ISPOR

Improving healthcare decisions

HTA Evolving Role for More Integrated Latin American Health Systems

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HTA Evolving Role for More Integrated Latin American Health Systems

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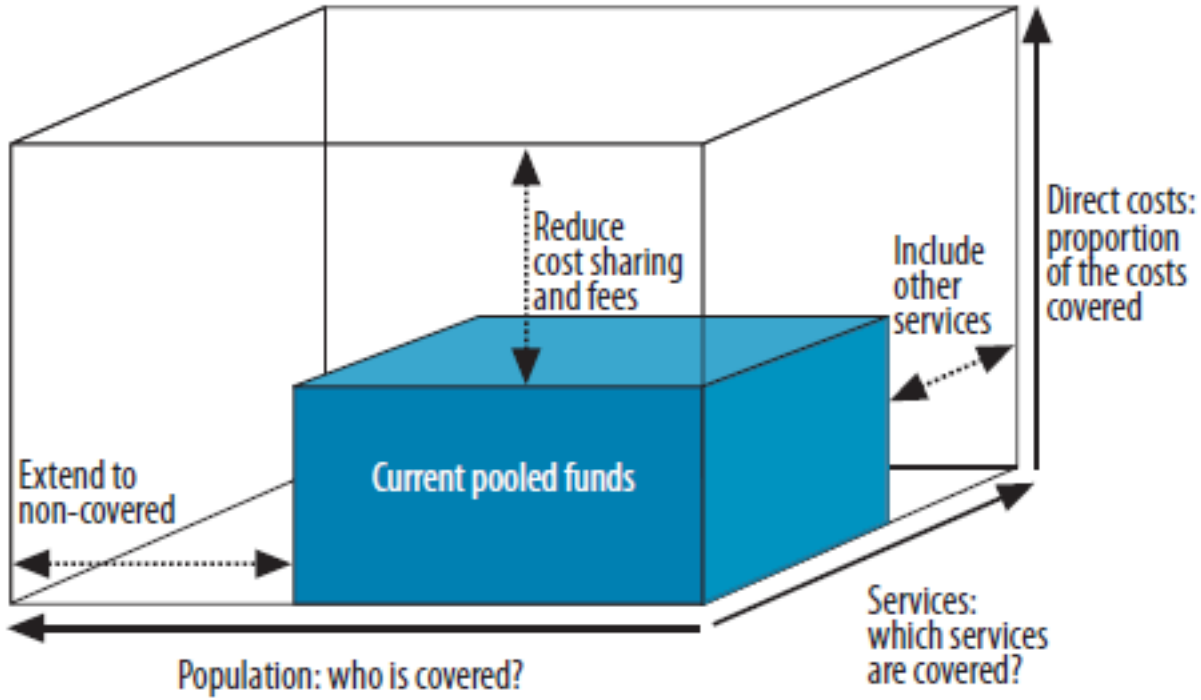
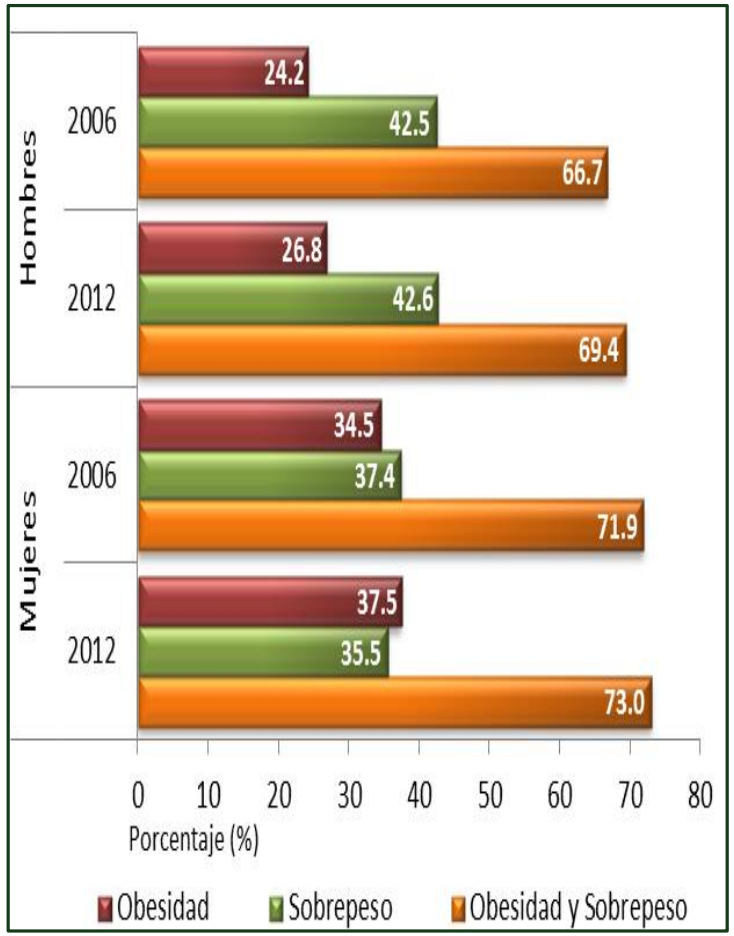
Ministry of Health Mexico

