Health Quality Ontario

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Intermittent Catheters for Chronic Urinary Retention: Health Quality Ontario Recommendation

FINAL RECOMMENDATION

- Health Quality Ontario, under the guidance of the Ontario Health Technology Advisory Committee, recommends publicly funding noncoated intermittent catheters for chronic urinary retention

RATIONALE FOR THE RECOMMENDATION

The Ontario Health Technology Advisory Committee has reviewed the health technology assessment.[1]

Committee members felt strongly that the available evidence supported a recommendation in favour of funding intermittent catheterization for chronic urinary retention.

However, with respect to the more expensive hydrophilic catheters, which have obvious advantages in terms of ease of use, committee members agreed that the evidence from the outpatient setting was not convincing in terms of the more expensive catheters substantially reducing the risk of infection compared with the less expensive catheters. From a health system perspective, the total cost of funding the more expensive catheters was felt to be very large in relation to the potential incremental benefit.

For these reasons, Health Quality Ontario decided to recommend publicly funding noncoated intermittent catheters for people with chronic urinary retention.

Public Comment: Held September 24 to October 15, 2018.

Ontario
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Decision Determinants for Intermittent Catheters for Chronic Urinary Retention

Decision Criteria	Subcriteria	Decision Determinants Considerations
Overall clinical benefit How likely is the health technology/intervention to result in high, moderate, or low overall benefit?	**Effectiveness** How effective is the health technology/intervention likely to be (taking into account any variability)?	Given the overall low quality of evidence from scientific studies, we are uncertain whether a specific type of intermittent catheter significantly reduces symptomatic urinary tract infection, hematuria, or other serious adverse clinical events, or whether a particular type of catheter improves patient satisfaction, compared with other types.
	Safety How safe is the health technology/ intervention likely to be?	The safety of intermittent catheters is reflected in their effectiveness in reducing complications from chronic urinary retention.
	Burden of illness What is the likely size of the burden of illness pertaining to this health technology/intervention?	Approximately 33,000 people require long-term intermittent catheterization to manage chronic urinary retention in Ontario.
	Need How large is the need for this health technology/intervention?	There is limited public funding for intermittent catheters.
Consistency with expected societal and ethical values[a] How likely is adoption of the health technology/intervention to be congruent with societal and ethical values?	**Societal values** How likely is adoption of the health technology/intervention to be congruent with expected societal values?	Funding intermittent catheters would be congruent with the societal values of independence and empowerment.
	Ethical values How likely is adoption of the health technology/intervention to be congruent with expected ethical values?	Funding intermittent catheters would be congruent with the ethical value of beneficence.
Value for money How efficient is the health technology/ intervention likely to be?	**Economic evaluation** How efficient is the health technology/intervention likely to be?	Between catheter types, we estimated that there were small incremental differences in quality-adjusted life-years (QALYs) and moderate to very large incremental costs, resulting in high incremental cost-effectiveness ratios (ICERs). Given marginal QALY differences across catheter types, the lowest-cost catheter has the highest probability of being cost-effective.
Feasibility of adoption into health system How feasible is it to adopt the health technology/intervention into the Ontario health care system?	**Economic feasibility** How economically feasible is the health technology/intervention?	We estimated that fully funding noncoated intermittent catheters would cost $93 million over the first 5 years ($18 million to $19 million per year) if one catheter were funded per day, and $360 million over the first 5 years if an average of five catheters were funded per day.
	Organizational feasibility How organizationally feasible is it to implement the health technology/ intervention?	There were no concerns from an organizational feasibility perspective.

[a]The anticipated or assumed common ethical and societal values held in regard to the target condition, target population, and/or treatment options. Unless there is evidence from scientific sources to corroborate the true nature of the ethical and societal values, the expected values are considered.

REFERENCE

(1) Health Quality Ontario. Intermittent catheters for chronic urinary retention: a health technology assessment. Ont Health Technol Assess Ser [Internet]. 2019 Feb;19(1):1–153. Available from: http://www.hqontario.ca/evidence-to-improve-care/journal-ontario-health-technology-assessment-series

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About the Ontario Health Technology Advisory Committee

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Health Quality Ontario
130 Bloor Street West, 10th Floor
Toronto, Ontario
M5S 1N5
Tel: 416-323-6868
Toll Free: 1-866-623-6868
Fax: 416-323-9261
Email: EvidenceInfo@hqontario.ca
www.hqontario.ca

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