

Padova HTA



VALUE



LAW



SCIENCE
AND
TECHNOLOGY



MEDICAL ART

HTAs in border settings

Our experience
Our perspectives
Our challenges

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Italian or European Cultural Context? (1)

European Health Oral Hospital Journal

Have you a Oral Journal?

There is no money

Have you too much money?

There is no time

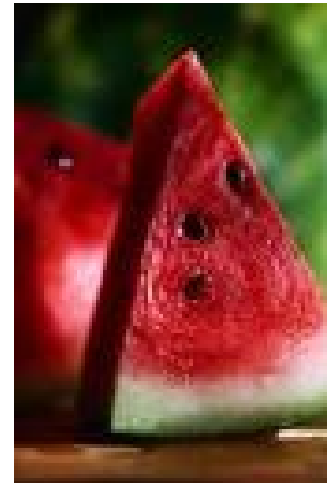
Have you plenty of time?

There are no human resources

Have you a lot of human resources?

watermelon

Tasting test



LET US " TRY IT "

AND THEN WE CAN DECIDE... .

But few people love HTA processes

Activity Volumes/year:

Expenditure in Medical and Diagnostic Devices :

- 42 Tenders over 200 thousands € = 34 million €
- 461 Tenders under 200 thousands € = 19 million €
- 657 Lots (each one can have more types of devices)
- 18 Thousands types of products
- 100 Assessment new devices

Expenditure in Equipments

92 Tenders = 8 million € (15 under 5 thousands €)

D.L. n. 47 Directive 93/42/CEE

Definition of Medical Devices

D.G.R. n. 1105 del 15/03/1993

Establishment at Hospital of Padua of the "Regional Specialized Center for Health technology assessment and quality of care"

