Health Technology Review
Business Case Template

Topic:
Author:

Document Version and Date: v6. July 19, 2016

CONTENTS

NOTE TO AUTHORS

The purpose of this document is to provide a template for authors to provide information that will support evidence-informed decision making with respect to the public provision of non-drug health technologies in British Columbia.

Business cases should follow the format outlined in this document, and provide the information requested, to the extent possible. The appendices of the business case should include the full evidence review and the economic analysis (where applicable). Any important information that the author would like to provide that does not readily fit within the structure of this template may be included in additional appendices at the end of the document.

As part of the Health Technology Review process, the Health Technology Assessment Committee uses a multi-criteria decision analysis framework to assess business cases for making recommendations. This business case template is structured to guide authors in providing information to the committee on how the technology meets the criteria.

BUSINESS CASE COMPONENTS

1. EXECUTIVE SUMMARY

Provide a concise overview of the technology, how it meets the assessment criteria, and the estimated budget impact. The executive summary should be written so that it can be understood by a non-technical reader.

2. OVERVIEW AND CONTEXT

In this section introduce the topic by describing the policy issue and/or research questions being posed.

2.1 MEDICAL CONDITION

Present an overview of the medical condition(s). Describe the disease burden, affected populations, and demographic trends.

Describe the clinical pathway. In this context, clinical pathway (or care pathway) refers to a description of the optimal care process, including the sequencing and timing of interventions by health care professionals for a particular diagnosis or condition.

Describe how the condition is currently treated in B.C., including treatments that are provincially insured and privately provided. Include the current number of procedures per year (for existing treatments) and the number of people expected to be served annually by the proposed intervention. In the case of a technology used for multiple medical conditions, provide the above information for each condition.

2.2 HEALTH TECHNOLOGY

Describe the health technology submitted for review, how it works, how it is used and in which target populations it is expected be used, and why it is required. Be clear about inclusion criteria for target populations. Specify alternative treatments or technologies.

For Class II, III and IV medical devices, provide a link to the Health Canada Medical Device License. For a classification of medical devices, see the federal Medical Device Regulations, SOR/98-282, available at:

http://laws-lois.justice.gc.ca/eng/regulations/SOR-98-282/

2.3 JURISDICTIONAL SCAN

List other jurisdictions in which the health technology is used in public or private systems to treat the medical condition. Report first on Canadian provinces and territories, and then on international jurisdictions as needed.

3. ASSESSMENT CRITERIA

Provide information about the technology under review for each of the following criteria. Be specific in each section about the context in which the health technology is to be applied and the target populations.

3.1 EFFECTIVENESS

HEALTH BENEFITS: Compare the clinical effectiveness of the health technology with the insured treatment or current clinical practice. Report on any safety issues identified in the literature. Indicate the health gain expected from use of the technology, identifying the expected impact on the underlying condition in terms of survival gains (or losses), and changes in health-related quality of life, morbidity and adverse events.

NON-HEALTH BENEFITS: Report on benefits to the patient not captured in the health benefits criterion. Examples of non-health benefits include autonomy, convenience, comfort and confidence.

3.2 CONDITION SEVERITY

Describe the extent to which the medical condition affects a patient's quality of life, and indicate the risk of mortality from the condition.

3.3 ENVIRONMENTAL IMPACT

Describe how use of the technology affects the environment.

4. COST EFFECTIVENESS

4.1 COST EFFECTIVENESS: Provide a discussion on the evidence of cost effectiveness. Include a section providing an overview of the cost-effectiveness evidence found in the literature, and a section for any primary economic analysis undertaken.

5. BUDGET IMPACT ANALYSIS

The budget impact should outline the total budget impact, incremental costs, cost of implementation, and sector costs, including any assumptions made to calculate the costs.

5.1 BUDGET IMPACT: Report the estimated incremental and total annual costs for the province, including the cost per patient and a breakdown of capital and operating expenditures (as applicable). The costs involved in this calculation are from a health system perspective (i.e., include not only the direct cost of the intervention, but also downstream utilization costs and savings).

If the technology will result in cost avoidance or cost savings to the system, estimate how much will be avoided and/or saved annually (per patient and across the system). Breakdowns of budget impacts to health authority and Ministry budgets (as appropriate) should be provided.

5.2 SECTOR COST: If a shift could be anticipated from the private to the public sector (because the technology is currently available in the private sector in British Columbia) – or vice versa – report on the anticipated transfer of costs. Include this section only where applicable.

5.3 COSTS OF IMPLEMENTATION: Report costs expected to be associated with implementation not captured in section 5.1 (where applicable). This could include costs associated with addressing the current capacity of service providers, recruitment and training, credentialing, monitoring and evaluation, or infrastructure requirements.

6. ADDITIONAL FACTORS

The committee will also take the following information into consideration when forming its recommendations.

6.1 ILLNESS OR INJURY PREVENTION

Indicate the extent to which the intervention provides or supports primary illness or injury prevention, maintenance of well-being, and/or harm reduction.

6.2 MARGINALIZED AND DISADVANTAGED PATIENTS

Identify whether the intervention seeks to improve the health status of groups for whom there is an avoidable, unfair and remediable health status gap.

6.3 PATIENT PERSPECTIVES

Summarise relevant literature on patient perspectives and values with respect to the illness targeted by this technology. Include patient testimony (interviews / focus groups) and/or patient experience of care and patient reported outcome measure survey results where possible.

6.4 STAKEHOLDER PERSPECTIVES

Include a summary of input from relevant clinical stakeholders. Discuss which stakeholders were consulted (e.g. surgeons, suppliers, provincial committees).

7. IMPLEMENTATION

7.1 IMPLEMENTATION CONSIDERATIONS

Outline high-level implementation considerations for the technology. Include funding model, funding sources, system readiness and any other factors (e.g. policy considerations) which may be relevant for successful implementation. Also identify groups that should be involved in implementation activities.

7.2 TRAINING AND CREDENTIALING

The introduction of a new technology may require the training, credentialing and privileging of medical professionals. Indicate how training, credentialing and privileging will be carried out, referring to Canadian and international specialty society guidelines where available.

7.3 RISK REGISTRY

Complete the following risk registry, identifying risks to successful implementation:

Risk Type	**Description**
Financial	
Human Resource	
Stakeholder	
Other	

8. APPENDICES

The appendices should include:

1. Evidence Review
2. Economic Analysis
3. Other Appendices (if necessary)