**INAHTA - Framework for reporting on impact of HTA reports**

Before completing this form, please review the accompanying instructions (Appendix A).

To complete this form, tick boxes or add text where indicated.
Send completed form to the INAHTA Secretariat at INAHTA@ihe.ca

|  |  |  |
| --- | --- | --- |
| 1. Agency
 | 1. Name of Technology
 | B.1. Add any needed qualification – e.g., particular application  |
| 1. Date of this record:
 | 1. Date of HTA report:
 | ***The date of the record should be not less than 6 months after the publication date of the HTA report*** |
| 1. Origin of HTA request
 | [Give the name or type of organization that made the request. This might be government – related (e.g. health ministry) or non – government (e.g. professional body). If the report was not solicited from outside the agency, please indicate this] |
| 1. Purpose of HTA
 | F.1. [Tick one or more][ ] 1 Coverage decisions[ ] 2 Capital funding decisions[ ] 3 Formulary decisions[ ] 4 Referral for treatment[ ] 5 Program operation[ ] 6 Guideline formulation[ ] 7 Influence on routine practice[ ] 8 Indications for further research[ ] 9 Other:  | F.2. [Single sentence of explanation/qualification, if needed] |
| 1. HTA conclusions
 | [1 or 2 sentences] |
| 1. Indications of impact
 | H.1. [Tick one or more][ ] 1 HTA considered by decision-maker[ ] 2 HTA recommendations/conclusions accepted[ ] 3 HTA demonstrated that technology met specific program requirements[ ] 4 HTA material incorporated into policy or administrative documents[ ] 5 HTA information used as reference material[ ] 6 HTA linked to changes in practice[ ] 7 HTA linked to changes in health status[ ] 8 No apparent impact[ ] 9 Other (specify): | H.2 [1 or 2 sentences to give further information] |
| 1. AGENCY’S opinion on level of impact
 | I.1. [Tick one][ ] 1 No apparent influence[ ] 2 Some consideration of HTA by decision maker[ ] 3 Informed decisions[ ] 4 Major influence on decisions | I.2 [1 or 2 sentences indicating basis/ reasons for opinion][indicate whether unintended influence led to a change in HTA procedure] |
| I.3 Indicate any unintended influence the HTA had:Did the unintended influence lead to a change in HTA procedure? [Tick one][ ] 1 Yes [ ] 2 No |
| 1. EXTERNAL opinion on level of impact of the HTA
 | Source of opinion: [Tick one][ ] 1 No apparent influence: [ ] 2 Some consideration of HTA by decision maker: [ ] 3 Informed decisions: [ ] 4 Major influence on decisions:  |

**Appendix A.**

 **INAHTA – Framework for reporting on impact of HTA reports**

**Instructions for use (3 pages)**

| **Framework section**  | **Action**  | **Comments**  |
| --- | --- | --- |
| **A. Agency**  | Enter the acronym or name of your agency in this box  |  |
| **B. Name of technology**  | Enter the name of the technology that was considered by the HTA |  |
|  | In box B.1 add any further explanation of the technology, for example a particular application that was considered | Entry of such information is optional |
| **C. Date of this record**  | Enter the date that this record (the impact framework) was completed  | As indications of impact may take some time to become apparent, the date of the record should be at least 6 months after the publication date of the HTA report. 6 months is the minimum period. The timing of the record of impact after 6 months is a matter for the agency to determine.  |
| **D. Date of HTA report**  | Enter the date of publication of the HTA report  |
| **E. Origin of the HTA request**  | Enter the name or the type of organization that made the request for the HTA. If the HTA report was not requested from outside your agency, please indicate this.  | Organizations might be government – related (e.g. health ministries) or non – government (e.g. professional bodies).  |
| **F. Purpose of the HTA**  | In box F.1 are eight types of decision that might have been informed by the HTA. Please mark one or more of these, as appropriate.  | If there was some other type of decision that was informed by the HTA please mark “ #9 Other” and briefly mention what it was  |
|  | In Box F.2 add any explanation regarding the type of decision that seems appropriate | This is optional. One or two sentences would be sufficient. |
| **G. Conclusions reached by the HTA**  | Briefly outline the conclusions reached by the HTA.  | One or two sentences would be sufficient. If appropriate, these might include major recommendations that were made.  |
| **H. Indications of impact**  | In Box H.1 are seven possible indications of the impact the HTA might have had . Please mark one or more of these. If there was some other type of impact of the HTA please mark “#8 Other” and briefly mention what it was.  | 1. HTA considered by decision - maker. [The HTA was considered but further impact was not obvious/ apparent.] 2. Acceptance of HTA recommendations/ conclusions [clear acceptance of HTA findings possibly, but not necessarily, linked to action by the decision maker.] 3. HTA demonstrated that a technology met specific program requirements [in circumstances where the HTA and its findings are linked to a program, for example where minimum standards must be met before some type of approval is given.] 4. HTA material is incorporated into policy or administrative documents [Material in an HTA is cited in subsequent documentation.] 5. HTA information used as reference material. [The HTA is used by decision makers as an ongoing source of information] 6. HTA linked to changes in practice [The HTA may be one of a number of factors influencing such change] 7. No apparent impact  |
|  | In Box H.2 provide further information, as appropriate. | One or two sentences should be sufficient |
| **I. Agency’s opinion on level of impact**  | In Box I.1. are four categories of influence of the HTA. Please mark one of these to indicate the opinion of your agency on the level of impact that was achieved.  |   |
|  | In Box I.2 briefly indicate the basis for your agency’s opinion | 1 or 2 sentences should be sufficient Details might include reasons for the report having no apparent influence, or the way in which the agency’s opinion had been formed (for example through a survey of stakeholders). |
|   | If the HTA had an unintended influence, please note this in Box I.3 Also note if the unintended influence led to a change in HTA procedure at your agency | For example, the conclusions of the HTA might have been misunderstood by a decision maker and action taken that was contrary to the intent of the HTA. Reference could be made here to any significant media coverage that may have increased the impact of the HTA report. |
| **J. External opinion on level of impact of the HTA**  | Please note the **source** of any external opinion on level of impact. Inclusion of this information is essential if this box is to be completed. Please mark one of the four possible categories of influence of the HTA. to indicate the opinion of other organizations on the level of impact that was achieved.  | For example, feedback may have been obtained from the organization that requested the HTA. Organizations such as patients/consumer groups and professional bodies may also be sources of opinion on impact  |