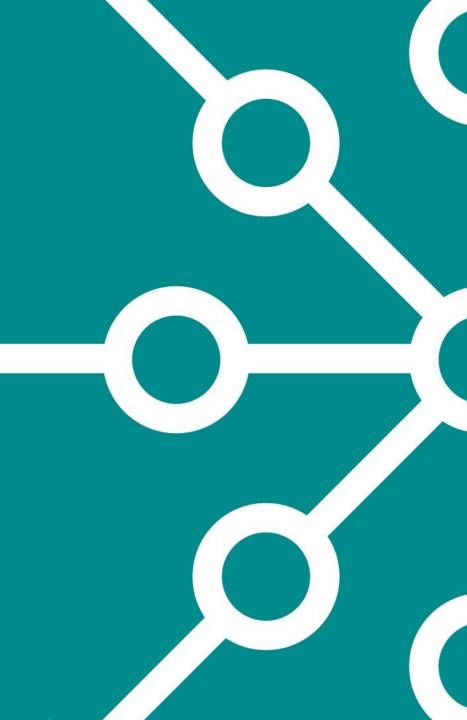
Evaluating digital technologies: Health Technology Wales perspective

David JarromSenior Researcher, Health Technology Wales







Overview

- Who HTW are
- What we do
- Evaluating evidence on digital health technologies















Health Technology Wales (HTW) has collaborated with Life Sciences Hub Wales Assessment and Health Economics, through two interactive and free workshops

WHY IS THIS IMPORTANT?

Our Health Technology Assessment (HTA)

The Health Economics (HE) workshop will

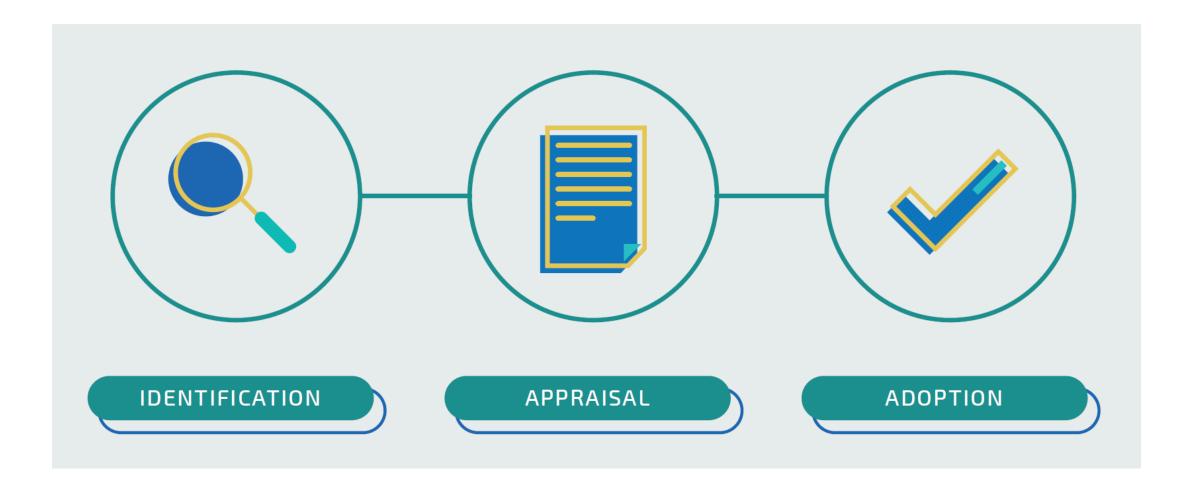


BOOK YOUR PLACE NOW





The purpose of HTW





HTW purpose

To deliver a strategic, national approach to the **identification**, **appraisal** and **adoption** of new technologies into health and care settings

HTW covers all types of *non-medicines* health technologies:

- devices
- diagnostics
- surgical procedures
- clinical interventions
- organisational/service design interventions
- psychological therapies

"Assessing Value - Optimising Use"





In its first year, HTW...

