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Interface between HTA and Health Policy

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WP6 Objectives

- get systematic overview of the relations between HTA and healthcare policymaking
- classify and analyse common characteristics of the relations
- improve the responsiveness of HTA to the demands of the HTA consumers with the purpose of promoting HTA as policy input
- show concrete use of HTAs in policy making
- position HTA to other relevant sources of input to health policy making and to regulatory processes
- support improved responsiveness by building a sustainable open forum to exchange views, expectations, and feedback on HTA with HTA stakeholders

WP-6 Product

- Policy processes and HTA
- Health systems, health policy and HTA
- HTA producers
- Impact of HTA
- Needs and demands of policy-makers
- Future challenges for HTA in Europe



HTA and Policy 1

Fig. 2.1 Simple ideal model of a policy process

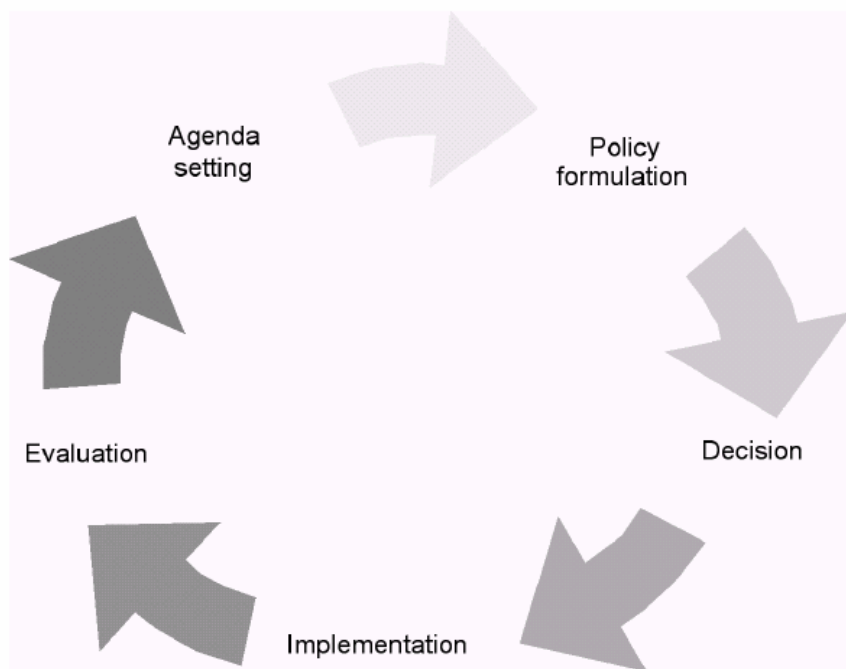
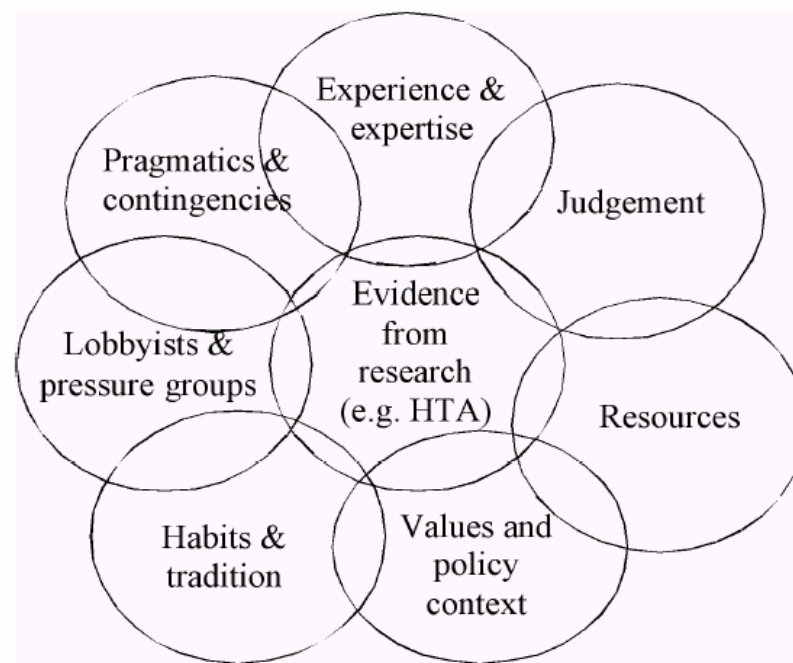


