

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

Varela Lema ML, Ruano Raviña A, Queiro Verdes T, Cerdá Mota T, Blasco Amaro, JA, Gutierrez Ibarluzea I, Ibarгойen Roteta N, Imaz Iglesias, I, Sampietro Colom L, Soto Pedre E, Villegas Portero R.

Contact person: Leonor Varela Lema. Galician Health Technology Assessment Agency (avalia-t). E-mail: [leonor.varela.lema@sergas.es](mailto:leonor.varela.lema@sergas.es). Telf: 34 881548609

## 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:

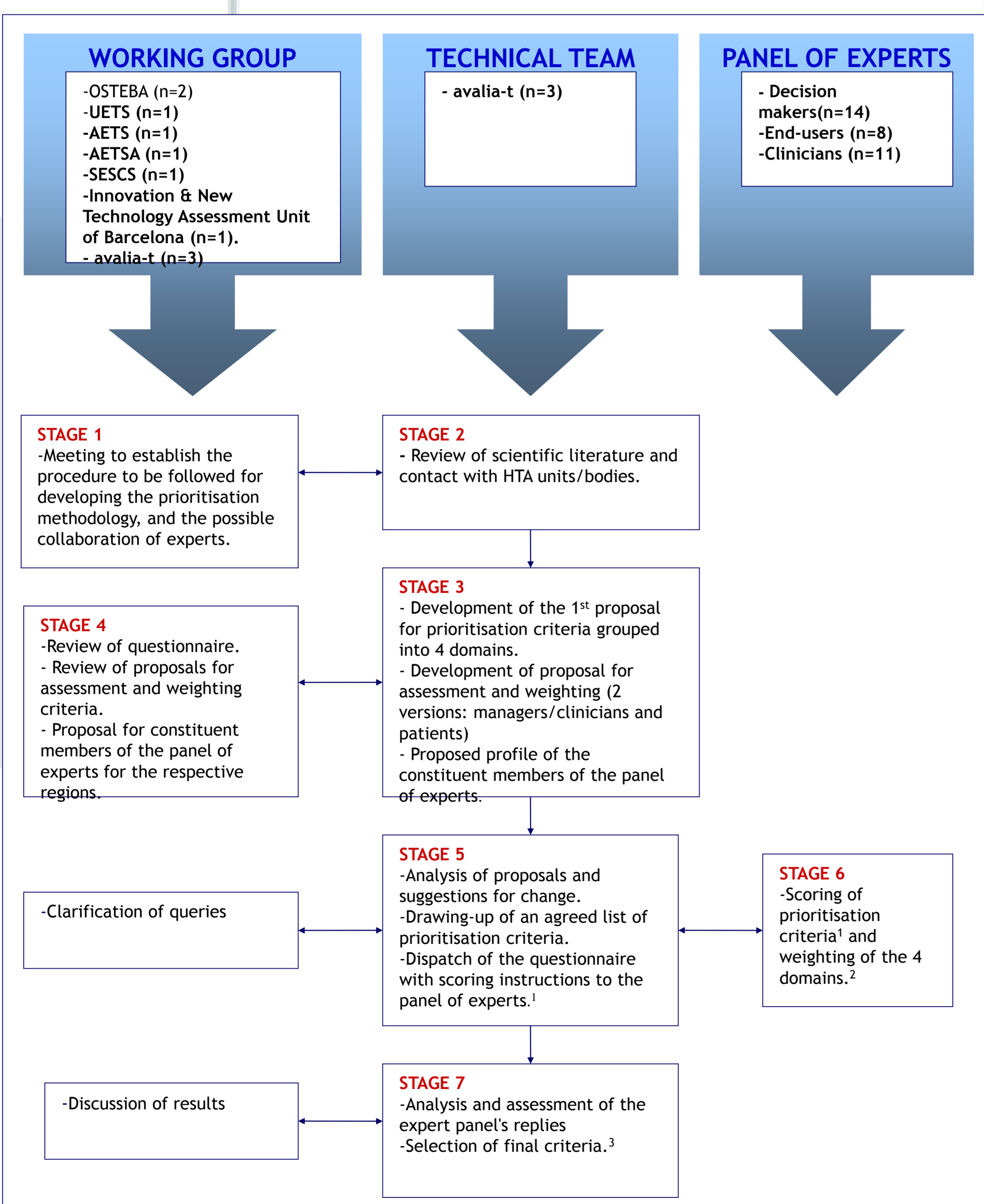
☐ *National HTA experts*

- ✓ 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 secondary care) and end users (patient associations, consultancy groups, community participation groups)*
- ✓ scoring and weighting prioritisation criteria

### Methodology for identifying, assessing and weighting prioritisation criteria



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

## 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.