Background & instructions

A Health Technology Assessment (HTA) provides evidence-informed advice about which tests, devices, procedures, programs, or systems should be publicly provided in the province of British Colombia (BC). The BC Health Technology Assessment Committee (HTAC) HTA process[1] was established in 2011 by health authority CEOs and the Ministry of Health to make decisions about technologies that contribute to improved patient outcomes, provide value for money, and should be publicly provided. Examples of reviewed topics can be seen at www.health.gov.bc.ca/hta.

While other processes exist for assessing pharmaceuticals, information management systems, and cancer-specific technologies, for example, if there is any doubt please complete this form and we will direct your nomination to the appropriate body.

HTA topics fall into two different categories:

1. Assessments for new or expanded public coverage (new); and
2. Assessments on the optimal use of technologies already publicly covered (pre-existing).

For information regarding HTAC's prioritization of identified topics, please see HTAC's prioritization matrix found on HTAC's webpage.[2]

For a topic to be considered please fill out all sections in Part A. While optional, it is encouraged to fill out any known information in Part B. Once complete, **please submit the nomination form to the Health Technology Assessment Office at HTA.Office@gov.bc.ca.** Nominations must be submitted by the end of November each year for consideration in the following fiscal year.

[1] For more information, please visit www.health.gov.bc.ca/hta

[2] The prioritization matrix can be found at www.health.gov.bc.ca/hta under "HTA Process" Step 1. Or follow this direct link: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/heath-care-partners/health-authorities/bc-health-technology-assessments/htac-prioritization-and-mcda-matrices.pdf

HTA Nomination Form Part A (Required)

NAME(S), TITLE(S) AND CONTACT INFORMATION OF THOSE NOMINATING THIS TECHNOLOGY
Anyone can nominate a topic, including individuals without an organization or title

TITLE	ORGANIZATION	NAME	EMAIL ADDRESS	PHONE

NAME OF THE NOMINATED TECHNOLOGY

INDICATION THE TECHNOLOGY ADDRESSES (IF THERE ARE MULTIPLE PLEASE INDICATE THE PRIMARY INDICATION OF INTEREST)

DESCRIPTION OF THE PATIENT POPULATION ADDRESSED BY THE TECHNOLOGY

DESCRIPTION OF HOW THIS TECHNOLOGY ADDRESSES THE PRIMARY INDICATION

THE PRIMARY POLICY PROBLEM / DESIRED OUTCOME OF A HEALTH TECHNOLOGY ASSESSMENT

INDICATE IF THIS A **NEW** (NOT/LIMITED PUBLICALLY FUNDED IN BC) TECHNOLOGY OR IS IT **PRE-EXISTING** (CURRENTLY IN USE IN BC'S HEALTH SYSTEM)

☐ **NEW** (PLEASE FILL OUT S**ECTION I** BELOW) ☐ **PRE-EXISTING** (PLEASE FILL OUT S**ECTION II** BELOW)

I. IF THIS IS A **NEW TECHNOLOGY**	**II.** IF THIS IS A **PRE-EXISTING TECHNOLOGY**
CURRENT STANDARD OF CARE	LIST OF PRIMARY CONCERNS WITH THIS TECHNOLOGY
LIST OF PRIMARY BENEFITS OF THIS TECHNOLOGY	DESCRIPTION OF OPTIMAL USE OF THIS TECHNOLOGY

HTA Nomination Form Part B (Supplemental)

All fields are optional. When possible, please include sources for your responses.

NAME(S), TITLE(S) AND CONTACT INFORMATION OF CLINICAL EXPERT(S) WILLING TO WORK WITH THE HTA OFFICE TO REFINE THE RESEARCH QUESTIONS AND ANSWER OTHER TECHNICAL QUESTIONS

TITLE	ORGANIZATION	NAME	EMAIL ADDRESS	PHONE

HEALTH CANADA STATUS

☐ APPROVED BY HEALTH CANADA (INDICATE THE LICENSE NUMBER, IF KNOWN) ☐ NOT APPROVED BY HEALTH CANADA (PLEASE EXPLAIN)

LIST/LINKS OF UP TO 5 OF THE MOST SIGNIFICANT EVIDENCE SOURCES DIRECTLY RELATED TO THE PRIMARY POLICY QUESTION (E.G. SYSTEMATIC REVIEW, HTA FROM ANOTHER JURISDICTION, RANDOMIZED CONTROLLED TRIAL)

DISEASE SEVERITY DESCRIPTION (IN WHICH WAYS AND HOW MUCH DOES IT AFFECT PATIENTS)

FURTHER DESCRIPTION OF THE SELECTION/INCLUSION CRITERIA FOR THE PATIENT POPULATION (CONDITION, GENDER, AGE, ETC.)

ESTIMATED SIZE OF THE BC POPULATION IMPACTED FROM THE PROPOSED USE, OR REVIEW OF OPTIMAL USE, FOR THIS TECHNOLOGY

(IF APPLICABLE) LIST AND BRIEF DETAILS OF VULNERABLE POPULATIONS AFFECTED (EITHER POSITIVELY OR NEGATIVELY) BY THIS TECHNOLOGY
ALTERNATIVES FOR TREATING THE PRIMARY INDICATION FOR THE DESCRIBED PATIENT POPULATION
EXPECTED COSTS OR COST SAVINGS ASSOCIATED WITH THE USE OF THIS TECHNOLOGY
PRIMARY COSTS ASSOCIATED WITH THE STATUS QUO / COMPARATOR
CLINICAL EFFICACY OUTCOMES EXPECTED FROM THE *(IF NEW) INTRODUCTION/EXPANSION OR (IF RE-ASSESS) REDUCTION* OF THIS TECHNOLOGY
NON-CLINICAL OUTCOMES (BENEFITS) EXPECTED FROM THE *(IF NEW) INTRODUCTION/EXPANSION OR (IF RE-ASSESS) REDUCTION* OF THIS TECHNOLOGY