Supplementary Table 1. Brief description and results of 51 rapid- and mini-HTA reports prepared in the Hospital of the President’s Affairs Administration from 2015 to 2017

| **№** | **Name of rapid-/ mini-HTA report** | **Year** | **Category of technology** | **Summary of clinical/ economic evidence** | **Economic viability for hospital** | **The result of the report** | **Managerial decision** | **Additional information** |
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| 1 | Uterine Fibroid Embolization | 2015 | Endovascular surgery, gynecology | UFE is a clinically effective alternative to myomectomy/ hysterectomy for patients with uterine myoma, providing proper assessment of the benefit/risk to the patients. | Using UFE within the government reimbursement system is economically viable. | Recommended | Implemented in 2015 | Treated 84 patients.  Did not need additional investment.  Disposable medical devices and embolizing material are included in the cost structure of the technology. |
| 2 | Procurement of TVT sling-sets for the treatment of stress urinary incontinence in women | 2015 | Surgery, urology | Surgical correction of the urethrovesical segment with TVT sling-sets for treatment of stress urinary incontinence in women is technology of choice in cases of conservative treatment failure. | Using TVT sling-sets within the government reimbursement system is not economically viable. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2015 | Treated 8 patients.  Did not need additional investments.  TVT sling-sets are included in the cost structure of technology. |
| 3 | Single-photon emission computed tomography combined with computed tomography (SPECT/CT) of the various organs and systems | 2015 | Diagnostic, nuclear medicine | The advantage of SPECT/CT compared to PET/CT is the ability to obtain an image with a spatial resolution of less than 1 mm. This provides detailed structural and functional information about various areas of organs and tissues.  SPECT/CT is performed with a low dose of radiation, providing high clinical efficacy, since the obtained images allow to correctly interpret the clinical picture, significantly speeding up the diagnostic search, as well as assessing the dynamics after therapeutic measures. | Using SPECT/CT within the government reimbursement system is economically viable. | Recommended | Implemented in the years 2015-2017 | Diagnosed 434 patients. Needed additional investments (medical equipment, staff training).  Estimated payback period is more than 10 years. |
| 4 | Scintigraphy for non-invasive radionuclide examinations | 2015 | Diagnostic, nuclear medicine | Scintigraphy is clinically effective for diagnosis of the anatomical and functional state of the tear ducts, salivary glands and osteoarticular system. | Using scintigraphy within the government reimbursement system is economically viable. | Recommended | Implemented in the years 2015-2017 | Diagnosed 292 patients Needed additional investments (medical equipment, staff training).  Estimated payback period is more than 10 years. |
| 5 | Carotid stenting in patients with hemodynamically significant stenosis of the carotid arteries | 2015 | Endovascular surgery, angiosurgery | Carotid stenting is a clinically effective alternative to endarterectomy with hemodynamically significant stenosis of the carotid arteries (60% and more). | Using carotid stenting within the government reimbursement system is economically viable. | Recommended | Implemented in 2016 | Treated 32 patients.  Did not need additional investments.  Carotid stents are included in the cost structure of technology. |
| 6 | Laparoscopic nephrectomy | 2015 | Surgery, urology | Laparoscopic nephrectomy has advantages over laparotomy from reducing the risk of postoperative complications, minimizing the operative tissue injury and reducing the time of rehabilitation. | Using laparoscopic nephrectomy within the government reimbursement system is not economically viable. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2016 | Treated 32 patients. Did not need additional investments. |
| 7 | Photodynamic therapy of malignant tumors of visible locations and abdominal organs | 2015 | Therapeutic, oncology | Photodynamic therapy is clinically effective procedure for patients with malignant tumors of visible locations and abdominal organs. It provides organ-preserving therapy due to the selective effect on the pathological cells of the tumor tissue; 2 it has minimally invasive effects, avoiding serious complications associated with surgical intervention; 3 and those observed during chemotherapy. It offers the possibility of palliative treatment for common cancers. | Photodynamic therapy is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2016 | Treated 160 patients Needed additional investments (medical equipment and staff training).  Investments paid off. |
| 8 | Laparoscopic prostatectomy | 2015 | Surgery, urology | Laparoscopic prostatectomy has advantages over laparotomy through reduced hospital stay, significant reduction in blood loss, less postoperative pain, and shorter rehabilitation period. | Using the technology within the government reimbursement system is not economically viable. It is recommended to use for a fee or with private insurance. | Recommended | Implemented in 2016 | Treated 4 patients Did not need additional investments. |
| 9 | Simultaneous coronary artery bypass grafting and carotid endarterectomy | 2015 | Cardiac surgery | Simultaneous CABG/CEA is clinical effective in patients with hemodynamically significant carotid stenosis (> 70%) directed to coronary artery bypass grafting; and in patients with hemodynamically significant stenosis of the coronary arteries (> 50%) directed to carotid revascularization. | Using the technology within the government reimbursement system is not economically viable. It is recommended to use for a fee or with private insurance. | Recommended | Implemented in 2016 | Treated 7 patients Did not need additional investments. |
| 10 | Retrograde intrarenal surgery (RIRS) | 2015 | Surgery, urology | RIRS is clinically effective in patients with concretions of the lower pole of the kidney larger than 1 cm; and with concretions in the kidney of any localization in cases of severe obesity, during pregnancy and in patients with uncontrolled blood clotting. | RIRS is not included in the government reimbursement system. It is recommended to use for a fee or with private insurance. | Recommended | Implemented in 2016 | Treated 16 patients Did not need additional investments. |
| 11 | Using of immunochemical express analyzer PATHFAST for the quantitative determination of sepsis and cardiac markers | 2016 | Diagnostic, intensive care | Presepsin test is effective marker for early diagnosis and monitoring of systemic infections, \\ which: 1) with 100% reliability, confirmed by hemoculture, diagnoses sepsis before the manifestation of its clinical symptoms; 2) predicts the outcomes of therapy; 3) during monitoring reflects the real dynamics of sepsis severity; 4) changes rapidly depending on the effectiveness of the therapy; 5) predicts recurrence of sepsis after remission, when the clinical characteristics of sepsis are temporarily normalized. | Not applicable | Recommended | Implemented in 2016 | Diagnosed 37 patients.  Did not need additional investments.  Presepsin tests are included in the cost structure of intensive treatment. |
| 12 | Endovenous laser ablation of superficial leg veins | 2016 | Endovascular surgery, angiosurgery | Endovenous laser ablation is a clinically effective, minimally invasive procedure for patients with superficial leg veins. There is a low incidence of postoperative complications and relapses; reduction in the number of patients who need an analgesic; reduction the length of hospital stay and postoperative rehabilitation; offers possibility of simultaneous operations on two limbs. | Endovenous laser ablation is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2016 | Treated 38 patients.  Needed additional investments (medical equipment).  Investments paid off. |
| 13 | Endoscopic surgery of paranasal sinuses by using a navigation system | 2016 | Surgery, otolaryngology | Intraoperative navigation systems has advantages over conventional surgery on the part of providing the surgeon with anatomical localization during endoscopic sinus surgery improving its effectiveness and safety; providing a low probability of occurrence of bleeding; reducing the level of complications and repeated operations in ENT surgery; excluding open operations and deep incisions. | Endoscopic surgery by using navigation system is not included in the government reimbursement system. It is recommended to use only for a fee or in private insurance. | Recommended | Implemented in 2016 | Treated 5 patients. Needed additional investments (medical equipment).  Estimated payback period is 5 years. |
| 14 | Cold-plasma coblation of the affected area of the pharynx | 2016 | Surgery, otolaryngology | Cold-plasma coblation has advantages over conventional surgery through absence of bleeding during the operation; reduced risk of delayed postoperative bleeding; and reduced risk of infections; permits manipulation in hard-to-reach areas; reduction the length of hospital stay and postoperative rehabilitation. | Cold-plasma coblation is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2016 | Treated 24 patients. Needed additional investments (medical equipment).  Estimated payback period is 4 years. |
| 15 | Minimally invasive intradiscal discectomy | 2016 | Spine neurosurgery | Has advantages over standard techniques (open diskectomy, microdiscectomy) in patients with herniated intervertebral discs through reductions in the duration of the operation, hospitalization, operating blood loss, and frequency of postoperative complications. | Minimally invasive intradiscal discectomy is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2017 | Treated 4 patients. Needed additional investments (medical equipment).  Estimated payback period is 3 years. |
| 16 | Injection laryngoplasty | 2016 | Surgery, otolaryngology | Injection laryngoplasty is clinically effective alternative for patients with unilateral paralysis and paresis of the vocal cords, as well as for those with atrophic age-related changes in the vocal cords. It has advantages over standard techniques through providing a minimally invasive procedure, with a low risk of complications, which can be conducted at out-patient level (1 day surgery). | Injection laryngoplasty is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2017 | Treated 10 patients. Did not need additional investments.  Injectable substance is included in the cost structure of technology. |