Three dimensions to consider when moving towards universal coverage

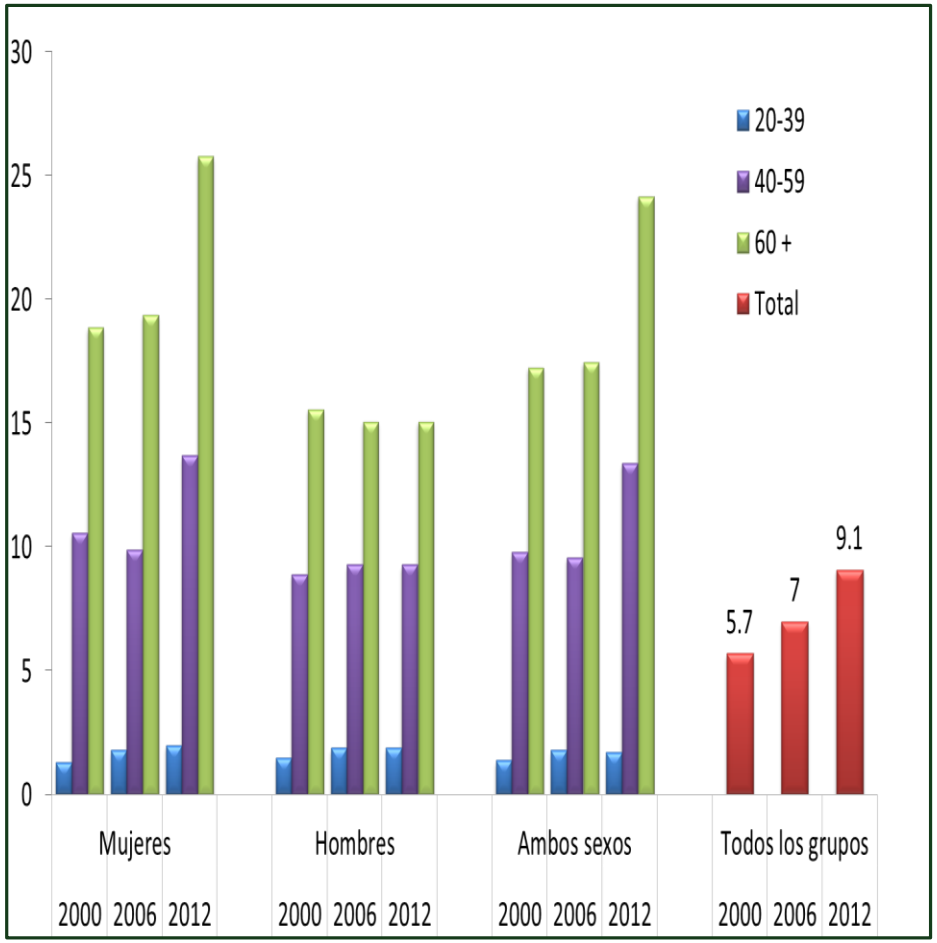


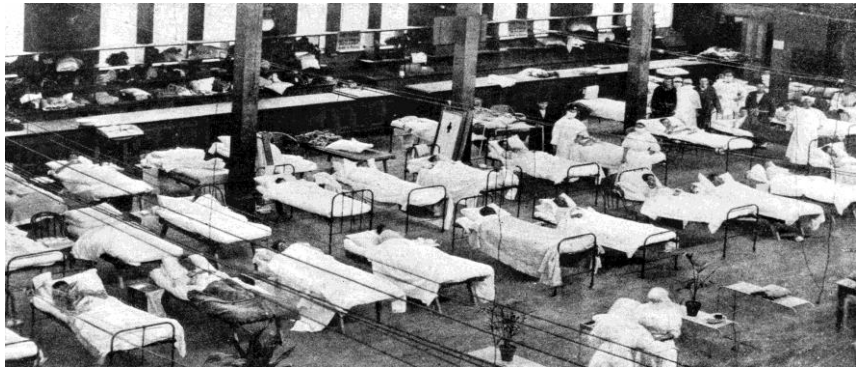
Epidemiological Transition

Overweight and Obesity

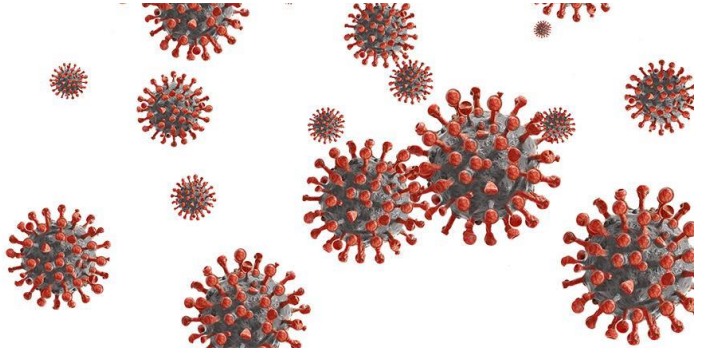


Diabetes





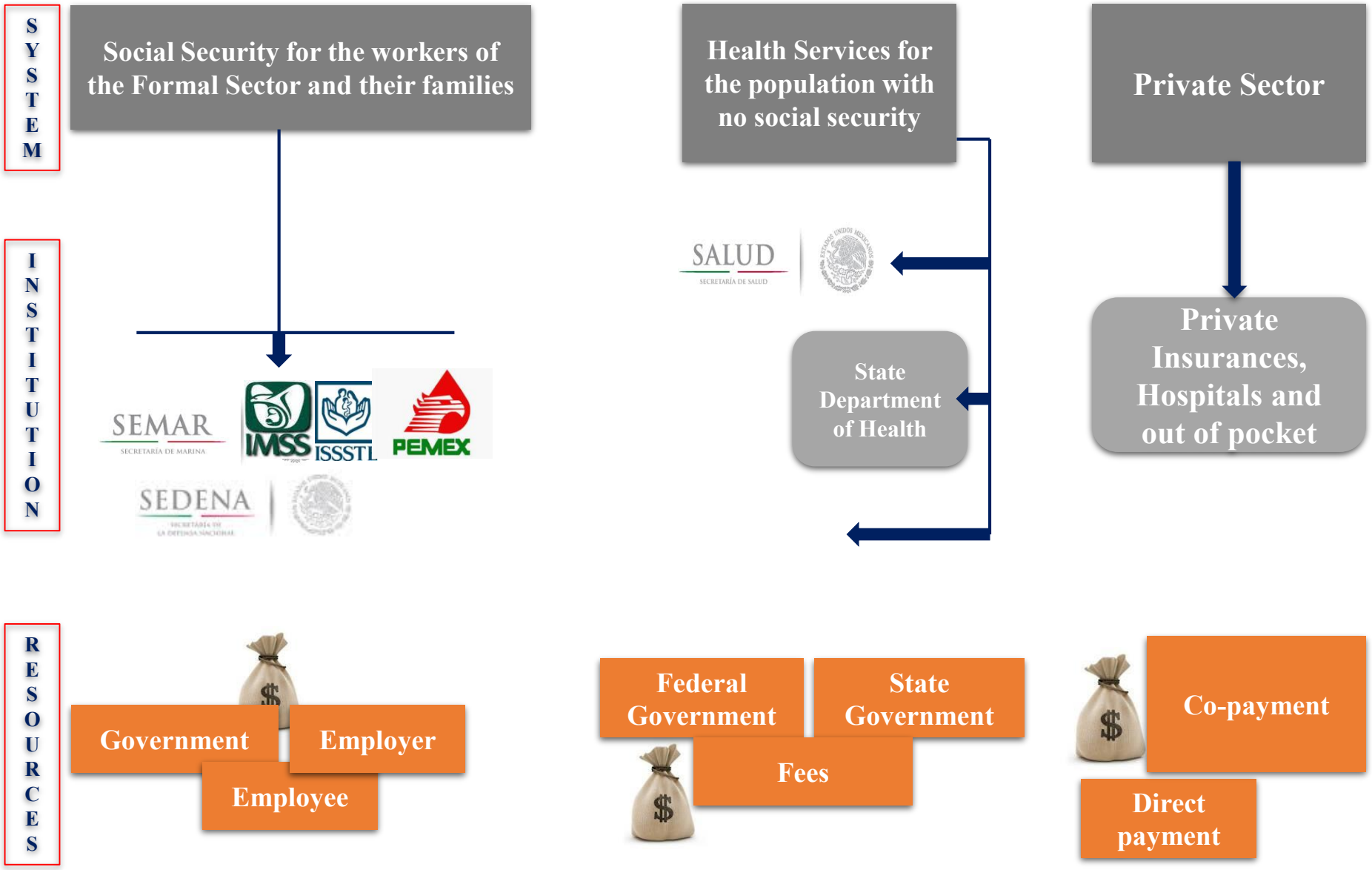
Spanish Flu 1918



Sars-Cov-2 COVID 19

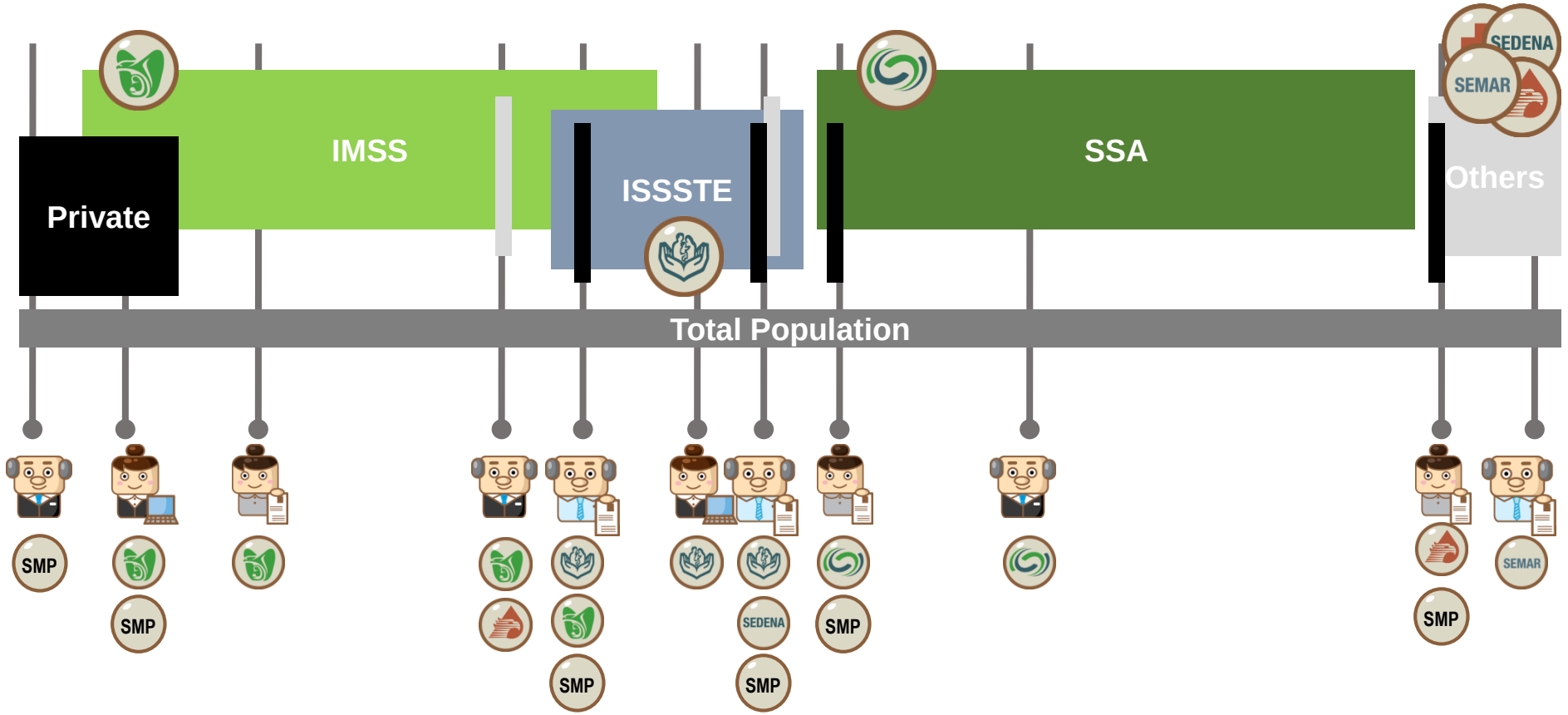

WORLD
THE WORLD IS
TEMPORARILY CLOSED

Overview of System



Health Coverage - Double or triple affiliation. A trouble of numbers in Mexico

