



Organisation, general principles and practices when doing Health Technology Assessment – international perspective

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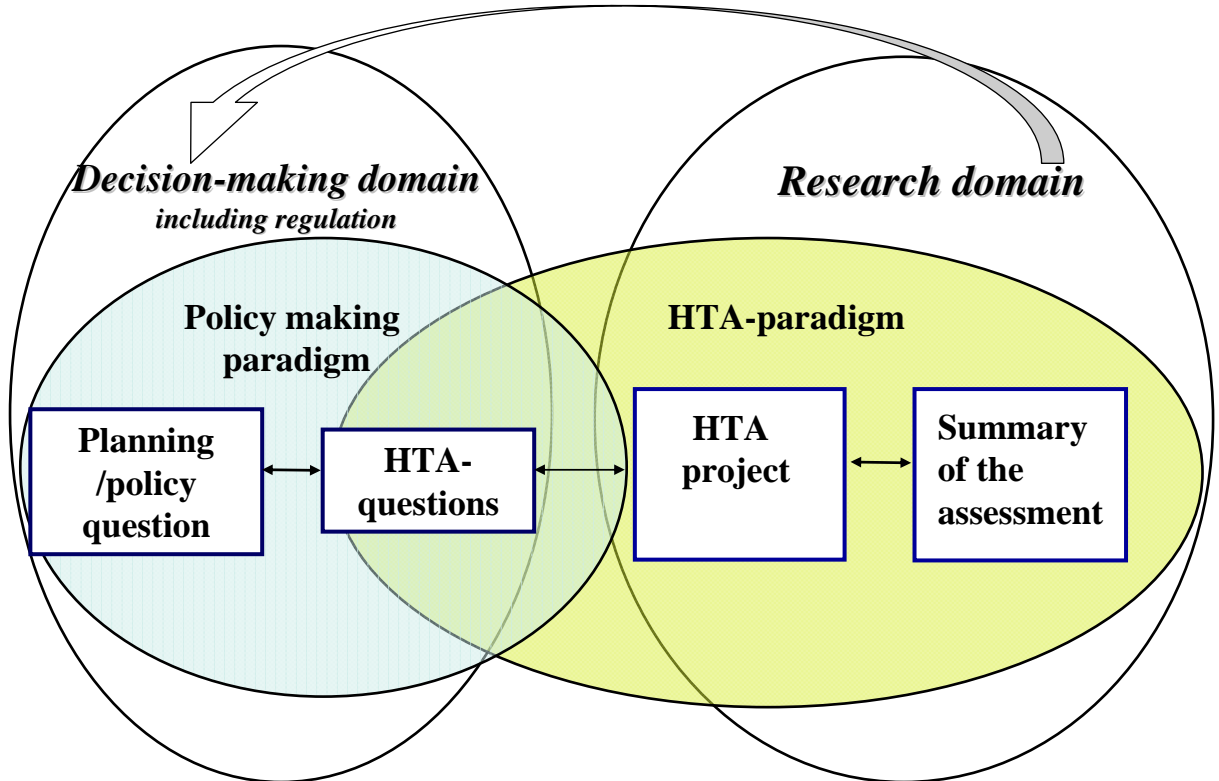
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What is HTA

