

SELECTION OF HEALTH PRIORITIES: CRITERIA, PROCESS AND STRATEGIC FRAMEWORK. SYSTEMATIC REVIEW.

INTRODUCCIÓN: The current work, included in the Work Plan of the Spanish Network of Agencies for Assessing Health Technologies and Performance, was requested by the Commission on Provision, Insurance and Financing, dependent on the Interterritorial Board of the National Health System, with the purpose of developing an explicit priority setting methodology to support decision making regarding the technologies to be assessed for inclusion in the NHS service portfolio. The development of a comprehensive prioritisation system, based on criteria that are viewed to be strategic for resource allocation decision making, which cover the different aspects which could be relevant for establishing the added value for the health community and society, is considered essential for identifying technologies that are likely to bring an important benefit to the healthcare system, avoiding dispersal of efforts in low impact technologies, whose assessment could be delayed or avoided, among other reasons because they present important uncertainties regarding the effectiveness or safety or they are not tailored to the characteristics of the Spanish NHS.

OBJECTIVES: The aim of this paper is to identify and analyse the processes and decision criteria used for priority setting internationally in order to establish a comprehensive set of strategic criteria and practical approaches that could serve as a starting point for the development of the Spanish prioritisation framework.

METHODS: A systematic search of the literature was carried out in april 2015, without time limits, in the main biomedical electronic databases: PubMed, Embase, Centre for Reviews and Recommendations and Cochrane. To retrieve unpublished documents we completed the search with a manual review of the web pages of INAHTA and EUnetHTA agencies, scanned the *“International Journal of Technology Assessment Health Care”* and undertook a general search in Google for grey literature. Studies were selected by two independent evaluators based on set of predefined criteria. Systematic reviews and/or qualitative studies (interviews, surveys, expert consensus, etc) that aimed to identify methods, prioritisation criteria o develop/propose general strategic/operational frameworks for the selection of health priorities were included, as well as studies or organisational documents that provided information on the approaches used by different health technology assessment organisations for the selection of technologies to be assessed in order to support coverage decision making. Data of the studies that complied with eligibility criteria were analysed and synthesized qualitatively.

RESULTS: A total of 17 documents complied with eligibility criteria, 15 were published in scientific journals and 2 were identified through web pages. In general terms, the studies showed great heterogeneity regarding the prioritisation criteria that were important for optimized coverage decision making. Globally, a total of 56 potentially relevant priority setting criteria were identified, which could be grouped in 8 categories: 1) Need for intervention; 2) Outcomes of intervention; 3) Type of benefit; 4) Economic consequences; 5) Existing knowledge/quality of evidence and uncertainties; 6) Implementation complexity/feasibility; 7) Priority, justice and equity and 8) Context. HTA agencies that notified the use of prioritisation criteria considered from 4-12 criteria. The formal priority setting

process differed substantially regarding the operational approach and actors involved, not being clear in many cases the explicit prioritisation method used for establishing priorities. Based on the information provided it is established that 3 agencies use qualitative approaches (NOKC, SBU, ZonMw) and three quantitative approaches. In the case of CADTH, it uses a multicriteria decision analysis method, called the analytic hierarchy process, for assigning weights to each of the criteria.

DISCUSSION: The systematic reviews shows that despite the general recognition of the need of rational and transparent priority setting approaches for health technology assessment prioritisation, and an important international activity in the definition and categorisation of decision criteria for priority setting of health interventions, there is little information on the prioritisation methods used by HTA organizations to inform decision making. The HTA organisations, for which data is available, showed great variability regarding the criteria applied and were not fully explicit regarding how these criteria were identified or incorporated into decision making. Of the three organisations that reported scoring the proposals based on the prioritisation criteria , only one provided specific information on how this scoring process was approached. It is important to highlight that the current systematic review is limited by the inherent difficulties of searching for information on prioritisation processes, due to the lack of standardised vocabulary and the fact that this type of information is not always published in scientific journals, being difficult thus to locate.

CONCLUSIONS: Although it is acknowledged that there are no standardised processes for priority setting, some general consensus and common trends have been identified regarding key elements (criteria, models and strategies, key actors, etc.). The following work provides a thorough analysis of these approaches and offers recommendations regarding considerations for implementing successful HTA prioritisation approaches. Findings are envisioned to be useful for HTA organisms but also for other public organisations that are aiming to establish health care priorities.

