



Literature review: Impact of Implementing Hospital-Based Health Technology Assessment (HB-HTA) in Hospital

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ABSTRACT

Hospital-based health technology assessment (HB-HTA) is very beneficial for the use of hospital medical technology, cost management, quality improvement, and protection of patient safety, and its usage is rising daily around the world. The main challenge of modern hospitals is purchasing medical technologies. Hospital-based health technology assessments (HB-HTAs) are used in healthcare facilities around the world to support management boards in providing relevant technologies for patients. Although some jurisdictions have used local/hospital-based HTA for more than two decades, little is known about its impacts and influence on hospital budgets, clinical practices, and patient outcomes. We performed a review using a mixed-methods approach with the goal of synthesizing existing information about the impacts and impact of community/hospital-based care. This study uses a narrative review, with many articles on the same topic. Articles were taken from the Scopus, Science Direct, ProQuest, SpringerLink, Google Scholar, Nature, JSTOR, and Emerald Insight databases with a total of 19 articles used. The purpose of this study was to determine does the implementation of HB-HTA in hospitals have a good impact on the progress of the hospital, and also discuss what are the benefits that will be obtained if implementing HB-HTA in hospitals.

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ABSTRAK

Penilaian teknologi kesehatan berbasis rumah sakit (HB-HTA) sangat bermanfaat untuk penggunaan teknologi medis rumah sakit, manajemen biaya, peningkatan kualitas, dan perlindungan keselamatan pasien, dan penggunaannya meningkat setiap hari di seluruh dunia. Tantangan utama rumah sakit modern adalah membeli teknologi medis. Penilaian teknologi kesehatan berbasis rumah sakit (HB-HTA) digunakan di fasilitas kesehatan di seluruh dunia untuk mendukung dewan manajemen dalam menyediakan teknologi yang relevan bagi pasien. Meskipun beberapa yurisdiksi telah menggunakan HTA berbasis lokal/rumah sakit selama lebih dari dua dekade, sedikit yang diketahui tentang dampak dan pengaruhnya terhadap anggaran rumah sakit, praktik klinis, dan hasil pasien. Kami melakukan tinjauan menggunakan pendekatan metode campuran dengan tujuan mensintesis informasi yang ada tentang dampak dan dampak perawatan berbasis komunitas/rumah sakit. Penelitian ini menggunakan review naratif, dengan banyak artikel dengan topik yang sama. Artikel diambil dari database Scopus, Science Direct, ProQuest, SpringerLink, Google Scholar, Nature, JSTOR, dan Emerald Insight dengan total 19 artikel yang digunakan. Tujuan dari penelitian ini adalah untuk mengetahui apakah penerapan HB-HTA di rumah sakit berdampak baik bagi kemajuan rumah sakit, dan juga membahas apa saja manfaat yang akan diperoleh jika penerapan HB-HTA di rumah sakit.

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INTRODUCTION

Traditional health technology assessment (HTA) for policy decision-making at the national or regional (N/R) level has improved significantly in recent years, with the introduction of principles to govern the HTA process and results. The principles represent conventional HTA mandates, aims, end-user profiles, and general features. These, however, vary for hospitals that primarily make meso- and micro-decisions, i.e., on the purchase and usage of new technology.(Gagnon et al., 2011)

HTA has typically been focused on informing macro-level policymaking. Since the 1980s, developed-country healthcare systems have formed bodies committed to producing scientific evidence to address health-care issues. These organizations, which are affiliated with INAHTA, function on a national (e.g., SBU in Sweden) or regional/provincial (e.g., CAHTA in Catalua) level. HTA methodologies and tools were created to evaluate health technologies and their influence on health care systems as a whole. Recently, an "organizational" viewpoint for applying HTA ideas and procedures has arisen.(Poder, Bellemare, Bédard, Fiset, & Dagenais, 2018)

