



Demystifying the HTA process in a local setting

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Plan

- CHU de Québec at a glance
- HTA process at the CHU de Québec
- Summary of HTA activities
- How it supports decision-making (exemples)
- Conclusion

CHU de Québec at a glance

**Centre hospitalier
de
l'Université Laval**



(CHUL)

**Hôpital
Saint-François d'Assise**



(HSFA)

**L'Hôtel-Dieu
de
Québec**



(HDQ)

**Hôpital
de
l'Enfant-Jésus**



(HEJ)

**Hôpital
du
Saint-Sacrement**



(HSS)

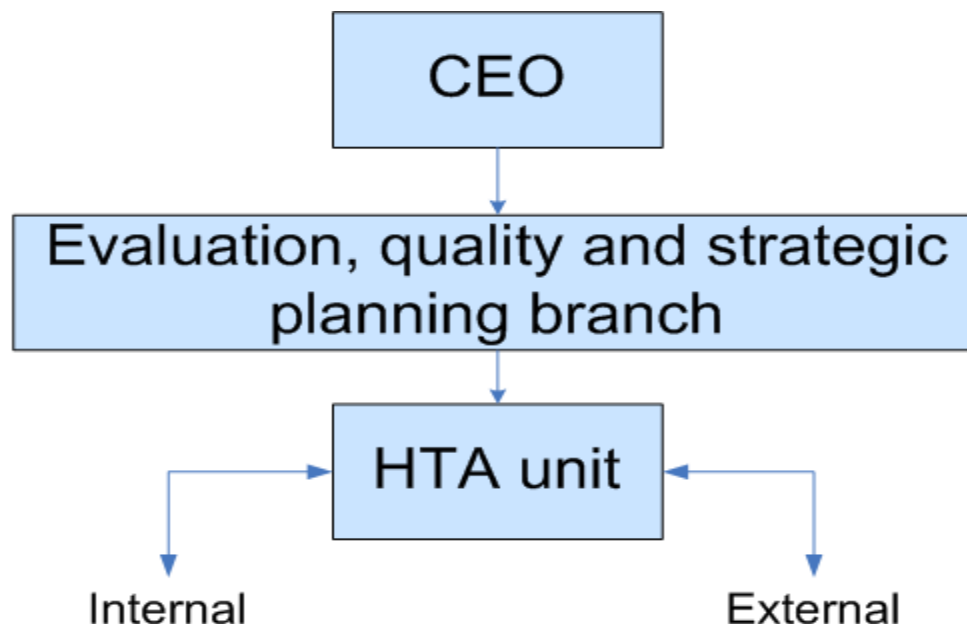
- 1755 beds
- 236 000 emergency department visits/y
- 580 000 ambulatory visits/y
- 67 000 surgeries/y
- 8400 deliveries/y
- 279 400 days-training/y

- 14 000 nurses and hospital staff
- 1700 physicians, dentists and pharmacists
- 500 researchers
- 1000 graduate and post-doctoral students

- HTA unit implemented in 2006 as a transversal function
- To support evidence based decision-making
 - Introduction or reappraisal of medical technology
 - Introduction or reappraisal of clinical practice

- Scientific staff
 - Medical coordinator (1)
 - Assistant director (1)
 - Research officer (5)
 - Administrative assistant (1)

HTA process at the CHU de Québec



- Committee on education, research and evaluation (Board of Directors)
- Cost driver committee
- Medical director of hospital services (imaging and laboratories)
- Research team in HTA

- Regional HTA network (Laval University)
- Community of practice for hospital HTA
- INESSS

- **Two governance committees**
 - Executive committee (prioritizing)
 - Advisory scientific committee (approval)

■ Members :

- CEO
- Deputy general manager of the university & medical affairs
- Deputy general manager of the clinical organization
- Multidisciplinary Council
- Council of PDP
- Council of nurses
- Director of research
- Director of evaluation, quality & strategic planification
- Central patients committee

- ## ■ To select requests from managers, clinicians and professional

■ Members :