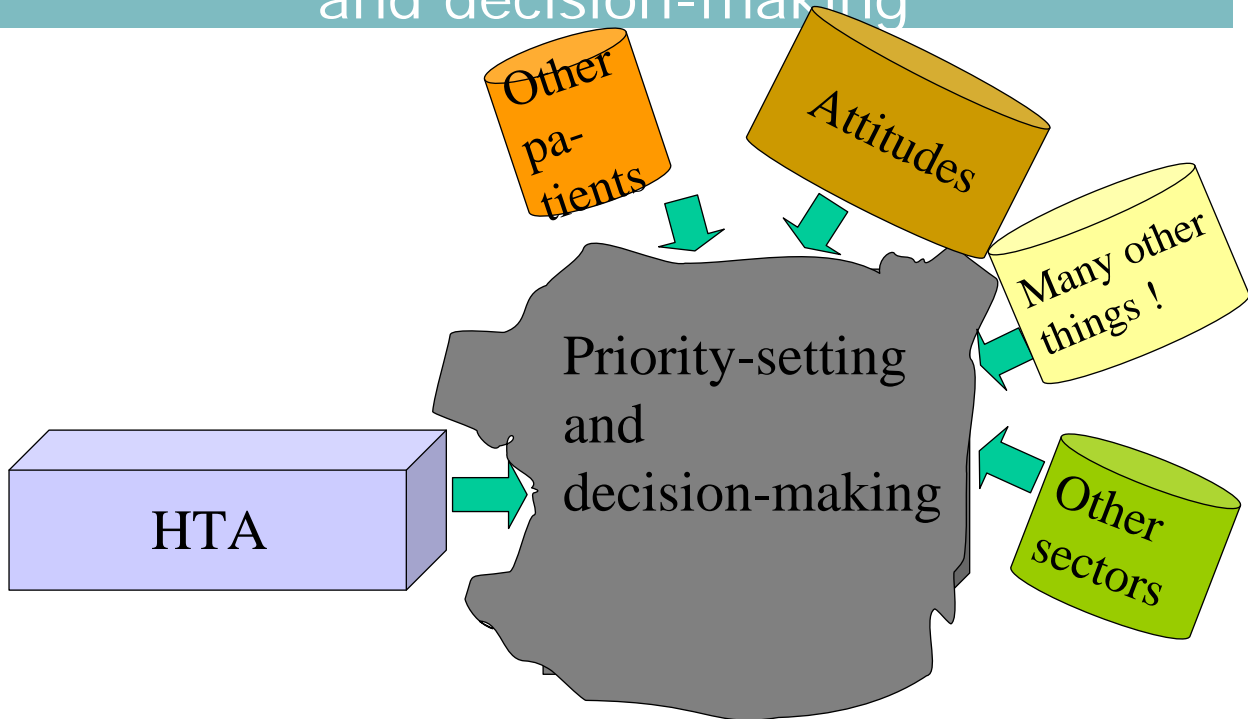
- **Healthcare technology** is defined as prevention and rehabilitation, vaccines, pharmaceuticals and devices, medical and surgical procedures, and the systems within which health is protected and maintained
- **Technology assessment** in health care is *a multidisciplinary field of policy analysis*. It studies the *medical, social, ethical, and economic implications* of development, diffusion, and use of health technology

What is HTA

- HTA may inform decisions, policies, and regulatory control measures, and may have a defined role in regulation, but is not regulation in itself
- HTA does not mandate policies or decisions
- Despite its policy goals, HTA must always be **firmly rooted in research and research methods**



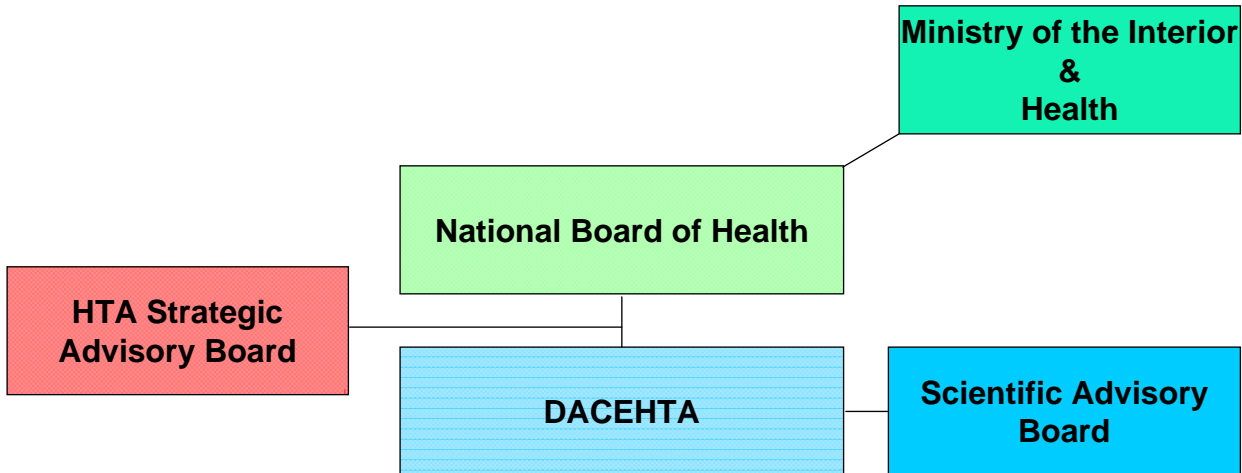
HTA as an input to priority-setting and decision-making



