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COMMENTARY

**Commentary on “The influence of hospital-based HTA on technology acquisition decision”**

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The article by Dupouy and Gagnon [1] presents a case study on the structure and operation of an HB-HTA unit with reference to an assessment of a diagnostic technology. It gives interesting details on the organization of an HB-HTA program, and of the approaches that were taken in the assessment. It also notes the demands on a small unit and some limits to its activities. Semi-structured interviews were held with informants from three groups in the hospital. Excerpts from the interviews provide further insight. Projects of the HTA Unit are assisted by a stakeholders working group; information is included on its formation and interaction with the HTA process.

Because of confidentiality issues, details of the equipment that was considered are not presented. The focus of the assessment was to be the diagnostic and clinical performance, and safety, of the technology on the basis of what was in the literature.

The initial proposal for the assessment had a very broad scope, covering the performance of different diagnostic devices and techniques. This was beyond the resources of the HTA unit and there were also difficulties with the available data. The project was then changed to cover the performance of a single device. Having to adjust the scope is quite common with HTA projects. It was clearly necessary here, with good liaison between the HTA Unit and the working group.

It was not possible for the HTA unit to form a judgment on the diagnostic performance of the technology because of the questionable quality of the evidence. This conclusion seems to have been reflected in the final HTA report indicating non-introduction of the technology within the hospital.

At present, economic analysis is not undertaken by the HTA Unit. Resources and training issues may be a challenge, and there is a need to balance workload with what is available to the unit. However, small HTA units very often consider costs and budget impact in their assessments. Such information will routinely be needed by the hospital. It would seem appropriate for the unit to contribute in this area so that HTA reports with a wider synthesis of available information can be available for consideration. As suggested, full economic analyses if needed by the hospital, could require further, possibly external, resources.

As it turned out, the conclusion by the HTA Unit in this case did not require a cost analysis. The assessment of the performance of diagnostic technologies can be challenging because of limitations in the literature. But beyond that, information from reports in the

literature is unlikely to be sufficient to determine whether a health technology is suitable for a hospital or other specific setting. Other matters in the local context of a hospital will commonly be considered by HTA projects, including relevant caseload, case mix, and availability and suitability of the hospital's current technology.

A position taken in the article is that it is not the mandate of HTA units to assess the impact of the projects they carry out. Assessment of HTA influence (impact) is desirable to provide feedback on the quality of the HTA process and to check on any problems with the policy areas that it is informing. Also, it is prudent for HTA programs to have some measure of the outcomes of their efforts for the purposes of audit and review [2]. The degree of difficulty in measuring impact depends on the level of detail sought and timeline. Short-term evaluation of influence on decision makers may need only modest resources. Essentially, it is a question of incorporating approaches to obtaining indications of influence into the routine management of an HTA program [2]. Much of the focus on HTA impact has been in the influence on policy and administrative decisions. From the information provided on the case study, the HTA Unit has already reached the first level for impact assessment in seeing that its recommendations are considered by decision

makers in the hospital. Follow up to see if recommendations were accepted and implemented should be straightforward, given the good communications of the unit with stakeholders and decision-makers that have been described. Some of the studies cited in the article provide examples of what has been achieved in measuring the impact of HB-HTA [3-5].

### Conflicts of interest

None

### References

- [1] Dupouy C, Gagnon MP. The influence of hospital-based HTA on technology acquisition decision. *Int J Hosp Based Health Tech Assess* 2016;1:19-28.
- [2] Hailey D, MacPherson K, Aleman A, Bakri R. The influence of Health Technology Assessment, a conceptual paper. INAHTA, Edmonton 2014. Consulted 30 August, 2016: [http://www.inahta.org/wp-content/uploads/2014/03/INAHTA\\_Conceptual-Paper\\_Influence-of-HTA1.pdf](http://www.inahta.org/wp-content/uploads/2014/03/INAHTA_Conceptual-Paper_Influence-of-HTA1.pdf)
- [3] Bodeau-Livinec F, Simon E, Montagnier-Petrissans C, Joel ME, Fery-Lemonnier E. Impact of CEDIT recommendations: An example of health technology assessment in a hospital network. *Int J Technol Assess Health Care* 2006;22(2):161-168.
- [4] McGregor M. The impact of reports of The Technology Assessment Unit of the McGill University Health Centre. The Technology Assessment Unit (TAU) of the McGill University Health Centre, Montreal 2012. Consulted 30 August, 2016: [http://www.mcgill.ca/tau/files/tau/muhc\\_tau\\_2012\\_65\\_impact\\_a.pdf](http://www.mcgill.ca/tau/files/tau/muhc_tau_2012_65_impact_a.pdf)
- [5] Demirdjian G. A 10-year hospital-based health technology assessment program in a public hospital in Argentina. *Int J Technol Assess Health Care* 2015;31(1/2):103-110.