Decision-Making on New Non-Drug Health Technologies by Hospitals and Health Authorities in Canada

Prise de décision par les hôpitaux et les autorités de la santé au sujet des nouvelles technologies non pharmacologiques au Canada

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Appendix 1

Self-administered survey (to follow)
As described in the covering letter, we would be grateful if you provided your name and contact information so we can clarify information and responses as necessary.

Name: _______________________________________________________
Organization: _________________________________________________
Position in organization: _______________________________________
Telephone: ___________________________________________________
E-mail: ______________________________________________________
The survey asks questions about how your organization decides whether or not to pay for non-drug health technologies (NDHTs) falling into one of the categories listed below. We understand that processes may vary depending on the type or category of NDHT and involve different committees.

1. For which NDHTs are you able to complete this survey? (check all that apply)
   - [ ] Diagnostics
   - [ ] Surgical
   - [ ] Low-cost high-volume with annual budget impact greater than $1 million

**Demographic and Financial Information**

2. Please check the appropriate characteristics describing your organization:
   - [ ] Regional/district health authority
   - [ ] LIHN
   - [ ] CSSS (Quebec)
   - [ ] Provincial ministry/organization

3. For regional health authorities, or similar organizations, how many acute care institutions does your region/organization operate?
   * Number of acute care institutions:_________
   * Not applicable

4. What is the overall annual operating budget for your organization?
   $________________________

5. What are the funding sources used by your organization to acquire NDHTs? (check all that apply)
   - [ ] Global budget government funding
   - [ ] Specific/targeted government grant
   - [ ] Research funding
   - [ ] Hospital foundations
   - [ ] Manufacturers
   - [ ] Other (please specify):______________
6. Does your organization employ alternative funding mechanisms for new NDHTs (e.g., cost sharing with manufacturers)? If yes, please briefly identify these alternative mechanisms.

□ No
□ Yes. Please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Structure of Decision-Making

7. Does the cost of NDHTs determine who makes recommendations/decisions for them? For example, if a technology costs more than a certain amount, decisions would be made by a central committee while lower cost technologies are decided on at the department or institutional level. If yes, what is the approximate cost threshold for centralized decision making?

□ No
□ Yes. If so, what is the cost threshold? $____________

8. In your organization, who makes recommendations on whether or not to pay for new NDHTs?

□ An individual (If yes, skip questions 10-12 and complete question 9)
□ A committee (If yes, skip questions 9 and 12 and complete questions 10-11)
□ Both (If yes, skip questions 9-11 and complete question 12)

9. If recommendations are made by an individual, what position does this individual fill?

____________

10. If recommendations are made by a committee, please provide the name of the committee:

_________

11. If recommendations are made by a committee, what is the committee membership?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
12. If recommendations are made by both, when are they made by an individual and when are they made by a committee? Please also provide the position of the individual involved, name of the committee and committee membership:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

13. In your organization, who makes final decisions on whether or not to pay for new NDHTs?

☐ Same as recommendation body (If yes, skip questions 14-17)

☐ An individual (If yes, complete question 14 and skip questions 15-17)

☐ A committee (If yes, skip question 14 and 17 and complete question 15-16)

☐ Both (If yes, skip questions 14-16 and complete question 17)

14. If decisions are made by an individual, what position does this individual fill? ____________

15. If decisions are made by a committee, please provide the name of the committee:

__________________________

16. If decisions are made by a committee, what is the committee membership?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

17. If decisions are made by both, when are they made by an individual and when are they made by a committee? Please also provide the position of the individual involved, name of the committee and committee membership:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

18. Are patients and public groups involved in the determining whether or not to pay for new NDHTs? If yes, please describe when and in what capacity they are involved.
Decision Process

19. Please list who makes new non-drug health technology requests in your organization (eg., physicians, executive team, patient groups, etc.):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

20. How are new NDHTs requested in your organization? Please describe the appropriate process.

☐ Formal request process. Please describe:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ Informal request process. Please describe:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

21. If new NDHTs are formally requested, which medium is used to request the technologies?

☐ Online/electronic requests
☐ Paper-based requests
☐ Not applicable

22. When are non-drug health technology decisions made?

☐ Regularly scheduled meetings
☐ On an ad hoc basis when technologies are requested
Decision Factors, Criteria and Information

23. On a scale of 0 to 5, to what extent do decisions on whether or not to pay for NDHTs align with the organization’s strategic plan? (0=not aligned; 5=fully aligned)
   • Response: _______

24. Please indicate which types of information are considered when making a non-drug health technology decision (check all that apply):
   - □ Clinical effectiveness
   - □ Patient safety
   - □ Disease burden
   - □ Cost effectiveness
   - □ Budget impact assessment
   - □ Ethical obligations
   - □ Legal impact
   - □ Patient preferences
   - □ Availability of an alternative
   - □ Other(s) (please specify): _________________

25. What are the information sources used in deciding whether or not to pay for new NDHTs? (check all that apply)
   - □ Health Canada regulatory documents
   - □ Peer reviewed literature
   - □ Formal HTA reports
   - □ Unpublished information sources
   - □ Promotional material from manufacturers
   - □ Clinical expert opinion
   - □ Patient or public input
   - □ Other(s) (please specify): _________________
26. Is there a minimum level of evidence required in deciding whether or not to pay for NDHTs in your organization (eg., randomized controlled clinical trials, cohort studies, case studies, etc)?

□ No
□ Yes

27. If yes, does the minimum level of evidence depend on the technology type? If applicable, please elaborate on what evidence is required for the different technology types.

□ No
□ Yes. If so, explain:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

28. What factors does the organization consider when making a non-drug health technology recommendation and/or decision?

• Technology factors
  □ Revenue potential
  □ Regulatory status
  □ Clinical benefit (ie., quality of health care, annual budget impact, completeness of basket of services, need)
  □ Speed of technology uptake

• Organization factors
  □ Institutional liability
  □ Alignment with priorities (institutional, regional or provincial)
  □ Availability of similar services elsewhere in region
  □ Sense of equity
  □ Precedence

• Political factors
  □ Desire to please stakeholder groups (eg., physicians)
  □ Consumer demand
□ Prestige of requestor or technology

• Other(s):

____________________________________________________________________________
____________________________________________________________________________

29. Based on previous decisions on whether or not to pay for NDHTs, what are the three most important factors considered?
   i.
   ii.
   iii.

30. What are the three least important factors considered?
   i.
   ii.
   iii.

31. Does your organization pay for unapproved NDHTs made available through the special authorization program?
   □ No
   □ Yes

Implementation/Evaluation of Technology Acquisition Decision

32. What decision options are available NDHTs in your organization? (check all that apply)
   □ Provide
   □ Provide with conditions
   □ Provide interim
   □ Do not provide

33. Does your organization have any evaluation programs or structures in place to evaluate the implementation of new NDHTs? If so, can you describe these programs or structures?
   □ No
   □ Yes. If so, explain:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
34. Does your organization have an explicit process for examining existing technologies to redefine their appropriate use? If yes, please describe the process briefly.

□ No

□ Yes. If so, explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

35. On a scale from 0 to 5, what is the magnitude of the impact of off label use of NDHTs on your organization’s budget? (0=no impact; 5=very significant impact)
• Response: __________

36. Does your organization have an explicit process to identify and address off label use of NDHTS? If yes, please describe this process.

□ No

□ Yes. If so, explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

37. If you have any other comments or information you think we would find useful on your process of deciding whether or not to pay for NDHTs please provide it in the following space:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________