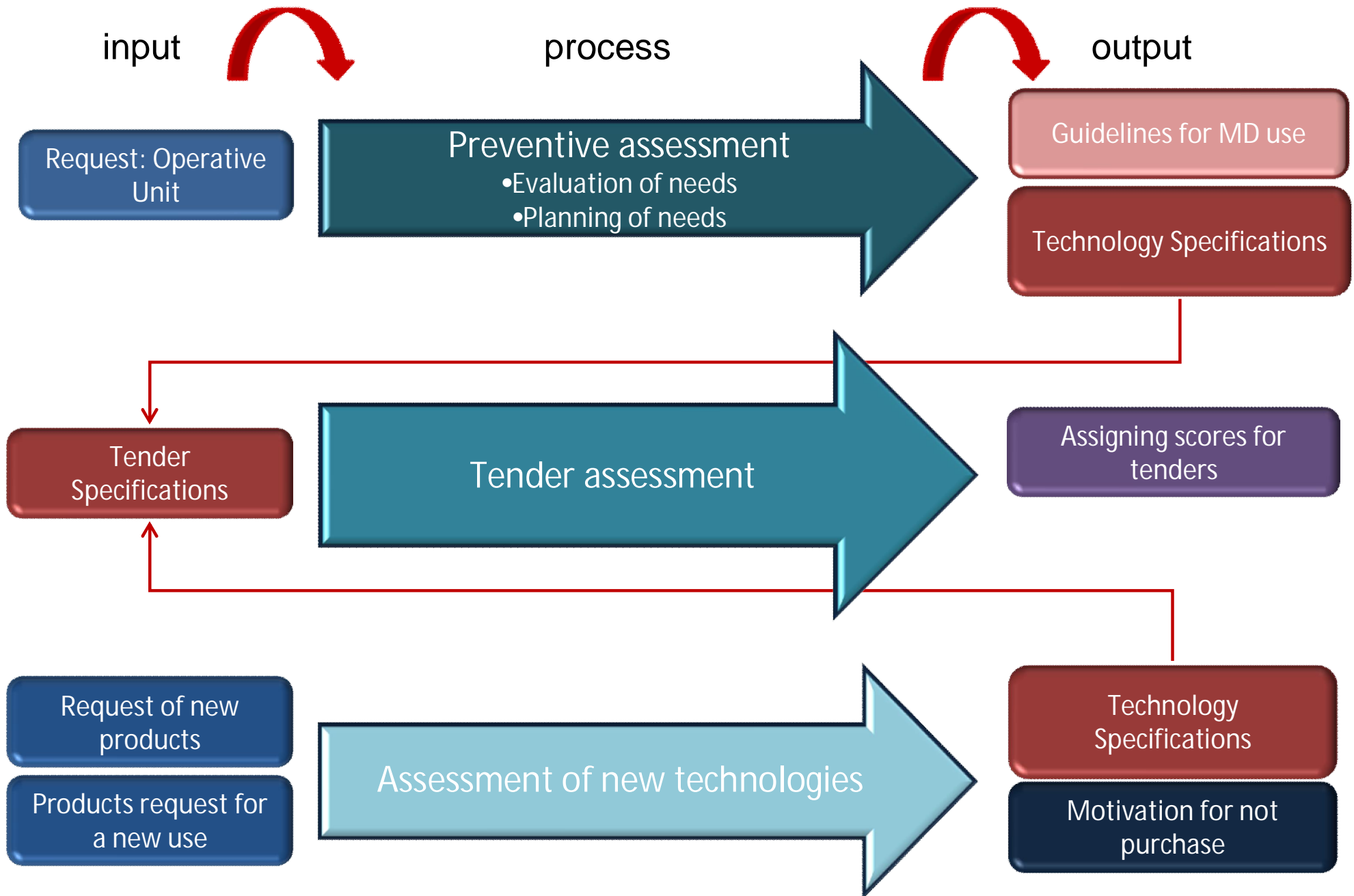
D.D.G. Padua 891/2003

Establishment of the office responsible for the technology assessment: Unità di Valutazione Beni e Tecnologie Sanitarie (UVTA)

Operational Procedures Padua 2007

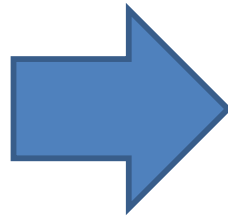
- Procedure for Equipment Request and Assessment
- Procedure for Medical Device Request and Assessment

