

COCIR SUSTAINABLE COMPETENCE IN ADVANCING HEALTHCARE

European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry

COCIR Contribution to Public Consultation

"Structured telephone support (STS) for adult patients with chronic heart failure" EUnetHTA JA2 WorkPackage4_Third Core HTA

To access the Consultation Report click <u>HERE</u> To access the Public Consultation click <u>HERE</u>

Section Title	COCIR Comment
Collection summary	No content/no comment
Collection methodology	Different chapter being developed by different groups has led to significant heterogeneity among the 9 domains, and differences in scope in some cases (see below)
Introduction to collection	This seems more like a SLR with extensive content analysis, rather than an advice/guidance document based on multi-disciplinary input from relevant stakeholders, such as healthcare professionals (including STS and/or HF nurses), providers of STS technology, patients & care givers, <i>et al.</i>
Scope	Not all 'domains' seem to follow the same scope, e.g. some domains (e.g. Clinical Effectiveness & Social Aspects) include patients' satisfaction which is not mentioned explicitly in the scope, whereas others do not.
Health Problem & Current Use of the Technology	Under heading 'CUR13' & 'CUR14'no reference appears to be made to ESC Guidelines. Under heading 'CUR16', no information has been collected regarding to reimbursement status. COCIR believes this is a significant omission since (adequate) funding for service developments such as

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	TH/TM heavily influence adoption and expansion – as noted in ORG7. COCIR believes an HTA should describe how the relevant services are currently provided and paid for, and how these may change due to the new technology/intervention. COCIR believes the HTA should take a wider perspective on payment to include all forms of funding (service provision) not just reimbursement.
Description and technical characteristics of technology	No clear description of who are the main providers of the technology/ies. COCIR believes it would be useful to know who supplies the technologies involved with TH/TM, e.g. large international multinationals or many SMEs, since this could have implications for the robustness & sustainability of the TH/TM services.
Safety	COCIR believes the conclusion that there is insufficient evidence to assess the safety of TH/TM could have been phrased more positively, e.g. by saying that no evidence of (any) adverse events has been reported so far in the available literature. Lack of reporting AEs could mean a lack of reporting, or a lack of AEs.
Clinical Effectiveness	COCIR believes that the aim of the relative effectiveness assessment (REA) is somewhat different from the scope of the HTA. The REA appears to focus more on patient satisfaction & function, changes in patient management & utilization of healthcare resources compared to current practice. COCIR also believes that the methods used to assess the validity & assimilate available evidence, appears to differ markedly in this section from others. For example, in this section several methods are used to assess the quality of SLRs and other evidence; the risks of bias in primary data collection studies were assessed using the Cochrane Risk of Bias checklist, etc.
Costs and economic evaluation	In situations where the available evidence of cost-effectiveness and potential budget impact is inadequate, COCIR would expect to see framework models developed & presented to illustrate the potential cost-effectiveness & budget impact of STS in this patient population, with sensitivity analyses to indicate the parameters critical to the cost-effectiveness & BI of STS.



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Ethical analysis	No comment.
Organisational aspects	No comment.
Social aspects	COCIR believes this chapter appeared to be an extension of the clinical effectiveness domain, i.e outcomes reported by patients in terms of the impact of STS on their perception (of the treatment) & daily living. It did not include the wider social aspects of the intervention such as impact on other family members & caregivers, were patients on STS more or less able to interact socially, were any patients able to resume light work.
Legal aspects	COCIR reviewers found the information related to patents/property rights and suchlike particularly unclear.
Collection appendices	No content/no comment