



## **Developing HTA networks – or sharing system European experience - perspectives for other regions of the world?**

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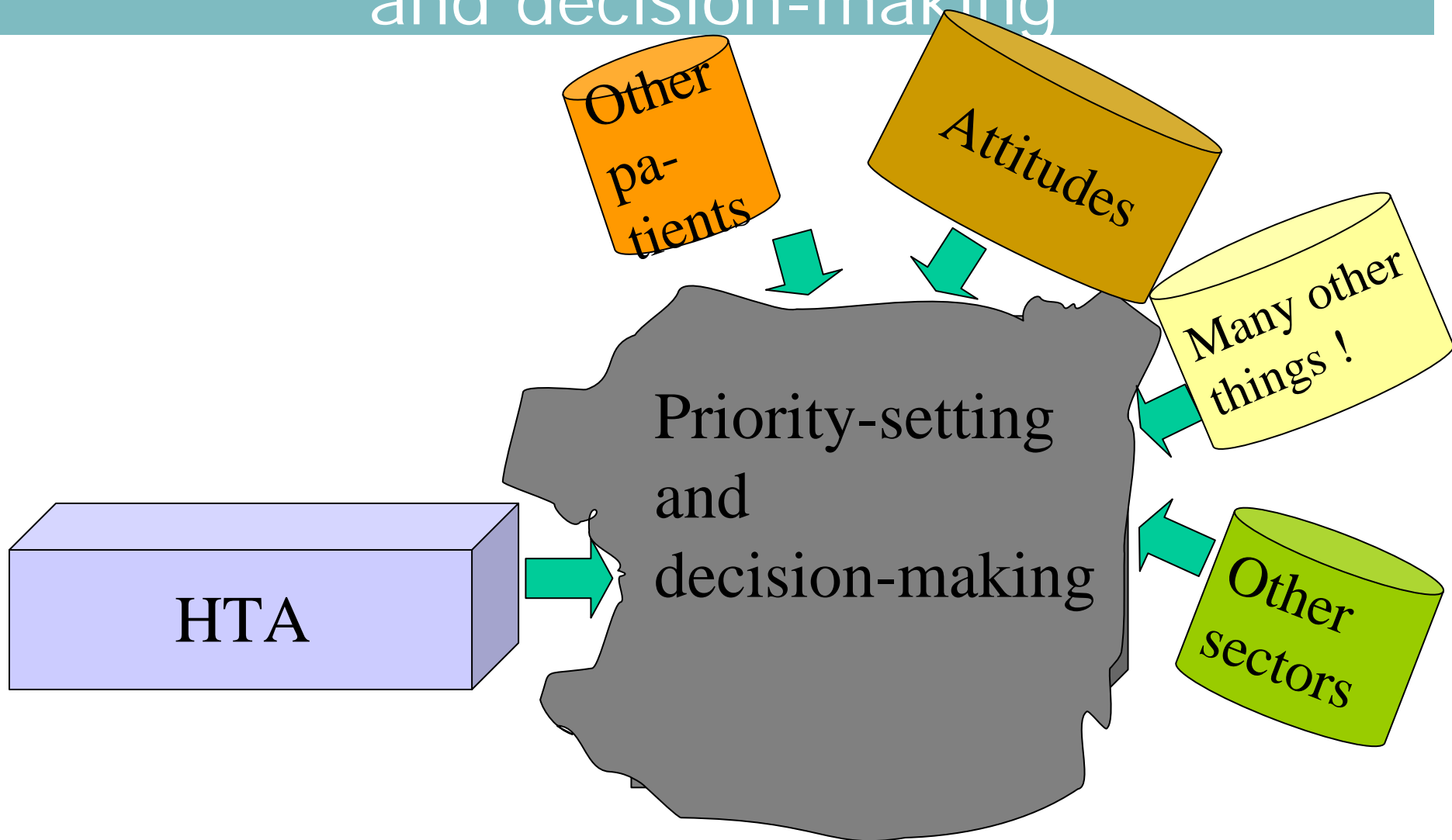
## What is HTA

- **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 regulatory control measures, and 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



## June 2008 - WHO Tallinn Charter

- By the end of WHO European Region Ministerial Conference, Health Ministers of 53 countries adopted “The Tallinn Charter: Health Systems for Health and Wealth”
  - “...Fostering health policy and systems research and making ethical and effective use of innovations in medical technology and pharmaceuticals are relevant for all countries; **health technology assessment should be used to support more informed decision-making.**”

## *WHO-HEN Policy Brief*



[www.euro.who.int/  
healthsystems2008](http://www.euro.who.int/healthsystems2008)