In recent years, the evaluation of health technology, which was formerly used as a foundation for policy recommendations, has become more restrictive, specifically the acceptance of the system at the hospital level. Hospital-based Health Technology Evaluation refers to health technology assessment performed in hospitals in the context of management decision making to offer information to decision-makers on the use or disinvestment of health technology (HB-HTA).(Cicchetti et al., 2018) HB-HTA is not only concerned with methodical and detailed reporting, but also with the organization of HB-HTA-related activities. This refers to the implementation of HTA at the hospital level via a multidisciplinary and evidence-based approach carried out by a hospital team comprised of professional employees.(Sampietro-Colom et al., 2016)

The HB-HTA philosophy aims to offer hospital administration relevant, complete, objective, and trustworthy information concerning the consequences and implications of integrating new health technology into hospitals. The information produced by HB-HTA is examined in the context of the hospital where the health technology will be used.(Sampietro-Colom, Lach, & Chicchetti, 2015)

A fundamental model framework is required to examine the sorts of good practice criteria that are in line with the HB-HTA process when examining how the implementation of HB-HTA works in hospitals. Because the HB-HTA process must be carried out following the situation in each hospital, we want a model framework that can offer a good image of the organizational framework of the hospital's HB-HTA unit.(Galazka-Sobotka, Frackiewicz-Wronka, Kowalska-Bobko, Kelm, & Szymaniec-Mlicka, 2021)

Hospital-based health technology assessment refers to HTA done in a hospital setting (HB-HTA). Although it is often undertaken in hospitals, it is sometimes outsourced to independent research organizations. HB-HTA responds to hospital administrators' inquiries about implementing new technology in their institutions. Many new technologies make their first appearance in hospitals. As a result, they must be

able to measure their usefulness in a scientifically accurate way. Because new technologies may replace or supplement old technologies, decision-makers must understand their worth with respect to current standard practice in their hospital. Furthermore, when implementation choices are made at the hospital, the information must be available, which implies that assessment timeframes are generally rigorous.(Halmesmäki, Pasternack, & Roine, 2016)

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Unlike HTA at the national and regional levels, HB-HTA is not only about producing context-specific and methodologically sound reports; it is also a way to organize HTA activity aimed at informing managerial decisions in hospitals, taking into consideration the specific issue of organizing work in hospitals.(O'Rourke B, Oortwijn W, 2020) Hospitals are generally the entry point for new technologies. International advanced experience has proved that HB-HTA can provide evidence for hospital administrators to judge and analyze the necessity and feasibility of a new technology, improve the allocation efficiency of health resources, optimize purchase decisions, and ensure medical quality and safety, which is of great significance to the realization of scientific management and decision-making in hospitals.(Dai & Liao, 2021)

Some hospitals established hospital-based HTA (HB-HTA) units to support the hospital directorate in making a solid science-based choice on implementing a new HT.(Dai & Liao, 2021) These modules enable the production of timely HB-HTA reports that are suited to the hospital situation. However, the effect of such HB-HTA findings has received little attention. Based on the above description, this review paper will examine the effect of HB-HTA deployment in hospitals.(Verbeek, Hiligsmann, Cicchetti, & Marchetti, 2018)

METHOD

This study uses a review method with the type of narrative review. The narrative review aims to identify the impacts of implementing HB-HTA in hospitals. The reference source in making these scientific articles are obtained from several databases and there are no standards or protocols in the collection of article narrative reviews.(Huedo-Medina, Ballester, & Johnson, 2013). Therefore, article screenings as below figure 1.

