Transferability of health technology assessment reports from other jurisdictions and their use in the decision making process in Latin America: a survey of researchers and decision makers

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Introduction

• Even in high income countries, many HTA agencies are under-resourced and consequently unable to produce the volume of outputs desirable

• Adapting or using HTAs from other jurisdictions could reduce the need for multiple reports on the same health technology with resultant saving of time and resources.

• Given the scarcity of local HTAs in Latin America, Decision Makers and researchers may be using, formally or informally, HTAs from other jurisdictions when faced to decisions that cannot avoid or postpone.
Objective

To explore these HTA transferability experiences in Latin America:

1. Are decision makers currently using or applying HTAs from other jurisdictions to guide decisions?

2. Are researchers using HTAs from other jurisdictions as an input/source when developing local HTAs? Have they adapted HTAs from other countries?

3. How useful/applicable/adaptable was the information from these HTAs in different domains (e.g. efficacy, safety, economic evaluation)?

4. What is the perceived theoretical usefulness of the transferability of HTAs in Latin America?

5. What are the main barriers that limit the transferability of HTAs in the region?
A confidential, self-administered, web-based survey sent to 13,031 HTA researchers and decision makers in Latin American countries (9,989 in Argentina and 3,042 in other Latin American countries)

### Methods

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#### 4.2: Información sobre los efectos adversos de la tecnología

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#### 4.3: Información sobre la eficacia y efectividad de la tecnología

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Results (1)

Between May and December 2010, we received 671 responses with a global response rate of 5.2%
Decision makers reported using HTA reports from other jurisdictions in 76% of the situations.

When using reports from other jurisdictions they found more useful, applicable and adaptable (mean score of 7.0 or more in a 1 to 10 scale) the information regarding:

- Description of the technology
- Safety
- Efficacy/effectiveness

Less useful/adaptable
- Ethic/legal/social implications
- Budget impact
- Economic evaluation
- Organizational issues

Results (2) – Decision Makers

- From their own countries, 24%
- From Latin American countries, 23%
- From other regions (eg Europe, North America, Australia), 53%
Decision makers, contrary to what might be expected, also considered more useful and more applicable the information from HTA reports from other regions.
Results (5) – Researchers

Researchers (HTA “doers”) reported using HTA reports from other jurisdictions as an input/source when elaborating local HTA reports in 64% of the situations.

Origin of HTA reports used as an input/source for HTA

When using reports from other jurisdictions they found more useful/adaptable the information regarding:

• Description of the technology
• Safety
• Efficacy/Effectiveness
• Method. of systematic review
• as an aid in the comparisons of results
• as a starting point from which to develop a new report

Less useful/adaptable
• Ethic/legal/social implications
• Budget impact
• Organizational issues
• Economic evaluation
Results (6) – Researchers

Coincidentally with DM they also considered more useful and more applicable the information from HTAs from other regions as compared to HTAs from other LAC countries (7.8 vs. 6.8, p<0.01).

Researchers, as compared to research users, tend to value higher the usefulness of HTAs from other jurisdictions. This was observed mainly for the information regarding the description of the technology (8.4 vs. 7.4, p<0.01) and for efficacy/effectiveness (8.3 vs. 7.5, p>0.01).
33% of the researchers reported having adapted an HTA report to the local setting.

In 75% of the cases the reports adapted came from other regions and just 25% where reports from other Latin American countries.
General section about transferability: responses from HTA “users” and “doers”

All respondents consider that using HTA reports from other jurisdictions is potentially very useful (mean score 7.2/10). This potential was considered to be higher for HTA reports from Latin America.

Researchers scored significantly higher this usefulness when compared to DM, mainly as a tool to avoid duplication of work (7.8 vs. 6.9, p<0.01) and to obtain results faster (7.7 vs. 7.0, p=0.01).

They consider it useful to:
- Improve the decision making process
- Fewer resources needed
- Obtain results faster
- Avoid duplication of work

Potential usefulness of using HTA reports from other jurisdictions according to origin:

- HTA reports from other regions (e.g., Europe, North America, Australia): 6.9
- HTA reports from Latin American countries: 7.4

p<0.01
Main barriers than limit the transferability of HTA reports:

For HTA reports from Latin America
- Low quantity of HTA reports available
- Lack of guidelines/methods on how to adapt HTA reports
- Poor methodological quality
- Lack of transparency in the HTA reports published

For HTA reports from other regions
- Differences in health care costs
- Different epidemiological contexts
- Different health care systems

No significant differences between responses from researchers and decision makers
Main barriers than limit the transferability of HTA reports:

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- Lack of transparency in the HTA reports published

For HTA reports from other regions
- Differences in health care costs
- Different epidemiological contexts
- Different health care systems

Barriers for transferability: Low quantity of HTA reports available

p<0.01
Main barriers than limit the transferability of HTA reports:

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For HTA reports from other regions
• Differences in health care costs
• Different epidemiological contexts
• Different health care systems

Barriers for transferability: Different epidemiological contexts

HTA reports from other regions (eg Europe, North America, Australia) vs HTA reports from Latin American countries

p<0.01
Main barriers than limit the transferability of HTA reports:

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For HTA reports from other regions
- Differences in health care costs
- Different epidemiological contexts
- Different health care systems

Barriers for transferability: Different healthcare costs

p<0.01
Conclusions (1)

• Transferability is playing an important role in the region.

