Institut national d’excellence en santé et en services sociaux

Health technology assessment is often considered a barrier to innovation. Reiner Banken, Advisor to the CEO, explains why this is not the case and how such assessments are adapting to changing public health challenges to ensure the sustainability of health systems.
What are your key duties as Advisor to the CEO, Alliances and Networks for the Institut national d’excellence en santé et en services sociaux (National Institute for Excellence in Health and Social Services – INESSS)?

As an advisor to the CEO, my responsibilities are always changing according to the priorities of the organisation. In general, I work on networks in Québec, Canada, and on the international level. My role also includes external relations and health technology assessment (HTA) in hospitals because Québec is the only jurisdiction worldwide where HTA is mandatory for university hospitals. There are HTA units based in all five Québec university hospitals, as well as other hospitals and social care institutions. The current focus at INESSS is on innovation and HTAs, which we’ve been working on for more than a year.

What is the mission and remit of INESSS? Why are the establishment and utilisation of networks and alliances crucial for INESSS to fulfil its mission?

INESSS’s mission is to promote clinical excellence and the efficient use of resources in the health and social services sector. HTA was born in 1974, when the US Congress Senate Committee on Human Resources put the question of whether a reasonable amount of justification should be provided before costly new medical technologies and procedures are put into general use to the US Office of Technology Assessment.

HTA is a service for supporting decision making, at the level of the Ministère de la santé et des services sociaux (Ministry of Health and Social Services – MSSS) and also on the regional or clinicians level. To fulfil this role, as a service we have to be networked; people must know who we are and we must know about the health system. We need to be embedded in the system, but at the same time remain independent, and provide impartial advice that is publicly available. What we do is translate and synthesise knowledge, from the literature as well as clinician, patient and manager perspectives. Our advice is not mandatory; it lays out the best available evidence, explains what it means in the context of the question and outlines any remaining uncertainties. So we’re not replacing decision making, we’re supporting it.

INESSS was part of the first wave of HTA agencies that developed around the world in the late 1980s. So it’s part of an international network and closely linked with the other agencies through the International Network of Agencies in Health Technology Assessment (INAHHA). The Network includes about 50 member agencies worldwide and, with the addition of South Africa, we are present on all continents. We collaborate on global-level topics, but we also utilise reports from other international contexts and see if they fit the needs of our local health system.

Who are the key stakeholders that INESSS works with? Do you partner with the health technology industry?

INESSS is part of the health system, whereas health industries are not generally considered to be. We are working with the MSSS, Régie de l’assurance maladie du Québec (Health Insurance Board), patient groups, research bodies, clinicians and many other stakeholders in health as well as social care. We cannot accept requests from industry to assess a technology, only from decision makers in the health system. On specific assessments, we can work with industry; meeting them and accepting information. We also have some routine meetings three or four times a year with the medical device and pharmaceutical industries.

How can HTA contribute to solutions to public health challenges?

The biggest public health challenges in Québec are, as elsewhere, the sustainability of the health system and efficient use of resources to improve patient care. Costs are rising and budgets are limited, and there is increasing pressure to make the best use of the resources available. Decision makers have to answer tough questions and HTA is informing the responses. Assessment is important for sustainability but a health system must also be agile and open to innovation. Technological innovation often needs to be linked with organisational innovation. For
example, in cardiology there are increasing numbers of minimally invasive tools. It is important to establish not only the effectiveness of the technology, but how to introduce it, which medical professional should be doing it, etc., and HTA has to look at all of these issues.

Could you discuss HTA's relevance to procurement decisions in health systems?

In order to save money, a number of organisations are centralising procurement mechanisms and the potential savings are considerable. In the UK, the National Audit Office stated in 2011 that 10 per cent of hospital spending on consumables – amounting to £500 million a year – could be saved if trusts grouped together and bought products in a more collaborative and coordinated way. There are many associated challenges, including securing the collaboration of hospitals and full engagement of physicians; managing industry’s fear of the impact on profit margins; coordinating change; and taking innovation into account.

INESSS is involved with centralising the procurement process for the whole of Québec in four areas: cardiology, ophthalmology, orthopaedics and dialysis. The MSSS has made this, and linking to HTA, mandatory for hospitals and trusts. Clinicians are very happy about this ruling because HTA defines the value of innovation and so helps them see the benefit to the health system. INESSS is a member of committees for procurement but only informs procurement decisions where there are specific challenges and HTA will be useful. Clinicians are aware of the research evidence, and if they are in agreement, it may not be necessary for INESSS to become involved.

Treasury rules tend to make it difficult for innovations to make it through the procurement process and the MSSS, along with its Group Purchasing Organisations, has come up with a way to change this. For example, when procuring pacemakers, 70 per cent of the total planned acquisitions should be awarded to two suppliers (of this, 60 per cent goes to the lowest bidder and 40 per cent to the second lowest to reduce recall problems) following a public request for proposal. The remaining 30 per cent is open purchase, which must be offered at the lowest price as per the contracts publicly awarded. This open purchase proportion means that a cardiologist can experiment with new innovations. You have to adapt the procurement mechanisms to take into account innovation, and HTA plays a role in this mechanism by defining the added benefit of innovations under certain conditions.

How has INESSS adapted to changes within the sector and in what ways do you expect it to evolve in the future?

INESSS was born through the merger of the Conseil du medicament, which assessed pharmaceuticals for listing purposes, and the Agence d'évaluation des technologies et des modes d'intervention en santé (AÉTMIS), which assessed all non-pharmaceutical health technologies. Integrating these two organisations was necessary to give a coherent and holistic perspective for HTA, so the focus is not only on the technology, but also on the disease and the health system more widely. If you look at innovation and take personalised medicine as an example, there is increasingly a co-dependence of health technologies; you have a diagnostic associated with a drug, so agencies that cannot assess both simultaneously will have a problem assessing personalised medicine. INESSS centrally assesses both drugs and medical biology procedures and is thus well positioned for supporting the rational implementation of personalised medicine in the Québec health system.

INESSS also has a mandate for social care and its assessments provide an evidence perspective for the continuum from health to social services; it is one of the few agencies able to cover the whole spectrum of innovation. We are part of a global evolution in HTA and many things are changing: the technology industry is becoming more aware of the importance of HTA; new mandates are being added, including a resolution to the World Health Assembly on ‘Health intervention and technology assessment in support of universal health coverage’ that will be debated in May; there are increasing numbers of publications on HTA by organisations like the OECD; and interestingly, there are less and less silos in the evaluation of technology.

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