Responded to 57 topic referrals from a variety of stakeholder groups



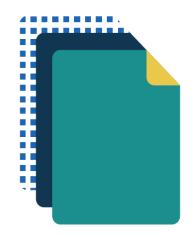








Presented at external meetings and conferences



Produced multiple standard operating procedures, an evaluation strategy, a communications strategy, and a new website.





Scarce resources



DIFFICULT CHOICES FOR DECISION MAKERS



Health Technology Assessment

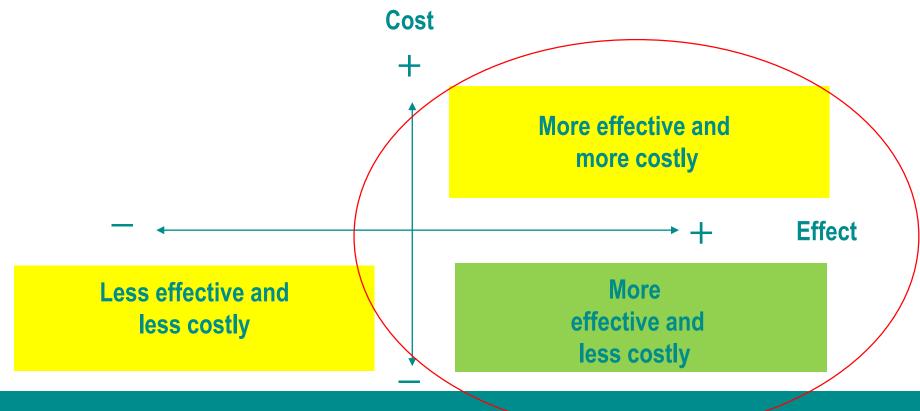
Evidence-based methods to guide the optimal allocation of health care resources





Assessing Clinical and Cost Effectiveness

Comparison of two alternative technologies:







Anyone can suggest a technology for HTW to appraise

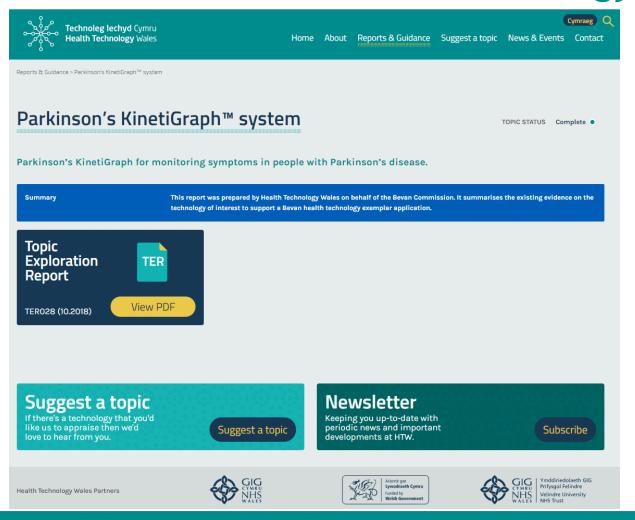




Criteria for selecting potential appraisal topics

Are there likely to be sufficient published research findings available upon which to base a technology assessment, and to allow HTW to provide clear advice to support decision making?	Yes/No/Unclear
Is a clear additional health benefit to patients or benefit to the NHS anticipated or evident from the use of this technology?	Yes/No/Unclear
Is there wide variation in provision or outcome of the technology across NHS Wales, and/or uncertainty about the effectiveness of the technology?	Yes/No/Unclear
Is the technology likely to have an impact on NHS resources (consuming or releasing)?	Yes/No/Unclear
Is the technology likely to have a major impact on NHS Wales? (eg a new addition to care; alter care processes/improve their quality)	Yes/No/Unclear
Is there potential for quality improvement from undertaking an assessment of this technology at this time? (eg is there recent sufficient evidence to assess; is the topic a priority in Wales)	Yes/No/Unclear

Topic exploration reports give an overview of the effectiveness of a health technology





Topic Exploration Report

Topic explorations are designed to provide a high-level briefing on new topics submitted for consideration by Health Technology Wales. This report was prepared by Health Technology Wales on behalf of the Bevan Commission. It summarises the existing evidence on the technology of interest to support a Bevan health technology exemplar application.