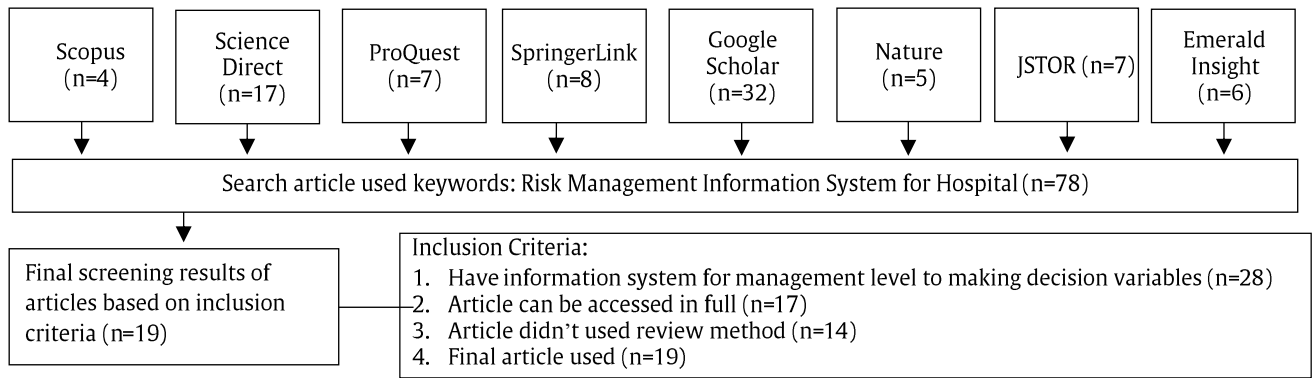


Figure 1. Flow Chart Screening Article

Table 1. Result Synthesis Matrix

No	Main Idea	Similarities of Research Findings
1	Definition of Health Technology Assessment (HTA) (Dai & Liao, 2021; Draborg E, Gyrd-Hansen D, Bo Poulsen P, 2005; Grenon, Pinget, & Wasserfallen, 2016; O'Rourke B, Oortwijn W, 2020; Sampietro-Colom & Martin, 2016) – 5	HTA is described as a systematic examination of the type, effect, and/or impact of health technologies and treatments. This encompasses both the planned and unintentional direct effects of technology and treatments, as well as the unwanted indirect effects.
2	Definition of Hospital Based – Health Technology Assessment (HB-HTA) (Dai & Liao, 2021; Gagnon et al., 2011; Gagnon, Desmartis, Poder, & Witteman, 2015; Galazka-Sobotka et al., 2021; Halmesmäki et al., 2016; Manzi, Barberini, & Dori, 2015; Sampietro-Colom et al., 2016; Sampietro-Colom & Martin, 2016) – 6	HB-HTA entails carrying out HTA activities "inside" or "for" the hospital, which involves the process and technique of administering and carrying out HTA at the hospital level using a multidisciplinary, systematic, and evidence-based approach.
3	The Differences of HTA and HB-HTA (Cicchetti et al., 2018; Dai & Liao, 2021; Gagnon et al., 2015; Grenon et al., 2016; Sampietro-Colom et al., 2015) – 4	There are several different characteristics between HTA and HB-HTA such as leadership, strategy, partnership, resources, and impact. HB-HTA is used to improve hospital quality.
4	HB-HTA Organizational Parameters (Chicchetti & Fontana, 2006; Cicchetti et al., 2018; Galazka-Sobotka et al., 2021; Lafortune, Farand, Mondou, Sicotte, & Battista, 2008; Manzi et al., 2015; Mueller et al., 2016; Sampietro-Colom et al., 2016; Sampietro-Colom & Martin, 2016)	Organizational parameters in HB-HTA include formalization and degree of integration with the aim of keeping flexibility above specialization and formalization
5	Implementation of HB-HTA in Hospital (Cicchetti et al., 2018; Galazka-Sobotka et al., 2021; Gałazka-Sobotka et al., 2021; Granados, 1999; Grenon et al., 2016; Halmesmäki et al., 2016; Sampietro-Colom et al., 2016; Verbeek et al., 2018)	The new HB-HTA models attempt to depict the logical development of HB-HTA in a dynamic context, owing mostly to the rising need for better hospital decision makers
6	Benefit of HB-HTA in Hospital (Cicchetti et al., 2018; Poder et al., 2018; Sampietro-Colom et al., 2016; Sampietro-Colom & Martin, 2016)	Benefits of HB-HTA in hospitals include prioritizing health technology adoption, ensuring that adoption decisions are based on scientific evidence, avoiding ineffective health technologies, making more timely and effective decisions, and reporting in a more detailed and hospital-specific manner.

RESULTS AND DISCUSSION

Based on synthesized articles. There are 6 main ideas related to this review. The main idea is the definition of HTA, the definition of HB-HTA, the differences between HTA and HB-HTA, HB-HTA Organizational Parameters, Implementation of HB-HTA in hospitals, benefits of HB-HTA in hospitals. These six things are related to each other to resume the impact of implementing HB-HTA in hospitals.