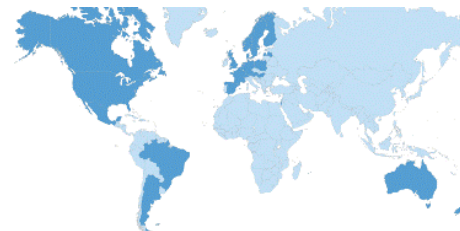
*WHO-HEN Policy Brief “How can the impact of health technology assessments be enhanced?”*

- *Key Messages on international Collaboration in HTA*
  - *International collaboration amongst HTA bodies can facilitate the development of methods and more efficient assessment processes, and facilitate knowledge transfer and capacity-building of less established HTA systems and programmes*
  - *Learning through collaboration and exchange of experience can help to overcome those institutional and capacity barriers that often hinder implementation.*

# 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

## Global organisations in HTA





# European network for Health Technology Assessment



# EUnetHTA Partners

- 63 institutional partners
  - 34 Associated Partners: national/regional HTA agencies, MoH, research institutions, international organisations (Cochrane Collaboration)
  - 29 Collaborating Partners: e.g. WHO, OECD, CoE
- 24 EU Countries
- 2 EEA (Norway, Iceland)
- Switzerland
- 5 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 HTAs to other settings (*NCCHTA*)
- **WP6:** Transferability to policy (*DACEHTA*)
- **WP7:** Monitoring emerging technologies and HTA prioritisation (*HAS, LBI*)
- **WP8:** Support system in Member States without institutionalised HTA (*CAHTA*)

ORGANISATIONAL FRAMEWORK

PRACTICAL TOOLS

# Starting points

**HTA is implemented differently across European countries**

→ Reduced applicability of foreign reports

**HTA reports lack a standardised information structure**

→ Extraction of data from reports may be difficult

**Attempt to define and standardise elements of an HTA to facilitate shared understanding of HTA and promote the international use of HTA results**

**Only a part of all possible health technologies can be addressed through creating models for two types of technologies... but it is a start**

**The two types are 1) an intervention (example: Drug Eluding Stents) and 2) a diagnostic technology (example: Multislice CT of Coronary Arteries)**

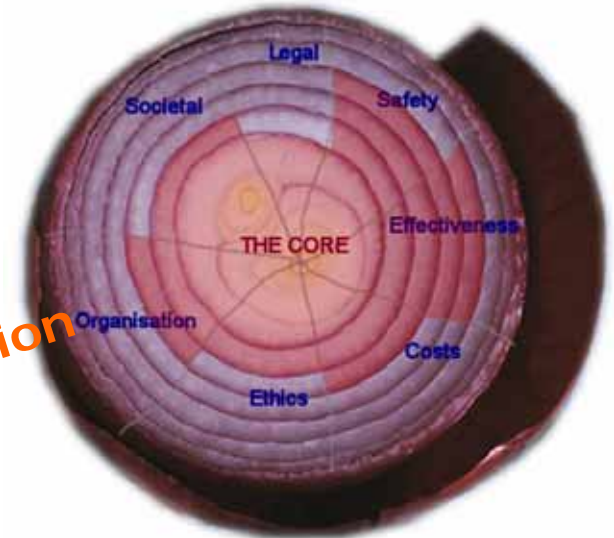
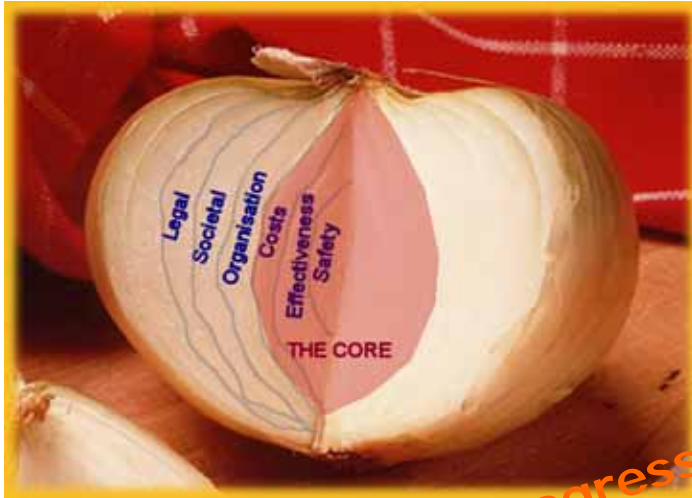
# HTA Core Model - Domains

*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



# How does HTA split the onion?



Work in progress, not for citation



(K. Lampe)

# Elements are described in further detail in *element cards*

Work in progress, not for citation

The following information is available in each card:

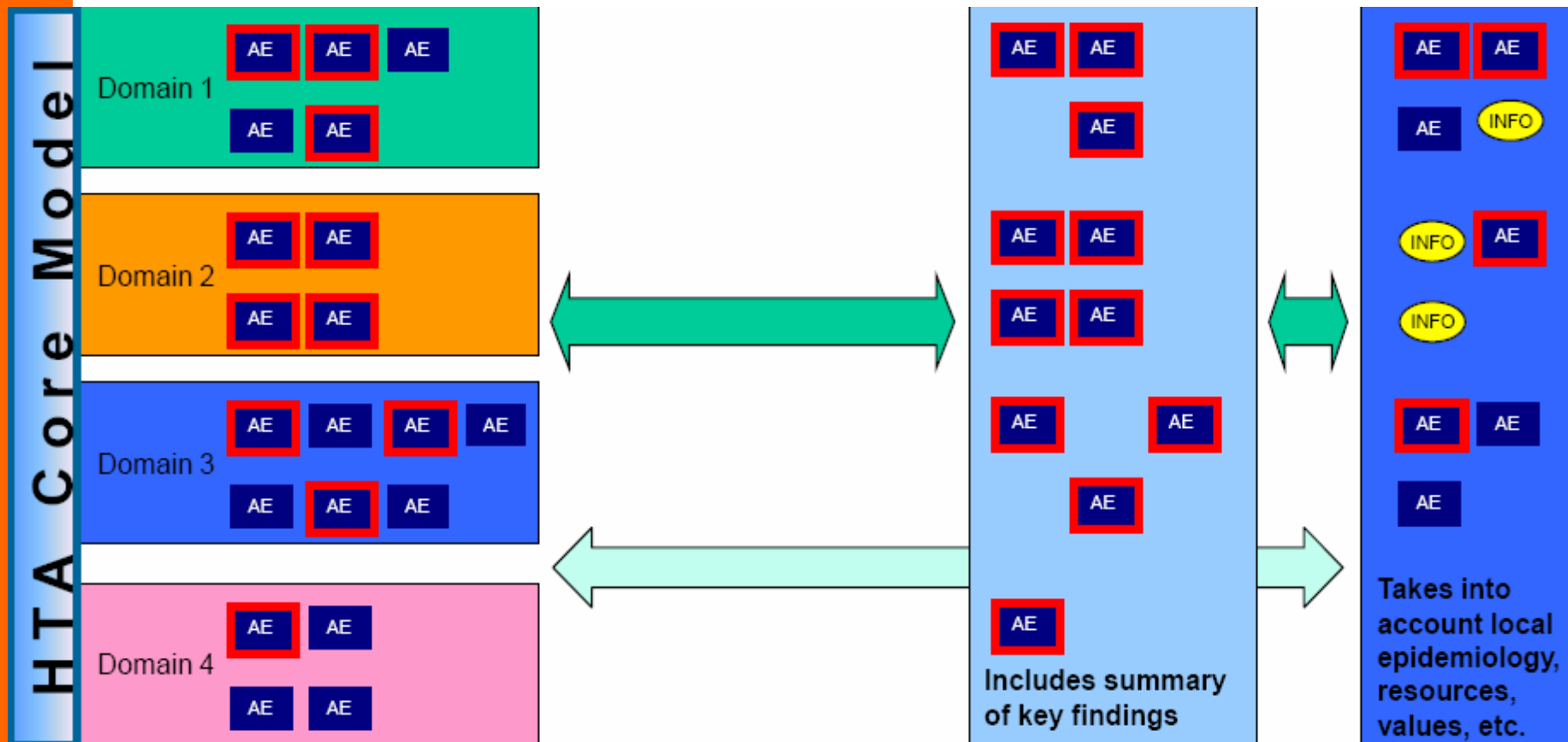
- Element ID
- Domain
- Topic
- Issue
- Clarification
- Importance
- Information sources
- Transferability
- Reference
- Relations
- Status

- AE = assessment element
- AE = Core element
- AE = Non-core element
- INFO = Locally produced information that does not follow HTA Core model structure

### Structured HTA Information

### Core HTA Information

### Local HTA report



# WP5: Adapting existing and ‘common’ core HTA

Develop a toolkit for *adapting the “core”* that may be shareable in existing HTA reports made for one country into advice appropriate to other contexts (social, political, economic and health system)

Produce a glossary of ‘adaptation’ terms

# HTA and health care decision making

- HTA does not mandate policies or decisions
- HTA may inform regulatory control measures, and have a defined role in regulation, but is not regulation in itself
- Transnational HTA collaboration does not interfere with the maintaining of national competence for health care organisation
- Despite its policy goals, HTA must always be firmly rooted in research and research methods