Topic:	Parkinson's KinetiGraph™ system
Topic exploration report number:	TER028
Referrer:	Lauren Evans
Topic exploration undertaken by:	Health Technology Wales

Aim of Search

Health Technology Wales researchers searched for evidence on the use of virtual clinics supported by the Parkinson's kinetiGraph data logger, or any other wearable device used to measure motor symptoms in people with Parkinson's disease.

Summary of Findings

There is very limited evidence on the effectiveness of KinetiGraph as a method of measuring motor symptoms. We identified two small studies that investigated the effectiveness of KinetiGraph and it consistency with other motor symptom measurements, but further high-quality research is needed.

The use of wearable devices in general by people with Parkinson's disease has been assessed in a number of recent systematic reviews. These highlight that a wide range of different wearable devices are available, but that further high-quality research is needed to better understand the utility of these in Parkinson's disease.

Key sources of evidence

- Hubble, R.P., et al., Wearable sensor use for assessing standing balance and walking stability in people with Parkinson's disease: a systematic review. PLoS One, 2015. 10(4): p. e0123705.
- Rovini, E., C. Maremmani, and F. Cavallo, How Wearable Sensors Can Support Parkinson's Disease Diagnosis and Treatment: A Systematic Review. Front Neurosci, 2017. 11: p. 555.
- Ossig C, Gandor F, Fauser M, Bosredon C, Churilov L, Reichmann H, et al. Correlation of Quantitative Motor State Assessment Using a Kinetograph and Patient Diaries in Advanced PD: Data from an Observational Study. PloS one. 2016;11(8):e0161559.

TER028

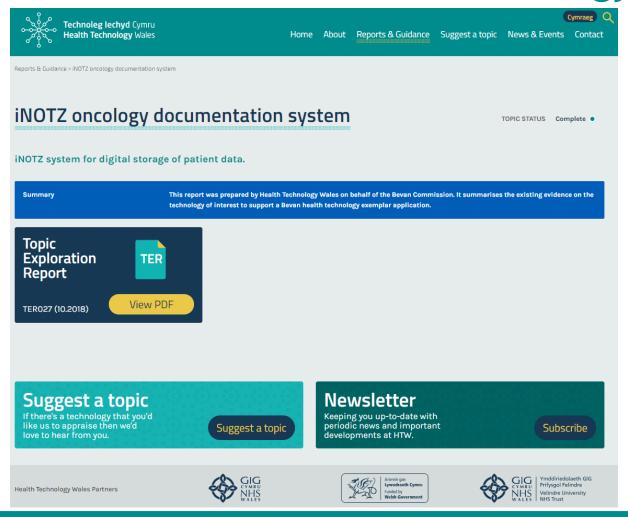


October 2018



Technoleg lechyd Cymru **Health Technology** Wales

Topic exploration reports give an overview of the effectiveness of a health technology







HTW guidance provides detailed advice on the use of a technology, based on a rigorous evidence review



HEALTH TECHNOLOGY WALES (HTW) GUIDANCE 004 (November 2018)

FreeStyle Libre flash glucose monitoring for the management of type 1 or type 2 diabetes



Figure 1, Image of FreeStyle Libre sensor and reader (provided by Abbott Diabetes Care)

HTW guidance: Freestyle Libre shows promise for detecting and guiding the correction of hypoglycaemia in patients requiring multiple daily insulin dosing for Type 1 and Type 2 diabetes mellitus. The current evidence, however, does not support routine adoption. The use of Freestyle Libre may be considered as an alternative to finger-prick self-monitoring of blood glucose in clinical circumstances where multiple testing (eight or more times per day) is required.