One of the most successful strategies for achieving excellence decision in hospital by implementing of HB-HTA. Additionally, HB-HTA has many differences with HTA with the same intent and purpose, namely advancing the quality of hospitals both from the facilities that come from the decisions that have been discussed. In addition, HB-HTA provides many advantages to hospitals that implement HB-HTA because decisions are made based on scientific evidence, avoiding ineffective health technologies, making more timely and

effective decisions, and reporting in a more detailed and hospital-specific manner.

Definition of Health Technology Assessment (HTA)

According to the World Health Organization, HTA is described as a systematic examination of the type, effect, and/or impact of health technologies and treatments. (Grenon et al., 2016) This encompasses both the planned and unintentional direct effects of technology and treatments, as well as the unwanted indirect effects. This method is used to inform healthcare policy and decision-making, especially in terms of how to effectively spend limited funding for health therapies and technology. (World Health Organization, n.d.) The evaluations are carried out by a multidisciplinary team utilizing an explicit analytical framework, relying on clinical, epidemiological, health economics, and other information and approaches. HTA can be used to evaluate interventions such as adding a new drug to a reimbursement scheme, launching a large public health program (such as immunization or cancer screening), setting healthcare priorities, identifying health interventions that produce the greatest health benefits while also providing financial benefits, pricing medicines and other technologies based on cost-effectiveness, and developing clinical guidelines. (O'Rourke B, Oortwijn W, 2020)

The HTA process is formal, systematic and transparent, and uses the most advanced methods to consider the best available evidence. The value dimension for health technology can be assessed by examining the desired and unintended consequences of using health technology in comparison with existing alternatives. (Dai & Liao, 2021) These dimensions often include clinical effectiveness, safety, cost and economic implications, ethical, social, cultural and legal issues, organizational and environmental aspects, and broader implications for patients, relatives, caregivers, and populations. The overall value may vary depending on the perspective taken, the stakeholders involved, and the context of the decision. HTA can be applied at various points in the health technology lifecycle such as pre-market, during market approval, post-market, to health technology disinvestment. (Draborg E, Gyrd-Hansen D, Bo Poulsen P, 2005)

In Indonesia, the definition used by the Ministry of Health is as follows: Health Technology Assessment (CAR) refers to a systematic evaluation of the characteristics and impacts of the distribution and use of health technology. The systematic evaluation is multidisciplinary in nature covering aspects of safety, efficacy, effectiveness, social, economic, organizational, management, ethical, legal, cultural, and religious. (Sampietro-Colom & Martin, 2016)

Definition of Hospital Based – Health Technology Assessment (HB-HTA)

The Hospital-Based Health Technology Assessment is an HTA undertaken in the context of a hospital for management decisions (HB-HTA). (Manzi et al., 2015) HB-HTA, among others, gave answers to hospital executives' inquiries about how to incorporate new technology in their facilities. The Hospital-Based Health Technology Assessment (HB-HTA) is intended to fulfill local demands in situations where decision-making is often at a medium or low level. (Sampietro-Colom et al., 2016)

The 2015 ADhophTA agreement defines HB-HTA as performing HTA activities adapted to the hospital environment to offer management with information on

different forms of health technology, including the procedures and methodologies used to create "in" and "for" HTA reports hospital. (Halmesmäki et al., 2016)

HB-HTA entails carrying out HTA activities "inside" or "for" the hospital, which involves the process and technique of administering and carrying out HTA at the hospital level using a multidisciplinary, systematic, and evidence-based approach. (Sampietro-Colom & Martin, 2016) HTA "in" the hospital denotes that the assessment process is carried out internally by the hospital's professional team (e.g., physician, HB-HTA unit) and always leads to managerial decision making about health technology; whereas HTA "for" hospitals is carried out by external agencies through various courses of action such as consulting, temporary contracts, activities, or freelance projects. (Galazka-Sobotka et al., 2021)