Three pathways of technology assessment



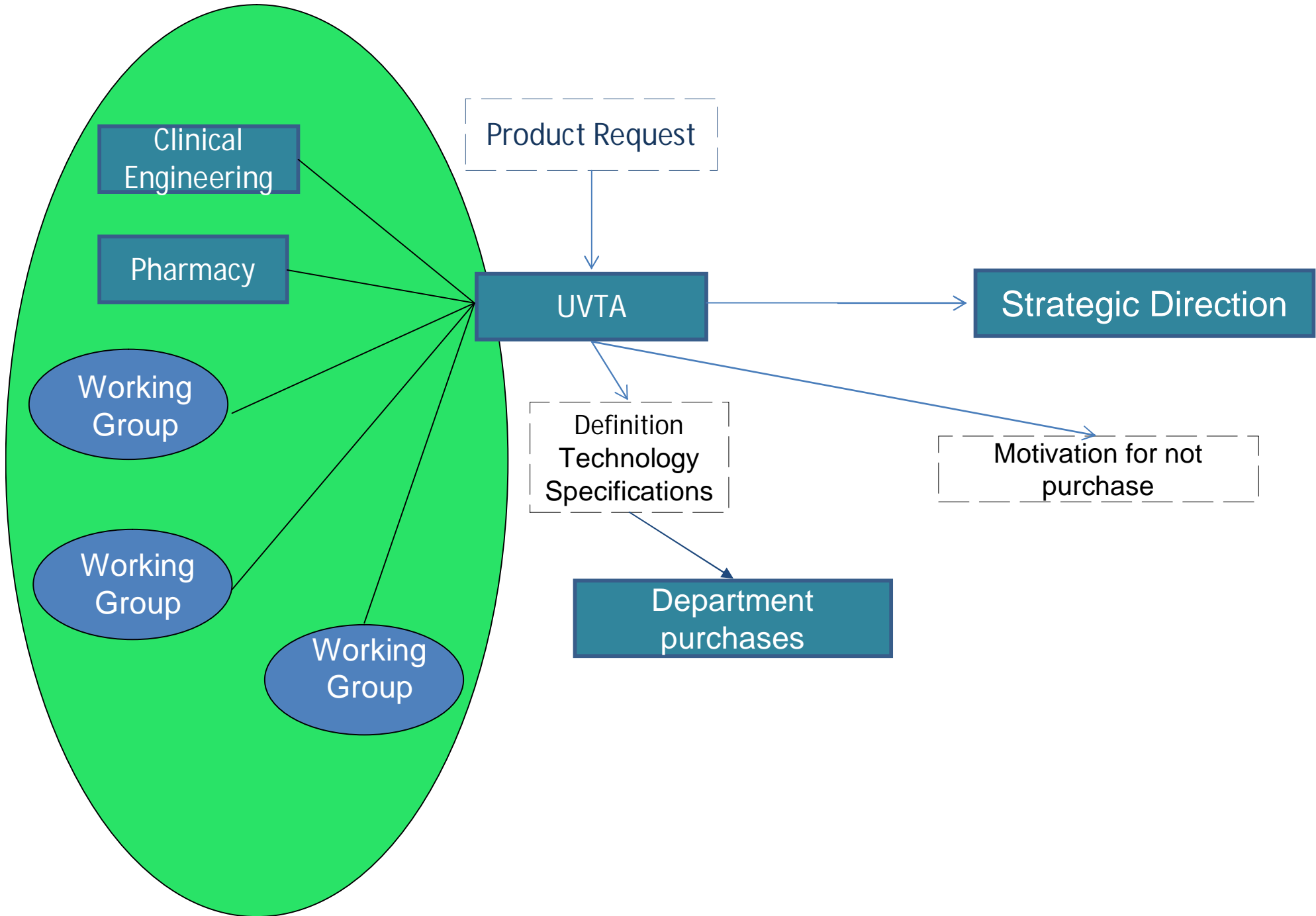
INPUT

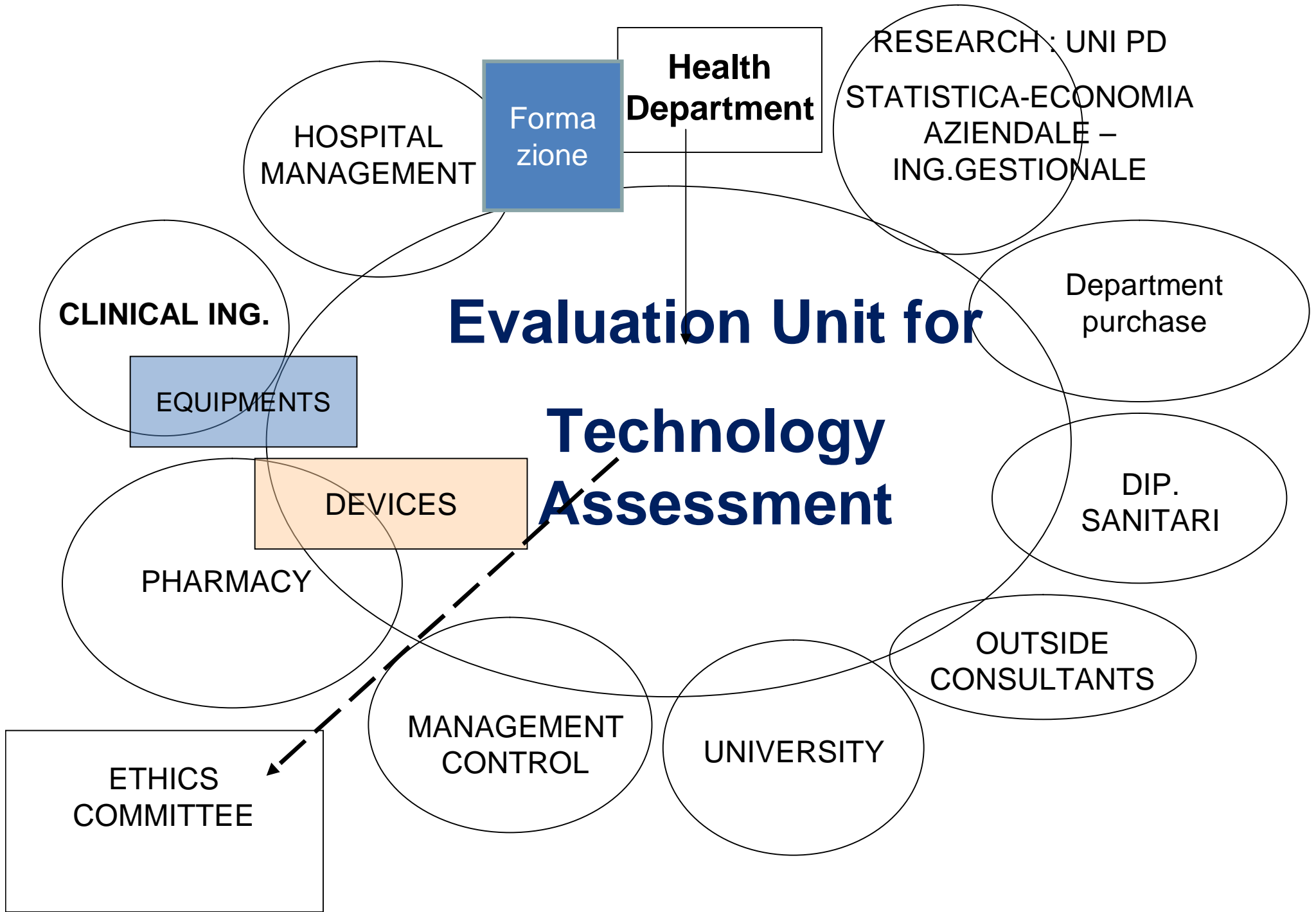
- Standards, national guidelines, publications;
- National and Regional Health Service Plan ;
- Requests / proposals of market and research;
- Purchase requests from users
- Organization of production