Examples of double and triple affiliation



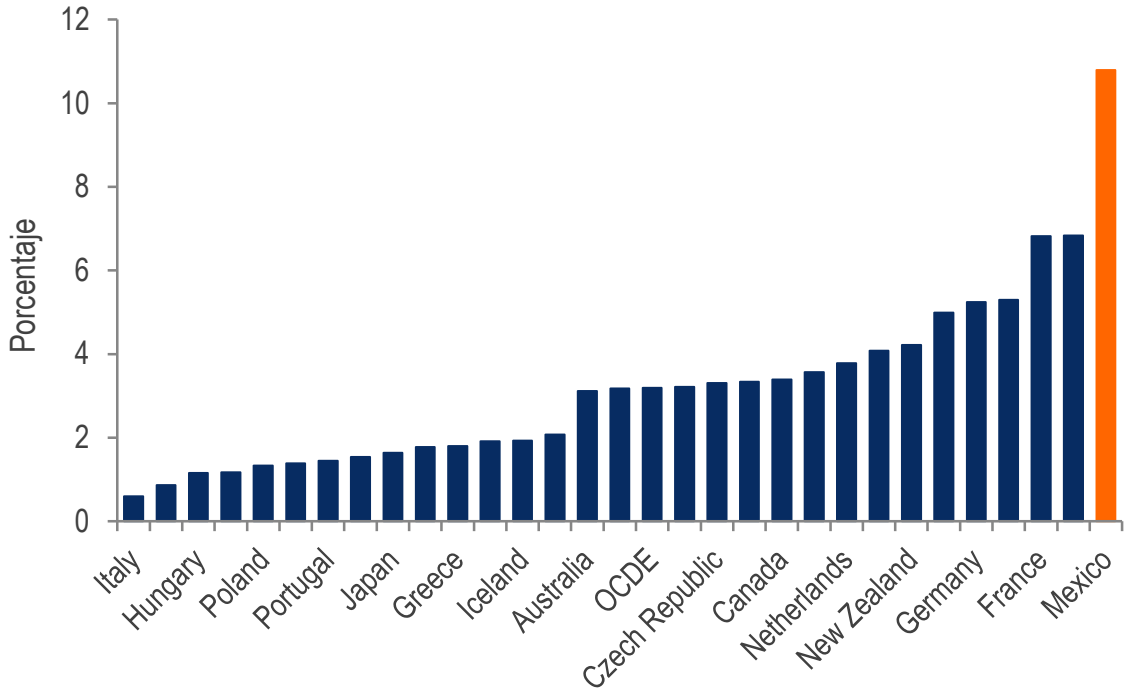
Context:

- Duplication in financing Health Services
- Multiple and overlapping demand Quotes
- Financial crisis of the social security institutions
- Insufficient supply of medicines, lack of medical equipment and maintenance
- Deferral of the resolution of health problems

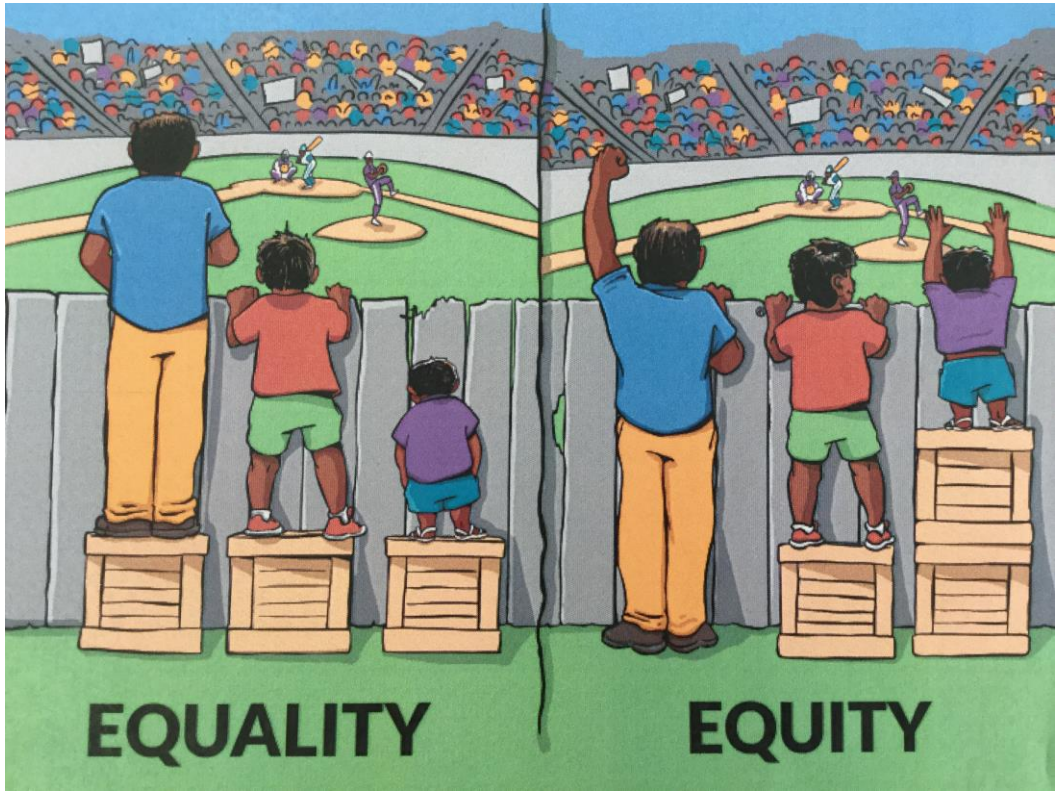
Inefficient use of resources

The most illustrative of the areas of opportunity in the use of resources is the percentage of administrative expenditure

