



HAUTE AUTORITÉ DE SANTÉ

Haute Autorité de Santé
Annual Report
2009
Summary



HAS is pleased to present its Annual Report for 2009 in a summarised form, making it more accessible and in keeping with its requirement to adhere to the values of sustainable development. The main activities carried out by HAS in 2009 are described in this document.

For more information or clarification, you can consult the full version (in French) of the Annual Report 2009 on the HAS website: www.has-sante.fr, by clicking on the Heading - Présentation de la HAS.

2009 Highlights

Exchanging ideas

→ HAS meetings in 2009

More than 1,600 actors in the healthcare sector came together on 10 and 11 December at the 3rd HAS Annual Meeting to discuss how to improve the quality of healthcare. During two plenary sessions and 23 round table debates, useful exchanges of ideas occurred on four major topics:

- carrying out assessment in order to promote good practices;
- implementing policies aimed at improving healthcare quality;
- supporting the development of healthcare provision;
- promoting healthcare safety.

Presentations, summaries, videos and slide shows can be viewed online under Meetings on the HAS website, www.has-sante.fr, by clicking on the Heading - Evénements.

Next HAS Annual Meeting on 2 and 3 December 2010.

→ Regional days

In 2009, HAS confirmed its commitment to healthcare professionals to improve the quality and safety of healthcare by organising three regional days in partnership with the bodies involved in quality at the regional level: CCECQA (Coordination Committee for Clinical and Quality Assessment in the Aquitaine region), CEPPRAL (Committee for the Assessment of Professional Practice in Healthcare in the Rhône-Alpes region) and RSQ (Healthcare Quality Network).

HAS News and Practice ('Actualités & Pratiques') Files

In order to provide healthcare professionals with useful information relating to their medical practice, HAS has created a new publication on its own website: the HAS News and Practice ('Actualités & Pratiques') Files are available by medical specialties. These files supplement the monthly newsletter, 'HAS Actualités & Pratiques', to which around 26,000 healthcare professionals have already subscribed. The two publications are available online under the new 'Actualités & Pratiques' Heading on the HAS website, www.has-sante.fr.

Achievements

Putting quality at the heart of individual practice and behaviour

→ Pilot programmes

So as to improve the quality and safety of healthcare in respect of major healthcare topics requiring complex management, in a comprehensive and participatory approach, HAS is implementing pilot programmes which include every type of healthcare procedure.

- As part of the programme "Together, we can improve how we manage stroke", HAS published some new guidelines "Cerebrovascular accident (stroke): early management" in July 2009 and finalised a base of around forty clinical practice indicators.
- The programme "Together, we can improve how we manage myocardial infarction (MI)", which was introduced in 2007, was the subject of a report presented at a press conference held in April 2009. The stages involved for optimum management of myocardial infarction were described and a base of around 30 clinical practice indicators covering the whole care pathway system was proposed.
- The programme "Antipsychotics and Alzheimer's disease" continues as part of the 2008-2012 French National Alzheimer Plan and is aimed at improving practices relating to the prescription of medicines for the elderly (PMSA) with two guidelines concerning good practice published in 2009: "Alzheimer's disease and related diseases: management of disruptive behaviour problems" and "Acute confusion in the elderly: initial management of agitation". A joint press conference by the Alzheimer Plan and HAS drew up a summary of the prescription of antipsychotics in Alzheimer's disease and showed that the measures taken, thanks to the introduction of the iatrogenic warning indicator, were encouraging.

→ Good practice guidelines: obesity surgery

HAS has published new good practice guidelines with the aim of improving the long-term effectiveness of surgery and reducing the occurrence and seriousness of post-operative complications. A list of 13 quality criteria intended for healthcare professionals to help them assess their practice, two brochures (primary care doctor and patient) and a fact sheet for primary care doctors have been uploaded on the organisation's website. Further guidelines regarding child, adolescent and adult obesity are in the process of being developed.

→ Development of Boards of Good Practice for medical specialties

HAS continues to encourage and to lend its support to the development of Boards of Good Practice within each medical specialty (National Professional Boards). To date, eleven partnership agreements have been signed for the purpose of implementing programmes to improve practice.

→ Certification of visits by medical sales representatives: first report and prospects

Following an initial report on implementation of the procedure, HAS proposes four orientations aimed at enhancing its effectiveness:

- integrate all or part of the “normative base” certification in the regulations (gifts, samples banned...);
- develop the contents of the charter (frequency of pharmaceutical representatives visits, extend to include other health products, widen the ban on the distribution of medicine samples to include French Overseas Departments);
- study the possibility of a reporting and public commitment scheme by pharmaceutical representatives which could supplement (or even replace) current certification;
- develop the certification procedure and pass on information to doctors regarding certification and pharmaceutical visits.