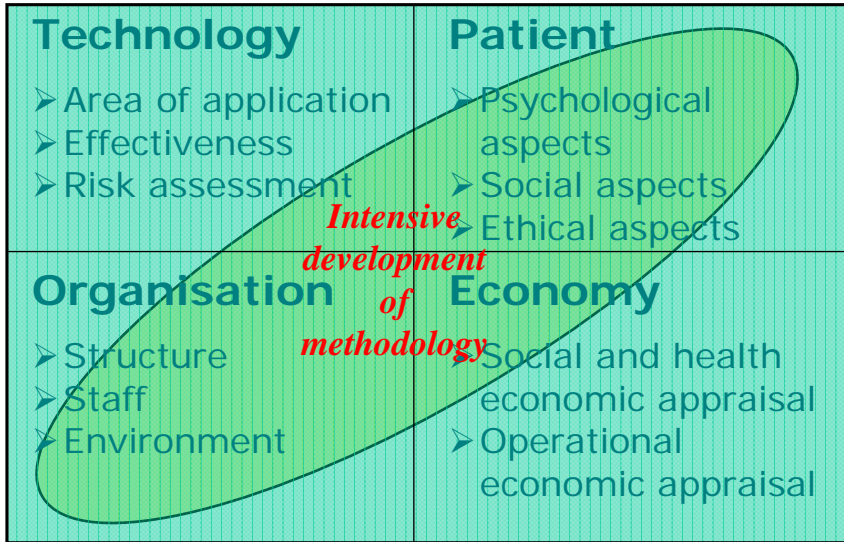
Danish Centre for HTA (DACEHTA)

- 1996: National Strategy for HTA
- 1997: Establishment of DACEHTA
- A state institution under the auspices of the National Board of Health
- Objectives in relation to HTA
 - Promote HTA in Denmark
 - Make or commission HTAs
 - Collaborate with health care, academia, professions, patients, and industry

