

Prioritization of topics for health technology assessment (HTA). the priority scoring tool PriTec in Spain



TYPE
STATUS

The PriTec tool has been implemented
Is used

LAST
UPDATE

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SPAIN • NATIONAL
Diagnostic & Treatment

PROBLEM & OBJECTIVE

PROBLEM To date, there is no consensus regarding the values or criteria that should guide priority settings and existing methods are relatively complex to implement. The current systematic evidence based priority setting scoring tool (PriTec) solves this problem by providing a user-friendly methodology, that is rational, transparent and well understood by all potential stakeholders.

OBJECTIVE The implementation of the PriTec allows for making proposals for HTA, based on explicitly chosen criteria that have been weighted in accordance with political, clinical and patient/society values, demands and needs.

The implementation of this practice, can aid in making the best decisions regarding the investment of HTA resources, meaning efficiency, equity and quality of the health care systems.

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KEY COMPONENTS / STEPS

- The tool was requested by the Spanish Commission of Provision, Coverage, and Financing (CPCF) in order to improve the procedure for prioritizing interventions to be evaluated by the Spanish HTA Network to support coverage decision making.
- The criteria and domains were derived from the results of a systematic review and were refined in collaboration with a representative groups involved in the decision making deliberate process (HTA bodies, CPCF and NHS Ministry of Health). The final list was developed by consensus.
- Domains were weighted by a multidisciplinary panel of experts composed of decision makers, clinicians, and patients/citizens representing different contexts and settings.
- Several workshops were required in order to: refine and adapt criteria and classification of domains, validate the criteria (RAND-UCLA), build capacity of the end users (Advisory Commission) and gather feedback.
- A standard of procedure was developed to support implementation.
- A simplified online topic request submission template form has been developed as part of this continuous improvement process and a new version of the PriTec tool in web format is about to be launched.
- Spanish National Health System (NHS) is a decentralised system and the Regions are responsible for provision. Nevertheless there is a common portfolio of NHS services that must be provided by all the regional services. Health Technology Assessment is mandatory before a health technology is introduced. HTA is developed by the Spanish HTA Network (RedETS) coordinated by the Ministry of Health. After the identification of assessment topics, these are prioritized with PRITEC tool. The tool is used by a Committee which is integrated by regional representatives in order to agree the final assessment list (approximately 60 proposed topics/year and 30/annual plan).

KEY CONTEXTUAL FACTORS

- In Spain, the National Health System (NHS) defines the common portfolio of services for the National Health System that must be provided by each of the regions. Health Technology Assessment is mandatory before a service is introduced into the common portfolio. Since 2006 there has been collaboration on HTA between the Spanish regions with the creation in 2021 of the Spanish Network of Agencies for Health Technology Assessment and Services of the NHS (RedETS) coordinated by the Directorate General for Common Portfolio of Benefits and Pharmacy (DGCBPPh) at the Ministry of Health.
- Its activity mainly responds to the HTA needs of the different Regional Health Services identified according to a specific process, and are prioritized since 2016 by means of the PRITEC tool.
- The PriTec tool, developed by one of the regional agencies (Avalia-t.ACIS), has been adapted for use at a national level.
- Is applied by the Commission for Provision, Insurance and Financing, which is integrated by policy representatives from all regions and consensus is reached regarding the final assessment list.
- Approximately 60 topics are proposed each year and of those, about 30 are included in the annual working HTA plan such as severity, prevalence, therapeutic alternatives, uncertainty, benefits for patients, benefits for professional practice, benefits for health care system.
- DGCBPPh settled in 2017 a new Standing Working Group to support Health Technology Assessment activities (SWG-HTA) created to support and improve HTA activities into the Spanish-NHS:
 - formed by strategic representatives of every regional health service;
 - managing and assuming regional responsibilities in detecting and setting priorities among health technologies eligible for assessment;
 - providing to RedETS regional data needed for specific HTA-reports;
 - taking part in the reviewing processes either of the protocols and preliminary reports;
 - helping in the dissemination and implementation of all outputs delivered by RedETS.

MAIN IMPACTS / ADDED VALUE

- In a context of resource constraint, priority setting is crucial to help health care decision makers determine which interventions could be liable for assessment to inform decision making.
- The current PriTec scoring provides a user-friendly methodology, that is rational, transparent and well understood by all potential stakeholders. The process has been aligned to policy makers needs and has taken into account the values of decision makers, clinicians and patients/representatives/citizens, thereby ensuring that it meets the preferences and expectations of all of the key stakeholders in the system.
- The process is viewed key to identify those topics of greater relevance, avoiding the dispersion of efforts and resources in assessments of low potential value, that could be delayed or avoided, well because the interventions are insufficiently immature or the implications for the health care system are viewed to be insignificant.
- The main benefit of this process resides in avoiding that the selection is made based on the subjective considerations even though in the absence of information the final value judgement will have to be done by the evaluator and this could rest validity to the whole process.

LESSONS LEARNED

- The key success factors in ensuring the effective formulation and implementation have been:
 - the financial and technical support provided by the National Ministry of Health;
 - the avalia-t, ACIS know how in prioritization field, having developed a previous version of PriTec;
 - the existence of a specific legislation and the existence of a sustainable network of Spanish HTA agencies;
 - the interaction with stakeholders involved in the decision making (HTA bodies, CPCF and NHS Ministry of Health);
 - the creation of a supporting working group, formed by representatives from every regional health care system to ensure the effective detection of key priorities.
- The results of the piloting exercise showed that the tool was practical and easy to use, reliable and consistent. However, the agreement was poor for some of the individual criteria due to the lack or unsuitability of the information. To facilitate reporting, a simplified online topic submission form has been developed.
- The PriTec tool was designed to help with the decision-making process, and was not proposed as a tool for establishing definitive priorities. Regardless of the procedure used or the thoroughness applied in defining the critical criteria, there will always be some degree of subjectivity in the evaluation process, meaning that a final value judgement might be required by the decision makers.

REFERENCES & DOCUMENTATION

- Basic principles for PriTec: "Herramienta PriTec: Adaptación para la selección de tecnologías a evaluar previa entrada en la cartera de servicios — Santiago de Compostela : Consellería de Sanidad: Unidad de Asesoramiento Científico-técnico (avalia-t). Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2016"
- Orden SCO/3422/2007, de 21 de noviembre, por la que se desarrolla el procedimiento de actualización de la cartera de servicios comunes del Sistema Nacional de Salud
- Royal decree - Reference to: 2012 by the Ministerial Order SSI/1833/2013, 2 of October

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