

How Technology Assessment by Hospitals Differs from Technology Assessment by Payers

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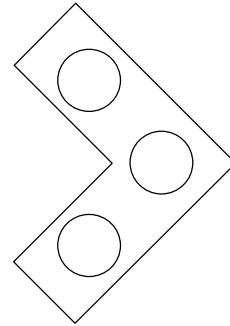
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Who uses technology assessment?

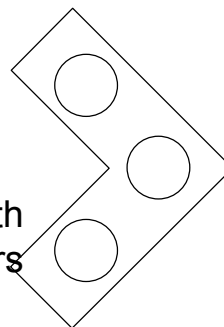
- Payers
- Industry
- Clinical specialty societies
- Regulatory agencies
- Hospitals



The bulk of technology assessment
is done by and for payers

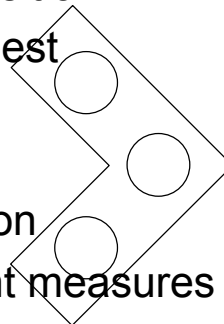
Why do payers use TA?

- Emerging technologies
 - Provider requests
- High-impact technologies
 - High-cost technologies
 - Screening and other services with potentially large numbers of users
- Quality and accountability



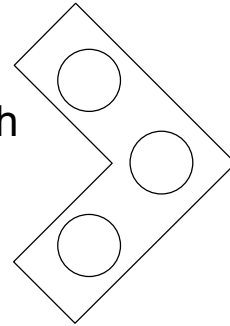
Why do hospitals use TA?

- Decisions on technology acquisition
- Identifying and implementing best practices in processes of care
- Standardization of care
- Risk management and reduction
- Prioritizing quality improvement measures



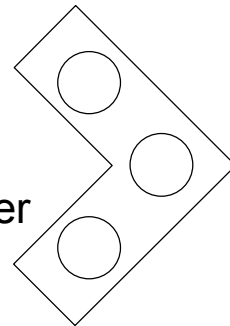
Key differences between hospital and payer TA

- Topic selection
- Methods and analytic approach
 - Involvement of clinicians
 - Local perspective
 - Pragmatic approach
- Focus on implementation



CEP at UPHS

- Established 2006
 - 2 co-directors
 - 2 research analysts
 - Various supporting personnel
- Reports to Chief Medical Officer
- Serves entire health system
 - See poster #703



CEP functions

- Answer technology assessment questions from clinical departments
- Evaluate technologies for supply chain and pharmacy committees
- Assist CMO with quality improvement projects
- Also some non-hospital collaborations



Guideline/policy topics

- Should central venous catheters be flushed with heparin or with saline?
- How should we manage transitions of care for patients on anticoagulant therapy?



Committee decision topics

- Is reprocessing of single-use devices safe and effective?
- Which patients should have telemetry?
- Should celecoxib be on the formulary for post-op use in hip replacement patients?
- Should aprotinin be on the formulary for adult cardiac surgery patients?



Executive decision topics

- Should the hospital continue a contract for ICU telemedicine coverage?
- Is aprotinin safe for use in adult cardiac surgery?
- What manufacturer should supply new imaging equipment for a cardiac cath lab?
 - Poster 793

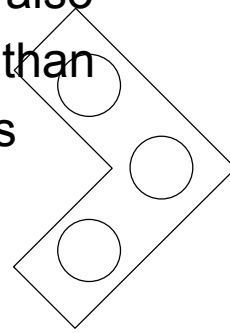


Topics for outside partners

- Is there a valid clinical basis for treatment with IV hydrogen peroxide? (payer)
- What procedures should be used in hospitals to prevent catheter-associated urinary tract infection? (CDC)
- How many hospital-acquired infections are “reasonably preventable”? (SHEA)

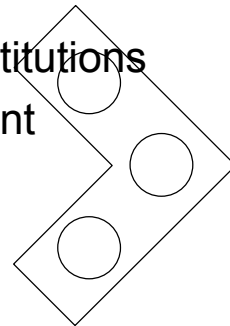
Hospital TA programs span
a broader range of topics
than payer TA programs

Hospital TA programs also
use different methods than
payer TA programs



Methods: use publications that
are most locally relevant

- Evidence from comparable institutions
- Evidence on comparable patient populations



Methods: use evidence generated in the hospital

- Local outcomes
- Characteristics of local patients
- Relationships among local specialists
- Local staff and equipment availability
- Local utilization patterns
- Variations in practice among local clinicians



Methods: clinician involvement

- Selecting topics and refining questions
- Providing strategic & patient care context
- Reviewing initial evidence assessment
- Approval of resulting guidelines & policies
- Considerable involvement of nursing staff



Methods: highly pragmatic

- Assessments limited to questions that affect hospital decision-making
- Work from existing secondary sources when possible
- Use in-house data
- Summarize evidence for busy clinicians
- Draw conclusions with implementation in mind



Hospital TA focuses on implementation

- Ensure implementing staff are involved in commissioning and reviewing report
- Prepare draft policies for review
- Standardized order sets
- Assess impact of TA process on patient care



Celecoxib

- Purpose
 - Committee decision on formulary
- Resources
 - Published literature
- Local factors
 - Very specific clinical circumstances for use (post-op use in hip replacement patients)



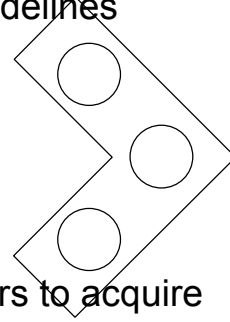
ICU Telemedicine

- Purpose
 - Executive decision on contract renewal
- Resources
 - Published literature (scarce)
 - Mortality and LOS data from UPHS ICUs with and without telemedicine coverage
- Local factors
 - Local circumstances of ICU staffing



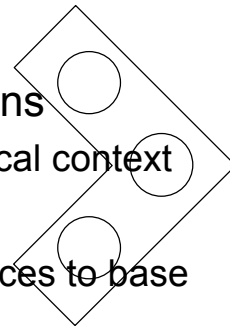
Heparin Flush

- Purpose
 - Standardize nursing practice guidelines for central venous catheter care
- Resources
 - Published literature
- Local factors
 - Collaboration with nursing leaders to acquire additional clinical evidence



TA collaborations

- Broaden your topic list
 - Look for process of care topics
- Build relationships with clinicians
 - Physicians and nurses give clinical context
- Work pragmatically
 - Look for reliable secondary sources to base conclusions on



TA collaborations

- Provide for localizing your findings
 - Selecting evidence relevant to users' practice
 - Adding local outcomes and resource information
- Focus on implementation
 - Develop tools like standard order sets
 - Measure effect of TA process on patient care