Fig. 2.2 Factors that influence policy-making



Source: adapted from Davies, 2005

Notions of Knowledge

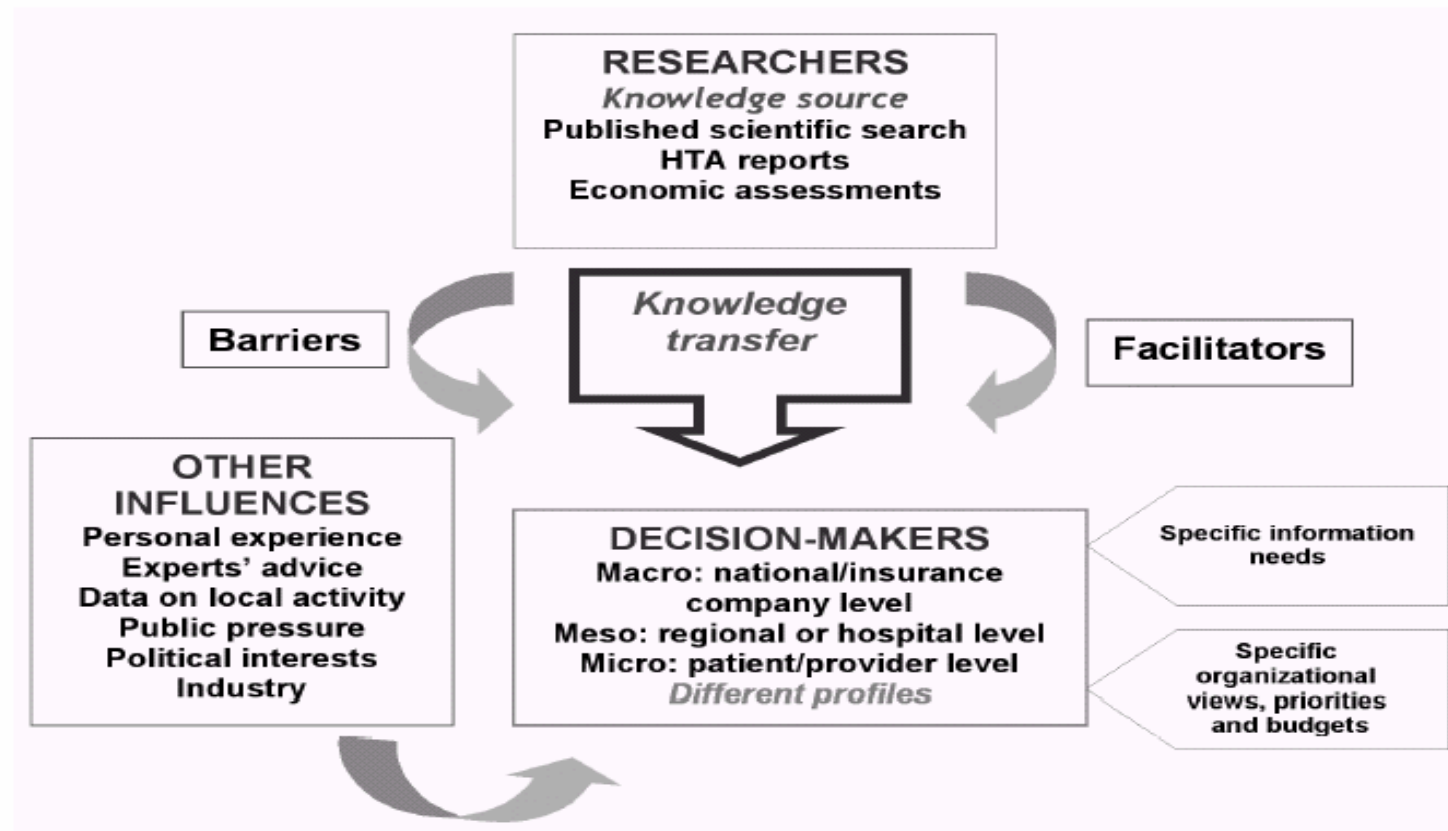
Table 2.1 *Policy and research communities: different notions of knowledge*

	Policy	Research
Understanding of knowledge	Colloquial	Scientific
Time frame for production of knowledge	On time, timely	Systematic, as long as it takes
Relevance of knowledge	Policy relevant	Research relevant, theoretically driven
Criteria for validity of knowledge	Anything that seems reasonable	Proven empirically
Format of knowledge	Short and to the point, clear messages	Thorough; discuss caveats, strengths and weaknesses

Source: adapted from Davies, 2005

HTA and Policy 2

Fig. 7.1 *Decision-making process*



Technologies

- The **interventions** (drugs, procedures, complex multidisciplinary activities) which can be provided / reimbursed within the system when **delivering health services**
- The **interventions** applied to the system to **organize service** delivery, access, financing, payment of providers, etc.