Administrative expenditure as a percentage of total health expenditure

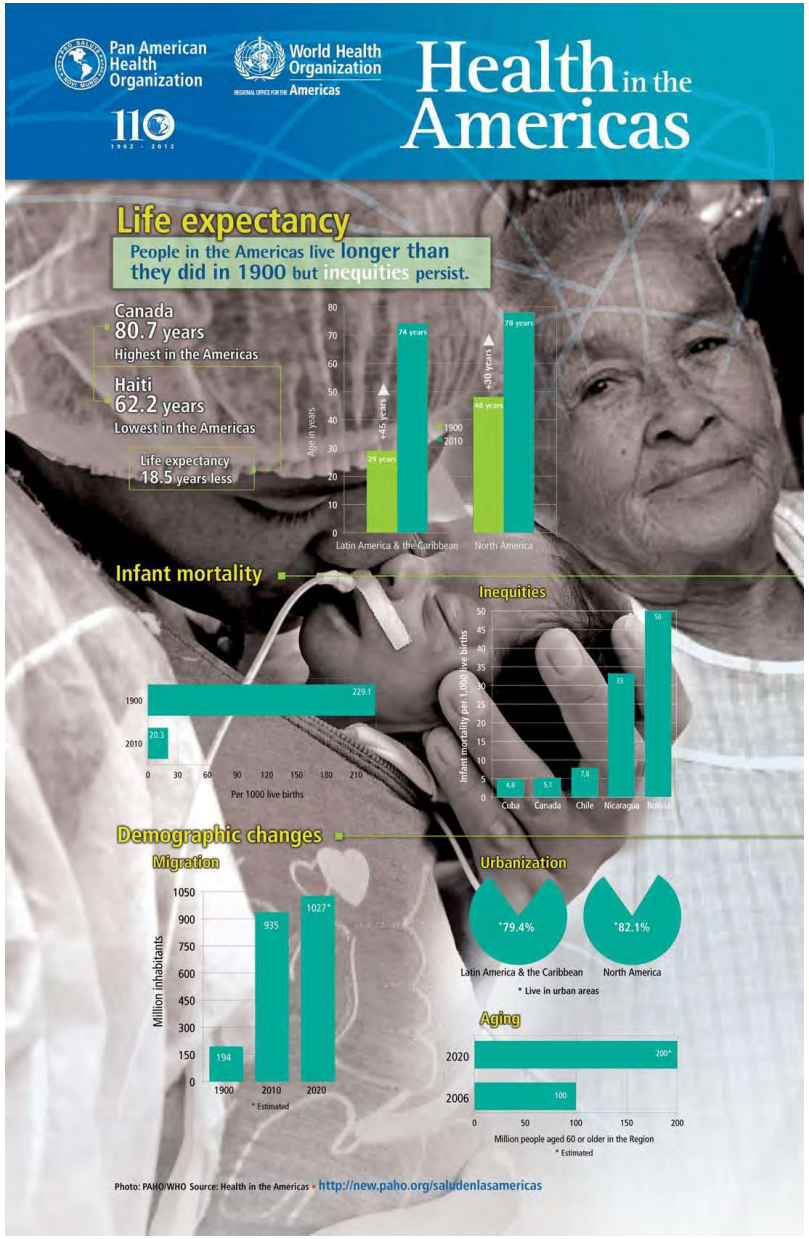


If only the public sector were considered, the administrative expenditure amounts to approximately 17 percent..

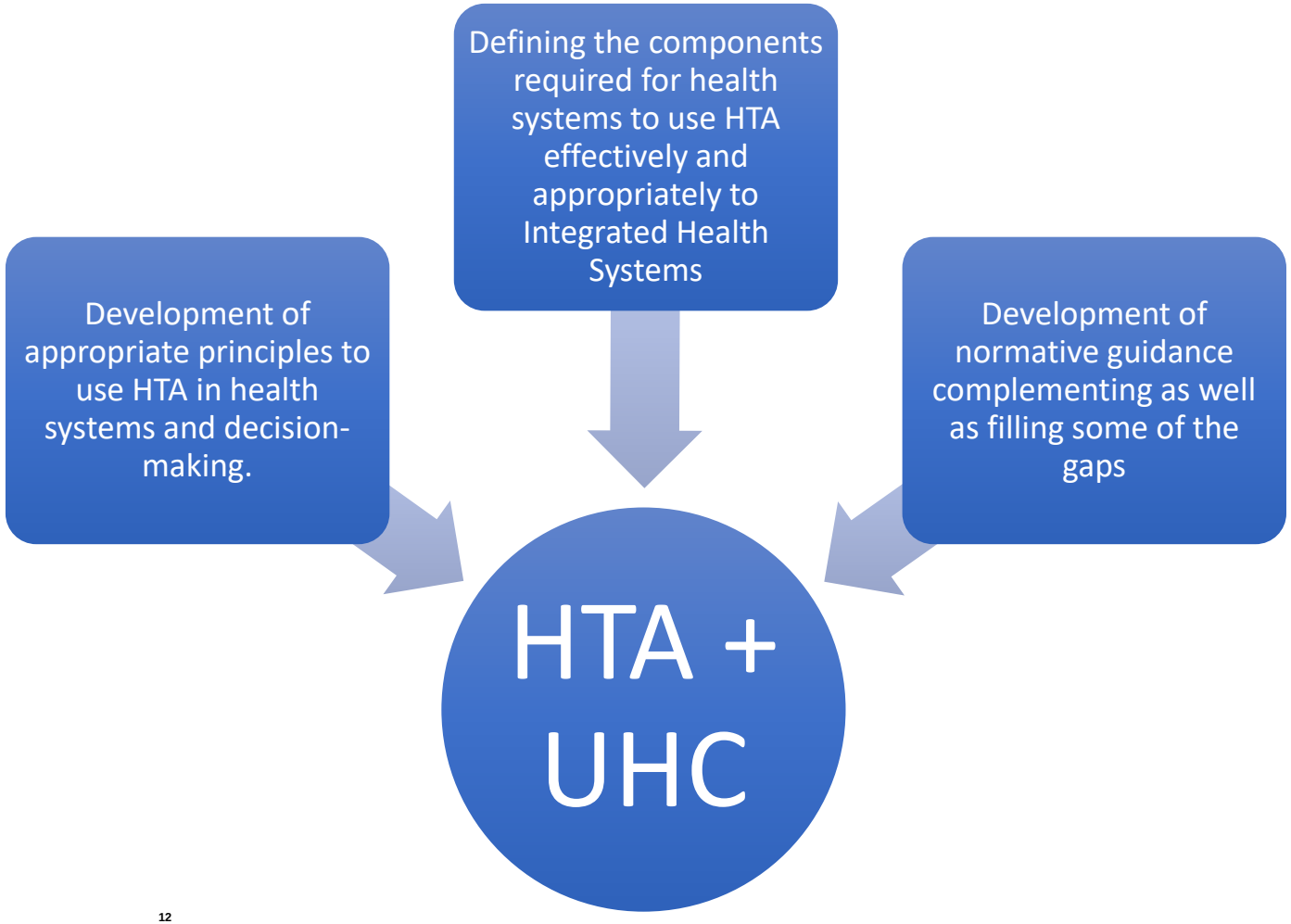


Absense of avoidable or remediable social, economic, geographic or demographic differences among groups of people. *Health inequities* therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes.

