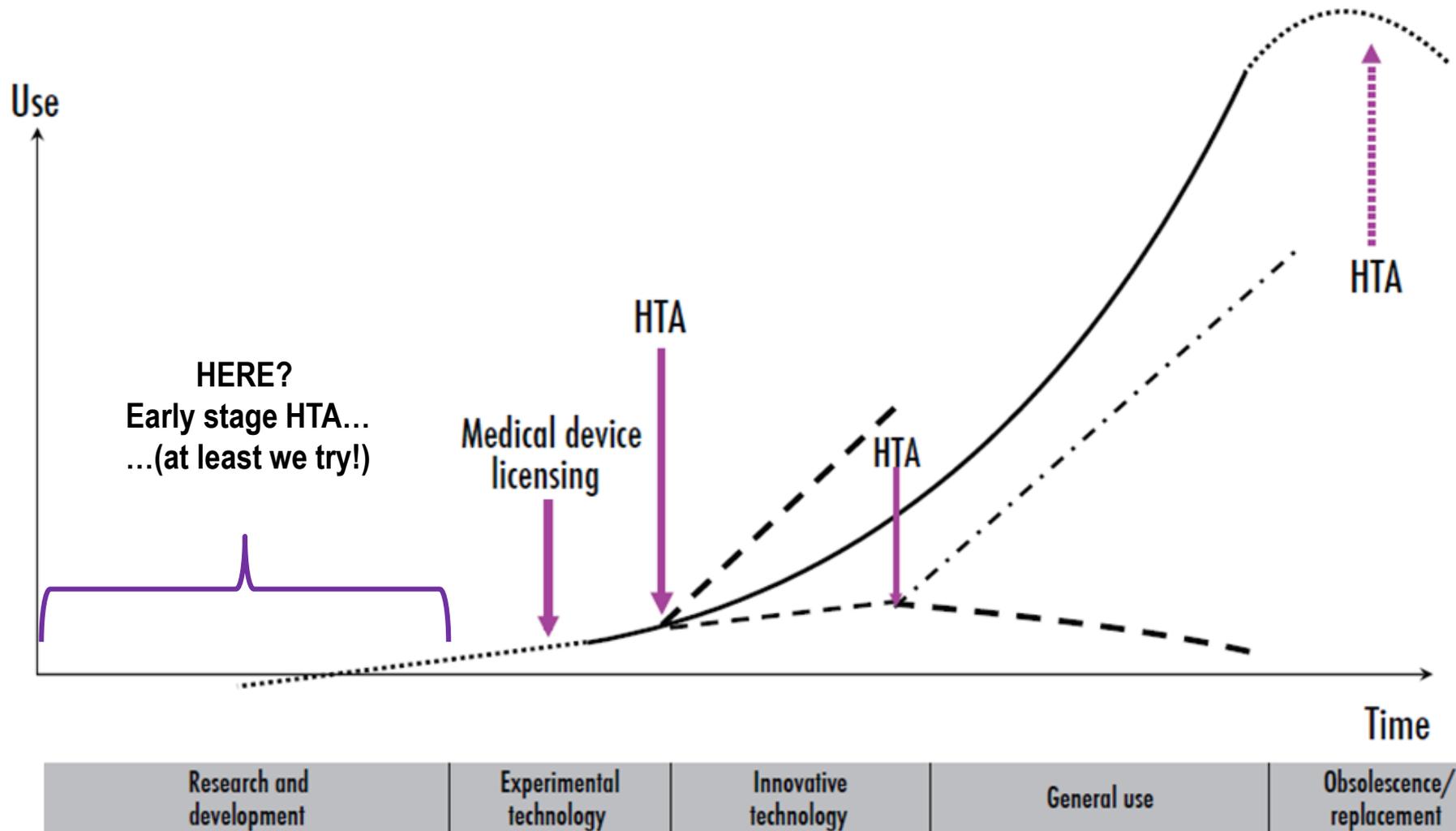


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HTA during design

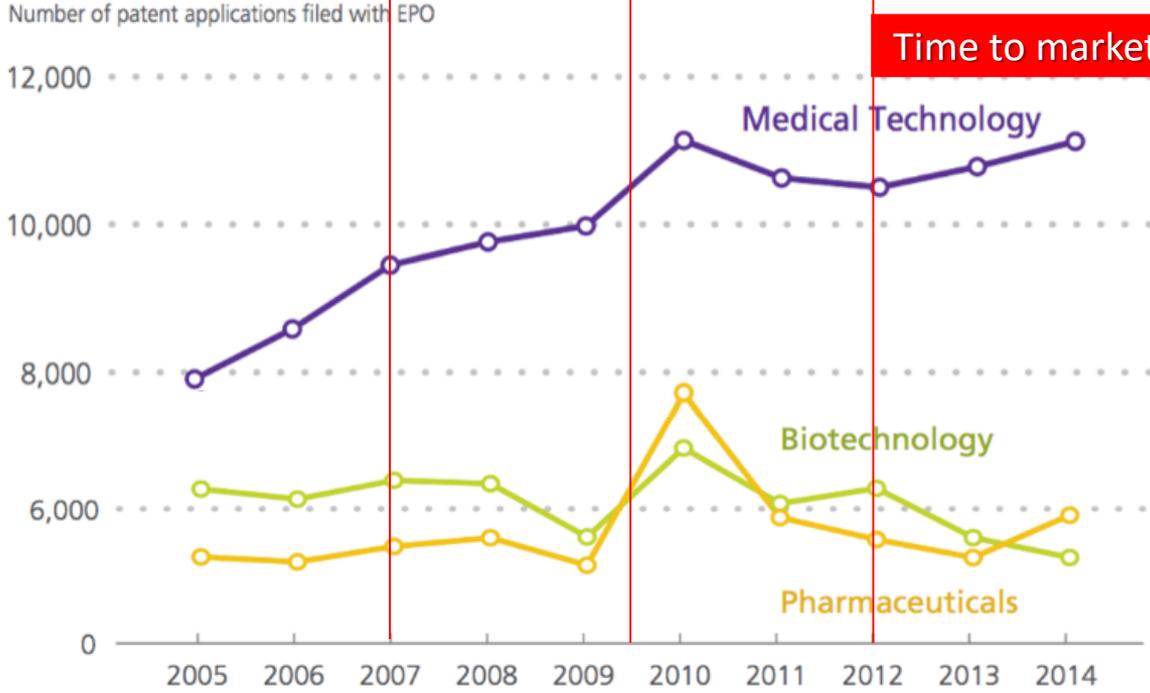
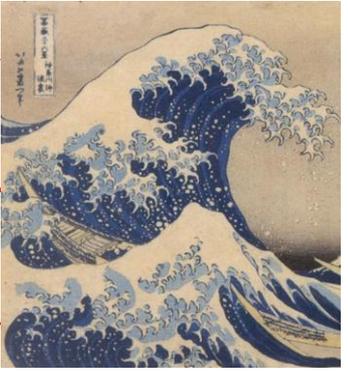
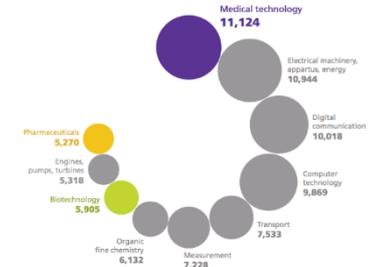


*WHO web site (last access 15.09.2012): http://www.who.int/medical_devices/assessment/en/

From research 2 Medical Devices

The tsunami of medical devices...

