Health technology assessment (HTA)\(^1\) is "any process of examining and reporting properties of a medical technology used in health care, such as safety, efficacy, feasibility, and indications for use, cost, and cost effectiveness, as well as social, economic, and ethical consequences, whether intended or unintended"\(^2\) (Institute of Medicine 1985). Its aim is to inform public decision-making by providing an opinion with supporting evidence, taking account of all aspects of the topic concerned.

HAS’ health technology assessment method is based on a critical review of scientific and technical data, experts’ opinion and, if necessary, on a survey of practice and an analysis of commercial data. The assessment will result in proposals or opinions which may be used to guide decisions relating to healthcare investment, the reimbursement of procedures, devices or medicines, the introduction of screening programmes, changes to the organisation of care, the distribution or renewal of major equipment, the regulatory framework (or any changes to be made to the framework), the direction of further research, and ways of monitoring the dissemination of the technology.

Health technology topics for assessment may be proposed by the Ministry of Health and Social Security, National Health Insurance (Union nationale des caisses d’assurance maladie), professionals (learned societies and professional associations), patients and users (approved patients’ and users’ associations). They are chosen by the HAS Committee for Assessment of Medical and Surgical Procedures. The main selection criteria are:

- impact on patient care
- impact on public health
- impact on the organisation of care
- financial implications
- planned action by the applicant following the assessment.

The assessment method involves the steps given below. All the work is coordinated by a HAS project manager who ensures that it complies with HAS methodology.

1. **Scoping**

The main stakeholders are consulted to define the scope of the topic to be examined, issues to be addressed, the patient populations concerned, and comparator or reference technologies or methods. The qualitative and quantitative composition of the working group and peer review panel is also decided during the scoping stage.

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\(^1\) The international definition of health technologies is fairly broad. It includes equipment, medical devices, medicines, and medical and surgical procedures used in diagnosis, prevention, treatment and rehabilitation, together with the administrative systems required to implement them. The technologies may already be available or in the process of dissemination, or they may be emerging technologies. HAS uses the method described here to assess equipment, procedures and strategies used by health professionals for prevention, diagnosis or treatment.

\(^2\) The different aspects to be studied are chosen according to the topic concerned.
2. Literature search and analysis of scientific data
The in-depth literature search consists in the following steps:
- a focused search of medical and scientific literature databases for a period appropriate to each topic. A stage common to all studies is a systematic search for existing published national and international clinical practice guidelines, consensus conferences, systematic reviews, meta-analyses and other assessments;
- consultation of relevant websites (government agencies, learned societies etc.);
- a search for documents in the grey literature and for relevant legislative and regulatory texts.
Articles may be in French or English. All searches are updated until the end of the project. Each article selected is reviewed according to the principles of critical appraisal of the literature using checklists. A level of scientific evidence (HAS grading scheme) is allocated to each study.

<table>
<thead>
<tr>
<th>Level of scientific evidence (Levels I to IV)</th>
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<tr>
<td>I- High powered randomised controlled trials, meta-analyses, decision analyses.</td>
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<tr>
<td>II- Low powered randomised controlled trials, or non-randomised trials, cohort studies.</td>
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<td>III- Case-control studies.</td>
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<td>IV- Retrospective studies, case series, descriptive epidemiological studies, and controlled trials with bias.</td>
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3. Writing the draft report
The HAS project manager selects, reviews and summarises the relevant medical (and if appropriate, economic) published data, and produces a draft report, with the assistance of external report authors if necessary.

4. Consulting the working group
A working group is formed after consultation with learned societies concerned by the topic. It consists of health professionals from a number of disciplines, working in different types of public or private practice from all over the country and from all schools of thought. Professionals from other disciplines are included, if appropriate (economists, sociologists, etc). The group meets between one and three times to discuss, revise and complete the draft report. At this stage, the literature review may be completed by one or more ad hoc surveys (in France and abroad) and/or by interviews in the field, depending upon how widely the technology is disseminated.

5. Peer review
The revised draft report is submitted to a panel of peer reviewers appointed according to the same criteria as working group members. They are consulted by post to give their opinion (via a checklist) on the content and form of the report, and in particular on its readability, the proposals made, and any future action to be taken regarding the development or distribution of the technology. The peer reviewers’ comments are then analysed and discussed by the working group, and the report is amended, if necessary.

6. Report validation
The process by which the report was produced (HTA scoping memorandum) and the final version of report are discussed by the Committee for Assessment of Medical and Surgical Procedures (CEAP), which may ask for amendments. CEAP validates the final report, which is then approved by the HAS Board before publication.

7. Publication
HAS makes the summary and the complete report available online free of charge on its website (www.has-sante.fr). An English translation of the summary is available on the HAS and INAHTA³ websites (www.inahta.org).

³ INAHTA: International Network of Agencies for Health Technology Assessment