An example

Practical Purpose

„improving survival after myocardial infarction“

Technologies

Aspirin

Stent

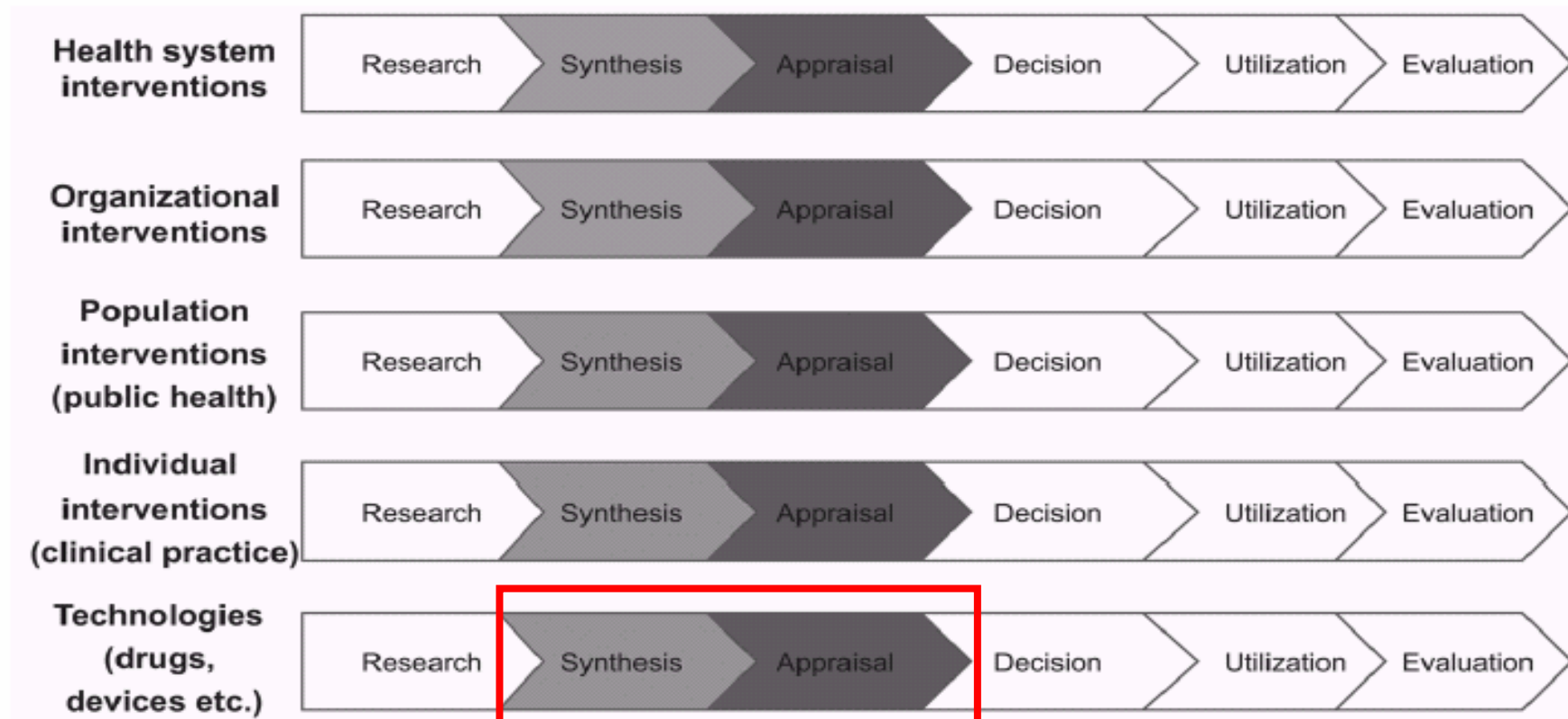
Rehabilitation Programme

Disease Management Programme

Payment for Performance

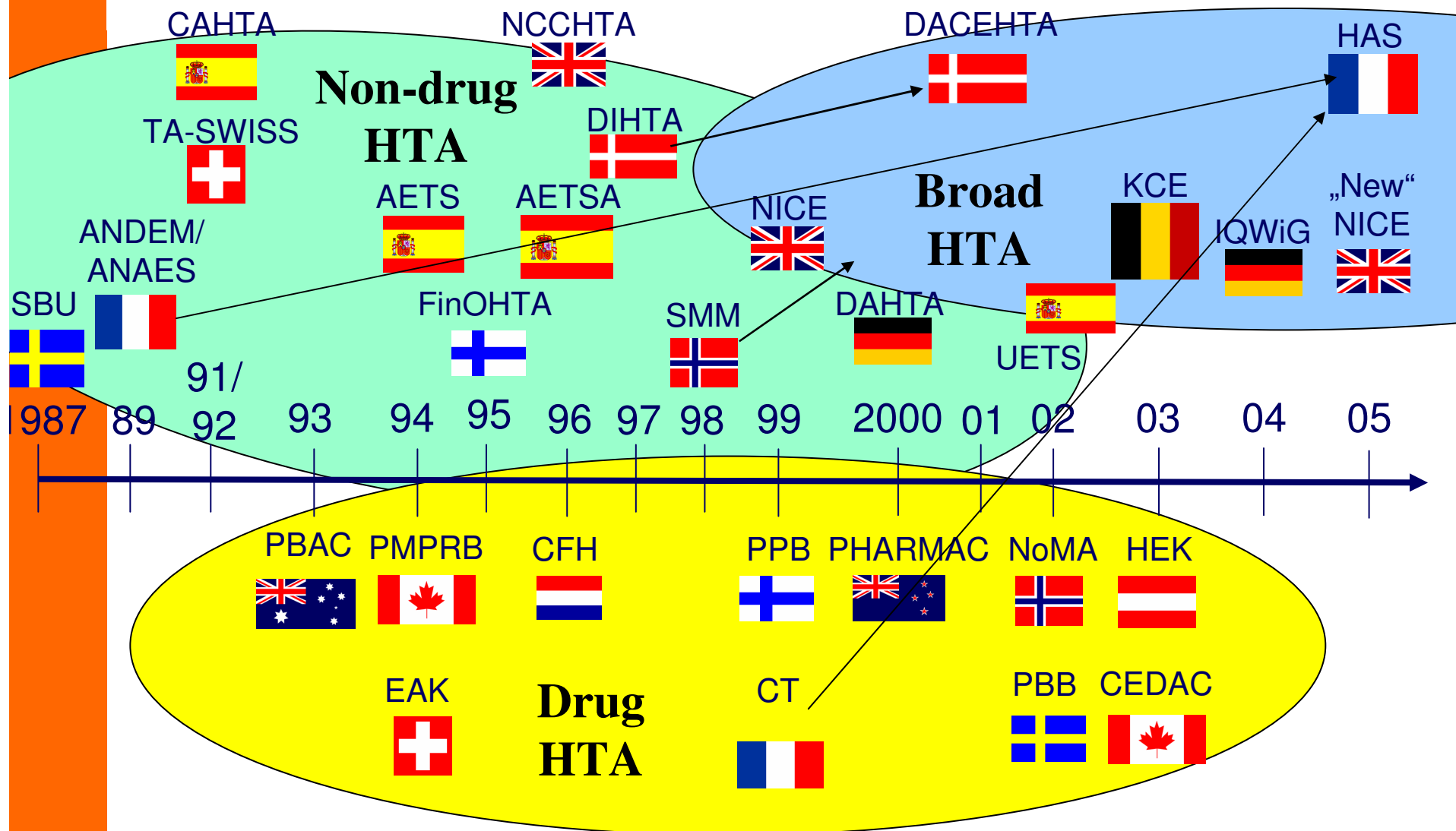
Technologies and the "knowledge value-chain"

Fig. 8.2 *Different levels of health-care technologies/interventions*



Classical HTA

HTA Institutions



Broad HTA Institutions



The roles and responsibilities of NICE since 1 April 2005

NICE produces guidance in three areas:

Public health – the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector

Health technologies – the use of new and existing medicines, treatments and procedures within the NHS

Clinical practice – the appropriate treatment and care of people with specific diseases and conditions within the NHS.



