Limited EXPERIENTIAL DATA

This framework is presently being used to inform the decision-making in the healthcare system. A comprehensive evaluation framework was recently developed (INESSS) to guide the implementation of promising new technologies into Québec's healthcare system. One important objective at the Institut d'excellence en santé et en services sociaux (INESSS) is to guide the implementation of promising new technologies into Québec's healthcare system. A comprehensive evaluation framework was recently developed to inform the decision-making process concerning the use of thrombectomy for treating ischemic stroke.

**BACKGROUND**

What structural and organizational factors will optimize use of thrombectomy for the treatment of ischemic stroke in Québec?

**SCIENTIFIC DATA**

Systematic literature review:
- International guidelines
- Systematic reviews
- Primary studies
- Registries
- Grey literature

**CONTEXTUAL (REAL WORLD) DATA**

Field evaluation of 4 Québec stroke networks:
- Volume
- Patient characteristics
- Trajectory of care
- Processes of care
- Clinical outcomes

**EXPERIENTIAL DATA**

Consultation with:
- Clinical teams
- Interdisciplinary clinical committee
- Patient committee
- Professional association committee
- Ministerial clinical advisory committee

**EVALUATION PROCESS FOR NEW INNOVATIVE TECHNOLOGIES AT INESSS**

1. **R&D**
   - Early dialogue between relevant stakeholders
   - Evaluation of the promise
   - Evaluation criteria

2. **Pre-implementation**
   - Identification of implementation challenges anticipated

3. **Limited implementation**
   - Can we replicate results in the real world?
   - What are the implementation challenges?

4. **Implementation, diffusion**
   - Real world evidence
   - Evaluation of real benefit and optimal use

**CONCLUSION**

This comprehensive, long-term evaluation process of thrombectomy is a concrete example of how the use of an innovative, disruptive technology can be optimized within a learning healthcare system. An approach that includes feedback of real world results to existing programs facilitates continued evidence generation and decision-making to guide broader and equitable implementation of this new technology.

**References**


**Acknowledgements**

We would like to thank our medical archivists and our clinical experts for their participation in this project.

**Disclosures**

I have not had an affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection with the content of my presentation.

**Contact information**

laurie.lambert@inesss.qc.ca