Health Technology Assessment in Ireland

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Who we are

The Health Information and Quality Authority (HIQA) is a statutory, government-funded agency in Ireland which monitors the safety and quality of the healthcare and social care systems. HIQA has approximately 210 staff, with 70% working in regulation.

There are 7 permanent staff in HTA (since 2010):
- director
- head of assessment
- senior health economist
- assessment manager
- senior statistician
- senior HTA analyst
- PA
What the HTA division does

HTA staff work on:

- HTAs (full and rapid)
- supporting national clinical guidelines (five published so far)
- developing national HTA methodological guidelines
- international collaborations such as EUnetHTA, INAHTA, HTAi etc.
- support to national committees (providing technical expertise)
- capacity enhancement (e.g., teaching and training)
- academic research
- internal activities supporting HIQA
Decision making processes in Ireland

- **Drugs**: prescribed on the community drugs scheme: appraisal process through the National Centre for Pharmacoeconomics (NCPE)

- **Devices**: decisions made at local level by each institution but increasingly centralised procurement and move towards structured HTA to inform reimbursement

- **Public health interventions**: increasing requirement for HTA to inform investment decisions (HIQA)

- **National health service investments**: increasing requirement for HTA (HIQA)

- **Clinical guidelines and care pathways**: developed by the national clinical care programmes—goal to standardize the care (supported by HIQA)
Types of HTA Conducted in Ireland

- HTAs of national significance by HIQA
  - broad comprehensive HTA (all core domains)
  - use of independent economic models
  - informs national policy (Dept of Health) and national service (Health Service Executive) decisions

- ‘Rapid HTA’
Health technology assessment (HTA) of public access defibrillation

1 December 2014
Types of HTA Conducted in Ireland

- HTAs of national significance by HIQA
- Rapid HTA
  - Focused question, truncated literature review, restricted number of domains
  - Appraisal of drug company submissions by NCPE, input to guidelines e.g. economic analysis of HIV screening in pregnancy
Health technology assessment of the use of information technology for early warning and clinical handover systems

10 March 2015

Information Technology for early warning and clinical handover systems
National Clinical Guidelines

Ministerial Committee provides a framework for the endorsement of national clinical guidelines through appraisal versus QA criteria

10. Systematic methods have been used to search for evidence on effectiveness and cost-effectiveness to ensure that the clinical guideline is based on best available evidence. The full search strategy should be clearly outlined.

14. The health benefits, side effects, risks, cost-effectiveness, resource implications and health service delivery issues have been considered in formulating the recommendations.

23. The potential budget impact and resource implications (equipment, staff, training etc.) of applying the recommendations have been considered.
Ongoing work

- HTAs
  - Selective BCG vaccination
  - Atrial Fibrillation screening in primary care
  - Chronic disease self management

- National HTA guidelines
  - Guidance on budget impact analysis
  - Guidance to decision makers on HTA

- Chronic disease self management
  - Asthma
  - COPD

- Clinical handover
  - Prostate cancer
  - Constipation in palliative care

- NCEC guidelines
  - Cancer pain
  - Breast cancer
Issues for Conduct of HTA

- Team Capacity
- Quality Assurance: QAF, external audit, benchmarking,
- Data quality and availability
- National HTA methodological guidelines
- Implementation
- Efficient use of HTA
- International Collaboration
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Implementation

- Link to decision making
- Clear objectives: Terms of reference
- Stakeholder engagement
- Report format
- Media reporting
- Evaluation of impact
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Prioritisation Advisory Group (PAG) meeting

1. Data Gathering
   - HTA Business Intelligence
   - Horizon Scanning
   - PAG members
     - HTA requests

   Prioritisation Advisory Group (PAG) meeting

   Screening

   Internal HTA Prioritisation Meeting

   List of selected HTAs circulated to PAG for feedback

   Final HTA workplan submitted for Board approval
HTA Prioritisation Criteria

1. Should a HTA be carried out?
   - Clinical impact
   - Economic impact

2. Can a HTA be carried out?
   - Policy environment
   - Link to decision making
   - Information availability
   - Resource availability
Issues for Conduct of HTA

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- Efficient use of HTA
- International Collaboration
International Collaboration

- EUnetHTA
  European Network For Health Technology Assessment

- ISPOR
  International Society For Pharmacoeconomics and Outcomes Research

- HTAi
  Health Technology Assessment International

- INAHTA
  International Network of Agencies for Health Technology Assessment

- SEED
  Shaping European Early Dialogues

- Health Information and Quality Authority (HIQA)

- HTAN
  HTA Network of European Agencies
International collaboration

- POP database to inform prioritisation and identify potential collaborators

- Exchange of HTA information
  - Prion filtration HTA: built on UK economic model and revised model and support provided to Italian HTA

- Guidelines

- Core model
  - Framework for workshop to identify issues for organisational, social, ethical and medico-legal domains

- Networking
  - Collaboration
  - Reimbursement status in other countries
  - Benchmarking
  - Process solutions/innovations
Challenges to joint HTA work

- Coinciding priorities
  - timing of drug launches
  - public health interventions may be more suited to sequential rather than coincident joint work?

- Structural issues
  - Healthcare system/Care pathways
  - Reimbursement structures

- Quality Assurance
  - Standardised methodology: HTA guidelines, expert review, stakeholder engagement
  - Standardised QA Frameworks/ benchmarking / peer review