

streamline the decision-making process for new medical technologies and balance quick turnaround with rigorous evidence standards. The program is also being developed in collaboration with UW Medicine's Value Analysis team, an evidence-based purchasing team and MedApproved, a new centralized software program for medical purchasing at UW Medicine.

**RESULTS:**

Smart Innovation has been reviewing technologies during its first year and has received encouraging results. For example, by adopting a new liver ablation technology, UW Medicine has estimated improved patient outcomes by reducing the number of procedures and adverse events; as well as saving approximately USD 8,000 per patient. Additionally, The Smart Innovation program has achieved projected cost avoidance from deciding not to adopt uncertain or investigational technologies. For example, by not adopting a new bladder cancer screen, our models indicate UW Medicine will avoid spending USD 1.5 million per year.

**CONCLUSIONS:**

Smart Innovation is proving to be an effective program for reviewing and making critical healthcare policy decisions that is showing significant fiscal and patient improvements for UW Medicine. As the program continues to grow and become embedded into UW Medicine, its impacts will become even more valuable and system-wide.

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## OP102 Multiple Criteria Decision Analysis In The Field Of Hospital-Based Health Technology Assessment

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**INTRODUCTION:**

One of the main tools for Hospital-Based Health Technology Assessment (HB HTA) is the preparation of a mini-health technology assessment (HTA) report. Despite the high value of the results of mini-HTA reports for hospital decision-makers, the classical mini-HTA

report does not allow a direct comparison of several health technologies among themselves.

**METHODS:**

Based on the analysis of international experience of using the principles of multiple-criteria decision analysis (MCDA) in the field of HB HTA, we created and approved our own managerial decision-making model which includes five standardized multiple criteria. The value (weight) of each criterion was defined as the arithmetic mean obtained as a result of interviewing hospital decision-makers and an HTA expert group.

**RESULTS:**

Five standardized multiple criteria were included in the structure of our mini-HTA report. These criteria presented the main results of assessment of the viability of implementing new health technologies (HTs) in hospital practice and contain the following: i) Novelty/innovation; ii) Comparative clinical effectiveness and safety; iii) Relevance (demand); iv) Economic effectiveness; and, v) Payback period. We conducted the modeling of various options of HTA results by using multiple criteria, which allowed us to determine the threshold values of the evaluated HTs corresponding to their priority for implementation: i) High priority - HTs are recommended for implementation; ii) Medium priority - HTs can be recommended only if there are sufficient financial resources in hospital; and, iii) Low priority - HTs may be recommended only if there are strong reasons for their need.

**CONCLUSIONS:**

Integration of the principles of MCDA in the structure of mini-HTA reports gives the opportunity to i) make comparative assessments of implementing new health technologies based on standardized criteria; ii) determine the priority for implementation of newly evaluated health technologies; iii) avoid the influence of subjective factors on the managerial decision-making in hospitals.

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## OP104 Moving Forward Hospital-Based Health Technology Assessment: Public Procurement Of Innovation

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**INTRODUCTION:**

Innovation procurement is a key enabler to improve the quality and efficiency of public healthcare services by driving innovation from demand side to meet concrete public healthcare provider needs. Catalan Health Services (CatSalut) aims to optimize healthcare services through innovative solutions that encompass both innovative technologies and new processes of care. Answering this aim, the Hospital Clinic of Barcelona (HCB) is participating in an Innovative Pilot Program to optimize the efficiency in the management of Aortic Valve Stenosis (AVS) using an adaptation of the methods and knowledge from hospital-based health technology assessment (HB-HTA).

**METHODS:**

The first step was to identify unmet needs, main bottlenecks and problems in the comprehensive management of aortic valve stenosis (AVS) (from primary care to hospital discharge). Innovative technologies, solutions and health care organizations were proactively scanned through literature review and professional expertise. Lists of solutions were proposed through an inclusive stakeholder participation process.

**RESULTS:**

A new healthcare model was proposed to be evaluated in the next three years based on an integral, transversal and multidisciplinary management of AVS (named MITMEVA). For each new proposed solution, the management, work streams, expected impact and key performance indicators (based on stakeholder information demands) were defined. To test the potential of the proposal, a theoretical modeling of the economic, clinical and process impacts of implementation was performed based on available scientific evidence, local professional and economic data. This analysis shows more quality-adjusted life years, fewer adverse effects and lower cost with the new proposed model.

**CONCLUSIONS:**

HB-HTA usually recommends for/against investments. In the era of value based procurement, HB-HTA can also help in developing a Public Procurement of innovative solutions (PPI) project and in testing proactively its potential impact in healthcare, which will be later tested in real life. Therefore, adapting HB-HTA to hospital innovative procurement is another way for health technology assessment to push for the implementation and testing of high value innovative technologies.

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# OP105 Disinvestment Toolkit: Patients Involvement In Disinvestment Activities

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**INTRODUCTION:**

Patients are the people who, with their informed consent, receive medical interventions. It is important, therefore, that patients have an understanding of interventions and their potential as a treatment for their condition. Patients are becoming more informed about their health care and the treatments that are available to them. At a population level, the potential benefits and harms of treatments need to be regularly assessed. This is part of healthcare decision making at a policy level about what treatments are publically available. As technology develops and old methods are replaced by new and evidence-based interventions and procedures, healthcare payers look to streamline their payment schedules and disinvest in old technologies and procedures. Some users of health care are reluctant to let go of outmoded methods, so disinvestment is best achieved through transparent processes. Successful engagement with key stakeholders of health care, engaging with payers, health service administrators, clinicians and patients, can facilitate implementation of disinvestment processes.

**METHODS:**

To assist in this process, Health Technology Assessment International (HTAi) Interest Groups and EuroScan have come together to develop the following key points to consider in the involvement and engagement of clinicians, patients, and the public in the disinvestment of services and technologies.

**RESULTS:**

The best time to involve clinicians and patient representatives is right at the beginning of the process. Clinicians and patients can make valuable contributions as advisory committee members. The disinvestment processes may be led by clinicians, payers, or independent organizations. This will likely influence commitment of clinicians to the process.