However, HTA "in" and "for" the hospital must be tailored to the organization's needs and serve as a basis for administrative choices. (Galazka-Sobotka et al., 2021) Contextualization of HTA to a specific organization incorporates consideration of its unique characteristics, such as available comparison options, specific organizational models and patterns within the organization, sharper focus on the technology of interest to the organization, and timely adjustment to the hospital context, into the assessment process, as well as cooperation with hospital decision-makers. (Sampietro-Colom et al., 2016)

HB-HTA provides more rapid and accurate decision making. HB HTA is a good instrument for increasing the effectiveness of technology used in the hospital context (by addressing and analyzing all possible constraints and requirements, thereby identifying the most suitable technology for a given context), and it is a good method for increasing efficiency in hospital budget management. (Gagnon et al., 2011)

In reality, the HB-HTA method often supports hospital decision-making on technologies, acquisitions, disinvestment, local infrastructure, population, health care organization, and learning curve priorities. (Gagnon et al., 2015) Since a result, the HB-HTA report is more thorough than the national or regional context, as all choices are backed by scientific data that is tailored to the requirements of the specific hospital. (Dai & Liao, 2021)

The Differences of HTA and HB-HTA

In the hospital context, there are significant variances in the implementation of HTA. This distinction emerges because the scope of the HB-HTA is smaller and more particular, meaning the research is conducted at the hospital level and changes are made to internal hospital circumstances, both in terms of medical services, financial issues, value aspects, and so on. Table 2 show the key distinctions between HTA and HB-HTA (Dai & Liao, 2021; Grenon et al., 2016)

At the end, HB-HTA is an improvement that is needed by health services such as hospitals. HB-HTA has many differences with HTA because HB-HTA raises the standard to improve quality. Therefore, the application of HB-HTA in hospitals is very necessary because it has many benefits to improve the quality of hospitals. (Cicchetti et al., 2018; Gagnon et al., 2015)

HB-HTA Organizational Parameters

HB-HTA functions/units have diverse organizational structures as a result of the effect of varied combinations of basic organizational elements. (Sampietro-Colom & Martin, 2016) There were disparities in the degree and use of

authority as a coordinating mechanism, as well as in the centralization/decentralization of power, specialization of labor, formalization of procedures, and personnel qualification.(Gałazka-Sobotka et al., 2021) Contextual factors "contingent" variables appeared to influence hospital adoption of various organizational models, resulting in differences in unit size, maturity phase, purpose (internal or external orientation), heterogeneity of professional competencies (focused or broad), and the institutional environment's relevance to HTA (national/regional collaboration; relevant or irrelevant).(Lafortune et al., 2008)

Some structural characteristics seemed to be very important and tended to define organizational models. The four optimum varieties of HB-HTA unit were identified using various combinations of (i) formalization/specialization and (ii) degree of integration.(Chicchetti & Fontana, 2006) Highly specialized units (those devoted to the administration of certain HTA processes with specific capabilities and/or formal

procedures) tended to be more structured (they operated using formal procedures).(Sampietro-Colom et al., 2016) To handle various jobs, specialization is required (e.g., HTA for drugs and devices, a 3-year HT investment plan). "Mature" HB-HTA functions were more structured and specialized. (Mueller et al., 2016)

Some less "mature" HB-HTA functions, on the other hand, opted to keep flexibility above specialization and formalization. These units employed more homogeneous (same form/template used for diverse technologies) and less structured processes to handle varied activities.(Manzi et al., 2015) The amount of integration and the level of structuration were found to have two distinct modes. Units having several links with HTA organizations/institutions at various institutional levels ("allies") have a high degree of integration. Of course, formal agreements or informal cooperation may be used to achieve this integration.(Cicchetti et al., 2018)

Tabel 2.
Difference between Health Technology Assessment (HTA) and Hospital-Based Health Technology Assessment (HB-HTA)
 (Sampietro-Colom et al., 2015)