• Currently, the use of HTA reports from other regions exceeds that of those from Latin America (potential threats?).

• However, both decision-makers and researchers agreed to identify HTA reports from the region with the greatest potential for transferability and applicability.

• Current barriers for local transferability, such as lack of transparency, poor methodological quality and low production of reports, should be overcome.
Discusión

- The use and adaptation of HTAs from other jurisdictions can be a valuable tool to overcome the scarcity of local information and the lack of time and resources to generate evidence in the short term.

- It is also expected that many of the barriers that are currently limiting a wider transferability of HTAs in LAC will improve in the short term to the extent that local production of HTA increases and methodological quality and transparency of reports is improved.

- However, the use of HTAs from other jurisdictions also requires adequately trained researchers and decisions makers, and even under the best conditions it may involve risks and limitations. Despite its potential value as a tool to assist decision-making process under conditions of lack of information, it is by no means a way to replace the local production of good quality information in the future, which is one of the greatest challenges facing the region today.
Thank you!

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Table 3. Means scores in the rating of the usefulness and applicability of the information found in health technology assessment reports (HTAs) from other jurisdictions for different domains: Responses from researchers and decision makers. Scores in a 1 to 10 scale (1=not useful at all, 10=extremely useful)

<table>
<thead>
<tr>
<th>Domains</th>
<th>Researchers</th>
<th>Decision Makers</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Information found to be more useful, applicable and adaptable (mean score of 7.0 or more)</td>
<td></td>
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<tr>
<td>Description of the technology</td>
<td>8.4</td>
<td>7.4</td>
<td>&lt;0.01</td>
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<tr>
<td>Data on efficacy/effectiveness</td>
<td>8.3</td>
<td>7.5</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Data on safety</td>
<td>7.5</td>
<td>7.0</td>
<td>ns</td>
</tr>
<tr>
<td>As starting point to develop a new HTAs</td>
<td>8.0</td>
<td>N/E</td>
<td></td>
</tr>
<tr>
<td>Methods of the systematic review</td>
<td>7.7</td>
<td>N/E</td>
<td></td>
</tr>
<tr>
<td>As an aid in the comparisons of results</td>
<td>7.4</td>
<td>N/E</td>
<td></td>
</tr>
<tr>
<td>Information found to be less useful, applicable or adaptable (mean score below 7.0)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ethical, legal and social impact</td>
<td>5.9</td>
<td>5.9</td>
<td>ns</td>
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<tr>
<td>Budget impact</td>
<td>5.6</td>
<td>5.9</td>
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<tr>
<td>Economic Evaluation</td>
<td>6.8</td>
<td>6.5</td>
<td>ns</td>
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<tr>
<td>Impact on the organization</td>
<td>6.2</td>
<td>6.4</td>
<td>ns</td>
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HTAs: Health Technology Assessment reports; N/E: not evaluated; ns: p-value not significant (>0.05)
Table 3. Means scores in the rating of the importance of the different barriers that may be currently limiting a wider transferability of Health Technology Assessment Reports (1-10 scale, higher scores corresponds to barriers considered to be more important): scores for HTA reports from Latin American and Caribbean countries and for HTA reports from regions outside Latin America (e.g. Europe, Australia, Canada)

<table>
<thead>
<tr>
<th>Barrier</th>
<th>For HTAs from other LAC countries</th>
<th>For HTAs from regions outside LAC</th>
<th>p-value</th>
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<tbody>
<tr>
<td><strong>Barriers that scored higher for HTAs from LAC</strong></td>
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<tr>
<td>Low quantity of HTAs available</td>
<td>7.1</td>
<td>5.2</td>
<td>&lt;0.01</td>
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<tr>
<td>Lack of guidelines/methods to adapt HTAs</td>
<td>7.2</td>
<td>6.8</td>
<td>&lt;0.01</td>
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<tr>
<td>Low methodological quality</td>
<td>6.7</td>
<td>5.3</td>
<td>&lt;0.01</td>
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<tr>
<td>Lack of transparency in the HTAs published</td>
<td>6.7</td>
<td>5.9</td>
<td>&lt;0.01</td>
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<tr>
<td><strong>Barriers that scored higher for HTAs from other regions</strong></td>
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<tr>
<td>Differences in health care costs</td>
<td>6.6</td>
<td>7.9</td>
<td>&lt;0.01</td>
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<tr>
<td>Different epidemiological contexts</td>
<td>6.1</td>
<td>7.5</td>
<td>&lt;0.01</td>
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<tr>
<td>Different health care systems characteristics</td>
<td>6.5</td>
<td>7.8</td>
<td>&lt;0.01</td>
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<tr>
<td>Different scope of the reports</td>
<td>6.1</td>
<td>7.0</td>
<td>&lt;0.01</td>
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HTA: Health Technology Assessment; HTAs: Health Technology Assessment reports; LAC: Latin America and the Caribbean