

MEDICAL TECHNOLOGY ASSESSMENT PROGRAM [MedTAP]

INTRODUCTION

The eleven-member, Governor-appointed Oregon Health Resources Commission (HRC) consists of four physicians, two pharmacists, and one representative each of hospitals, insurers, business, organized labor, and consumers. Its purpose is to encourage the rational, responsible and appropriate allocation and use of health technology in Oregon by informing and influencing decision makers, including consumers, through the collection, analysis, synthesis and dissemination of information concerning the use, effectiveness and cost of health technologies and their impact on health care of Oregonians. Its major activity is to conduct a medical technology assessment program (MedTAP) that addresses the introduction, diffusion and utilization of health technologies.

Medical Technology, incorporating the definition in ORS 442.575, includes the equipment and devices, drugs or other pharmaceuticals (including vaccines); medical, surgical, or other procedures used to screen, prevent, diagnose, and treat disease; as well as the health systems (such as electronic health records) which support these activities. This document describes the technology assessment program for non-pharmaceutical interventions.

Advances in health technology create a steady stream of new diagnostic and treatment options that may improve the quality of health care in Oregon. However, the rapid pace of innovation and the increasing complexity and cost of health technologies also create new challenges. In order to identify technologies that will improve health outcomes and deliver value for every health care dollar invested; health policy makers, administrators and professionals need unbiased information regarding efficacy/effectiveness, risks, clinical utility and possible alternatives on which to base their decisions.

OVERVIEW

The Commission has limited resources to assess medical technologies in depth annually. The process for identifying, screening and selecting medical technologies for assessment seeks out those that have the highest likely impact on the health and health care of Oregonians, the cost of that care, and the Oregon Health Plan's goal of achieving universal access to an adequate level of high quality health care at an affordable cost.

The actual conduct of an assessment is open to the public, and involves the technical and clinical aspects of each topic. The technology subcommittee of the HRC performs the assessment of medical devices and procedures by reviewing available existing evidence from HRC approved sources following standard HRC protocol. As per standard HRC procedure and policy these reports are an assessment of the technical merits of the medical technology under review and are evaluated in clinical context, the committee adheres to public meeting laws applicable to the HRC, and may use experts as needed on an ad-hoc basis.

TECHNOLOGY SUBCOMMITTEE REPORT

The technology subcommittee prepares a written report and conclusions at a public meeting with allocation for public input. Depending on available evidence the report may contain information regarding the science behind the assessed medical technology, its appropriate indications for use, its benefits and risks and its clinical effectiveness relative to alternatives. The subcommittee may also include other information it feels relevant that is found during its evaluation. The subcommittee then presents its report to the Commission at a public meeting with further opportunity for public comment. After evaluating the report and public comments the Commission may take one of three actions:

1. Accept the report as written
2. Make edits to the report and accept as modified
3. Return the report to the subcommittee with recommendations for further work.

DISSEMINATION

Once an assessment is finalized, it is made available to the public on the HRC web site at:

<http://www.oregon.gov/OHPPR/HRC/index.shtml>

This provides a mode of dissemination to health care providers, payers, purchasers, policy makers, and the public to foster informed decision making and policy development. Thus, the technology evaluation program helps practitioners and their patients make clinically effective treatment choices, helps providers make responsible technology acquisition, helps payers and health plans make reasonable and prudent coverage and payment decisions, and helps public agencies make sound public policy about the value of the technology in the face of limited resources. The Commission shares the results of the medical technology assessments within the Oregon Health Authority programs including the Oregon Health Plan through the Division of Medical Assistance Programs (DMAP) and the Health Services Commission for its use in revising its Prioritized List of health services. It will also share its findings with other health-related programs in the Health Authority, including other public purchasers such as Public Employers Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB), as well as other health-related programs in other state agencies regarding its medical technology recommendations.

REASSESSMENT

Given the continuous evolution of medical technologies and how they are used, single-point-in-time assessments may need to be periodically reevaluated and updated. As significant new information and evidence regarding an assessed medical technology becomes available to the

Commission, and if or when reassessment is deemed appropriate by the State agencies and public purchasers it serves, the Commission will evaluate the need for, and feasibility of, reassessing that technology.

