.

• The Health Technology Evaluation Fund assists in carrying out some of OHTAC’s recommendations.
## Heath Technologies Reviewed by OHTAC

- Deep Brain Stimulation*  
  April 2005  
- Multi-Slice CT Scanning for Coronary Artery Disease*  
  April 2005  
- Osteogenic Protein 1*  
  April 2005  
- Sacral Nerve Stimulation*  
  April 2005  
- Spinal Chord Stimulation*  
  April 2005  
- Bariatric Surgery  
  March 2005

- Vacuum-assisted Closure (V.A.C. Therapy) for Chronic Wounds  
  December 2004  
- Balloon Kyphoplasty  
  December 2004  
- Thermal Balloon Endometrial Ablation for dysfunctional uterine bleeding  
  September 2004  
- Primary Angioplasty  
  August 2004  
- Bispectral Index Monitor  
  June 2004  
- Radio Frequency Ablation for Primary Liver Cancer  
  June 2004  
- Repetitive Transcranial Magnetic Stimulation for the Treatment of Major Depressive Disorder  
  June 2004  
- PET Scanning for Single Pulmonary Nodule  
  May 2004  
- Coil Embolization For Intracranial Aneurysms  
  March 2004  
- Pyrocarbon Finger Joint Implant  
  March 2004  
- Video Laryngoscopy for Tracheal Intubation  
  March 2004  
- Bone Morphogenetic Proteins and Spinal Surgery for Degenerative Disc Disease  
  March 2004  
- Artificial Discs: Applications to cervical and Lumbar Spinal Surgery for Degenerative Disc Disease  
  March 2004  
  February 2004  
- Tension-free Vaginal Tape for Stress Urinary Incontinence  
  February 2004  
- Computer-Assisted Surgery Using Telemanipulators  
  February 2004  
- Patient Monitoring System for MRI  
  December 2003

*Recently reviewed by OHTAC—Recommendations submitted to DM
OHTAC Model – Lessons Learned

- To be relevant, Health Technology Policy Analysis (HTPA) must:
  - be timely - turnaround 16 weeks
  - include expert input
  - be understandable
  - demonstrate magnitude of effect
  - show cost offsets, budget impact, cost-effectiveness
  - demonstrate outcomes or systems efficiencies
  - be analysed in the context of all health systems realities, pressures and key policy/strategic issues

- Transparency & stakeholder involvement essential.
External Evaluation of MAS and OHTAC

• Completed February 2005, commended Ontario and praised this model highly.

• Objective:

  “To examine all aspects of the health technology and policy analysis program from the initial prioritisation of projects, to the systematic review, to the making of recommendations by OHTAC, and through to the implementation of recommendations by government policy makers”.

• Unanimous agreement that the program is a welcome development by all stakeholders.

• Broad support for a more rational approach to decision-making.

• Literature reviews and production of HTPA reports considered to be thorough and methodologically sound.

• Informants had suggestions regarding how the existing process could be improved.

• The program is evolving.
Health Technology Assessment—The Future

• Focus on building on our successes

• Strengthening our approach:
  – Expansion of OHTAC membership to include representatives from community care and long-term care.
  – Confirmation of OHTAC mandate to broaden disease management reviews.
  – Expansion of the MAS/OHTAC process to anchor the development of a Provincial Clinical Framework
Heath Technologies for Upcoming Review by OHTAC

- Arthroscopic lavage, menisectomy and/or debridement for Osteoarthritis of the Knee
- Imaging Techniques for Ischemic Heart Disease
- Intra-articular injection of Hylan G-F 20 for Osteoarthritis of the Knee
- Intrathecal Pumps
- Multidisciplinary Rehabilitation Interventions for Joint Replacement at the Knee and Hip for Arthropathies
Health Technology Reviews by MAS (pre OHTAC)

- Ventricular Assist Device  March 2004
- Biventricular Pacemaker  January 2004
- Functional MRI  November 2003
- Islet Cell Transplantation (Edmonton Protocol)  October 2003
- Virtual Colonoscopy  August 2003
- Prophylactic Use of Implantable Cardioverter Device  July 2003
- Screening Test for Inborn Errors of Metabolism Using Tandem Mass Spectrometry  May 2003
- Anal PAP Smear  April 2003
- Human Papillomavirus (HPV) Testing as an Adjunct to PAP Smear for Cervical Cancer Screening  April 2003
- Small Bowel and Intestinal Transplantation  April 2003
- Capsule Endoscopy  April 2003
- Homocysteine Measurement in the Evaluation of Atherothrombotic Disease  March 2003
- Enhanced External Counterpulsation  February 2003
- Scintimammography  February 2003
- Insulin Infusion Pump  November 2002
- Intra-articular Hyaluronic Acid for Osteoarthritis of the Knee  September 2002
- Bone Anchored Hearing Aids  September 2002
- Drug Eluting Stents  July 2002
- Gamma Knife  May 2002
- Endovascular Repair of Aortic Aneurysms  March 2002
- Prosorba  February 2002
- EnSitive Catheter  January 2002
- Percutaneous Closure of Atrial Septal Defects/Patent Foramen Ovale  December 2001
- Positron Emission Tomography  September 2001