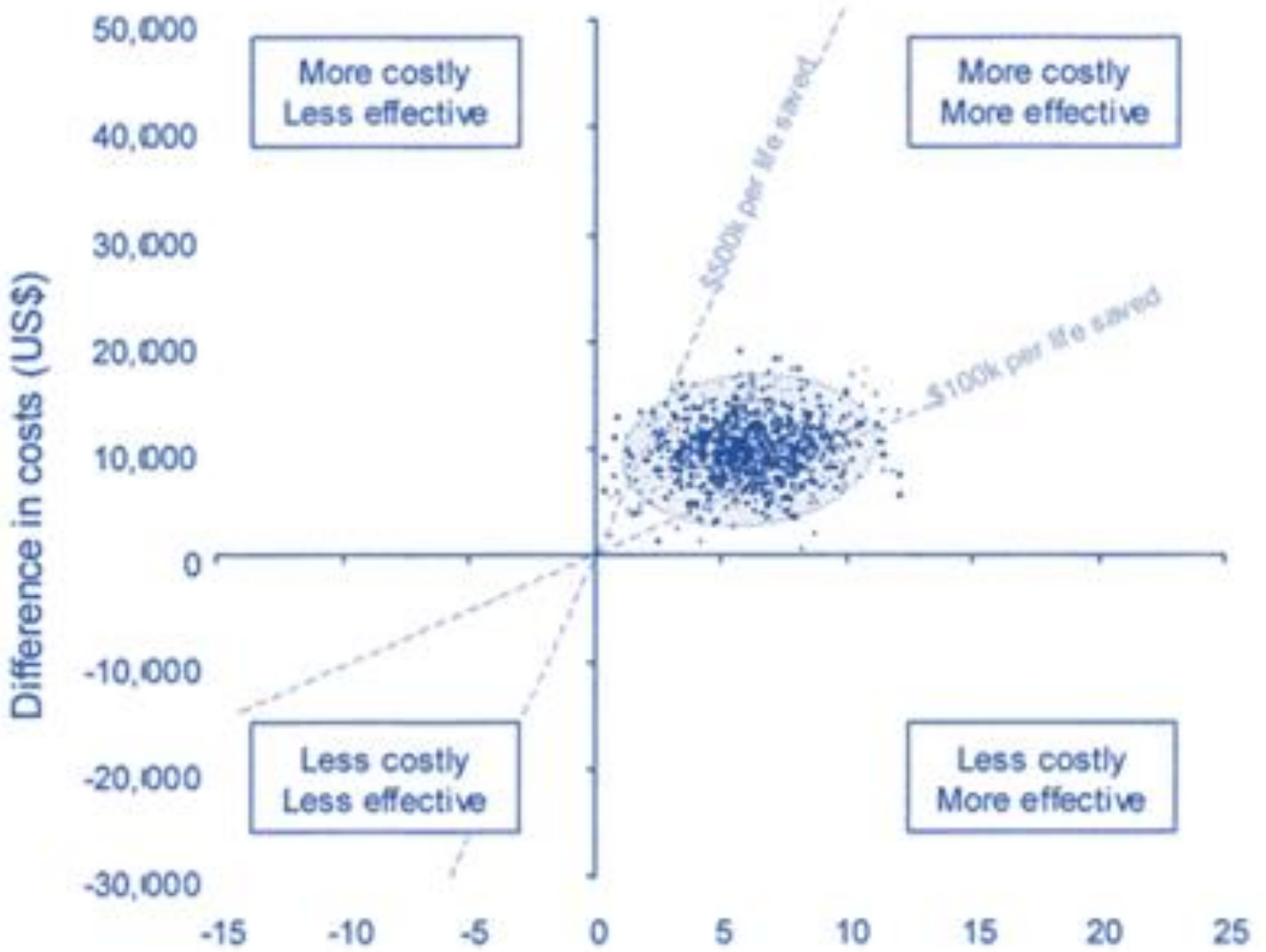
http://www.who.int/healthsystems/topics/equity/en/



Integrated Latin American Health Systems and HTA pathway

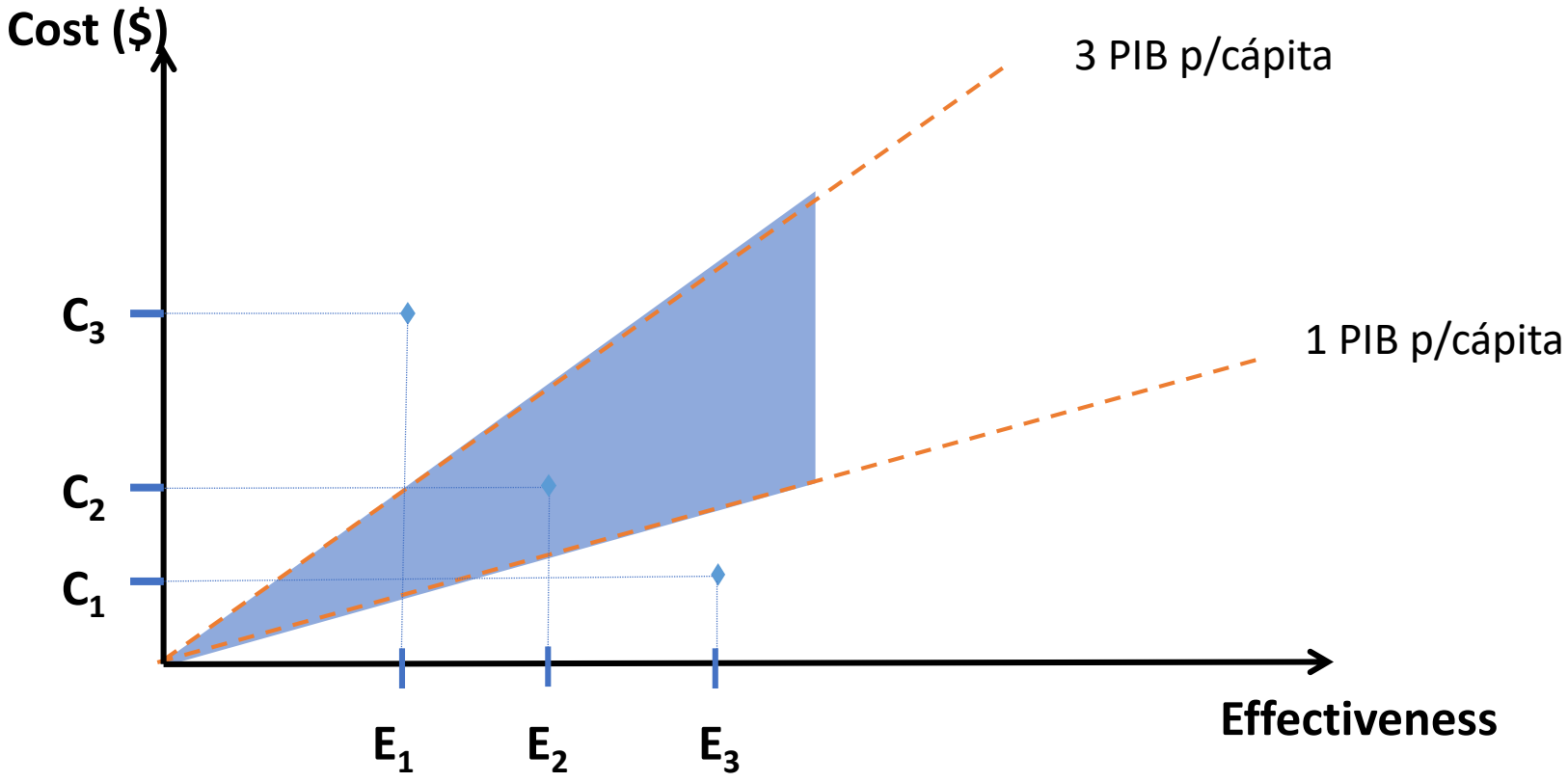


- How HTA helps to make health systems equitable?
- What components can support HTA for and integrated systems?
- What are gaps to be fullfilled to determine equity in health?