DACEHTAs place in the ministerial organisation



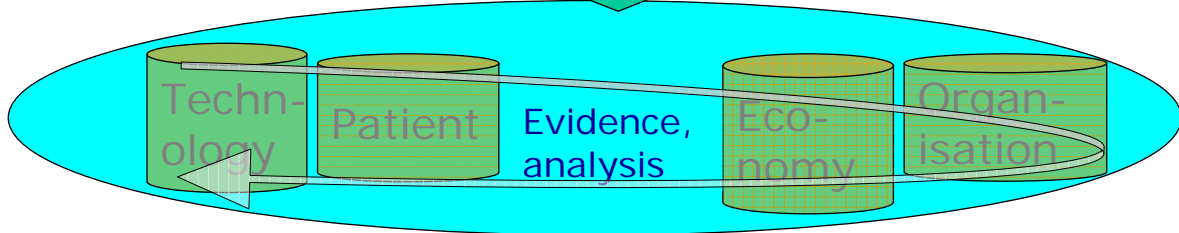
"The four boxes" - the Danish model



Policy-questions



HTA-questions

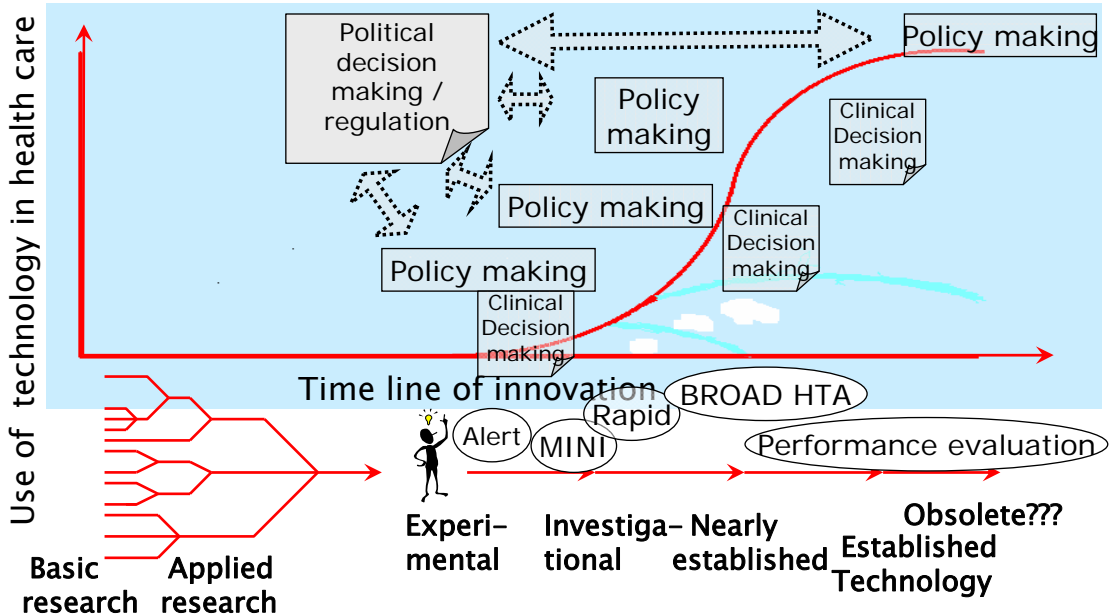


Synthesis



HTA-report

"Diffusion" of technology, HTA modalities, Policy making and Decision making





- A. General HTA Handbook 2nd ed. in English February 2008
- B. "Mini-HTA" – a decision-making tool for hospitals in Denmark

www.dacehta.dk

“Mini-HTA”

- When introducing new technologies like new interventions, expensive drugs, and new diagnostic modalities there is a need for a systematic, structured basis for decisions
- Some hospitals developed “mini-HTA” as a decision-making tool for department managements and hospital managements in relation to budget processes
- A national Mini-HTA tool has now been launched
- The tool asks 26 questions under the headings
 - the technology
 - The patient
 - the organisation
 - the economy

“Mini-HTA”

Examples from the 26 questions

● the technology

- 4: On which indication will the proposal be used?
- 5: In which way is the proposal new compared to usual practice?
- 6: Has an assessment of literature been carried out (by the department or by others)?
- 7: State the most important references and assess the strength of the evidence.

“Mini-HTA”

Examples from the 26 questions

● the technology

- 8: What is the effect of the proposal for the patients in terms of diagnosis, treatment, care, rehabilitation and prevention?
- 9: Does the proposal imply any risks, adverse effects or other adverse events?
- 10: Are there any other ongoing studies in other hospitals in Denmark or abroad of the effect of the proposal?