THE ASSESSMENT PROGRAM

Identifying Potential Candidate Technologies

In order to identify potential candidate technologies for assessment by the Commission, staff manages a process to gather potential candidate technology recommendations from various sources which may include, but not limited to:

- (1) Physicians and other licensed health care professionals licensed to practice in Oregon, especially through their local and statewide professional associations and specialty societies;
- (2) Health care payers licensed in Oregon or participating in the various programs of the Oregon Health Plan, especially through their medical directors;
- (3) Hospitals and other health care facilities licensed to operate in Oregon and any Oregon-based health system/integrated delivery network of which such facilities are members or any other health care provider (see definitions) not elsewhere specified;
- (4) Oregon State agencies and programs, boards and commissions including this Health Resources Commission, councils, executive branch officials, and Legislative Assembly members or legislative or committee staff, especially those with health-related functions;
- (5) Health plan purchasers which sponsor or provide health care coverage for Oregon residents, especially through coalitions or consortiums of such purchasers; and
- (6) Oregon health care consumers and their advocacy organizations.

These recommendations are aggregated by staff and presented to the Commission at a Public meeting. Public comment on the recommendations will be accepted and present an opportunity for those who have not yet participated in the process to recommend topics for consideration. The commission will determine a final list based on the recommended topics and taking into account public comment.

While this list is intended to serve as a guide in selecting topics for new reviews, it is recognized that due to the rapidly changing technology arena the list may not contain all the topics that are deemed necessary over the course of time prior to production of the next list of potential topics. The list shall in no way prevent another topic from being selected which one of the agencies or public purchasers that the Commission serves may require. In order to allow for adequate time for public participation, the selection of the next topic shall be posted on the HRC website no later than ten days prior to the first meeting of the Technology subcommittee where that topic will be considered.

Selecting Technologies for Assessment

Technology assessment will be based on the needs of the agencies and public purchasers served by the HRC. While it is anticipated that requests for assessments will not leave the Commission and its subcommittee without direction as to the next topic for evaluation, if there is no specific need the topic will be selected from the list of potential topics taking into account availability of recent, high quality evidence from HRC approved sources.

Conducting the Assessment

The assessments will be conducted utilizing an HRC approved source document. Utilization of high quality sources of information assures uniformity and fairness in the evaluation process. The subcommittee will formulate their report, conclusions and recommendations based on the information in the report incorporating the clinical context necessary for the information to be properly interpreted into useful information for policymakers.

Technology subcommittee meetings will be public and conducted in a manner consistent with the HRC's evidence-based drug reviews. After discussing the best evidence, the subcommittee will draw conclusions as to overall importance of beneficial effects, adverse effects (harms), and compliance. If consensus is not possible, the decision will be by majority vote, with a minority opinion expressed in the report.

Due to the nature of new technologies and the body of evidence related to them reports will contain an evaluation of the quality and sufficiency of available evidence for assessing the technical performance of the medical technology, the strength of the recommendations and the confidence in the conclusions reflecting the power of the evidence.

The subcommittee report will be available on the HRC website for public review prior to presentation at the HRC meeting. The report and recommendations are presented to the Commission at a public meeting where public testimony/ comment will be accepted. The Commission discusses the report in view of any testimony heard and either accepts the assessment along with its recommendations and conclusions (report) or edits the report and accepts as modified or returns the report to the subcommittee with recommendations for further work.

Disseminating the report

The Commission widely disseminates the results of a technology assessment and its associated recommendations to inform and influence health care decisions and policy on the part of health care providers and provider networks, payers, purchasers, consumers, and policy makers.

Reassessing Technologies

Given the continuous evolution both of the research evidence regarding a medical technology's performance and of the technology itself and how it is used, single-point-in-time assessments may need to be periodically reevaluated and updated to reflect this new evidence. This stage links the end of the assessment process with its beginning: the information sources consulted to help identify potential candidate medical technologies for initial assessment also provide information regarding new evidence and developments for previously assessed medical technologies. When significant evidence and/or developments accumulate that potentially warrant the reassessment of a medical technology, or when reassessment conditions are reached, staff brings this information to the attention of the Commission and the candidate for reassessment is evaluated, with any other candidates for assessment.

If the Commission chooses to reassesses a medical technology, depending on the nature and extent of the new evidence or developments and their bearing on the technology's existing assessment and recommendations, the Commission may perform the reassessment by:

1. Reconvening the subcommittee and conducting the full assessment process described above, leading to a possible major revision of the medical technology assessment.
2. The HRC may conduct a limited reassessment on its own through consultation with technical experts, but without appointing a TAP, leading to only minor revision of the assessment and recommendations.