HPST Law: new missions for HAS

The “Hospital, patients, health and territories” law, finally adopted in June, widens the missions of HAS particularly with the validation of the cooperation protocols between healthcare professionals, the validation of continuing professional development (CPD*) methods, the carrying out of impact studies and the evaluation of therapeutic education programmes.

* The EPP (Evaluation of Professional Practice) becomes CPD in the context of the HPST Law (Article 59).

→ Chronic conditions: optimising their management

HAS has continued its work to update the medical acceptance criteria concerning the 30 registered chronic conditions, which it has now completed. The exemption periods have been standardised. At the same time, HAS is continuing its work with the publication of chronic condition guides intended for doctors and patients as well as lists of the procedures and services (updated regularly). As part of the partnership with the National Cancer Institute (INCa), HAS has published three new guides for doctors concerning lung cancer and pleural mesothelioma, upper aerodigestive tracts cancer and non-Hodgkin's lymphomas.

Putting quality at the centre of collective choice

→ Medical and economic assessment

Committed to developing economic assessment, in accordance with its mission as set out in the Social Security Finance Act of 2008, HAS is continuing its efforts in this field with 18 reports published in 2009. The year was also marked by public health strategy programme assessments such as guidelines regarding HIV screening strategies and the operational implementation of the recommendation devoted to Down's syndrome screening strategies.

→ Assessment of medicines

HAS is continuing with its mission of assessing medicines for the purposes of advising on whether they are indeed eligible for reimbursement and contributing to their proper use. In 2009, 657 scientific opinions were given concerning in particular 100 new medicines or extended indications.

In June 2009, HAS published a Good Use Guide on proton pump inhibitors (PPI), giving indications, situations where prescribing is unjustified and the result of the comparison of the five medicines in the group.

In the context of Article 56* regarding the acceptance, as an exception, of medical specialties, products and services, HAS advised that Social Security should reimburse Thalidomide Celgene®. HAS is thus opening up access to useful medicines for patients suffering from rare diseases.

* The Social Security Finance Act of 2007.

→ Assessment of medical devices

The Committee for assessing medical devices and technologies (CEPP) has now become the National Committee for the Assessment of Medical Devices and Health Technologies (CNEDiMTS). Its area of assessment extends to devices and technologies financed within the framework of hospitalisation services (within homogeneous case mix groups).

In October 2009, the Committee gave its opinion on active stents and published a Good Use Guide specifying their role in the treatment of coronary disease.

With the aim of guiding manufacturers in their requests for medicines to be accepted as eligible for reimbursement, the CNEDiMTS organised an information day on 3 November 2009, in collaboration with the French Agency for the Safety of Health Products (Afssaps) and the Health Products Economic Committee, and published a practical guide entitled “Medical device pathway system” for use by clinicians, researchers and manufacturers.

→ Assessment of clinical procedures and health technologies

In June 2009, under a fast-track procedure, HAS published its opinion on early diagnosis of dengue fever to assess the efficacy of diagnosis through detection of the NS1 antigen. It agreed to two detection tests being accepted as eligible for reimbursement. A Good Use Guide has been published for practitioners.

As far as dental care is concerned, HAS has completed its previous work on odontology and stomatology procedures, specifying inlay-onlay indications and volume tomography as an alternative to using a CT scan.

At the same time, HAS has continued to reassess radiology and biology procedures.

→ Accreditation of healthcare organisations: introduction of the V2010 accreditation procedure

In 2009, HAS published an improved version of the accreditation (certification in France) manual which will serve as a framework for the 3rd accreditation cycle (V2010). Furthermore, an updated version of the guide “Préparer et conduire votre démarche de certification” (Preparing for and carrying out V2010 accreditation) as well as exchanges of ideas with the first organisations involved in the V2010 accreditation procedure and including additional details about the procedure is available to download from the HAS website.

The surgical Safety checklist

In collaboration with the professional boards, hospital federations and patient associations, HAS wished to adapt the WHO (World Health Organisation) checklist to suit the French context. As part of the new accreditation procedure (V2010), the HAS “Sécurité du patient au bloc opératoire” (Patient safety in the operating suite) checklist, a criterion governing the organisation of operating suites, has applied in France since 1st January 2010 in all healthcare organisations.

→ Certification of doctors is making progress

Certification is a voluntary risk-management measure for doctors in “high-risk” specialties practising in public or private healthcare organisations. It is part of continuing professional development (CPD) and accreditation of healthcare organisations. The major implication is a reduction in the number or severity of adverse events associated with the care being provided, by recording and analysing medical risk events.

