Health Quality Ontario

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Intermittent Catheters for Chronic Urinary Retention: Health Quality Ontario Recommendation

DRAFT 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] and concluded that the evidence favours intermittent catheterization over indwelling catheterization for people with chronic urinary retention.

Committee members also concluded that the evidence reported in the outpatient setting is not convincing that the more expensive catheters substantially reduce the risk of infection compared to the less expensive catheters, while noting that patients do report a preference for single-use intermittent catheters and the ease of use of hydrophilic catheters. However, from a health system perspective, the total cost of funding the more expensive catheters was felt to be large in relation to the proven incremental benefit.

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

Public Comment: TBA

Ontario
Health Quality Ontario

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 in scientific studies, we are uncertain whether a specific type of intermittent catheter (coated or noncoated, single- or multiple-use) significantly reduces symptomatic urinary tract infection, hematuria, or other serious adverse clinical events, or whether a particular type 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 due to 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?	Due to limited public funding for intermittent catheters in Ontario, patients may reuse intermittent catheters to reduce the expense or consider indwelling catheters instead.
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 single-use intermittent catheters would be congruent with the societal values of social justice, fairness, and autonomy. Conversely, not funding single-use intermittent catheters might be congruent with the societal value to use public resources efficiently.
	Ethical values How likely is adoption of the health technology/intervention to be congruent with expected ethical values?	Funding single-use 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?	There is no evidence-based standard of care informing the choice of a specific type of intermittent catheter. Between catheter types, there were small incremental differences in quality-adjusted life-years (QALYs) and moderate to very large incremental costs, driving high incremental cost-effectiveness ratios (ICERs). Given marginal QALY differences across catheter types, the lowest-cost intervention—multiple-use noncoated catheters (using one catheter per week)—has the highest probability of being cost-effective. In patient populations advised not to reuse intermittent catheters, single-use noncoated catheters have 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?	The required budget to fully fund multiple-use noncoated intermittent catheters (using one catheter per day) would be $93 million over the first 5 years ($18 million to $19 million per year), with slowly rising costs year over year as the prevalence grows.
	Organizational feasibility How organizationally feasible is it to implement the health technology/ intervention?	Organizational feasibility is enhanced, as the technology is already being used by the patient population, and there is an existing government grant program for intermittent catheters that subsidizes some costs.

Abbreviations: ICER, incremental cost-effectiveness ratio; QALY, quality-adjusted life-year.

[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) TBA

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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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