| 17 | Percutaneous epidural neuroplasty | 2016 | Spinal neurosurgery | Percutaneous epidural neuroplasty has advantages over standard techniques for patients with severe chronic backache providing a minimally invasive procedure; reducing the length of hospital stay to 2 bed-days and the absence of postoperative rehabilitation; low incidence of postoperative complications; if it is necessary to conduct a large surgical intervention - the absence of anatomical postoperative defects. | Percutaneous epidural neuroplasty is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2017 | Treated 118 patients Did not need additional investments.  Injectable drugs are included in the cost structure of technology. |
| 18 | Endobronchial ultrasonography (EBUS) | 2016 | Diagnostic, endoscopy | The advantage of EBUS over mono-bronchoscopy and mono-ultrasound is that it provides accurate positioning in the study of peripheral lung masses, including the assessment of mediastinal lymph nodes.  Unlike virtual bronchoscopy, EBUS providing high clinical efficacy, eliminates the risk of even minimal X-ray radiation, while allowing differentiation of external tumor invasion and compression of the tracheobronchial wall, which contributes to a more accurate assessment of the primary tumor in lung cancer.  The advantage over video thoracoscopy is greater safety for the patient, since video thoracoscopy is an invasive method with high operational risk and material costs. | EBUS is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2017 | Diagnosed 4 patients. Needed additional investments (medical equipment).  Estimated payback period is 5 years. |
| 19 | Simultaneous endovascular aneurysm repair and debranching of brachiocephalic arteries | 2016 | Endovascular surgery, angiosurgery | Patients with combined pathology of the aorta and brachycephalic arteries are at high risk of developing perioperative acute cerebral circulation, myocardial infarction, aortic sac rupture. A single-step operation is a necessary and reasonable strategy for treating patients with combined pathologies that increase survival in the short and long term. | Simultaneous EVAR and debranching is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2017 | Treated 1 patient.  Did not need additional investments. |
| 20 | Endocapsuloscopy | 2016 | Diagnostic, endoscopy | Endocapsuloscopy is clinically effective, procedure for diagnosis of chronic iron deficiency anemia, suspicion of small intestinal bleeding, inflammatory bowel disease (Crohn's disease), small intestinal formation and other conditions that suggest diseases of the small intestine. Has advantages over standard techniques, being safe and painless. | Using endocapsuloscopy within the government reimbursement system is not economically viable. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2017 | Diagnosed 3 patients Did not need additional investments.  Endocapsules are included in the cost structure of technology.  Conducting technology on a fee basis is difficult because of the high cost of the procedure. |
| 21 | Procurement of the hemodynamic monitor PiCCO2 | 2017 | Diagnostic, intensive care | The use of targeted therapy protocols based on the use of advanced monitoring of target hemodynamic parameters (PiCCO2) reduces the need for vasopressors, reduces the duration of mechanical ventilation, reduces the time to achieve a condition suitable for removal from ICU, and reduces the postoperative hospital stay. | Not applicable | Recommended | Implemented in 2017 | Diagnosed 10 patients Needed additional investments (medical equipment).  Estimated payback period is 2 years. |
| 22 | Procurement of the Neuronavigation system | 2017 | Neurosurgery | The use of neuronavigation system has some advantages over conventional neurosurgery:  1. Navigation allows to achieve the best clinical results of the operation.  2. Allows to carefully plan the operation and control its progress, reducing the number of possible errors and inaccuracies.  3. Reduces the operating injury, as it leads to the target in the shortest and safest way.  4. The invasiveness of the procedure and blood loss decreases, reduces the operation time and the patient’s earlier rehabilitation, improves the quality of life in the postoperative period, reducing overall hospital days and the cost of pharmacotherapy. | Using neuronavigation system within the government reimbursement system is economically viable. | Recommended | Implemented in 2017 | Treated 47 patients Needed additional investments (medical equipment).  Estimated payback period is 3 years. To date, it was returned 27% of the investments. |
| 23 | Procurement of the Stereotactic system | 2017 | Neurosurgery | Stereotactic surgery is clinical effective procedure for the treatment of parkinsonism, torsion muscular (deforming) dystonia, hemiballism, cerebral palsy, choreic, myoclonic and other hyperkinesis, indomitable pain syndromes; and has some advantages over conventional neurosurgery: high accuracy, minimally invasive, performing under local anesthesia, much safer fewer side effects and complications. | Using stereotactic system within the government reimbursement system is economically viable. | Recommended | Implemented in 2017 | Treated 2 patients Needed additional investments (medical equipment).  Estimated payback period is 5 years. |