# December 2003

- **European Health ministers, members of the European Parliament and EU Commission:**

*“...to invite the Commission to consider how a sustainable network and coordination function for health technology assessment could be organised and funded, and to make any appropriate proposals.”*

# November 2004

- **Report of the EU Commission's High Level Group on Health Services and Medical Care (HLG) representing all Member States dated November 30<sup>th</sup> included:**

*“HTA has become a political priority and there is an urgent need for establishing a sustainable European network for HTA”*

## June 2008 - WHO Tallinn Charter

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“...Fostering health policy and systems research and making ethical and effective use of innovations in medical technology and pharmaceuticals are relevant for all countries; health technology assessment should be used to support more informed decision-making.”

July 2008 – Directive proposal

- **Proposal for an EU Directive on the application of patients' rights in cross-border healthcare**

*Health Technology Assessment (Article 17 of the proposed directive) is indicated to be one of the Directive's major provisions and identified as “clear area of European added-value. This initiative will help to reduce overlap and duplication of efforts in this field and hence promote the effective and efficient use of resources.”*

## July 2008 – Directive proposal

*Article 17 of the Proposal for a Directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare (presented by the Commission)*

### **Cooperation on management of new health technologies**

1. Member States shall facilitate development and functioning of a network connecting the national authorities or bodies responsible for health technology assessment.

## July 2008 – Directive proposal

2. The objective of the health technology assessment network shall be:
  - (a) to support cooperation between national authorities or bodies;
  - (b) to support provision of objective, reliable, timely, transparent and transferable information on the short- and long-term effectiveness of health technologies and enable an effective exchange of this information between national authorities or bodies.
3. Member States shall designate the authorities or bodies participating in the network as referred to in paragraph 1 and communicate to the Commission names and contact details of those authorities or bodies.

## July 2008 – Directive proposal

4. The Commission shall, in accordance with the procedure referred to in Article 19(2), adopt the necessary measures for the establishment and the management of this network and specifying the nature and type of the information to be exchanged.

# July 2008, Communication from the EU Commission

*Excerpt from the official Communication from the Commission "A Community framework on the application of patients' rights in cross-border healthcare" which came with the Directive proposal.*

## *2.3.2. Health Technology Assessment*

Health technology assessment (HTA) is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology, in order to ensure this. **This is a clear area of European added-value, where cooperation at Community level can help to reduce overlap and duplication of efforts and hence promote the effective and efficient use of resources.**

The Commission is supporting a pilot European network on health technology assessment called "EUnetHTA". **A clear framework for taking forward these activities can be established under the directive on the basis of the results of this pilot.**

June 2008

*Register now for the  
EUnetHTA Conference,  
Paris, November 20, 2008!*



eunethta

# Proposal for the EUnetHTA Collaboration

June 16, 2008



# EUnetHTA Collaboration – Strategic framework

- All activities of the EUnetHTA Collaboration arise from the premise that its outputs will be used to inform but not mandate content of national / regional / institutional HTA and appraisal reports
- The partners see HTA reports as contributions to improve the health of European citizens

# EUnetHTA Collaboration – Strategic framework

- European Union Member State representatives and the Commission have indicated the desire to create a sustainable network for HTA collaboration in Europe
- HTA organisations in the EU, EEA and EFTA take the lead in establishing the Collaboration with the support of governments at country / regional level and the European Commission
- All ‘publicly funded’ organisations that produce or contribute to HTA can become **partners** in the EUnetHTA Collaboration. For clarity and transparency, the mandate of each partner and the partner’s link to health policy in its country setting will have to be described in detail

# Strategic framework / main functions

- The EUnetHTA Collaboration will provide practical tools and functionalities supporting transnational collaboration in HTA
- The **main functions** of the EUnetHTA Collaboration are:
  - contact point to provide a gateway to the HTA community in Europe
  - European HTA Information and Communication system
  - developing and improving common processes for performing and reporting HTA
  - providing information on emerging/new technologies and facilitating new evidence generation
  - facilitating the establishment and continuous development of HTA institutions
  - piloting processes for production of HTA core information

# Implementation

- ‘Founding partners’ will work from the summer of 2008 to bring about the formal establishment of the EUnetHTA Collaboration
- A ‘significant mass’ of organisations is needed that is willing to commit resources and expertise to this work
- At the EUnetHTA Project Steering Committee meeting on 29 May 2008 and just after, 12 partners of the current EUnetHTA project have already indicated their willingness to act as a ‘founding partner’ to take this proposal to fruition