No	Characteristic	<i>Health Technology Assessment (HTA) HTA (national or regional)</i>	<i>Hospital-Based Health Technology Assessment (HB-HTA)</i>
1	HTA scope	The comparison is the "gold standard" or the most widely used equipment in a country	The comparison is normally the technology being used in the hospital (as per current standard practice)
2	Most frequently needed information	a. Description of health technology and technical characteristics b. Health issues and current use of technology c. Clinical effectiveness d. Security aspect e. Ethical, organizational, social and legal aspects f. Cost and economic evaluation (community and hospital point of view)	a. Health issues and current use of health technology b. Clinical effectiveness c. Security aspect d. Organizational aspects e. Political and strategic aspects f. Cost and economic evaluation (from the hospital's point of view)
3	The point of view of the section on health economics	Cost effectiveness with a community or health care payer perspective and using average costs	The process of differential cost analysis, budget impact analysis, cost effectiveness using a hospital perspective (ie actual costs for hospitals)
4	The main objective of the assessment	Policy makers, health care financing	Hospital and clinical manager
5	Types of decisions the HTA assessment will support	Payment, coverage, reimbursement, regulation	Acquisition/investment, strategic alliance, public-private collaborative research, disinvestment
6	Relevant stakeholders involved	Health care financing, representatives of doctors, patients	Doctors requesting health technology assessments, managers, nurses, biotechnologists, planners.
7	HTA report types	Full HTA, sometimes quick review	Hospital HTA (e.g. using mini-HTA, quick review, full HTA review)
8	Assessment time	12 – 24 months	1 – 6 months (3 months average)
9	Who conducts the assessment	The most frequently: a. Scientists at national or regional HTA bodies b. University scientists are assigned for the purpose	The most frequently: a. Scientist at HB-HTA unit b. Doctors trained in HTA assisted by scientists in the HB-HTA unit c. Scientists at national or regional HTA bodies working for hospitals b. d. Doctors trained in HTA assisted by university scientists

10	Assessment Initiator	Most are health policy makers or payers	Clinical (Doctor)
Leadership, Strategy and Partnership			
11	Leader	ASN or contracted by national or regional bodies with different levels of experience and training	Full-time or part-time professionals working in hospitals, mostly trained in HTA and with long experience
12	Mission, vision and values	Provide high-quality evidence to inform decision-making by national health services	Managerial support in the decision-making process, assessing health technology for clinical practice
13	Prioritization of health technology to be evaluated	Most are set by policy makers or health care payers at the national (ministry of health) or regional levels	Set by hospital management
14	Partnerships and networks	Formal partners of an established network of national or regional HTA agencies and international organizations	Informal contacts between hospitals at local, regional, national and/or international levels
Resource			
15	Fundings	Mostly by government (national and regional)	a. Mainly by external sources (e.g. competitive grants, contracts with other organizations) b. It can also come from internal sources (from the hospital budget) but rarely
16	Required profiles and skills	a. Doctor b. Epidemiologist c. Economist, statistician d. Social worker, ethicist	a. Doctor b. Epidemiologist, public health expert c. Economy
Impact			
17	Ability to adapt to local needs	Limited (requires a high degree of adaptation to local needs)	Often able to totally fit local needs
18	Impact measurement (benefits/results for end users)	a. Usually the end result (health & social impact); significant funding is required b. Expensive and difficult to prove a direct cause-and-effect relationship	a. Usually intermediate outcomes (e.g. satisfaction with the HB-HTA unit and its valuation, current net savings or avoided losses from adopting/not adopting) b. Impact measurement for certain recommended health technologies c. Expensive and difficult to prove a direct cause-and-effect relationship
19	Result evaluation	Rate of use and adoption of recommendations	Level of use and adoption by hospital managers and physicians (usefulness in decision making, satisfaction with HB-HTA units)

Implementation of HB-HTA in Hospital

Over the past 15 years, the use of HTA to aid in administrative decision-making and clinical practice has increased. Numerous hospitals worldwide have established HB-HTA functions/units with varying organizational structures depending on professional competences, leadership style, degree of procedural formalization, and labor specialization.(Galazka-Sobotka et al., 2021)