Evidence Appraisal Report¹

Review of systematic reviews and additional primary studies

Clinical and cost effectiveness of FreeStyle Libre flash glucose monitoring for the management of type 1 or type 2 diabetes



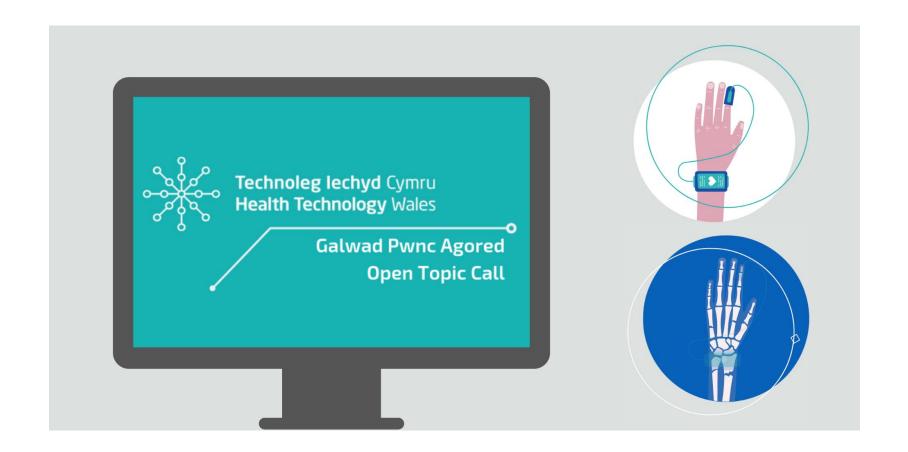
Figure 1. Image of FreeStyle Libre sensor and reader (provided by Abbott Diabetes Care)

1. Health problem

Type 1 diabetes, an autoimmune condition that results in destruction of insulin-secreting cells and subsequent loss of control of blood glucose levels, is treated with insulin replacement therapy. In healthy individuals, insulin levels fluctuate, and insulin replacement therapy aims to replicate these normal fluctuations in insulin levels and improve control of blood glucose levels (NICE 2015a). Type 2 diabetes is usually managed through a combination of lifestyle interventions and (non-insulin) pharmaceutical treatments, but some people with type 2 diabetes require insulin treatment when these other interventions have failed to control blood glucose levels or are not suitable for them (NICE 2015b).

