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For questions please contact the Health Technology Assessment Office at HTA.Office@gov.bc.ca

Please note differences in the topic selection & prioritization matrices compared to the technology assessment scoring matrix are due to the information available at each stage in the assessment process.

Last Updated October 10, 2019

TABLE 1: PRIORITIZATION MATRIX: NEW TECHNOLOGY ASSESSMENTS

CRITERIA	DESCRIPTION
Strategic alignment	The topic was identified by multiple health authorities as a priority and is aligned to the provincial strategic agenda and Ministry priorities.
Population	The larger the population, the more important the technology is for evaluation. Small patient populations will not automatically be excluded. HTAC will consider whether the size and other factors together merit resource expended on an appraisal.
Disease severity	The greater the disease severity, the more important the evaluation of the technology. This should incorporate mortality but also life expectancy, state of health prior to and post treatment, quality of life, and health states that incur social stigma.
Resource impact	Considers the potential resource impact of approval including cost of implementation and any additional services, facilities, or staff requirements. Topics score highly if they will result in significant costs avoided, and poorly if they would require significant additional resources.
Claimed therapeutic benefit	Considers the extent to which the new technology claims measurable therapeutic benefit over currently available treatments in BC. Includes consideration of impact on patients.
Public interest or precedence	Expression from patients and/or advocacy groups about current negative experiences, ineffective treatments, or potential benefits of a new technology/treatment. Precedence refers to current review by another Canadian jurisdiction with potential collateral impact/pressures on BC.
Impact on vulnerable populations	<p>Considers the extent to which the technology can improve the health status of groups for whom there exists an avoidable, unfair or remediable health status gap.</p> <p><i>Considerations may include: impact on access or outcomes in rural/remote settings, Indigenous populations, immigrants, refugee populations, individuals living with disabilities, economically disadvantaged individuals, etc.</i></p>

TABLE 2: PRIORITIZATION MATRIX: RE-ASSESSMENT OF EXISTING TECHNOLOGIES

PRIORITIZATION CRITERIA	DESCRIPTION
Strategic alignment	The topic was identified by multiple health authorities as a priority, is aligned to the provincial strategic agenda, and Ministry priorities.
Population	The larger the population, the more important the technology is for evaluation. Small patient populations will not automatically be excluded. HTAC will consider whether the size and other factors together merit resource expended on an appraisal.
Availability of an insured alternative	Consideration of alternative therapies, including insured alternatives.
Disease severity	The greater the disease severity, the more important the evaluation of the technology. This should incorporate mortality but also life expectancy, state of health prior to and post treatment, quality of life, and health states that incur social stigma.
Resource impact	Consider potential resource impact of removal of the technology, including cost of implementation and any additional services, facilities, or staff requirements. Topics can score highly if high cost or will result in significant cost avoidances.
Likely health impact if removed	Considers the extent to which the new technology claims measurable therapeutic benefit over currently available treatments in BC. Includes consideration of impact on patients.
Public interest or precedence	Expression from patients and/or advocacy groups about current negative experiences, ineffective treatments, or potential benefits of a new technology/treatment. Precedence refers to current review by another Canadian jurisdiction with potential collateral impact/pressures on BC.
Impact on vulnerable populations	<p>Considers the extent to which the technology can improve the health status of groups for whom there exists an avoidable, unfair or remediable health status gap.</p> <p><i>Considerations may include: impact on access or outcomes in rural/remote settings, Indigenous populations, immigrants, refugee populations, individuals living with disabilities, economically disadvantaged individuals, etc.</i></p>

TABLE 3: MCDA SCORING GUIDE

CRITERIA	DEFINITION	SCORING KEY – BENEFIT OR IMPROVEMENT RELATIVE TO THE STATUS QUO			
		With 3 strongly favouring the tech./intervention compared to the status quo and 0 being unfavorable.			
		0	1	2	3
Condition severity	The extent to which the underlying health condition decreases a patient’s quality of life and increases risk of mortality.	None	Minimal	Moderate	Substantial
Evidence of effectiveness (Health benefits)	The health gain expected from use of the technology; the expected effect on the underlying condition as survival gains (or losses); changes in health-related quality of life, morbidity and adverse events; effectiveness of the health technology in comparison with the insured treatment or current clinical practice; and any safety issues identified in the literature. This includes illness and injury prevention.	None	Minimal	Moderate	Substantial
Evidence of effectiveness (Non-health benefits)	The non-health benefits that can be expected from the use of this technology not captured in the health benefits criterion. Examples of non-health benefits include autonomy, convenience, comfort and confidence. This includes non-health prevention benefits.	None	Minimal	Moderate	Substantial
Ethical Considerations	The extent to which the new tech. or intervention improves any ethical aspect not specifically included in other criteria such as: improving respect/dignity, choice, cultural safety & values, etc.	None	Minimal	Moderate	Substantial
Underserved Population(s)	The extent to which the new tech. or intervention improves access or outcomes in: rural/remote settings, indigenous populations, immigrant populations, refugee populations, individuals living with disabilities, economically disadvantaged individuals	None	Minimal	Moderate	Substantial
Evidence of Cost-effectiveness	The extent to which the new technology or intervention provides good value (Cost/QALY) for money.	None	Minimal	Moderate	Substantial
Environmental impact	The degree to which introduction of the new technology or intervention will have on the environment.	None	Minimal	Moderate	Substantial
Implementation considerations	The degree of challenge in implementing the new technology or intervention. Considerations include: the funding model, funding sources, system readiness, how health authority (patient) referrals will be arranged and the necessary training/credentialing of medical professionals. This also includes any other factors that may be relevant for successful implementation, such as political hurdles or infrastructure requirements.	Substantial implementation requirements and challenges	Moderate implementation requirements and challenges	Minimal implementation requirements and challenges	Few implementation requirements and challenges
Risk registry	The level of risk associated with introducing the new technology or intervention. Considerations may include: financial, human resource, stakeholder, or other risks.	Substantial risks associated	Moderate risks associated	Minimal risks associated	No identified risks associated