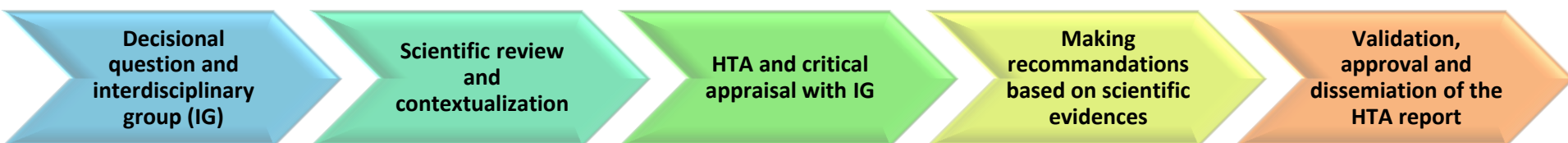
- Director of evaluation, quality and strategic planification
- Director of professional services
- Director of nursing
- Deputy general manager of clinical organization
- Council PDP
- Director of multidisciplinary services
- Director of biomedical services
- Multidisciplinary Council
- Council of nursing
- Research branch in HTA
- Central patients committee
- Pharmacy department (TDMP)

■ Approval of HTA methods, reports and recommendations

Interdisciplinary working group:

- Specific to each HTA project
- Involve from the beginning and throughout the HTA process
- Clarify the decisional and evaluation questions
- Highlight relevant literature and issues to assess
- Take part to the discussion:
 - Synthesis of studies
 - Appraisal
 - Recommendations (validation)

HTA approach for evidence-based decision making



- AAD/CDAD prevention and treatment and use of probiotics: **no evidence**
 - AAD/CDAD prevention and treatment: **not recommended**
 - Acute infectious diarrhea treatment: **LGG recommended to be used in children with specific criteria**
- regarding the management of acute infectious diarrhea?

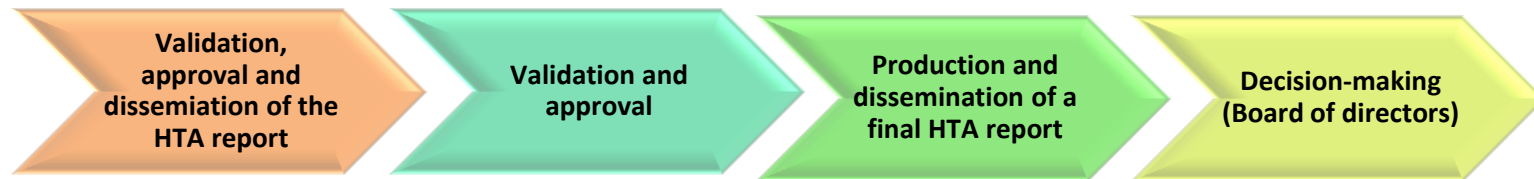
Contextualization:

Expertise of the

Gastroenterology, and
management

Legal, ethical, cost, health service organization, patient impacts

HTA approach for evidence-based decision making (cont'd)



Dissemination:

- Requesters and directors
- Website
- Community of practice in HTA
- Regional HTA network
- Scientific meetings and conferences

HTA report

- Full report (8 to 12 months)
- Informative note (4 to 6 months)
- Rapide review (2 to 4 months)

CHUQ - Évaluation UETMIS - Microsoft Internet Explorer fourni par le C.H.U.Q.

Fichier Edition Affichage Favoris Outils ?

http://www.chuq.qc.ca/fr/evaluation/uetsmis/

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L'Unité d'évaluation des technologies et des modes d'intervention en santé

L'Unité d'évaluation des technologies et des modes d'intervention en santé (UETMIS) a été mise en place en 2006 sous l'égide de la [Direction de l'évaluation, de la qualité, de l'ingénierie, de la performance et de la prévention des infections](#). Elle constitue un des moyens privilégiés mis à la disposition des gestionnaires, des cliniciens et des professionnels pour soutenir l'émergence de la culture d'évaluation et la prise de décision basée sur les meilleures données disponibles.

Elle s'appuie sur l'expertise d'une [équipe](#) dédiée afin de réaliser la [mission](#) qui lui est dévolue.