By the end of 2009, three new bodies had been approved by HAS, while almost 8,900 doctors had applied for certification and certification was obtained by 4,498 specialists. Since April 2009 it has been possible to view doctors' certificates on the HAS website.

→ Quality indicators in healthcare organisations

The results of the first campaign conducted by HAS aimed at extending the use of 11 quality indicators in all healthcare organisations involved in general medicine, surgery and obstetrics (MSO) were presented to the Ministry of Health and Sport at a press conference held in December 2009.

A second campaign involving MSO organisations and focusing on the same quality indicators began in October 2009 for the purposes of observing the impact made by the action plans already implemented. Furthermore, a new campaign aimed at extending the use of 5 new quality indicators has been launched for the SRR (follow-up and convalescence care) sector.

→ The RMM: a lever for improving healthcare safety

Known and used by numerous medical teams, the review of mortality and morbidity (RMM) is a process of learning from mistakes without being made to feel guilty, the purpose of which is to improve healthcare quality and safety.

In order to promote the use of this measure, in 2009 HAS devised and published a methodology guide intended for healthcare professionals.

→ Screening for HIV infection: improving early detection

After initially assessing the procedures for conducting HIV screening tests, in 2009 HAS proposed carrying out a second assessment on the plan of action and strategies for screening in public healthcare. As part of the comprehensive approach it wished to adopt as regards the implications of screening, HAS has recognised the importance of early diagnosis, all the more so since the appearance of new therapeutic methods.

HAS proposes a two-part screening strategy:

- to improve early detection and to reduce the delay in screening, HAS recommends that an HIV screening test be offered to everyone between the ages of 15 and 70;
- HAS advocates offering a regular screening test targeted at specific groups of the population more particularly exposed to a risk of infection and in certain circumstances.

Moreover, as far as HAS is concerned, voluntary participation by the individual in screening must be encouraged and made easier.

→ Healthcare safety: transcending borders

HAS continues to coordinate the *European Network for Patient Safety* (EUNetPaS) launched at the beginning of 2008 with the aim of improving the safety of healthcare services in the 27 EU Member States. Beginning in 2010, HAS will also coordinate the

international programme High 5s in France, which was initiated by the WHO (World Health Organisation) to improve the safety of healthcare given to hospitalised patients. This programme plans to deal with three major subjects of safety in hospitals — concentrated injectable medicines, security of drug prescriptions at transit points in the care pathway system, prevention of wrong-site and wrong-procedure surgery — and to produce standard protocols for each of these subjects.

Improving the organisation's performance, transparency and expertise

→ HAS Partnerships: new action programmes

In 2009, HAS continued its policy of having institutional partners. The HAS/INCa (National Cancer Institute) framework agreement signed in 2007 was supplemented by a new joint action plan. Further to the symposium “La chirurgie ambulatoire : enjeux et perspectives” (Outpatient surgery: implications and prospects) held in December 2009, HAS and the National Agency supporting the performance of healthcare and medico-social organisations (ANAP) signed a partnership agreement over four years aimed at better coordinating their respective actions with regard to healthcare organisations.

→ New 'ISPEP' working group

The working group “Intérêt de santé publique et études postinscription” (ISPEP) (public health benefit and post-marketing studies) succeeds the group “Intérêt de santé publique” (public health benefit). Besides medicines, its field of expertise extends to the full range of products and services: medicines, medical devices and clinical procedures.

→ Public consultations: developing exchanges of ideas with healthcare professionals and users

Since 2007, HAS has been developing public consultations about its work on its website. With this new participative tool, HAS is inviting the various members of its audience to share their experience or express their opinion on projects so that it can reflect on matters more efficiently in addition to its usual assessment work.

Among the public consultations launched in 2009, the ones involving the monitoring of deaf children and the care of transsexuals meant that the feedback from all the players concerned could be included and taken into account.

Management control: tools for steering performance

HAS is pursuing optimal and transparent management within a constrained budgetary context. As such, 2009 saw the use of management control with the introduction of cost accounting. By placing 90% of its resources under management control, HAS exceeded the target it set itself for 2009 by 10%.