| 24 | ВiPAP therapy | 2017 | Therapeutic,  respiratory conditions | ВiPAP therapy is clinically effective procedure for patients with poor tolerance to high pressures during CPAP therapy; patients with persistent hypoxemia during CPAP therapy; patients with mixed obstructive and central respiratory disorders (Cheyne-Stokes breathing). | ВiPAP therapy is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Implemented in 2017 | Treated 4 patients.  Needed additional investments (medical equipment).  Estimated payback period is 3 years. |
| 25 | Percutaneous endoscopic gastrostomy for enteral nutrition in patients with impaired swallowing function | 2015 | Intensive care, nutritional support | PEG is a clinically effective, relatively safe and cost-effective strategy for providing enteral nutrition in patients with impaired swallowing:  1. Using PEG characterizes a low probability of failure of the intervention, which may recommend this endoscopic procedure as more effective and safe compared to nasogastric feeding (NGD) in adult patients with impaired swallowing. There was no significant difference in mortality or in the frequency of adverse events, including aspiration pneumonia, between the comparison groups. | Not applicable | Recommended | Recommended for use | Do not need additional investments.  Technology is not implemented due to lack of suitable patients. |
| 26 | Enteroscopy | 2016 | Diagnostic, endoscopy | Enteroscopy allows not only to investigate the state of the lumen and mucous membrane of the small intestine, but also to perform a biopsy, remove the tumor, stop the bleeding and carry out balloon dilatation of the strictures. | Enteroscopy is not included in the government reimbursement system. It is recommended to use only for a fee or with private insurance. | Recommended | Included in the Implementation plan for 2018 | Need additional investments (medical equipment).  Estimated payback period is 5 years. |
| 27 | Monitoring of intracranial pressure in patients with post-stroke and post-traumatic condition | 2016 | Diagnostic,  Intensive care | The system for monitoring intracranial pressure allows to make high-precision measurements of intracranial pressure at the subdural, intraparenchymal and intraventricular location of the sensor.  One of the indicators of the patient's condition in a severe acute period is the indication of intracranial pressure (ICP), which greatly facilitates the management of this category of patients. Due to the 24-hour monitoring of ICP, the CPD (central perfusion pressure) of the brain is calculated, as well as indications for the introduction of mannitol. ICP indicators have a prognostic value of the outcome of the disease. | Not applicable | Recommended | Included in the Implementation plan for 2018 | Need additional investments (medical equipment).  Estimated payback period is 3 years. |
| 28 | Monitoring of transcutaneous oxygen pressure during hyperbaric oxygenation | 2016 | Therapeutic, monitoring | Determination of the transcutaneous oxygen tension before and after the HBO session to clarify the mode and frequency of the sessions for objectively evaluating the results of treatment. | Using HBO within the government reimbursement system is economically viable. | Recommended | Included in the Implementation plan for 2018 | Need additional investments (medical equipment).  Estimated payback period is 3 years. |
| 29 | Procurement of the System of intraoperative neuromonitoring | 2017 | Neurosurgery, monitoring | Intraoperative neuromonitoring can reduce the risk of unintentional nerve damage during neurosurgical operations (cranial and spinal neurosurgery), ENT profiles. Intraoperative neuromonitoring and mapping significantly reduce the risk of neurological complications with a variety of neurosurgical interventions. In addition, these methods allow the surgeon to more clearly define the boundaries of safe intervention and increase the radical nature of the operation, where possible. | Using intraoperative neuromonitoring within the government reimbursement system is economically viable. | Recommended | Included in the Implementation plan for 2018 | Need additional investments (medical equipment). Estimated payback period is 5 years. |
| 30 | Vitreoretinal surgery | 2017 | Ophthalmolo-gy, surgical | Vitreoretinal microsurgery allows treatment of pathologies affecting the posterior part of the eye. This technique is clinically effective for patients with pathologies such as the epiretinal membrane, macular hole, retinal detachment and secondary complications of diabetic retinopathy. | Vitreoretinal surgery within the government reimbursement system is economically viable. | Recommended | Included in the Implementation plan for 2018 | Need additional investments (medical equipment). Estimated payback period is 8-10 years. |
| 31 | Procurement of the System for determination of the diffusion capacity of the lungs | 2017 | Diagnostic, respiratory | Diffusion test is more sensitive method for diagnosing a violation of the structure of the pulmonary parenchyma than spirometry. | Determination of the diffusion capacity of the lungs is economically viable. | Recommended | Included in the Implementation plan for 2018 | Need additional investments (medical equipment). Estimated payback period is 5 years. |