- l'analyse des pratiques cliniques et le développement de recommandations de bonne pratique (Good Clinical Practice)
- l'évaluation des technologies médicales (Health Technology Assessment)
- le financement et l'organisation des soins de santé (Health Services Research)
- l'équité et l'étude du comportement des patients (Equity and Patient Behaviour)

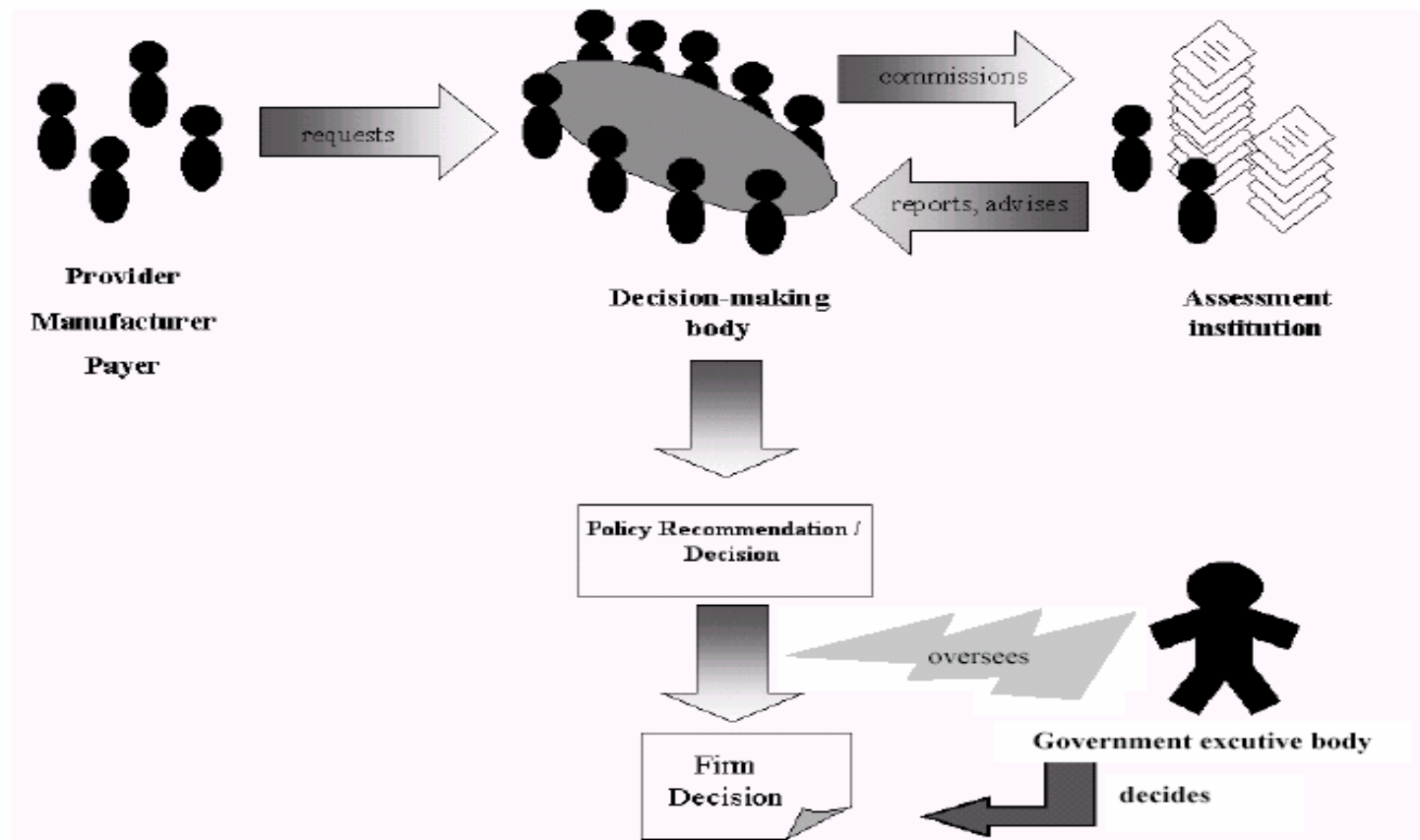
Types of Decisions

Table 4.1 *Decisions related to health technologies*

Technology area	Decision types
<i>Health-care interventions</i> – interventions provided within the health-care system	Market approval
	Coverage
	Managing/organizing
<i>Health-care reform</i> – interventions applied to the health-care system	Managing/organizing
<i>Health interventions</i> – interventions outside the health-care system but in the broader health system	Public health decisions