Our study contributes to the existing body of knowledge on health innovation management by elucidating how different organizational models are organized to impact technology adoption at the hospital level. More precisely, we investigated the impact of several organizational or "structural" factors on the HB-HTA approach, especially the degree of procedural formalization/structuration and the degree of integration with other HTA organizations at the national, regional, and provincial levels.(Sampietro-Colom et

al., 2016) When these two dimensions intersect, four options emerge: an integrated specialist HTA unit, a stand-alone HTA unit, an integrated-essential HTA unit, and an independent group unit.(Gałazka-Sobotka et al., 2021)

These HB-HTA classifications should be considered ideal types; they do not adequately reflect the real complexity of HB-HTA units. However, the model demonstrates the variety of potential options for providing HTA services inside hospitals. Additionally, it details the organizational life cycle of HB-HTA functions. Younger units (start-up units) are often more casual and less connected to the outside world (independent groups).(Halmesmäki et al., 2016)

Personel work part-time on a voluntary basis, with limited formal managerial assistance, and adhere to informal conventions. The presence or absence of national/regional HTA authorities acting as network hubs has an effect on the evolution of units toward integrated or stand-alone solutions.(Verbeek et al., 2018)

The development of a mature HB-HTA function is characterized by increasing degrees of process formalization and eventual alignment of tactics and goals with hospital-level efforts. Throughout this transition, the HB-HTA function develops internal and external legitimacy, until it is fully recognized as a key actor in the implementation of hospital development programs and is seen as a national/regional partner.(Granados, 1999)

The new HB-HTA models attempt to depict the logical development of HB-HTA in a dynamic context, owing mostly to the rising need for trained hospital decision makers. Second, the findings of the crosscase study indicate that current HB-HTA models sufficiently capture the key concepts of contingency theory, with contextual demands and circumstances seeming to be important drivers of HB-HTA unit formation.(Grenon et al., 2016)

The institutional HTA framework at the regional and national levels, the spread of HTA and evidence-based medicine culture within the hospital, the hospital's size and institutional profile (teaching or nonteaching) in relation to the unit's position in the hospital's hierarchical model, the type of leadership required, and the degree of existing formalization of procedure are all contextual factors that influence the selection of an appropriate operational structure (Cicchetti et al., 2018).

Benefit of HB-HTA in Hospital

The benefits of implementing HB-HTA in hospitals include prioritizing health technology adoption, ensuring that adoption decisions are based on scientific evidence, avoiding ineffective health technologies, making more timely and effective decisions, and reporting in a more detailed and hospital-specific manner (Cicchetti et al., 2018).

Additionally, the insights from the HB-HTA activities are meant to help hospitals become more efficient in their resource use.(Sampietro-Colom & Martin, 2016) Long-term measurement is difficult since it requires a substantial commitment of resources. Proving a direct causal relationship between the performance of the HB-HTA unit and its impact on the hospital is also fairly challenging. The impact of the HB-HTA unit's actions on public health is another tough indicator to assess.(Sampietro-Colom et al., 2016) This kind of impact evaluation may include metrics such as the degree to which HB-work HTAs enhance a population's quality of life and the efficient use of limited health care resources. While this was chosen as the guiding principle, this kind of measurement is very difficult to do and is not currently being performed (Poder et al., 2018).

CONCLUSIONS AND SUGGESTION

This narrative review lays the groundwork for understanding how local/hospital-based HTA could influence decisions about introducing new technology into the healthcare system. Over the last 15 years, there has been a rise in the usage of HTA to assist administrative decision-making and clinical practice. Many hospitals throughout the globe have formed HB-HTA functions/units with a variety of organizational patterns based on professional competencies, type of leadership, amount of procedural formalization, and labor specialization. Although HB-HTA activities affect decision-making processes, this influence may be restricted by numerous aspects linked to HB-HTA units (composition, independence, procedure, grasp of global concerns) or the

management/clinical committee accountable for the decision (composition, dedicated time, resources, perception, priorities, structured process).

This research found that hospital management may benefit from HB-HTA reports in their decision-making processes. Even though HB-HTA findings were regarded as high quality and very relevant, some of the reports or suggestions were not taken into account throughout the decision-making process. Certain impediments, such as contextual considerations, must be addressed further in the scientific process to increase HBHTA efficiency and utility.

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