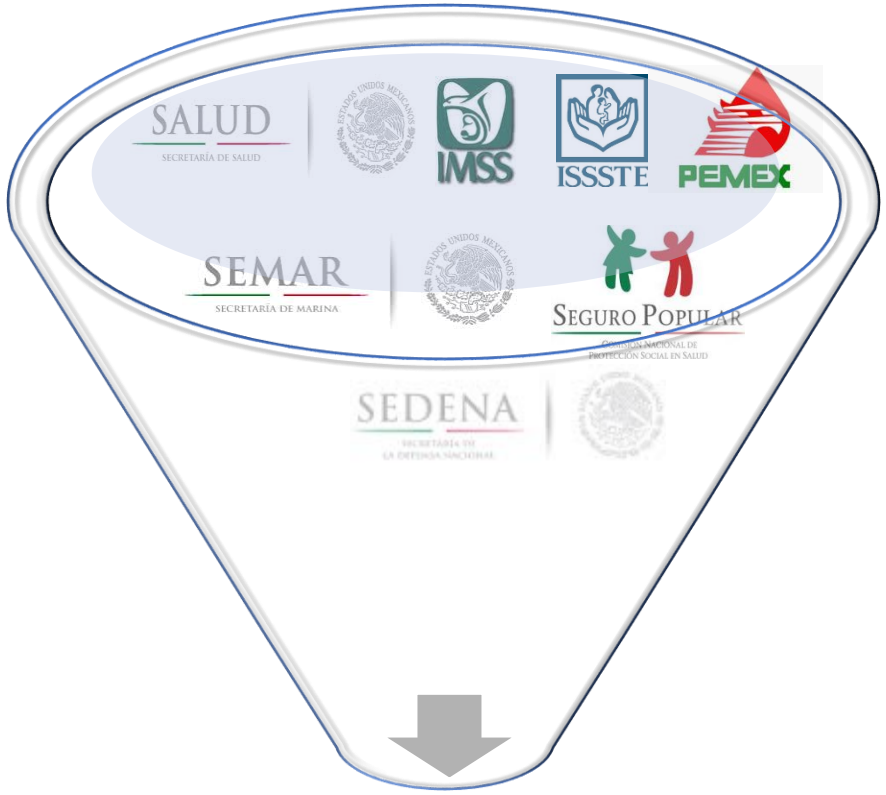

More costly
Less effective
More costly
More effective
Less costly
Less effective
Less costly
More effective
$500k per life saved
$100k per life saved
Difference in costs (US$)
50,000
40,000
30,000
20,000
10,000
0
-10,000
-20,000
-30,000
-15
-10
-5
0
5
10
15
20
25

What are we doing to solve the problem?

Make better decisions



Mexico don't have a unique National scheme providing health care coverage for the entire population. However, a National Compendium is used as a guidance on what to include in the Institutional Formularies followed by a bidding process.



National COMPENDIUM

HTA FORMALLY STARTED IN MEXICO IN 2003

SOLVING HEALTH INEQUITIES

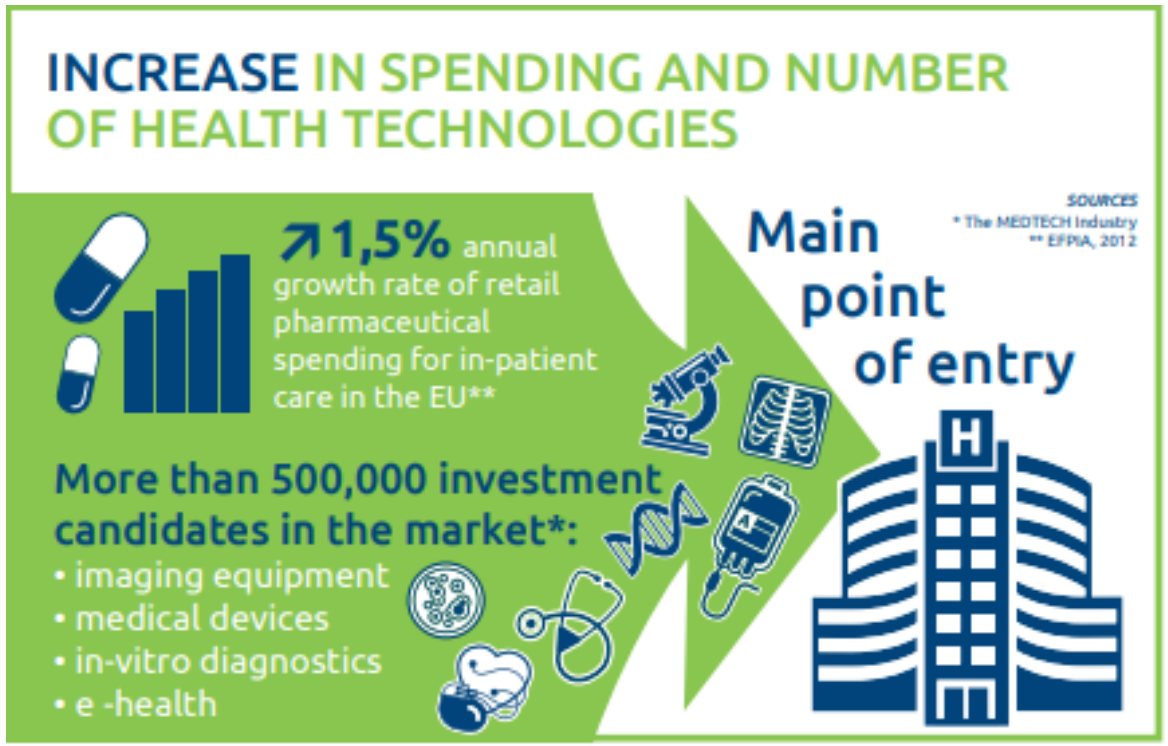
By broadening the HTA process in Mexico and Latin America, it can lead towards a wider context of prioritization and informing potential investment in health priorities as a driver for sustainable human and economic growth.

Hospital Based Health Technology Assessment (HopHTA)

- One important idea for Allocation of Medical Devices in the Hospital Setting is the HopHTA.

- HopHTA was born in EUROPE for complete National HTA from the Hospital Enviroment HopHTA

Why hospital-based HTA or HB-HTA ?



- ✓ An ever increasing stream of new health technologies claims to have the potential to solve many of the current challenges in healthcare and provide answers to unmet health needs
- ✓ Hospitals are generally the entry point for new and innovative technologies
- ➢ **HB-HTA is a tool for supporting managerial decisions in the hospital regarding health technologies**

- ✓ HB-HTA makes it possible to take **better-informed decisions** supporting effective, safe and sustainable healthcare for a hospital
- ✓ It facilitates better investment decisions allowing hospitals to **become more efficient** by avoiding inappropriate investments or by reducing unnecessary use

RESEARCH Open Access

Methods for medical device and equipment procurement and prioritization within low- and middle-income countries: findings of a systematic literature review

Karin Diaconu[1,3*], Yen-Fu Chen[2], Carole Cummins[1*], Gabriela Jimenez Moyao[4], Semira Manaseki-Holland[1] and Richard Lilford[2]

Abstract

Background: Forty to 70 % of medical devices and equipment in low- and middle-income countries are broken, unused or unfit for purpose; this impairs service delivery to patients and results in lost resources. Undiscerning procurement processes are at the heart of this issue.

We conducted a systematic review of the literature to August 2013 with no time or language restrictions to identify what product selection or prioritization methods are recommended or used for medical device and equipment procurement planning within low- and middle-income countries. We explore the factors/evidence-base proposed for consideration within such methods and identify prioritization criteria.

Results: We included 217 documents (corresponding to 250 texts) in the narrative synthesis. Of these 111 featured in the meta-summary. We identify experience and needs-based methods used to reach procurement decisions. Equipment costs (including maintenance) and health needs are the dominant issues considered. Extracted data suggest that procurement officials should prioritize devices with low- and middle-income country appropriate technical specifications – i.e. devices and equipment that can be used given available human resources, infrastructure and maintenance capacity.

Conclusion: Suboptimal device use is directly linked to incomplete costing and inadequate consideration of maintenance services and user training during procurement planning. Accurate estimation of life-cycle costing and careful consideration of device servicing are of crucial importance.

