Health Technology Assessment (HTA) Questionnaire

Health Technology Assessment (HTA) refers to the systematic evaluation of properties, effects, and/or impacts of health technology. It is a multidisciplinary process to evaluate the social, economic, organisational, and ethical issues of a health intervention or health technology. The main purpose of conducting an assessment is to inform a policy decision making (WHO, 2017).

New health technologies include all but not limited to new emerging devices, medical, surgical procedures, and drugs. The main goal of HTA is to provide decision makers with evidence-based information on all policy alternatives. Taking into consideration all the clinical (safety, efficacy, effectiveness), economical and societal outcome of healthcare policy.

Kindly, fill in all the requested information given below. This is a mandatory step in order to proceed further. Failure to provide information will result in a delay in the processing of the applicant request. Please give us adequate time for the review process. In case further information is required, the provider will be contacted.

A. General Information:	
Provider Name:	
Health Professional Name:	
Telephone:	Email:
Requesting Department:	
Type of Request: ☐ Evaluation of a new heath technology. ☐ Evaluation of a new drug.	

B. Assessment of the Health Technology:
1. Name of proposed Technology:
2. Type of proposed Technology: ☐ New Device/Drug/Procedure/Lab Test. ☐ Replacement of an existing device.

3. Description of Technology (Briefly describe the purpose and potential benefits of this technology):

4. Category for requested proposed Technology:

☐ Proven new technology – Clinical safety and effectiveness have been demonstrated, but not been used in the market.

☐ Upgrade or addition to existing technology – New features are added to new technology.

☐ Innovative/Experimental new technology – Little or no safety, efficacy or effectiveness, and not approved in the market

5. Impact of intervention:

☐ Minor change in current practice, explain?

☐ Significant change in current practice, explain?

6. What are the best practices adopted in the use of this service, kindly attach at least **THREE** references and a report, if possible, to support claims made for this technology?

7. Kindly provide the supporting documents for the below required set of approvals:

	Yes	No
• Is the service FDA approved?	☐	☐
• Is the service EMA (European Medical Agency) approved?	☐	☐
• Is the service EMA (European Medical Association) approved?	☐	☐
• Is the service approved by (NICE, CADTH (Canada), HAS (France), IQWIG (Germany), Australian) regulatory bodies?	☐	☐
• Is the service approved by a regulatory authority, DOH, DHA, MOH?	☐	☐

If yes, do kindly attach the reference.

8. What is the current practice or main alternative to the technology?

9. Describe how the new technology is different from current practice, provide evidence?

C. Assessment of the Current Practice (Gold Standard):
1. Description of the comparator procedure (Comparator procedure is defined as the current gold standard procedure or best practice):
2. What is the clinical need or the gap that the current practice does not address while the technology being assessed does? Kindly elaborate.

D. Outcome:	
1. What opportunity or challenge is the technology trying to address?	
2. Describe the expected health benefits/improvements in patient outcome compared to current practice (KPI's).	
3. Safety outcome: Indicate the risk category.	
☐	Risk Profile is the same as comparator procedure.
☐	Risk Profile is different from comparator procedure. Please Describe.

☐	Risk Profile is Unknown (Safety has not been determined).

4. Are there known or potential contraindications, product warnings, or risks to:

   Patients ☐ Yes ☐ No Health care practitioners ☐ Yes ☐ No

   If yes to either of the mentioned above, kindly elaborate:

E. Billing:

1. Is your facility licensed/authorised to implement this technology?	☐ Yes	☐ No
2. Is this technology currently being used by any other facility in UAE? If yes, kindly elaborate:	☐ Yes	☐ No

3. What is the proposed code reported for billing this technology?

4. What is the financial impact of introducing this technology? Please explain and fill the attached spread sheet?

5. What is the estimated contractual price for the requested technology?
6. How did you calculate the proposed price? Please provide the breakdown in details?
7. Will additional training or certification be required to operate the technology? ☐ Yes ☐ No

F. Additional Comments:
Kindly elaborate on any additional information that could be of an added benefit. ***Thank you for your time. You will be approached shortly by provider relations department for further guidance.***