| 32 | The implementation of smart medicine | 2017 | Organizational, electronic records | The implementation is accompanied with the creation of the following functional items: the patient's personal cabinet, CALL-center with electronic queue, online appointment, e-counseling, electronic ambulance, electronic document management systems | Not applicable | Recommended | Included in the Implementation plan on 2018-2020 years | Need additional investments (software).  Estimated payback period is 3 years. |
| 33 | Procurement of the System of intraoperative ultrasonic quality assessment of shunts MiraQ Cardiac | 2017 | Cardio surgery, monitoring | The system of intraoperative ultrasonic quality assessment of cardiovascular blood flow is an effective method of intraoperative management and quality control during cardiac surgery, eliminating the need for re-open cardio-surgical surgery due to the insolvency of the imposed aorto-coronary shunts. | Not applicable | Recommended | Included in the Implementation plan for 2018 | Need additional investments (medical equipment). Estimated payback period is 5 years. |
| 34 | Opening of the Transplantology Department in the hospital | 2017 | Transplanto-logy | Provision of transplantation services will be economically effective when carrying out at least 5-6 organ transplantations per month. | Transplantology is economically viable within the government reimbursement system. | Recommended | Decision was delayed because of the high investment costs | Need additional investments (medical equipment and staff training).  Estimated payback period is more than 10 years. |
| 35 | Screening of somatic diseases through the use of hardware and software complex "Valeoskan" | 2015 | Diagnostic | According to the applicant, ValeoScan allows determining, in a non-invasive way, the quantitative composition of peripheral blood, clinical and biochemical blood parameters, the state of secretion of the internal systems of the body, and also to predict possible diseases.  Only popular articles were found. These publications do not validate the diagnostic sensitivity and specificity of the method according to the diagnoses, organs and systems. | Technology is not included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment).  Saved 5 140 USD. |
| 36 | Procurement of vibrio vest and/or vibrio mattress for mechanical percussion in prolonged broncho-alveolar lavage | 2015 | Therapeutic, respiratory | There is no convincing evidence confirming the advantages of mechanical percussion compared with manual percussion (clapping).  Given the high cost of the airway cleaning system, at the moment we consider it inappropriate to purchase this system. Manual percussion is recommended. | Acquisition of a vibrojet can be justified if necessary for frequent bronchoalveolar lavage and the presence of a sufficiently large number of patients. | Not recommended | Denied | Need additional investments (medical equipment).  Saved 7 880 USD. |
| 37 | Screening on anti-HBcorAg total of all surgical patients | 2015 | Diagnostic, infection | Screening on anti-HBcorAg total can be a clinically and economically feasible method for diagnosing baseline status for HBV in patients admitted for surgical treatment in the Hospital, to be included in the list and standard of mandatory examination only if there is an urgent need to exclude the role of the Hospital in the fact of infection legal precedents.  Deny implementation does not affect to the quality and effectiveness of provided surgical care. | Not applicable | Not recommended | Denied | Need additional investments (screening tests).  Saved 26 130 USD |
| 38 | Prevention of ventilator-associated pneumonia in providing prolonged mechanical ventilation in intensive care unit patients with the use of medical devices of Kimberly-Clark (Mexico) company | 2015 | Intensive care, respiratory infection | No advantages compared with similar medical devices from other manufacturers, is accompanied by an increase of hospital costs | Not applicable | Not recommended | Denied | Need additional investments (medical devices). |
| 39 | Opening of the Extracorporeal Fertilization Department in the hospital | 2015 | Extracorporeal fertilization | Third-party organizations cover the entire region's need for this procedure. | Not applicable | Not recommended | Denied | Need additional investments (medical equipment and staff education).  Payback period is more than 10 years. Saved 462 850 USD |
| 40 | Cobra Fusion Ablation System | 2016 | Endovascular surgery, arrhythmology | No convincing evidence was found that this system has advantages in clinical efficacy and safety in the long term compared with standard RFA techniques; it is accompanied by an increase in hospital costs. | Technology is not included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical devices). |