Keywords: Medical devices, Prioritization, Resource allocation, Equipment, Health technology assessment

The Device Cost And Specialist Expertisen is Important

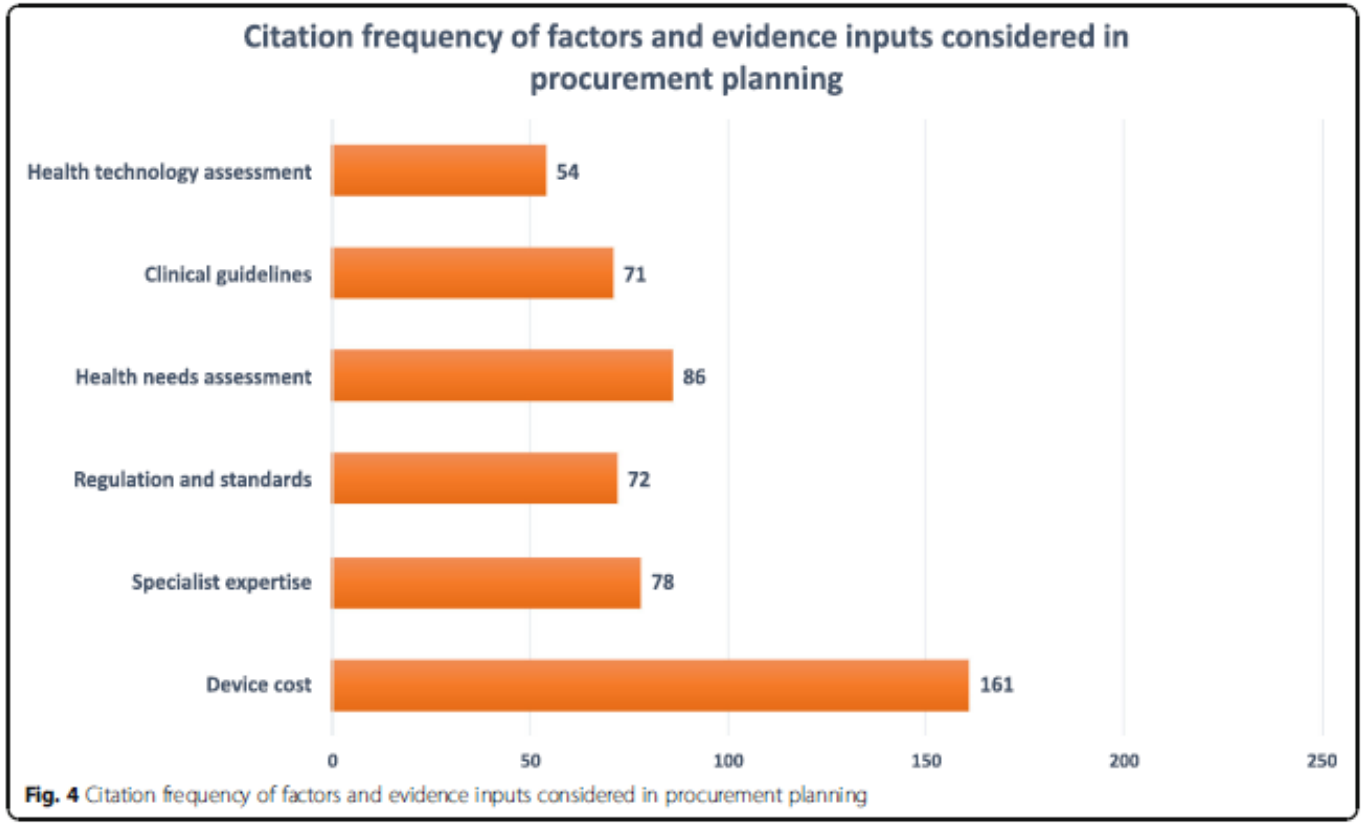


Fig. 4 Citation frequency of factors and evidence inputs considered in procurement planning

*Diaconu, K, Methods for medical device and procurement, Globalization and Health 2017

- In Mexico we have an Official Mexican Standard, that establishes the requirements in Medical Device and Medical Equipment

SECRETARIA DE SALUD

NORMA Oficial Mexicana NOM-016-SSA3-2012, Que establece las características mínimas de infraestructura y equipamiento de hospitales y consultorios de atención médica especializada.

1. Objetivo

Esta norma tiene por objeto establecer las características mínimas de infraestructura y equipamiento para los hospitales, así como para los consultorios de atención médica especializada.

Apéndice D (Normativo)

Area de tomografía

D.1 Sala de control y de monitoreo

D.1.1 Mobiliario

D.1.1.2 asiento;

D.1.1.3 escritorio;

D.1.1.4 mesa Pasteur.

D.1.2 Equipo

D.1.2.1 cámara multiformato;

D.1.2.2 lámpara de haz dirigible;

D.1.2.3 portavenoclisis rodable;

D.1.2.4 tomógrafo computarizado.

Device alignment to deployment setting and Ambient conditions in deployment setting

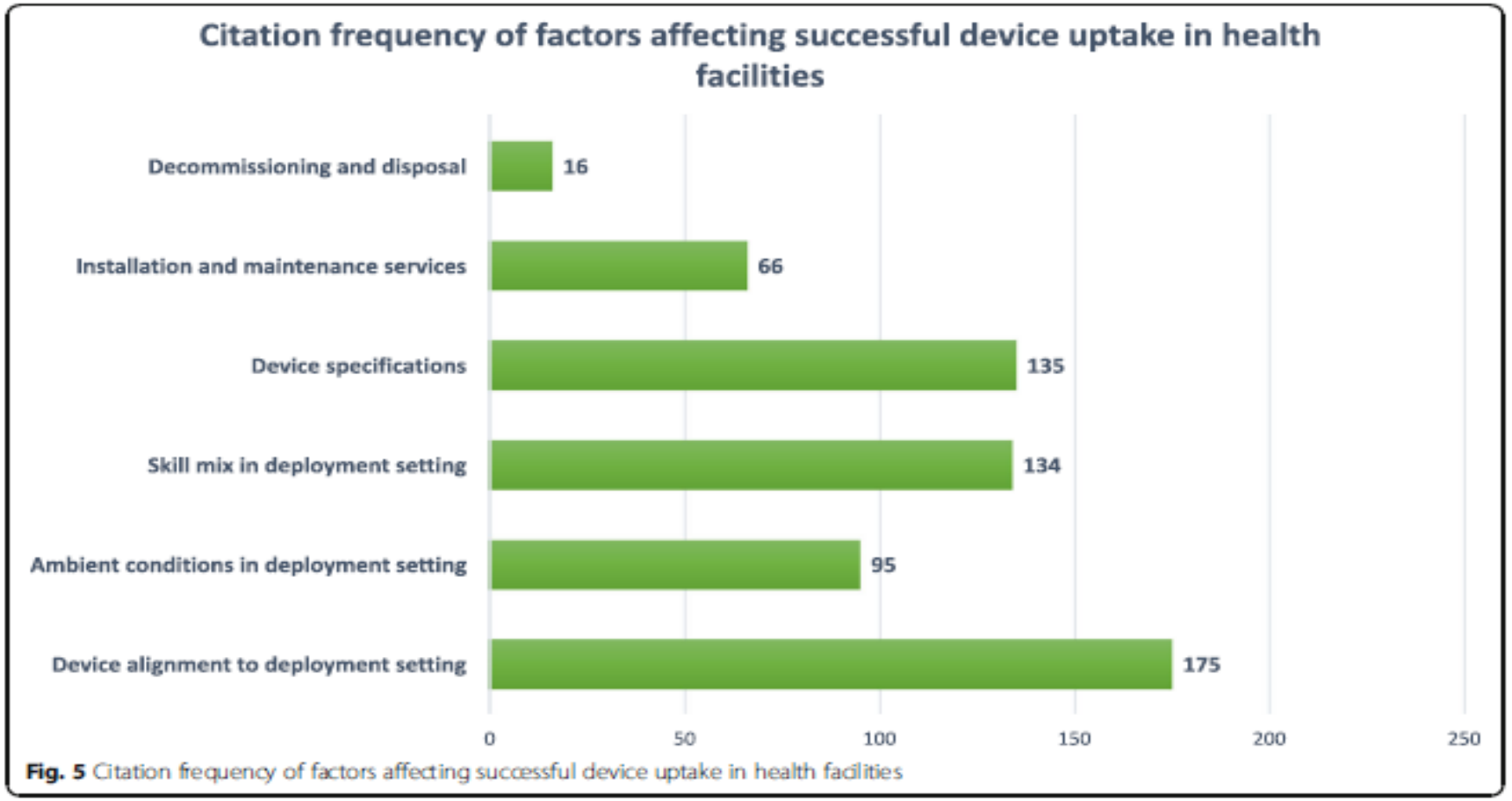


Fig. 5 Citation frequency of factors affecting successful device uptake in health facilities