OUTPUT

- Product specifications;
- Guidelines for use;
- Advice to Operative Units for the use of products;
- Data for the strategic direction for the planning of production.
- Report usage monitoring products / needs
- Defining costs of procedure (eg pathways Day Surgery, liver transplant costs)
- Education (special schools, risk management, school nursing)
- Studies appropriateness
- Modifications of diagnostic paths (eg genomics-celiac disease)
- Support innovation through research and observational studies





Assess the clinical process not only devices

Outcome effectiveness in our context

Organizational impact in patient perspective

Environment impact (single use , reuse etc..)

Community perspective not only hospital perspective

Professional accreditation

Safety , SATISFACTION and budget impact

Learning curve

TO COMBINE SCIENTIFIC EVIDENCE AND
CONTEXTUAL KNOWLEDGE

According to international literature:

- We don't assess all HTA dimensions
- Not for all devices
- Not always
- Not always before/during/after
- Not always with a multidisciplinary approach

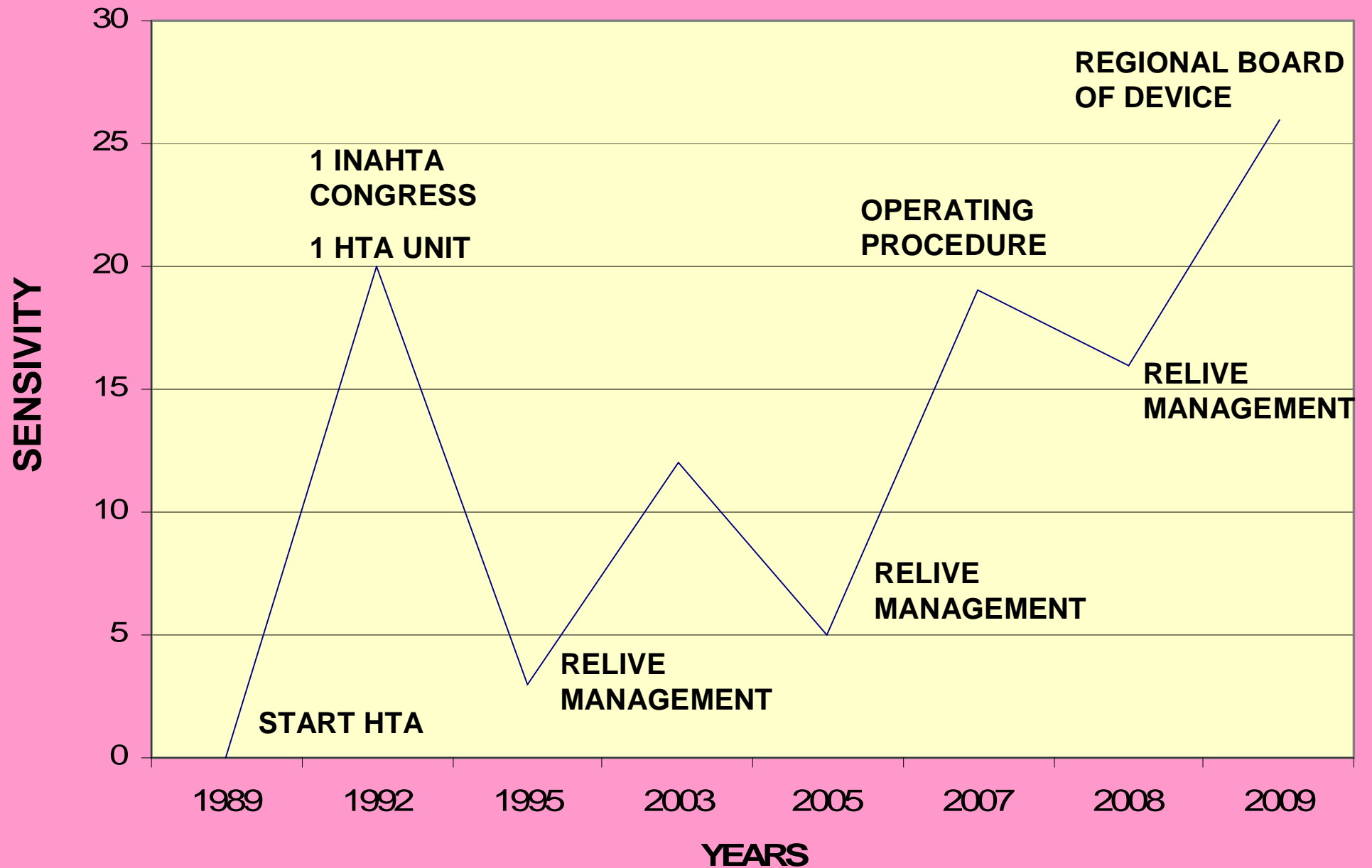
Typical criteria prioritisation:

- Emergency / Safety. Availability of evidence
- Economic impact
- Epidemiologic impact

It is always too early (for rigorous evaluation)

Until , unfortunately, it's suddenly too late

MANAGEMENT SENSITIVITY TO HTA



Our collaboration in different NETWORKs

- EUROPEAN LEVEL: EUnetHTA
- ITALIAN HTA NETWORK
- REGIONAL LEVEL: Research and Assessment Devices Committees
- ASSOCIATION between 3 or 4 Local Health Authority
- LOCAL HEALTH AUTHORITY
- PADUA UNIVERSITY HOSPITAL

- High technology governance (CRITE)
- Governance of medical devices innovation (CTR DM)
- Governance of drug innovation (CTR PTORV)
- Information technology (Arsenàl.it)

Get over the local point of view with the aim of reaching a fair health distribution across the population.

This vision has created alliances between Local Health Units to create shared areas:

1. Diagnostic and therapeutic pathways
2. Assessment of available technologies
3. Criteria for appropriateness
4. Cost / Effectiveness assessment

Critical points:

Gaps

- Organizational Level
- Professional Level
- Logistic Level
- Human and technical resources

*If we shift from **MD Assessment** to the evaluation of the effectiveness **Process Assessment** in which the DM is inserted:
the effectiveness of MD process is **operator dependent***

To share HTA methods of assessment in cross border regions we need:

- Professional Accreditation
- Share diagnostic and health care pathways
- We should prefer collaboration with similar Hospital or Health Units

What are we doing to reach our challenges in cross border Regions

Alpe Adria Working Community



Accord between Carinzia- Friuli V.G. for emergency admission at Villach Hospital



Projects Objectives

- Improvement of medical-scientific cooperation between Regions
- Development of joint training activities
- Creation of a common platform of data information

Future projects

Development of HTA Education and Implementation projects

What are we doing to reach our challenges in Padua

- HTA Summer school 2009 with European Observatory in Venice
(to learn from experiences and standardize methods)
- Continuing Education at a Regional Level
- HTA Master at the Padua University
(Founded with 3 Regions: Trentino Alto Adige
Friuli Venezia Giulia
Veneto
4 Hospital Universities: Padova Udine
Verona Trento
5 Faculties: Economy Statistics Engineer
Medicine Law Psychology
- Collaboration with the Odense University Hospital
(Mini-HTA Project)
- We promote research on devices on which we have few or no evidence

WE HAVE NO TIME TO CRY FOR FEW RESOURCES

WE ARE LOOKING FOR:

A BETTER WAY

MOST EFFECTIVE

MOST EFFICIENT

MOST SAFE

MOST SATISFACTION

WE HOPE YOU CAN HELP US IN THIS TROUBLE WAY

Thank you