Key figures 2009

Assessing medical, economic and public health aspects

Assessment of medicines

- 657** Transparency Committee opinions
- 5** Good Use Guides and **1** class guide
- 104** summaries of scientific opinions
- 84** days: average time for examining requests for inclusion on reimbursement lists

Assessment of medical devices

- 148** opinions from the National Committee for the Assessment of Devices and Health Technologies
- 11** decisions mainly concerning homogeneous groups of products
- 3** Good Use Guides
- 146** days: average time for examining requests for inclusion on reimbursement lists

Assessing clinical procedures and health technologies

- 46** opinions from the Committee for the Assessment of Clinical Procedures
- 27** technological assessments
- 8** Good Use Guides for health technologies

Economic and public health assessment

- 18** economic assessments
- 6** public health guidelines

Improving the quality and safety of healthcare

Clinical guidelines

- 12** good practice guidelines, including
- 1** carried out in partnership

Chronic conditions

- 12** guides for doctors (including **5** national protocols for diagnosis and treatment)
- 4** patient guides
- 39** updates to the lists of procedures and services

Assessment and improvement of clinical practices*

- 117** bodies approved for EPP
- 17** bodies approved for the certification of doctors
- 8,900** doctors involved in the scheme
- 4,498** doctors obtained certification from HAS

Pilot programmes

- 5** programmes in progress:
 - Stroke
 - Myocardial infarction
 - Prescription of medicines for the elderly
 - Prescription of psychotropic drugs for the elderly
 - Localised prostate cancer

Accreditation of healthcare organisations

- 685** healthcare organisations with V2 accreditation
- 726** surveyors operating by the end of December 2009

Quality improvement indicators

- 1,236** healthcare organisations involved in general medicine, surgery and obstetrics (MSO)
- 11** indicators collected for the MSO sector

* Aggregate figures since 2006 (for EPP) and 2007 (for certification of doctors).

HAS profile

HAS is an independent public scientific institution established by the law of 13 August 2004. Its purpose is to enhance the quality of healthcare at both an individual and collective level in order to ensure that all patients and users have equal and permanent access to the most effective, safe and efficient care possible.

Since its establishment, HAS has had a two-fold objective within the healthcare system:

- It supports healthcare professionals in continually improving their clinical practice so that they can provide more effective, safer and more efficient care.
- It also supports public decision-makers in an effort to improve the management of the range of medical products and services eligible for reimbursement, thereby preserving in the long term the fair and supportive financing of our healthcare system.

Areas in which HAS plays a role

- Assessing the medical benefit and improving the actual clinical benefit of medicines, medical devices and clinical procedures covered by Health Insurance.
- Economic and public health assessment.
- Producing clinical guidelines and guides for managing chronic conditions.
- Accreditation of healthcare organisations.
- Assessing clinical practices and certifying doctors and medical teams working in disciplines involving risk.
- Improving the quality of medical information: certification of medical sales visits, e-health websites and prescription software.

Status

- Independent public scientific authority with a separate corporate personality and financial autonomy.

Creation

- Established on 1st January 2005 under the law of 13 August 2004 governing Health Insurance.

Resources

- It has 410 full-time staff, including half from a health background.
- A pool of more than 3,000 external healthcare experts and professionals is available, including 726 surveyors.

Organisation

- A Board comprising 8 members:
Professor Laurent Degos, Chairman
Professor Gilles Bouvenot, Mr. Raoul Briet,
Mr. Étienne Caniard, Professor Jean-Michel Dubernard,
Dr. Cédric Grouchka (replacing Dr. Claude Maffioli),
Mr. Jean-Paul Guérin, Professor Lise Rochaix.
- Seven specialist committees.
- Four management divisions managed by Mr. François Romaneix.

Budget

- EUR 62 million in 2009.

HAS Code of Practice

The nature of HAS objectives impose the particular requirement that it be independent and impartial with regard to all those involved in procedures relating to decision-making, giving opinions and making recommendations.

The Code of Practice drawn up by the "Ethics and independent expertise" group, chaired by Mr. Christian Vigouroux (member of the Council of State) and approved by the Board in November 2008, provides a reference framework for all those involved in HAS activities in terms of the behaviour and practices to be adopted when carrying out their tasks. As it is a real code of conduct, it also aims to stipulate the ethical obligations that these people must fulfil. These rules

supplement the ethical rules which already apply to them as a result of their status or profession.

This code applies to everyone involved in HAS activities: members of the Board, members of the specialist committees, staff employed under both public and private contracts, whether for a specified period or indefinitely, trainees, temporary and holiday staff, experts and other people occasionally involved in HAS's activities.

You can obtain a copy of the full version (in French) of the HAS Code of Practice from the following website: www.has-sante.fr, by clicking on the 'Déontologie' (Ethics) link and then the Heading 'Présentation de la HAS'.

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HAS

www.has-sante.fr

2, avenue du Stade de France - 93218 Saint-Denis La Plaine CEDEX
Tel. +33 (0) 1 55 93 70 00 - Fax +33 (0) 1 55 93 74 00