*Diaconu, K, Methods for medical device and procurement, Globalization and Health 2017

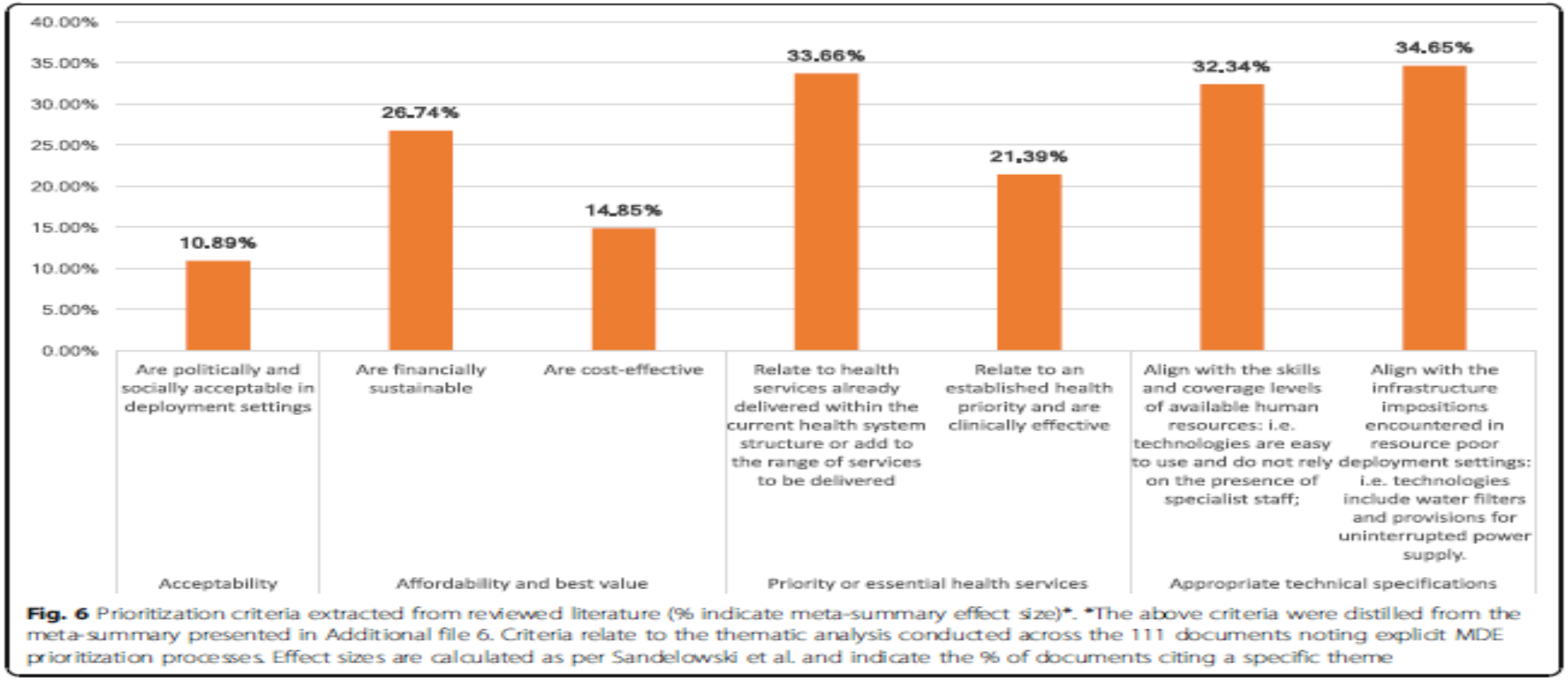


Fig. 6 Prioritization criteria extracted from reviewed literature (% indicate meta-summary effect size)*. *The above criteria were distilled from the meta-summary presented in Additional file 6. Criteria relate to the thematic analysis conducted across the 111 documents noting explicit MDE prioritization processes. Effect sizes are calculated as per Sandelowski et al. and indicate the % of documents citing a specific theme

*Diaconu, K, Methods for medical device and procurement, Globalization and Health 2017

HOSPITALES FEDERALES DE REFERENCIA E INSTITUTOS NACIONALES DE SALUD

SALUD

UNIDAD MEDICA	ACCIÓN EN INFRAESTRUCTURA FÍSICA EN SALUD				TOTAL
	SUSTITUCIÓN DE LA TORRE DE HOSPITALIZACIÓN	AMPLIACIÓN	FORTALECIMIENTO	EQUIPAMIENTO	
HOSPITAL FEDERAL DE REFERENCIA	0	0	1	10	**11**
HOSPITAL PSIQUIÁTRICO (INCLUYE GRANJAS)	0	1	0	1	**2**
INSTITUTO NACIONAL DE SALUD	1	3	2	18	**24**
TOTAL	**1**	**4**	**3**	**29**	**37**

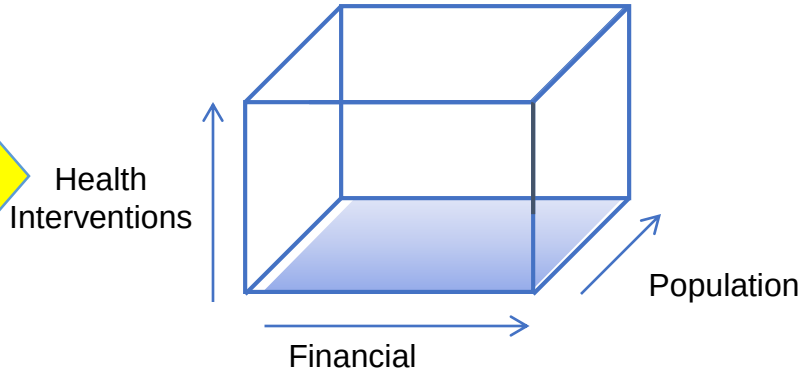
ACTUALIZADO A FEBRERO 2020

Nota: La categoría otros incluye unidades de salud que no se pueden clasificar en la tipología de unidades del PMI.

Health technology assessment is essential in deciding which interventions and technologies will be provided, when, , to whom and at what cost, in order to ensure adequate resource allocation (1) It has been established as the process for explicit priority setting towards universal coverage in some countries.

Universal Coverage

Current focus is Drugs



Priority Setting

Health Technology Assessment

HTA as a process for deciding the incorporation of health technologies to the Package of Health provided to the covered population. It studies the medical, social, ethical and economic implications of deveopment, diffusion and use of health technology (2)

CONCLUSIONS

- HTA is a important step in the context of universal coverage and priorization but evidence of its influence of HopHTA. appropriate healthcare in Mexico is yet to be determined.

- While in Mexico there has been a noted improvement in the HTA process with increased transparency and new criteria dimensions, CEA is the most objective measure and there needs to be more clarity on how to measure and what are the values placed in the other domains.

- By maximizing and broadening the HTA process in Mexico, decision-makers will be better able to implement decisions that capture the benefits of new medicines in the realm of more dimensions than the ICER

Eppur si Muove

Galileo Galilei

Thank You