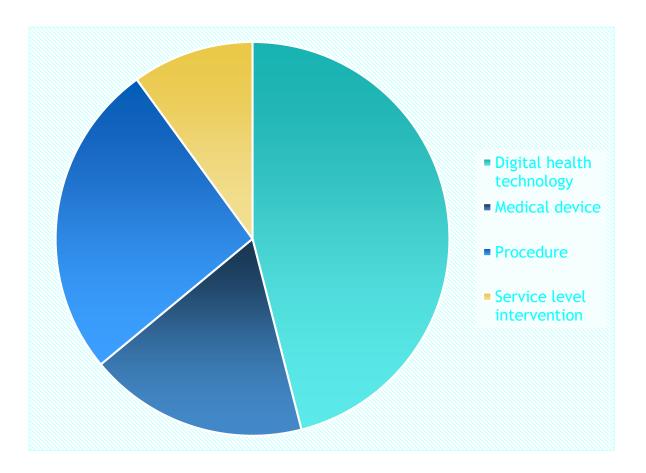




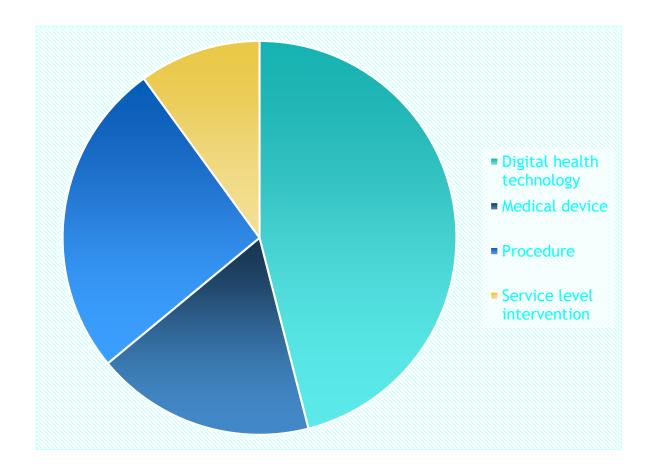


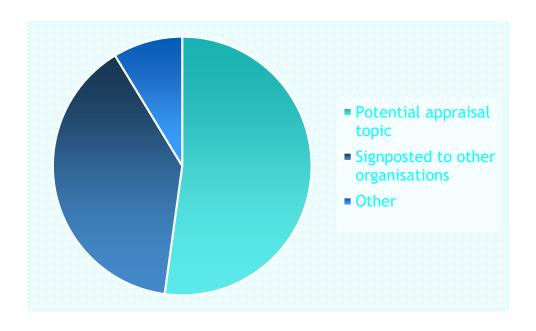


Open topic call output - total 50 topics received



Open topic call output - total 50 topics received





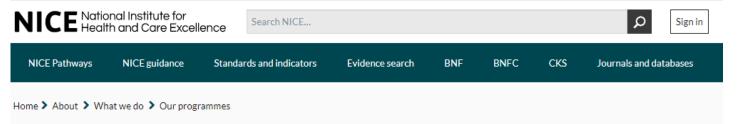
What are digital health technologies?

• Apps, programmes and software used in the health and care system. They may be standalone or combined with other products such as medical devices or diagnostic tests.

Compared to other technologies, DHTs:

- Have rapid development/iteration
- Tend to have less/lower quality evidence available for evaluation
- May have specific issues around data security/privacy/confidentiality that make their implementation challenging





Evidence standards framework for digital health technologies

Help shape the framework

We've launched a survey to find out about your experiences of the framework. Help us shape what we do next to improve it.

Feedback welcomed from all stakeholders - developers, commissioners, individuals and organisations. Closing date: 10 October 2019

Take the survey

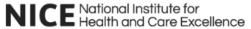
As digital health technologies develop at an increasing pace, we've worked with partners to develop standards that ensure new technologies are clinically effective and offer economic value.

The aim of the standards is to make it easier for innovators and commissioners to understand what good levels of evidence for digital healthcare technologies look like. Digital healthcare technologies must also meet the needs of the health and care system, patients, and users.

We created the standards as part of a working group led by NHS England. The group also includes:

- · Public Health England
- MedCity
- DigitalHealth.London.















The digital evidence standards framework describes:

- The types and levels of evidence needed to show the effectiveness of a DHT
- The types and levels of evidence needed to show the economic impact of a DHT
- The risk to service users and economic risk of introducing a DHT
- It is not a tool for evaluation in itself.



Figure 1 DHTs classified by function and stratified into evidence tiers

3b 3 **Preventative** Self-manage **Active monitoring** Calculate Treat Diagnose tier behaviour tier Tracking patient Allows people to A calculator that change location, using self-manage a impacts on wearables to Address public specified treatment, Evidence Evidence measure, record health issues: condition. May diagnosis or and/or transmit smoking, eating, include care data about a alcohol. sexual behaviour specified health, sleeping change condition. and exercise techniques

> simple monitoring Inform Communicate 2 tier Provides Includes general Allows 2-way information, health monitoring resources or using fitness Evidence activities to the wearables and public, patients or simple symptom clinicians. Includes diaries information about a condition or general health and lifestyle.

> > DHTs with no measurable patient outcomes but which provide services to the health and social care system

How can we use the evidence standards to appraise DHTS?