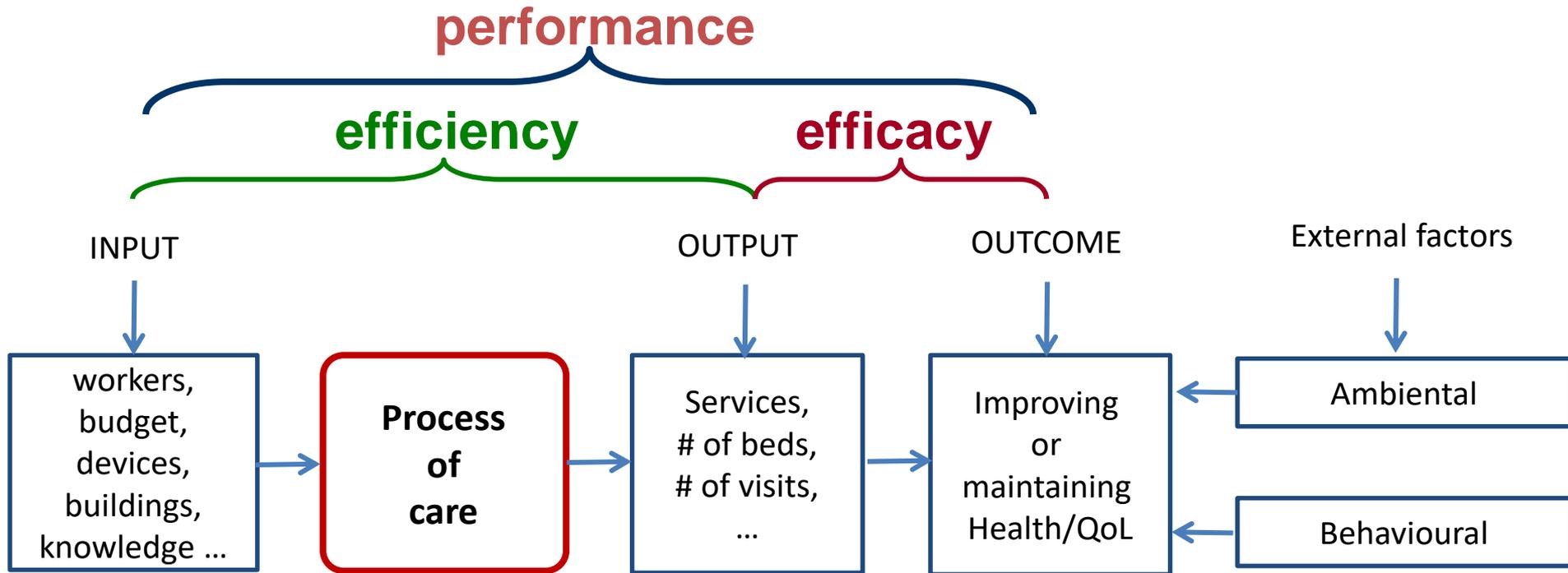
MT are 1st for IP



- BME are called to:**
- Design
 - Assess
 - Manage

*MedTech Europe, *The European Medical Technology Industry. In Figures. Brussels, 2015.*

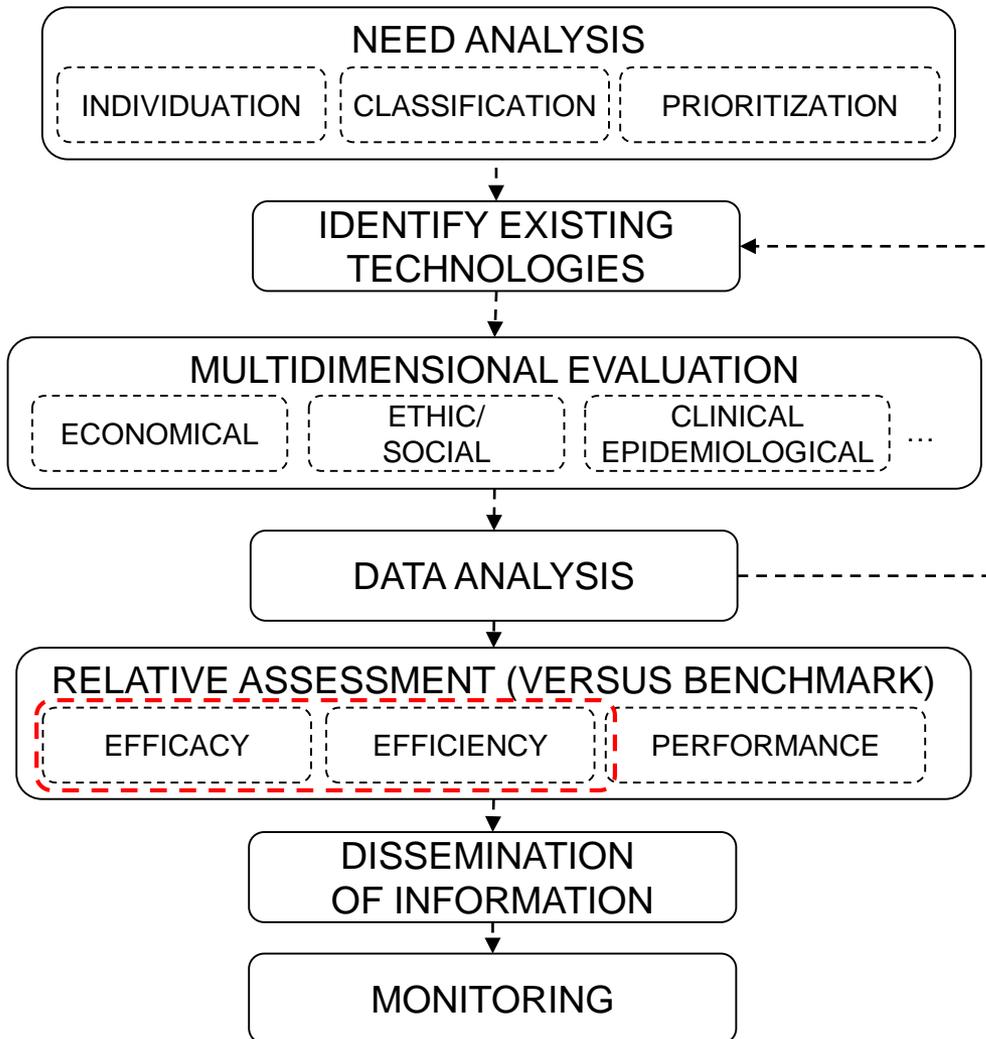
Performance, efficiency, efficacy



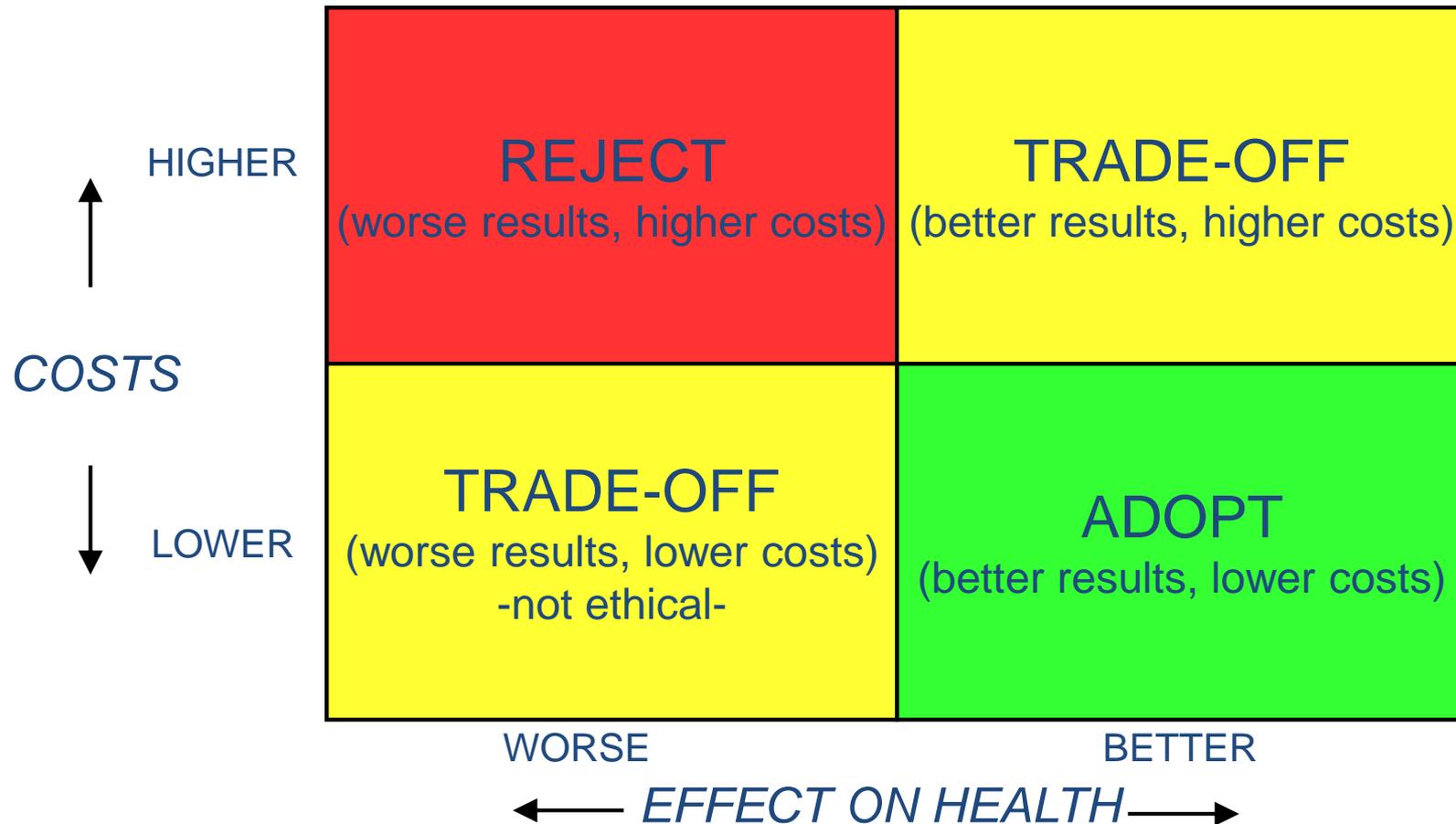
$$\text{Efficiency} = \frac{\text{output}}{\text{input}}$$

$$\text{Efficacy} = \frac{\text{outcome}}{\text{output}}$$

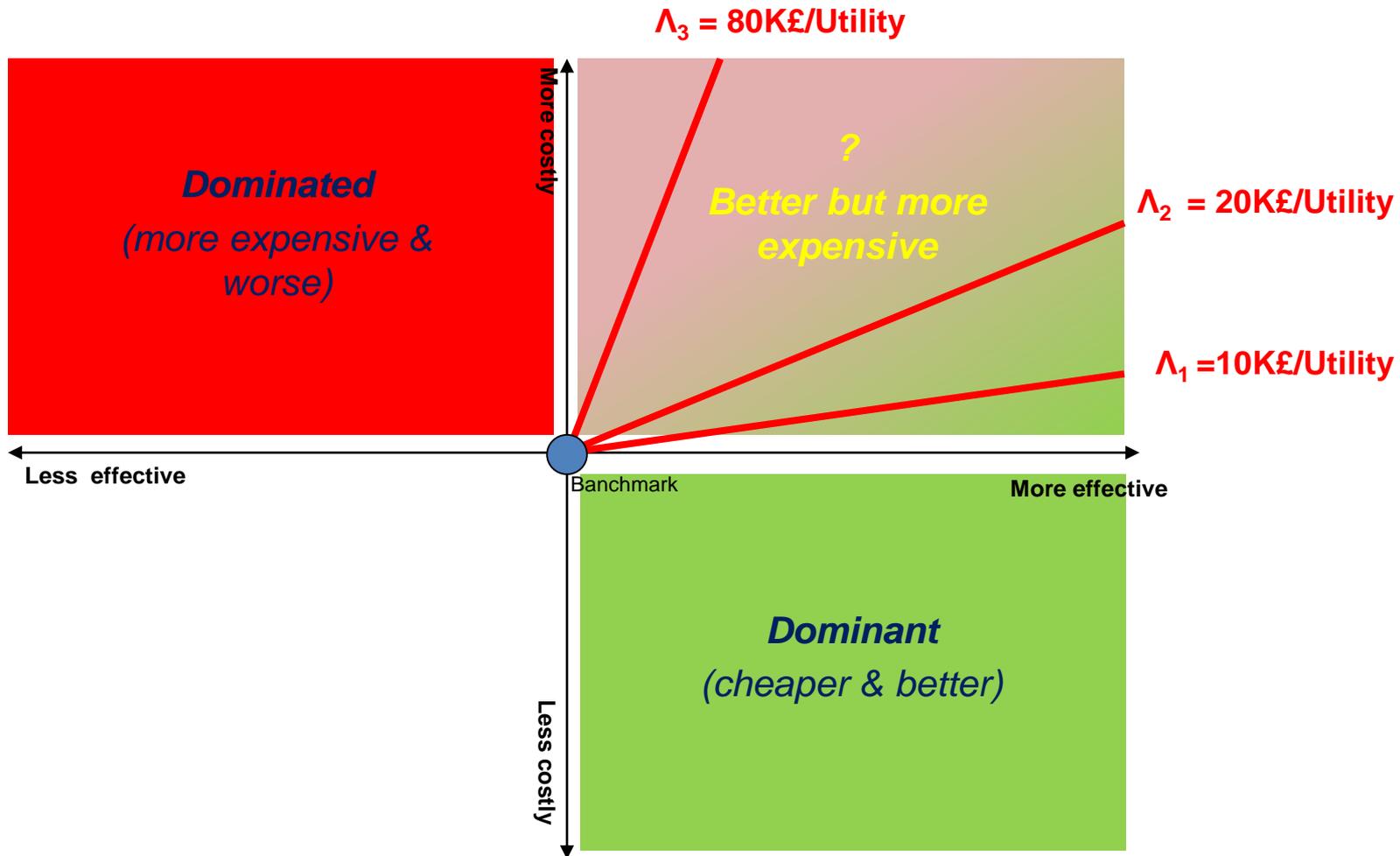
$$\text{Performance} = \frac{\text{outcome}}{\text{input}}$$

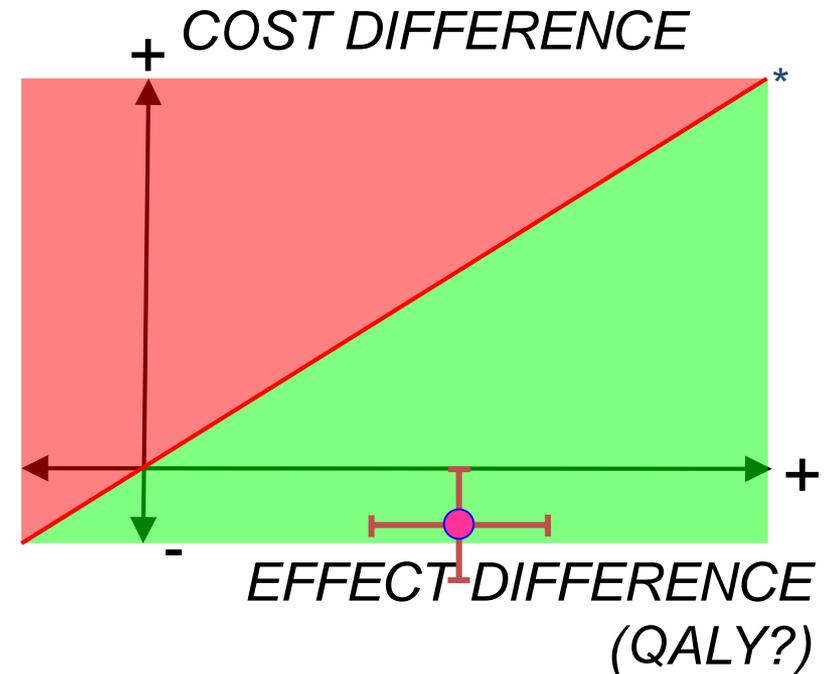
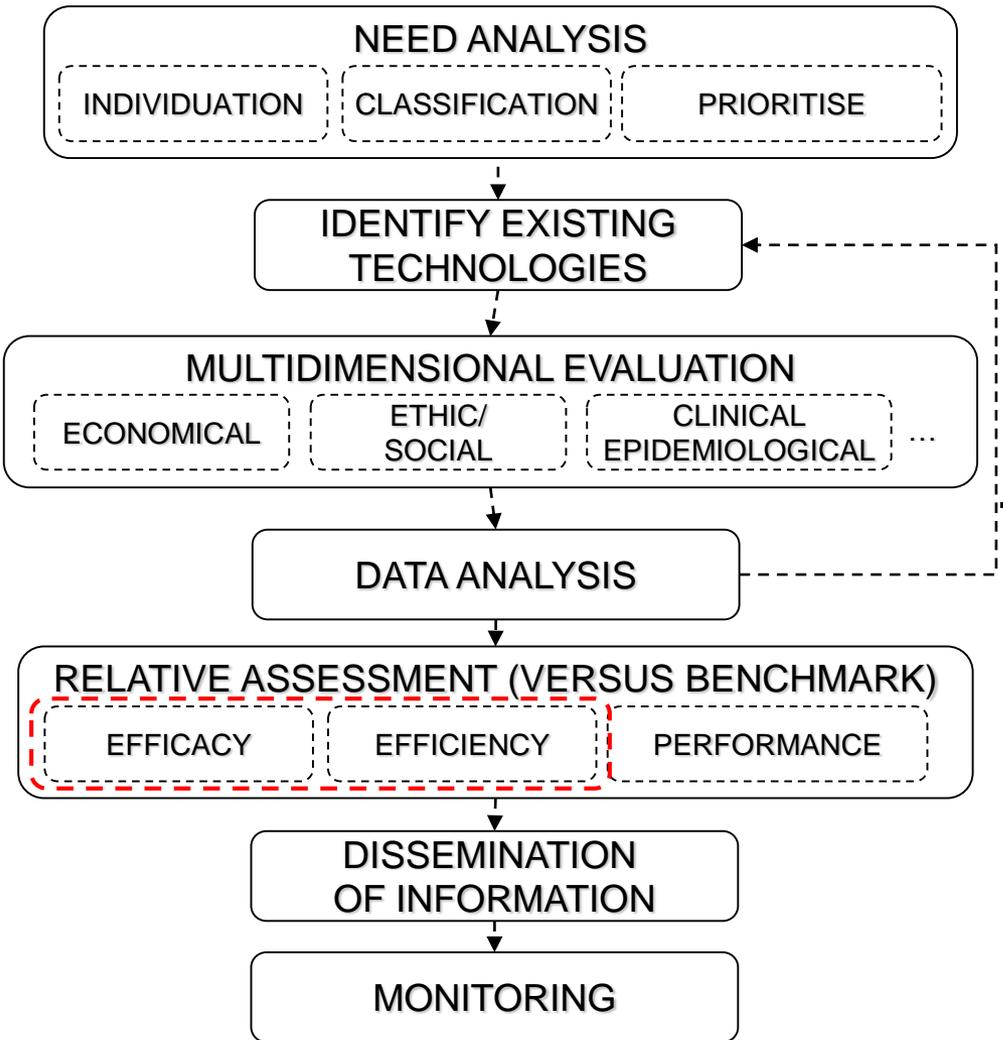


Possible results of complete analyses



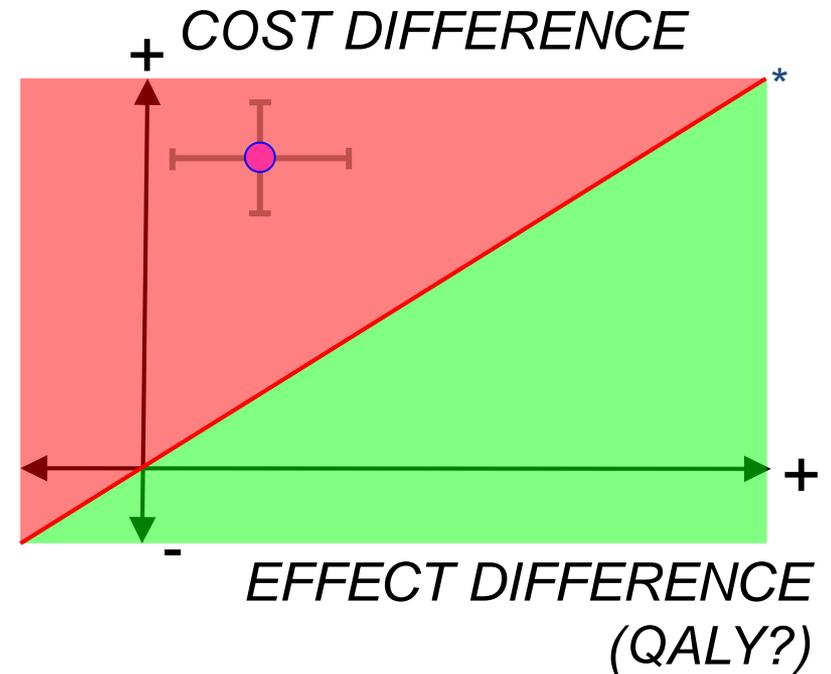
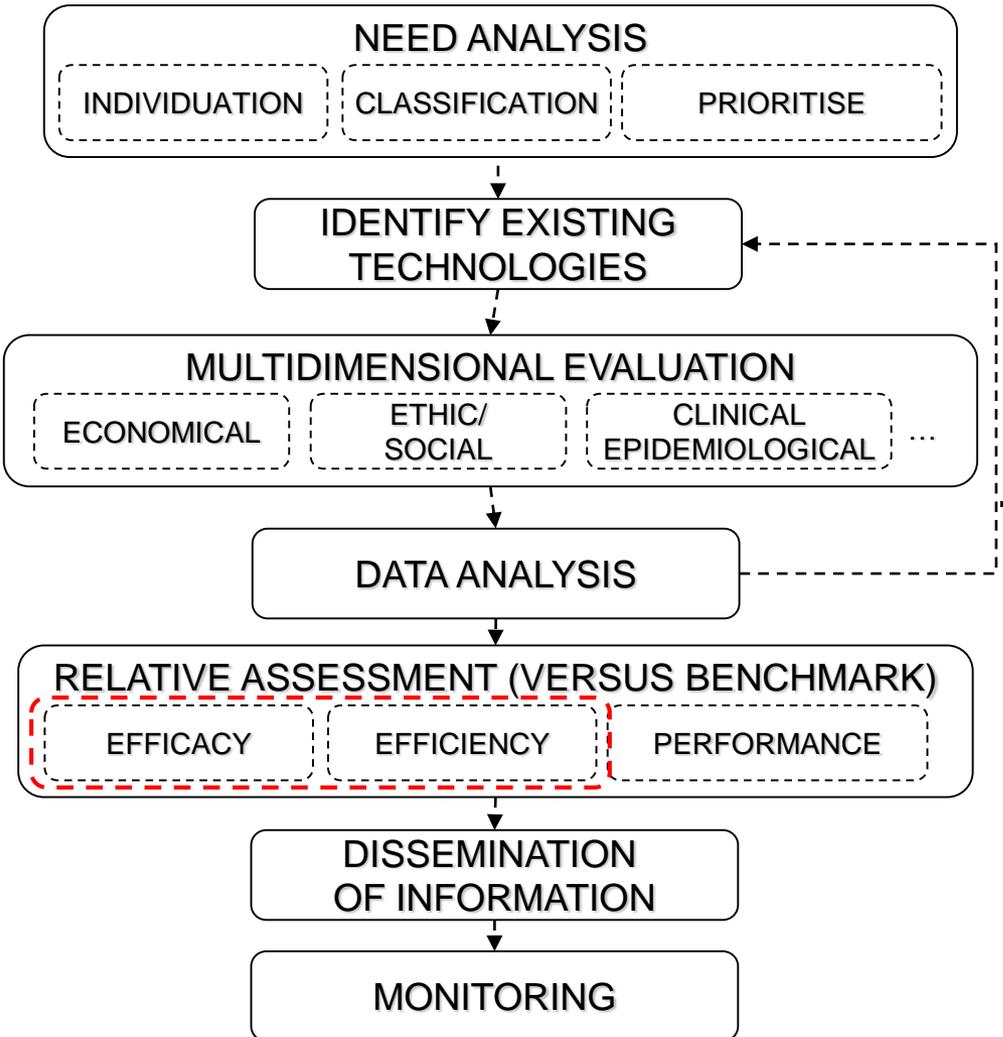
Willingness to pay





