

ADOPTING NEW PELVIC FLOOR SURGICAL DEVICES INTO CLINICAL PRACTICE IN CANADA: DOES HEALTH TECHNOLOGY ASSESSMENT HELP OR HINDER PROGRESS IN PELVIC FLOOR SURGERY?

Hypothesis / aims of study

As health care resources become increasingly constrained, health technology assessment (HTA) plays an increasingly important part in the adoption of new technologies into clinical practice by providing independent evaluation of new technologies. HTA includes assessment of both effectiveness and cost of new technologies such as new surgical procedures (eg midurethral sling procedures) and surgical devices (eg specific tape devices). The HTA process can be considered either an additional barrier to adopting new surgical devices, or an independent evaluation of risk.

The aim of this analysis was to examine the contrasting roles of HTA organizations, and their impact on adoption of new surgical devices into clinical practice.

Study design, materials and methods

This qualitative study involves case studies of pelvic floor surgical devices as examples of elective surgeries. In-depth semi-structured interviews were conducted with urogynaecologists in two Canadian provinces and representatives of Canadian HTA organisations [1]. Interviews were audio-recorded and transcribed verbatim. NVivo-9 qualitative analytical software was used to facilitate coding and analysis of responses. Analysis compared and contrasted responses between stakeholders. Website information was extracted for the HTA organizations identified, specifically related to their stated objectives and reports of evaluations of pelvic floor devices.

Results

Interviews were conducted with 14 clinicians, and 14 HTA representatives from organizations. HTA organizations were at national, provincial and local levels. National and provincial HTA organizations provided evidence to support policy making decisions, while local HTA organizations provided evidence to support local decisions to adopt (or reject) new devices, taking into account specific local circumstances. There seems to be little sharing of local HTA reports.

Clinicians voiced positive statements about local HTA processes, for example, stressing the need for evidence to support clinical practice, and suggesting that HTA saved them from adopting each new device that was released. Clinicians also had negative opinions, for example, stating that the need for HTA prevented them from being able to provide the best care, restricted progress, and prevented them from being the leaders in their field.

Interpretation of results

Preliminary findings suggest that HTA organizations have contrasting and overlapping roles and responsibilities. There are also gaps which result in lack of clear and independent evaluations to guide clinical practice. For example, higher level HTA evaluations are available to recommend types of procedure, but local evaluations are needed to recommend adoption of specific devices. Local evaluations require duplication of effort across institutions. Clinicians perceived both advantages and disadvantages of HTA. As local processes become better established, clinicians become more positive about the need for this type of review.

Concluding message

Increasing constraints on health care budgets ensure that the role of HTA evaluations is increasingly important in informing the adoption of new surgical devices. HTA organizations should coordinate their activities to ensure their evaluations remain relevant, while avoiding duplication of effort.

References

1. Ross S, Weijer C, Gafni A, Ducey A, Thompson C, Lafreniere R. Study Protocol - Ethics, economics and the regulation and adoption of new medical devices: case studies in pelvic floor surgery. BMC Medical Ethics. 2010; 11: 14 (26 August 2010).

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<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes