PriTecTool. DEVELOPMENT OF A PRIORITISATION TOOL FOR POST-INTRODUCTION OBSERVATION OF NEW TECHNOLOGIES

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INTRODUCTION

The observation of healthcare technologies in the early stages of introduction **is essential to:**

- ✓ identify and assess implementation, accessibility, acceptability and adequacy of use problems.
- ✓ establish if effectiveness, safety and consumption of resources and costs meet preliminary expectations.

Observation of health technologies **needs for**:

- ✓ financing
- ✓ human resources
- ✓ time

- ✓ **Efficient prioritisation mechanisms** should be established in order to decide which technologies should be deemed relevant for post-introduction assessment

OBJECTIVE

To describe the selection and weighting of a set of prioritisation criteria to decide which new technologies introduced into the health services financing list should be eligible for post-introduction observation (PriTecTools).

METHODS

TECHNICAL TEAM:

- ❑ *Avalia-t technical staff*
- ✓ review and analyse scientific evidence
- ✓ propose prioritisation areas and domains
- ✓ propose initial prioritisation criteria

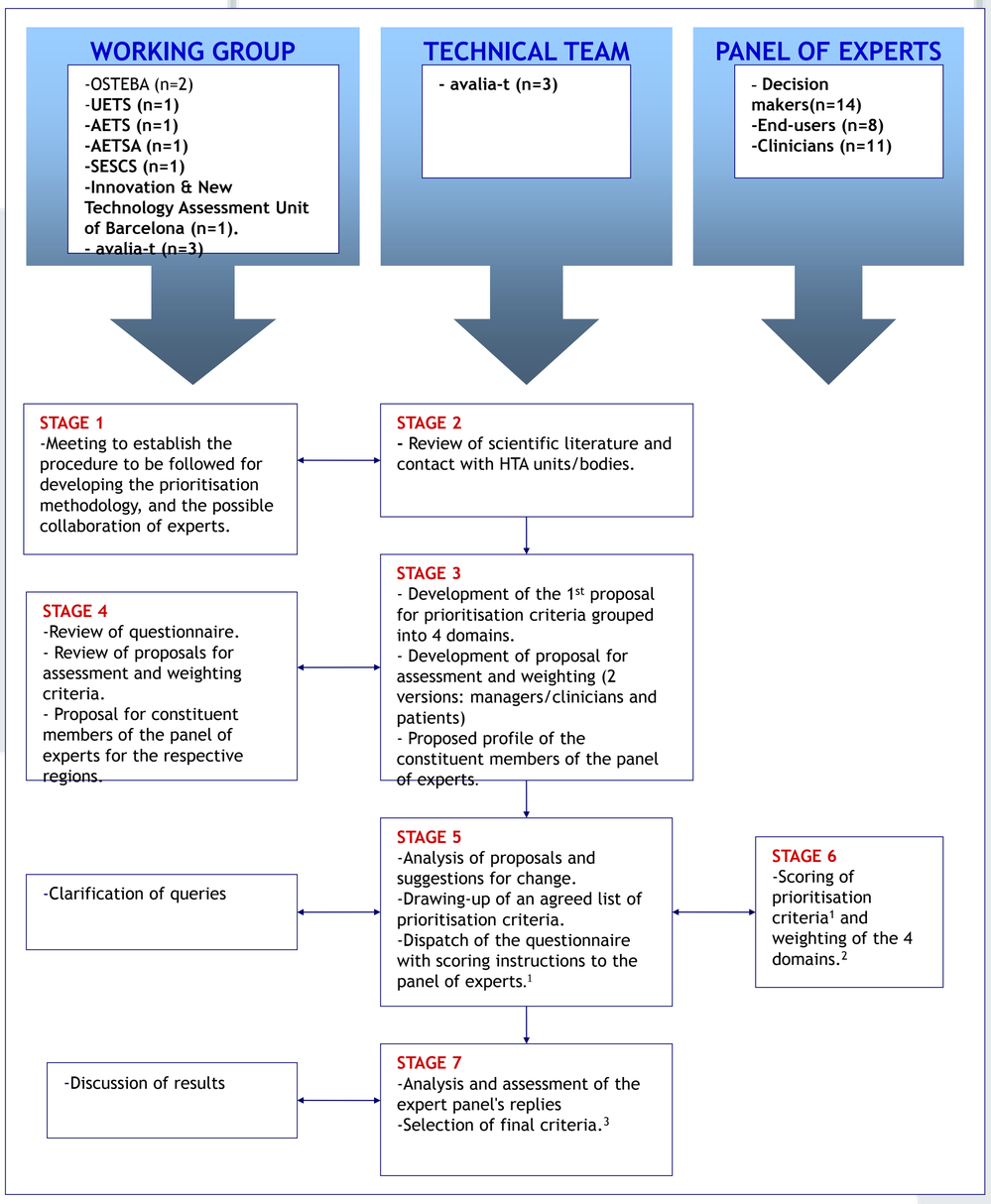
WORKING GROUP:

- ❑ *National HTA experts*
- ✓ critically review and consensuate prioritisation methodology
- ✓ review and consensuate prioritisation criteria
- ✓ review information sent to panel of experts

PANEL OF EXPERTS:

- ❑ *Policy makers (macro, meso and microlevel), clinicians (primary and secundary care) and end users (patient associations, consultancy groups, community participation groups)*
- ✓ scoring and weighting prioritisation criteria

Methodology for identifying, assessing and weighting prioritisation criteria



[1] **SCORING OF CRITERIA: 1-3:** Not important; **4-6:** Doubtful; **7-9:** Clearly important

2 **SCORING OF DOMAINS:** Allocation of partial weight of 100% according to relative importance

FINDINGS

- ❑ **15 prioritisation criteria initially proposed:**
- ✓ 14 classified by the panel of experts as clearly important **(score >6).**
- ✓ Median value: 7 in 11 of these criteria, 8 in 2 of these criteria and 9 in 1 of them.
- ✓ One of the initial criteria obtained a median value of 6 and was not selected.

Final list of weighted prioritisation criteria

DOMAINS	CRITERIA	WEIGHT
POPULATION/ END-USERS	1. Frequency of use 2. Burden of disease 3. Population impact 4. Vulnerability	35%
TECNOLOGY	5. Innovation 6. Invasiveness 7. Different expectations of use	20%
SAFETY/ADVERSE EFFECTS	8. Safety 9. Undetected potential adverse effects 10. Risks	25%
ORGANIZATION, COSTS AND OTHER IMPLICATIONS	11. Training needs 12. Financial impact 13. Organisational or structural impact 14. Other implications	20%

CONCLUSIONS

The sound methodology used for the development of the prioritisation tool allows for reliable prioritisation of new health technologies to be observed. The methodology can be proposed as a reference for other international contexts.

This project has been elaborated within the collaboration framework established by the Quality Plan for the National Health System, according to the collaboration agreement signed between the Institute of Health Carlos III, an autonomous organism part of the Spanish Ministry of Health and Consumer Affairs, and the Galician Health Administration School Foundation (FEGAS).