Use of the new French ‘Organizational Impact Map’ published by the Haute Autorité de Santé (HAS) to evaluate the organizational impact of immune-checkpoint inhibitors in advanced cancers

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Background: The French Health Technology Authority (HAS) has composed two commissions involved in drug evaluation: the Transparency Commission and the Economic Evaluation and Public Health Commission. An organizational impact (OI) can be mentioned or claimed in dossiers submitted to these commissions. In December 2020, the HAS published an organizational impact map to clarify the aspects associated with the OI of health technologies. This HAS presented a definition and different criteria which can be explored. OI is defined as an effect, consequence, result or repercussion created by a technology on the characteristics and functioning of an organization or a set of organizations involved in the care of users.

Methods

A targeted literature review based on the OI map was performed to identify publications mentioning the criteria and stakeholders concerned. PubMed, google, French health authority agency, French and European clinical guidelines and regional health institutions agencies websites were searched. All identified OIs were classified into the 3 macro-criteria (MC) of the OI map.

Table 1: Macro-criteria and criteria of the organizational impact map

<table>
<thead>
<tr>
<th>Macro-criteria</th>
<th>Criteria</th>
</tr>
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<tbody>
<tr>
<td>MC1: Impacts on the care process</td>
<td>1. Qualifies time in advance of the process 2. Qualifies timing or content 3. Qualifies the role of stakeholders in the process, particularly, roles of health-care providers, patients and their relatives and caregivers 4. Qualifies quality and safety of the delivery or care in which the process takes place 5. Qualifies possible side effects or consequences of the care or processes efforts related to the delivery or care of data 6. Policies, professional guidelines and care structures or combinations of stakeholders 7. Qualifies stakeholders, working or living conditions 8. Qualifies the types, nature or impact of stakeholders’ funding 9. Qualifies on society or the community 10. Impact on social inequalities or accessibility of care 11. Impact on health or care processes in terms of a society as a whole 12. Impact on environmental footprint</td>
</tr>
<tr>
<td>MC2: Impacts on the qualifications and skills required on the stakeholders to implement the care process</td>
<td>1. Qualifies hiring, training or services of professionals involved in the care process or their education and professional orientation 2. Qualifies scheduling and training capacities for health-care services or the patient’s care 3. Qualifies the implementation of new (or additional) health-care structures or combinations of stakeholders</td>
</tr>
<tr>
<td>MC3: Impacts on the financial aspects of the care process</td>
<td>1. Qualifies time in advance of the process 2. Qualifies timing or content 3. Qualifies the role of stakeholders in the process, particularly, roles of health-care providers, patients and their relatives and caregivers 4. Qualifies quality and safety of the delivery or care in which the process takes place</td>
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Results - Literature review

Part 1: Assessment context

According to Transparency Opinions, in all ICIs assessment for advanced cancers (n=20), there was a conventional care solution available. However, in 3 opinions, the medical need was partially covered.

Part 2: Macro-criteria and criteria

Table 2: Criteria observed in the literature

<table>
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<th>Literature review</th>
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Part 3: Stakeholders concerned

Multiple stakeholders were or are concerned with ICIs organizational impact:

- Hospital stakeholders: oncologists, organ specialist, nurses, pharmacists
- Non-hospital stakeholders: general practitioners, nurses
- Organization: hospital, one-day-stays department, oncology department, home care

Part 4: Conclusions

This preliminary work, using the French organizational impact map, enabled us to identify OIs related to ICIs in France. Results were similar for most criteria between the literature review and the interviews. On the contrary to the literature review, an impact was presented from most stakeholders for the type or frequency of use of products, devices, materials, equipment, infrastructures and information systems used in the process: view in terms of material or digital resources and on community in terms of health and safety. Two criteria were challenging for stakeholders: impact on community in terms of health and safety and impact on environmental footprint.

Further research to define a consensus on outcomes of quantitative interviews will help to determine most important OIs. In addition, an in-depth exploration on the impact classification (i.e. minor, moderate, major) will enrich the results. The qualitative analysis of interviews is also required to understand which criteria needs to be explored.

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4. Haute Autorité de santé (HAS). Available at: https://www.has-sante.fr/portail/jcms/c1212596/lien-impact-en-cours-de-technologies-de-voeux_de_les_perspectives_de_les_ | (last accessed on date of study).

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