Évaluations en cours

- Évaluation des mesures alternatives à la contention et à l'isolement chez les patients hospitalisés ou en centre d'hébergement.
- Optimisation de la trajectoire de soins pour les patients ayant un microadénome de la prostate.

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Sites de confiance

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Summary of HTA activities

Year of publication	Main Topics	n
2007	Image guided in radiotherapy (cone-beam CT) Computer equipment and pathogens dissemination Preoperative hair removal Contrast media administration and CT scan Gynecare versapoint and outpatient clinical setting	5
2008	Cryotherapy and facet joint Fiducial markers in prostate cancer Reusable gowns and drapes in operating theater External gynecological applicator	4
2009	Nosocomial infections and neonatal ICU Magnetic resonance imaging in cardiology Surgical site infections in operating theater	3
2010	Immunocyt/uCyt+ TM in bladder cancer follow-up Prevention and treatment of AAD/CDAD and probiotics Wound negative pressure therapy	3

Summary of HTA activities

Year of publication	Main Topics	n
2011	PET-CT and radiotherapy planning Magnetic resonance imaging guided neurosurgery Point of care INR testing Surgical smokes in surgery and portable filtration system Sympathetic blockade with Bier's block and CRPS treatment Plastic adhesive drapes and surgical site infections	9
2012	Bed alarm use and falls prevention in hospital setting Bowel preparation and antibiotics prophylaxis in bladder cancer Filtered needle and glass particles Restraint and seclusion in hospital and use of constant observation Wound negative pressure therapy (update)	9
2013	Container safety to store expressed breast milk in neonatal ICU Postoperative use of ICU in patients with obstructive sleep apnea NSAID in colorectal surgery and anastomotic leakage Barriers and facilitators to promote alternative interventions Chest physiotherapy and acute bronchitis in children Bier's block and CRPS (update) Prolonged thromboprophylaxis for abdominal or pelvic surgery	9

Summary of HTA activities

- Training environment (Laval University)
 - Postgraduate medical students
 - Occupational therapist (2014)

- Research collaboration
 - Research chair in HTA (Dr François Rousseau)
 - Patient perspective patient in HTA (Dre Marie-Pierre Gagnon)

How local HTA support decision making

Topic	Year	Initial applicant	Conclusion	Status
INTRODUCTION OF HEALTH TECHNOLOGY				
PET/CT in radiotherapy planning	2011	Radio-oncologists	Oesophageal, rectum, cervical • <i>Insufficient evidence</i> Lung (NSCLC), head & neck • <i>limited evidence</i>	No field eval.
Probiotics in prevention/treatment of AAD/CDAD in adults	2010	Council of PDP	<i>Insufficient evidence</i>	No
Filtered needles to prevent IV glass particles contamination	2012	Department of nursing	<i>No clear benefit compared with 21G regular needles</i>	No

How local HTA support decision making

Topic	Year	Initial applicant	Conclusion	Status
REAPPRAISAL OF CURRENT PRACTICE				
Microbiological risk with multiple dose injection of contrast media (CM) in CT scan	2007	Quality & risk management committee	<ul style="list-style-type: none"> • Reinforce rules of asepsis • Maintain multidose CM • Maintain replacement schedule of two check valves connecting tubing • Stop multiple withdrawals and punctures from CM containers 	Cont'd.
MRI guided cryotherapy for facet joint treatment in LBP	2008	Orthopedic surgeon	Insufficient evidence	withdrawal
Bowel preparation in radical cystectomy	2012	Uro-oncologists	Strong evidence of no benefit to prevent infections	withdrawal

Conclusion

- HTA at the local level contributes to the development of an evaluation culture
- Credibility is an essential factor:
rigor, transparency and scientific independance
- Partnership throughout the process (knowledge transfer)
- Strong link with both the top management and on the field

Conclusion

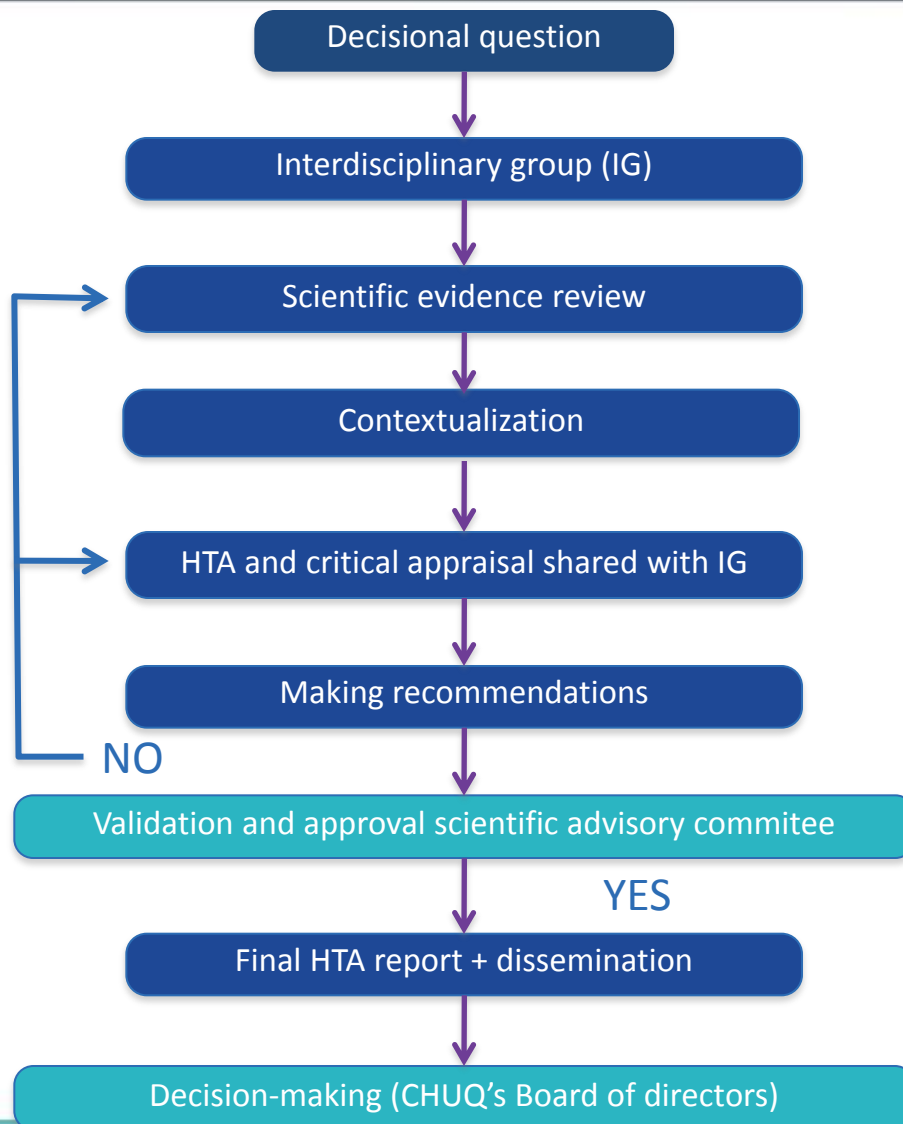
- Positive impact on quality of care
- HTA at local setting involves save & additionnal costs
- Futur at the CHU de Québec:
Evidence-based disinvestment/strategic allocation lifecycle

Thank you!

QUESTIONS?

HTA approach for the evidence-based decision making

de Québec



Should the CHUQ has to change the current clinical practice regarding the use of probiotics in the prevention and treatment of diarrhea ?

Expertises: gastroenterology, nutrition, infectiology, nursing, pediatrics, pharmacy, and management

Effectiveness and safety based on SRs and RCTs from multiple databases (Jan. 1995 to Sep. 2009)

Legal, ethical, cost, health service, and patient impacts

- AAD/CDAD prevention and treatment: **no evidence**
- Acute infectious diarrhea treatment: **moderate evidence in children**
- AAD/CDAD prevention and treatment: not recommended
- Acute infectious diarrhea treatment: LGG recommended to be used in children with specific criteria