



Name of the organization (Abbreviation):	ICET	
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Organization profile		
<input checked="" type="checkbox"/> Governmental agency	<input type="checkbox"/> Research institution	
<input type="checkbox"/> Academia/university	<input type="checkbox"/> Industry	
<input checked="" type="checkbox"/> Public healthcare organization	<input type="checkbox"/> Other (which?)	
<input checked="" type="checkbox"/> Teaching hospital		
HTA model¹		
<input checked="" type="checkbox"/> Independent group	<input type="checkbox"/> Integrated-essential HB-HTA units	
<input type="checkbox"/> Stand-alone HB-HTA units	<input type="checkbox"/> Integrated-specialised HB-HTA units	
Number of professionals involved in HTA activities:3		
Professional competences		
<input checked="" type="checkbox"/> Clinical	<input checked="" type="checkbox"/> Public health specialist	<input type="checkbox"/> Biomedical Engineer
<input checked="" type="checkbox"/> Management	<input type="checkbox"/> Biostatistician	<input checked="" type="checkbox"/> Information specialist
<input type="checkbox"/> Health economist	<input checked="" type="checkbox"/> Ethicist	<input type="checkbox"/> Biolaw expert
<input checked="" type="checkbox"/> Epidemiologist	<input checked="" type="checkbox"/> Sociologist	
Types of assessed technologies		
<input checked="" type="checkbox"/> Drugs	<input type="checkbox"/> Communication technologies	
<input checked="" type="checkbox"/> Medical devices	<input type="checkbox"/> Organizational assets	
<input type="checkbox"/> Biomedical equipment	<input type="checkbox"/> Emerging technologies	
<input checked="" type="checkbox"/> Clinical procedures		
HTA Outputs		
<input type="checkbox"/> Assessment reports	<input checked="" type="checkbox"/> Issues on emerging technologies	
<input type="checkbox"/> Technical queries	<input checked="" type="checkbox"/> Pre-assessments	
<input checked="" type="checkbox"/> Quick response service	<input type="checkbox"/> Biomedical	

¹**Independent group.** These units operate within the hospital as an “independent group” that provides support for management decisions in a fairly informal way. In general, this is the first stage of the development of an HB-HTA unit. In this scenario, the hospital top management is not usually fully aware of the usefulness of HTA as a support for decision-making and some “pioneers” are acting on a voluntary basis; they are not dedicated full time to HTA, but are working to demonstrate how an HTA approach could be useful to the hospital management.

Integrated-essential HB-HTA units. These are units of small size, with a limited number of staff members, but who are able to involve many other actors and “allies” in their activities. They are embedded in a system of collaborations that include universities and research centres that can provide the complementary competences and workforce needed.

Stand-alone HB-HTA units. These are mainly acting internally within hospitals and are not strongly influenced by the national or regional HTA organisations. They are generally more mature HB-HTA units with usually highly formalised and specialised procedures.

Integrated-specialised HB-HTA units. They act and are embedded in a context characterised by the presence of national or regional HTA organisations. Consequently, even if they have a certain level of autonomy, the functions of the HB-HTA unit are influenced by the formal collaboration with the national or regional HTA agency. They have high levels of formalisation and they have professionals dedicated to specific HTA tasks (e.g. assessment of drugs, assessment of medical devices etc.).

(Cicchetti A, Iacopino V, Coretti S, Fiore A, Marchetti M, Sampietro-Colom L, Kidholm K, Wasserfallen JB, Kahveci R, Halmesmäki E, Rosenmöller M, Wild C, Kivet RA. Toward a contingency model for hospital-based health technology assessment: evidence from ADHOPHTA project. *Int J Technol Assess Health Care.* 2018 Jan;34(2):205-211.)



Health Technology
Assessment international

Hospital-Based HTA Interest Group

Clinical Practice Guidelines