HTA must be international

- Avoiding unnecessary duplication
- Using best practice
- Sharing what can be shared
- Adaptation to national / regional setting
- Transfer to policy is a national / regional issue

Globalise the evidence, localise the decision*

- The use of evidence is most successful when local differences are factored into the decision-making process, whether at the clinical, system, or policy level. *
- Transnational HTA collaboration does not interfere with the maintaining of national competence for health care organisation

*) Eisenberg JM. Health Affairs 2002; 21(3): 166-8



EUnetHTA – The European Network for HTA

www.eunethta.net



EUnetHTA Partners

- > 60 partners
 - 34 Associated Partners (national/regional HTA agencies, MoH, research institutions, international organisations (Cochrane Collaboration))
 - 25 Collaborating Partners (e.g. WHO, OECD, CoE)
- 24 EU countries (÷ Slovakia)
- 2 EEA (Norway, Iceland)
- Switzerland
- 4 institutions in countries outside Europe (Israel, Australia, Canada, USA)



EUnetHTA Objectives

The general objective:

To establish *an effective and sustainable European Network for Health Technology Assessment – EUnetHTA* - that informs policy decisions

The general *strategic* objective of the Network:

To connect public national HTA agencies, research institutions and health ministries, *enabling*

- *effective exchange of information*
- *support to policy decisions by the Member States*



EUnetHTA Strategic Objectives

- Better coordination of HTA activities
 - Less duplication
 - Increase the HTA output and input to decision-making in the Member States and EU
 - Strengthen the link between HTA and healthcare policy making
 - Support countries with limited experience with HTA
- } More effective use of national resources put into HTA

EUnetHTA Work Packages (WPs)

- WP1: Coordination (*DACEHTA, Main Partner*)
- WP2: Communications (*SBU, DAHTA*)
- WP3: Evaluation (*NOKC*)

- WP4: Common Core HTA (*FinOHTA*)
- WP5: Adapting existing and Common Core HTAs to other settings (*NCCHTA*)

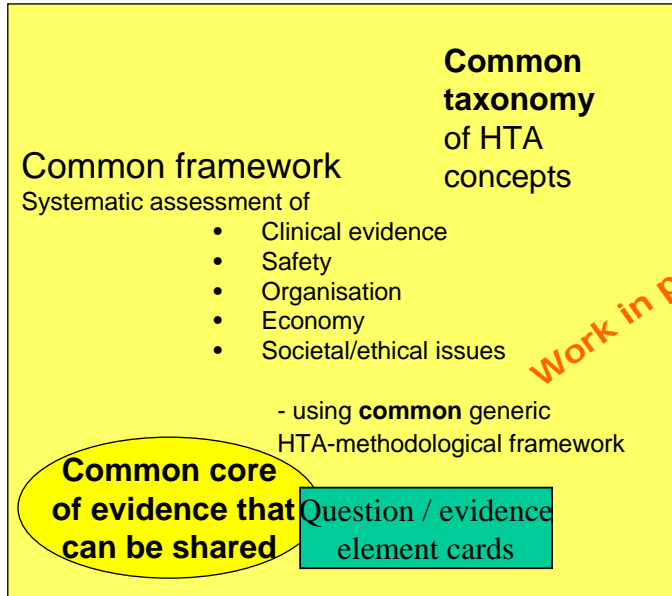
- WP6: Transferability to policy (*DACEHTA*)

- WP7: Monitoring emerging technologies and HTA prioritisation (*HAS*)

- WP8: HTA support system in Member States without institutionalised HTA (*CAHTA*)



The Common Core of evidence, common concepts, and methods that can be shared




Domain

Work in progress, not for citation

- Current use of the technology (implementation level)
- Description and technical characteristics of technology
- Safety
- Effectiveness
- Costs, economic evaluation
- Ethical aspects
- Organisational aspects
- Social aspects
- Legal aspects





European HTA Collaboration Years 2009+ Draft Proposal 2.1

November 2007

WWW.EUNETHTA.NET

European network for HTA, EUnetHTA



eunethta

HTA and health care decision making

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- Despite its policy goals, HTA must always be firmly rooted in research and research methods

HTA as an input to priority-setting and decision-making