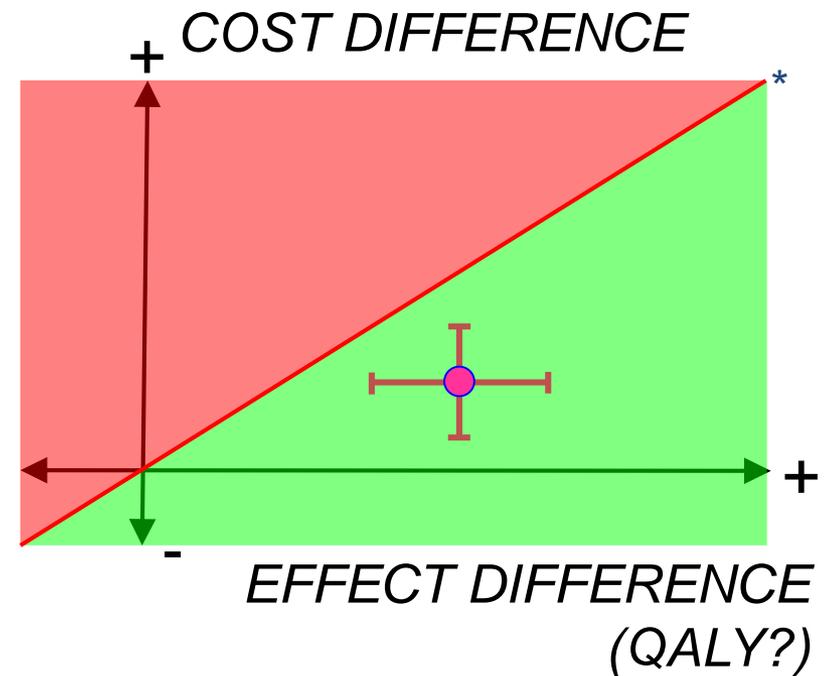
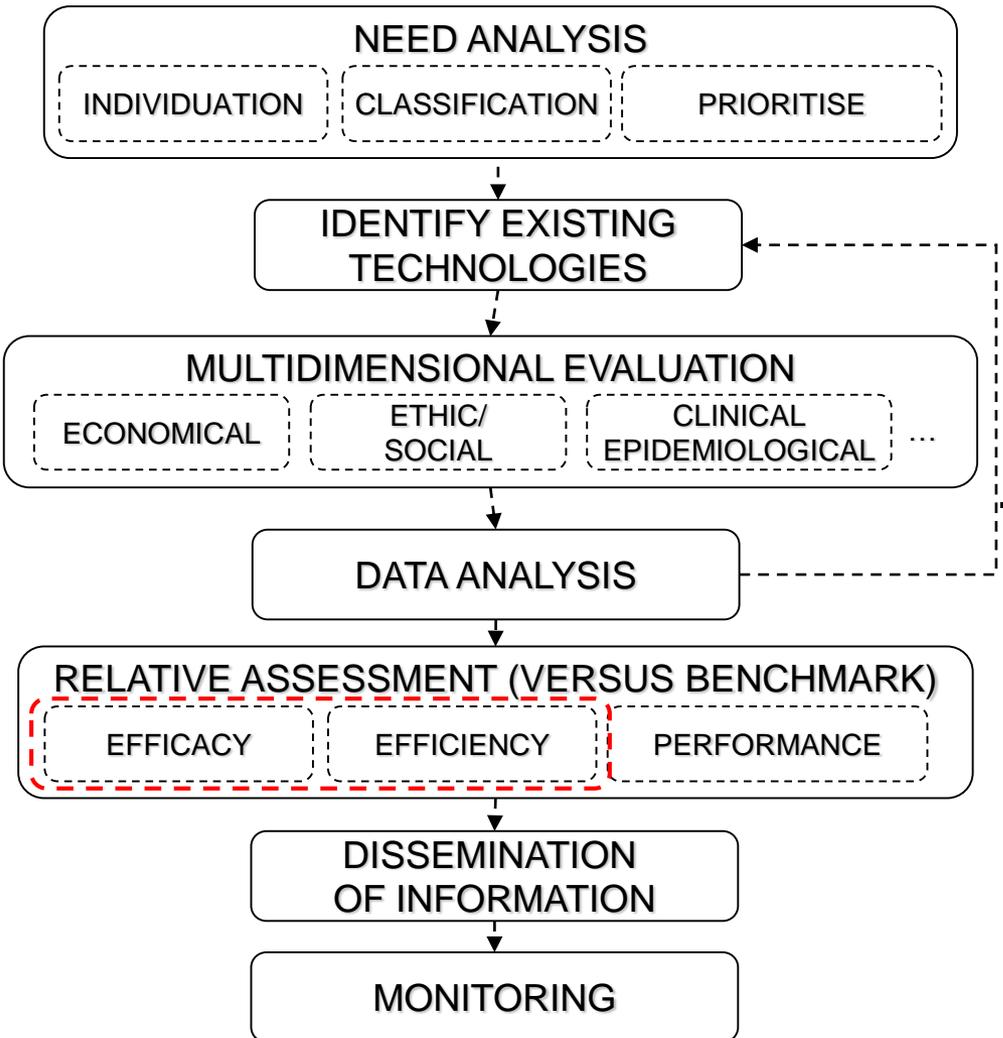
* NHS NICE willingness-to-pay 'threshold' range of £20,000-£30,000 per QALY.