| 41 | Rheolytic thrombectomy before stenting of the coronary arteries | 2016 | Endovascular surgery, cardio surgery | No convincing evidence was found that this system has advantages in clinical efficacy and safety compared with standard techniques of mechanical (aspiration) thrombectomy; it is accompanied by an increase of hospital costs. | Technology is not included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment and devices).  Saved 38 745 USD. |
| 42 | Use of Xenon anesthesia in surgical operations and painful manipulations | 2016 | Anesthesiology | The use of xenon anesthesia is a clinically effective and safe method of anesthesia during surgical operations and painful manipulations and has a number of significant advantages compared with the methods of anesthesia currently used.  Its use is possible only with the use of Xenon-saving anesthesia technologies. However, there is no proof of its economic effectiveness. | Technology is not included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment and staff education). Saved 45 460 USD |
| 43 | Extracorporeal photochemotherapy for patients with steroid-resistant acute and chronic Graft-versus-host disease | 2016 | Oncology, transplantology | In modern systematic reviews based on retrospective or observational studies, there are indications of clinical efficacy and safety of using extracorporeal photochemotherapy for treating patients with steroid-resistant acute and chronic graft-versus- host disease after transplantation of allogeneic hematopoietic cells; as well as with cutaneous T-cell lymphoma.  The use of technology can be economically viable only if there is a department of transplantology in the hospital. | Technology is not included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment).  Payback period is more than 10 years. Saved 200 080 USD. |
| 44 | Carboxytherapy in stable angina, migraine, chronic trophic ulcers of the limb | 2016 | Therapeutic | Given the small amount and low quality of available research, it can now be concluded that there is insufficient reliable evidence to draw definite conclusions about the clinical efficacy of carboxytherapy. | Technology is not included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment). Saved 2 850 USD. |
| 45 | Electronic spinal analyzer SpinalMouse | 2016 | Diagnostic | Taking into account the presence of only one study, it is not possible to draw definite conclusions regarding the clinical efficacy of SpinalMouse for the diagnosis of spinal column diseases. | Technology is not included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment). Saved 13 530 USD. |
| 46 | Individual breathing simulator Spirotiger® Medical | 2016 | Diagnostic, therapeutic, respiratory | There is currently no convincing evidence of SpiroTiger's clinical efficacy in the treatment or diagnosis of respiratory diseases.  The use of SpiroTizier in athletes can improve the performance and endurance of the respiratory muscles, but has little effect on the overall performance of the exercises. | Technology is not included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment). Saved 2 210 USD. |
| 47 | Procurement of Infrascanner device for primary detection and refinement of the localization of intracranial hemorrhage (hematoma) | 2016 | Diagnostic | Infrascanner can be considered as a method for detecting intracranial hemorrhages in patients in military field conditions, ambulance crews and in ambulatory emergency centers when there is no possibility of X-ray or CT examination, to determine the need for hospitalization, CT and referral to a neurosurgeon.  Given the profile of the medical care provided in the Hospital, the acquisition of the InfraScanner device currently has no clinical and economic feasibility. | Not applicable | Not recommended | Denied | Need additional investments (medical equipment). Saved 25 760 USD. |
| 48 | The use of elastic stockings dosed compression and/or intermittent compression devices for nonspecific prevention of pulmonary embolism | 2016 | Therapeutic  Cardiovascular | No advantages compared to the standard practice of bandaging with elastic bandages; analogue of intermittent compression device is already in use. | Not applicable | Not recommended | Denied | Need additional investments (medical equipment). Saved 19 220 USD. |
| 49 | Molecular diagnostics of allergy on the ImmunoCAP 250 | 2016 | Diagnostic | Low hospital need for this type of investigation. | Molecular diagnostics of allergy is economically viable within the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment). Payback period is more than 10 years. Saved 112 730 USD |
| 50 | Procurement of Laura XL automated urinalysis station | 2017 | Diagnostic | The results of automatic analyzers shown to avoid any error should be checked using manual microscopic examination. Therefore, automatic analyzers, which are used in the analysis of urine, need further development in order to more accurately recognize the elements of urine. | Technology is included in the government reimbursement system. | Not recommended | Denied | Need additional investments (medical equipment). Saved 90 910 USD. |
| 51 | Procurement of the ultrasonic dissector Sonoca 300 | 2017 | Neurosurgery | Low hospital need for this type of medical equipment. | Not applicable | Not recommended | Included in the Procurement plan for 2018 | Need additional investments (medical equipment).  Estimated payback period is 8-10 years.  Medical equipment cost is 98 135 USD. |