- Assessing suitability of a DHT for assessment/guidance
- Assessing what evidence should be taken into account in assessment
- Categorising DHTs according to the standards, and including this in any published advice



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Criteria for selecting potential appraisal topics

Are there likely to be sufficient published research findings available upon which to base a technology assessment, and to allow HTW to provide clear advice to support decision making?	Evidence for effectiveness tables
Is a clear additional health benefit to patients or benefit to the NHS anticipated or evident from the use of this technology?	Evidence for effectiveness. Functional classification
Is there wide variation in provision or outcome of the technology across NHS Wales, and/or uncertainty about the effectiveness of the technology?	
Is the technology likely to have an impact on NHS resources (consuming or releasing)?	Risk classification Economic standards
Is the technology likely to have a major impact on NHS Wales? (eg a new addition to care; alter care processes/improve their quality) Is there potential for quality improvement from undertaking an assessment of this technology at	Functional/risk classification
this time? (eg is there recent sufficient evidence to assess; is the topic a priority in Wales)	

So far....

- Topic exploration conducted on first tranche of DHTs, taking the evidence standards into account (published on our website)
- Three selected for further more detailed work/production of Guidance
- A further tranche being piloted with input from the technology developers

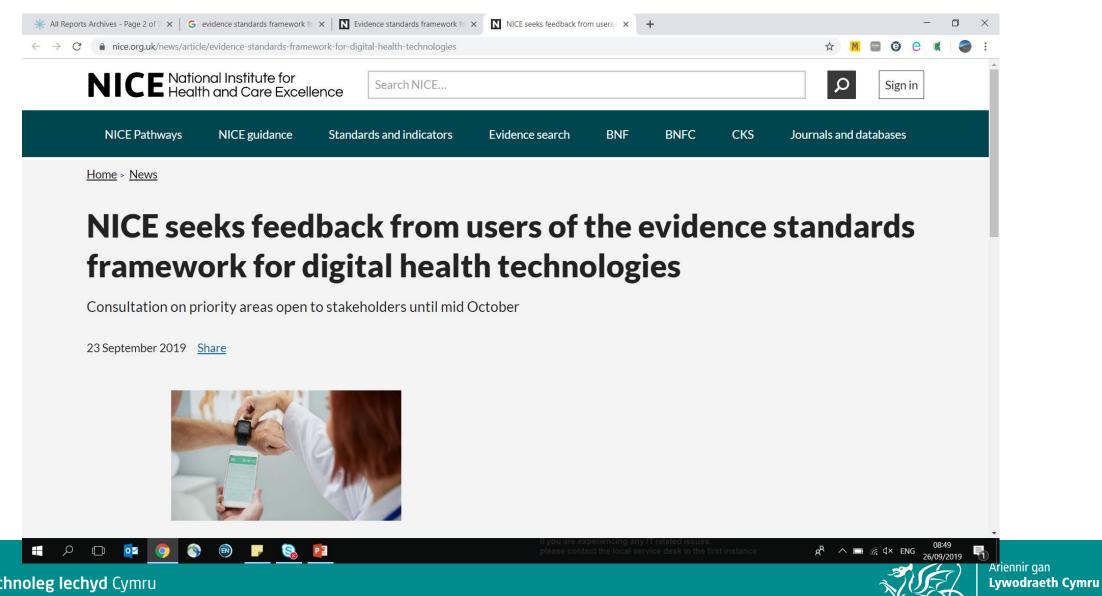


Challenges and considerations

- Avoiding unnecessary duplication (for the NHS, commissioners, and manufacturers)
- Avoiding unnecessary variation (across Wales and the wider UK)
- "even playing field" for DHTs versus other technologies
- Longevity/future-proofing of any Guidance we produce



Have your say on evidence standards 2.0



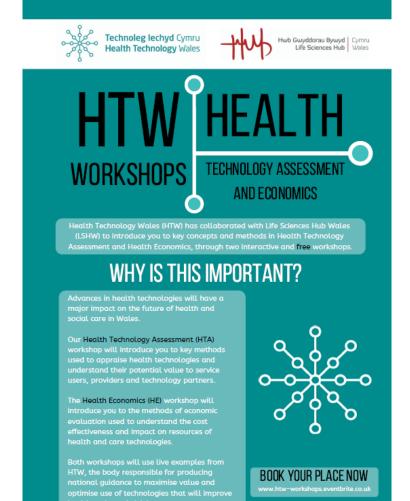
Welsh Government

Want to find out more?













Contact HTW