Example 1 – cost saving



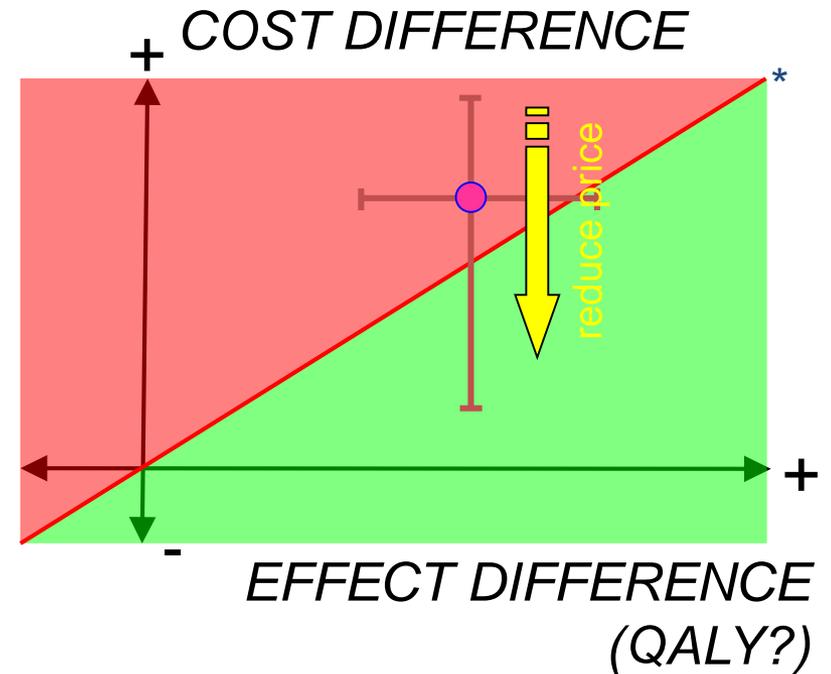
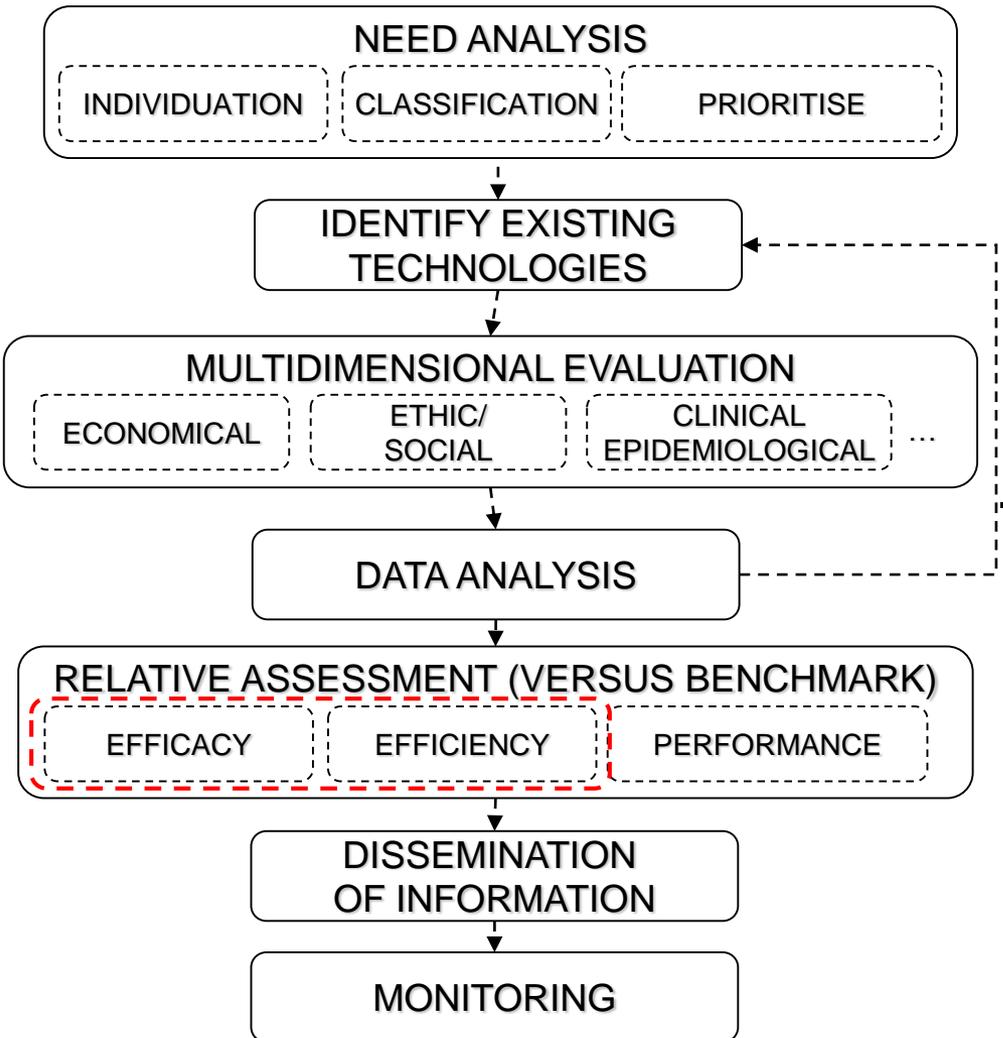
* NHS NICE willingness-to-pay 'threshold' range of £20,000-£30,000 per QALY.

Example 3 – not cost effective



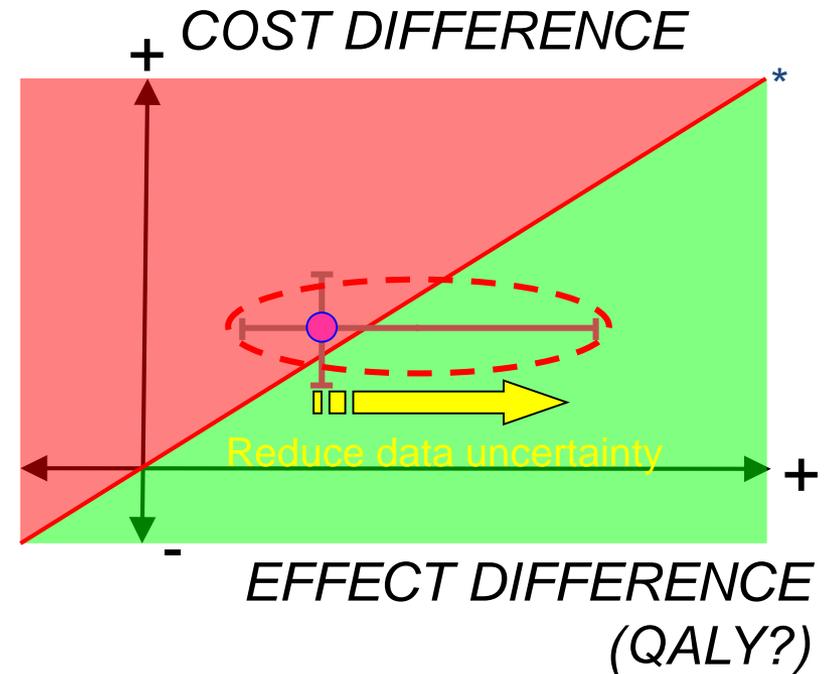
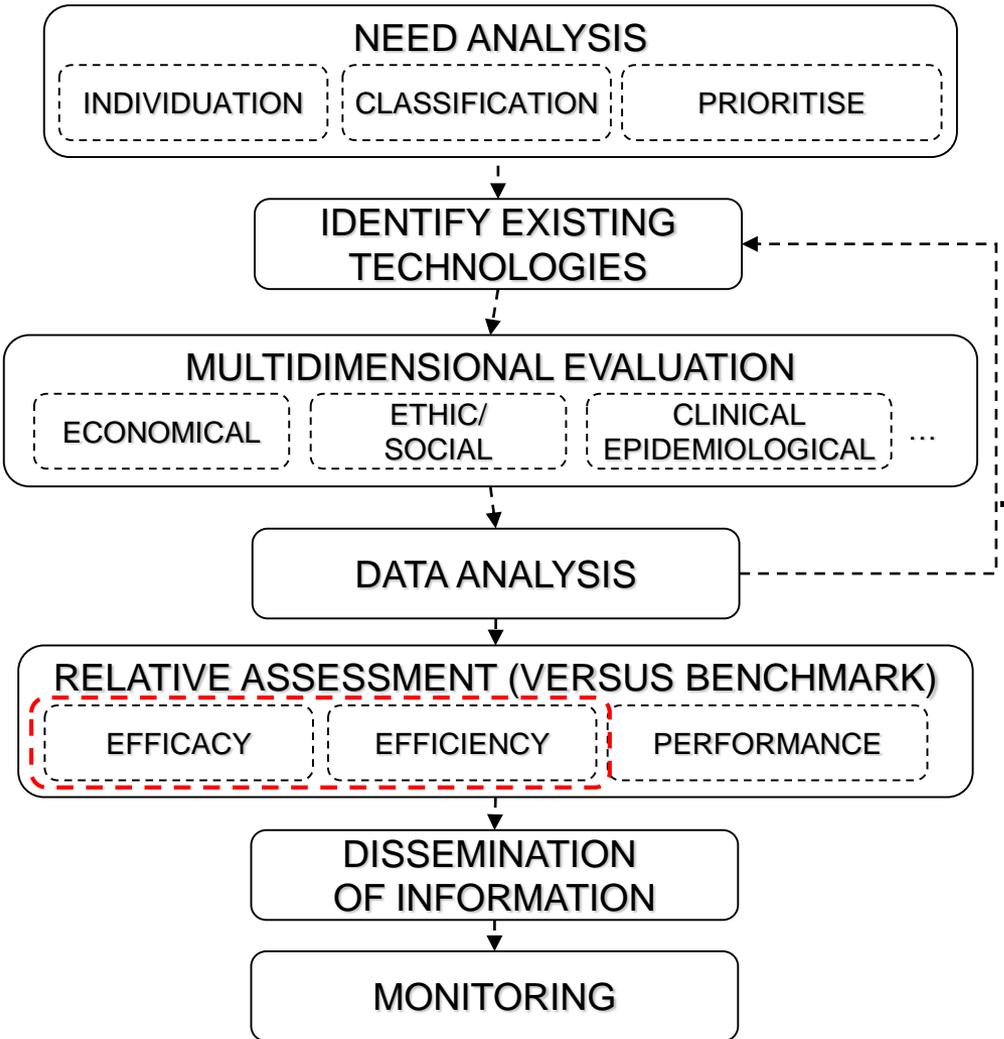
* NHS NICE willingness-to-pay 'threshold' range of £20,000-£30,000 per QALY.

Example 4 – cost-effective



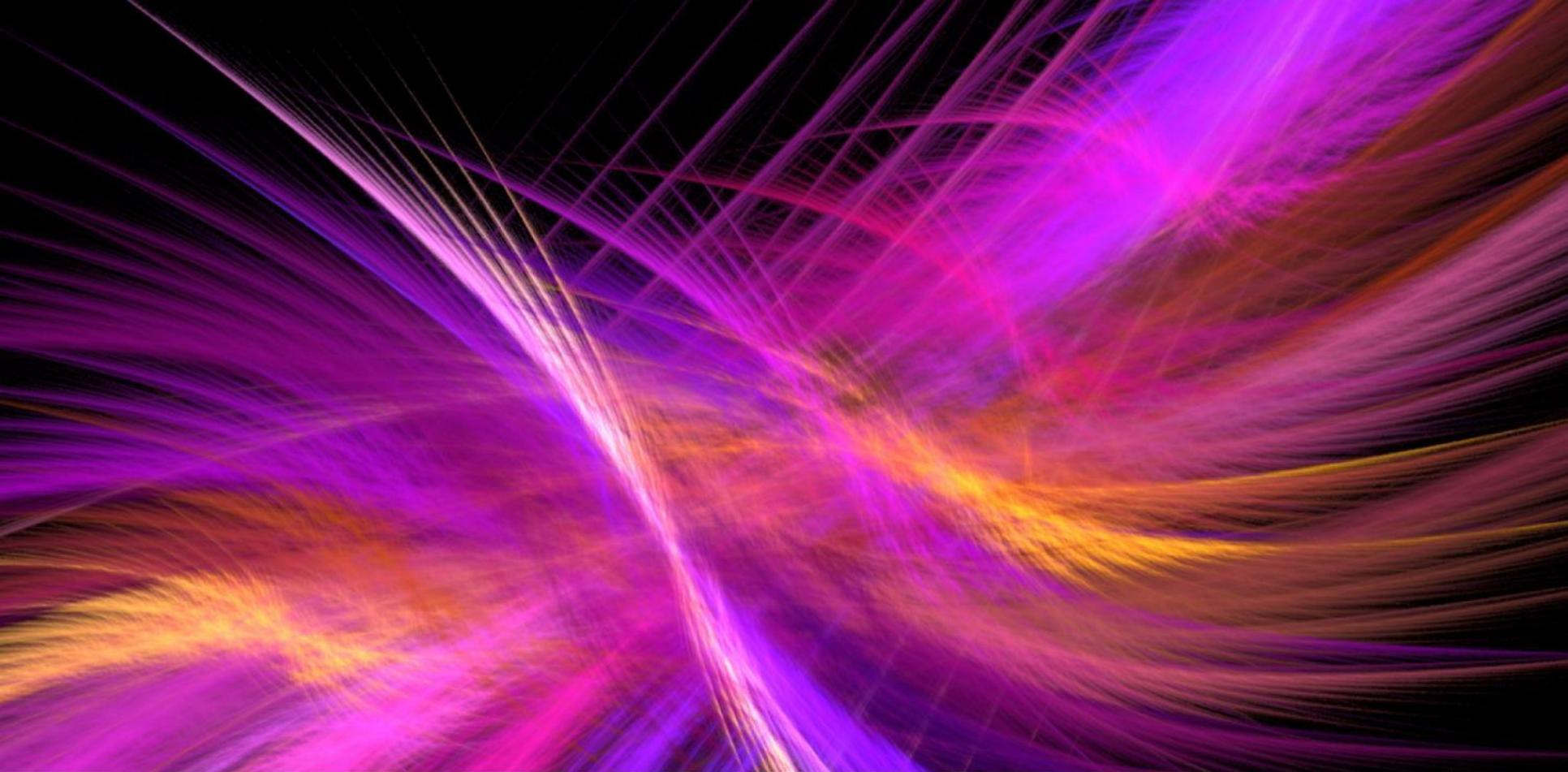
* NHS NICE willingness-to-pay 'threshold' range of £20,000-£30,000 per QALY.

Example 5 – price optimisation required



* NHS NICE willingness-to-pay 'threshold' range of £20,000-£30,000 per QALY.

Example 6 – change target



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