Coverage Decisions

Fig. 4.2 *General model of coverage decisions*



Assessment and Appraisal – a general framework but applied differently

Table 4.2 *Appraisal committees and corresponding assessment units (selected examples)*

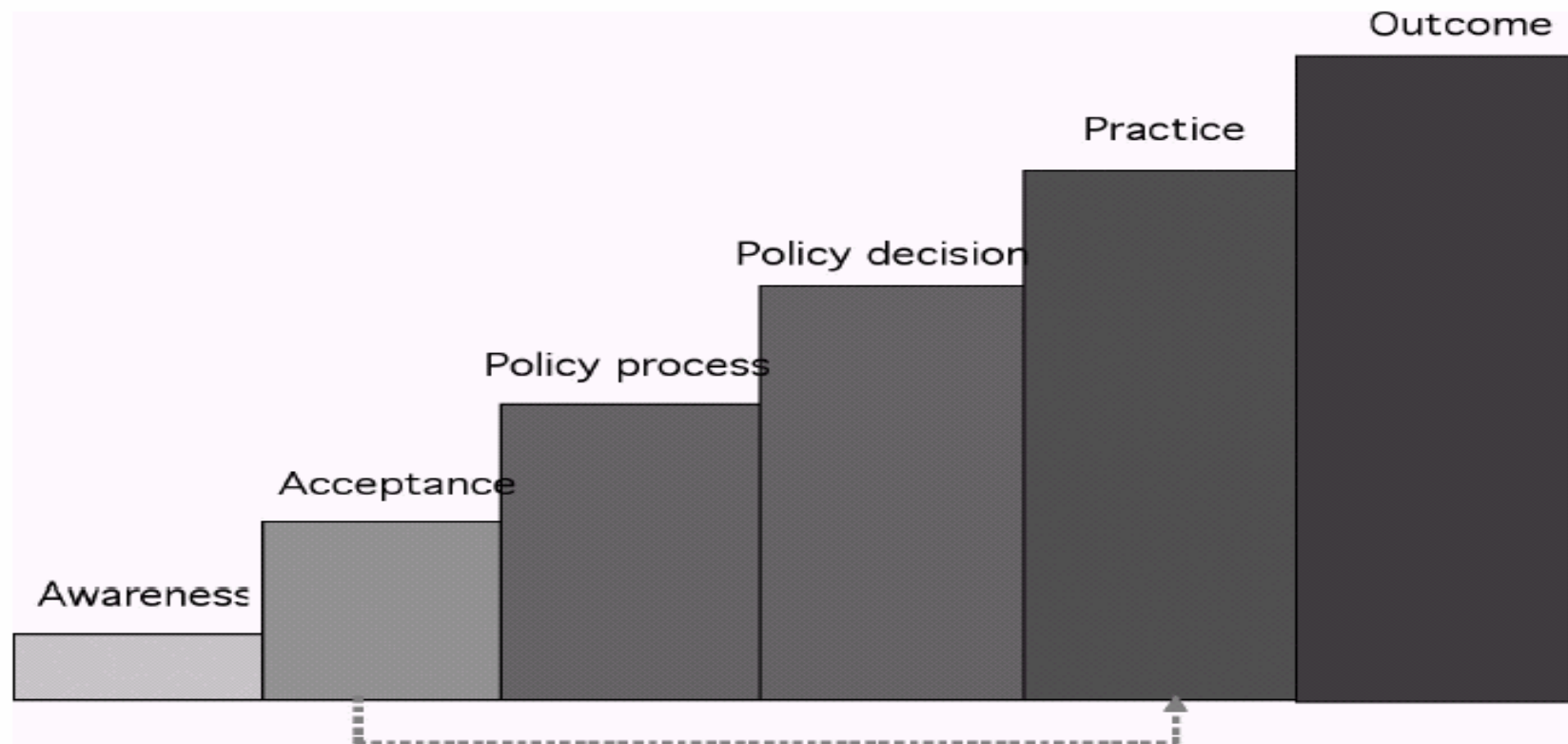
Country	Technology	Assessment	Appraisal
Austria	Pharmaceuticals	Pharmaceutical Evaluation Commission (HEK)	Federation of Austrian Social Insurance Institutions
France**	Medical and surgical procedures Pharmaceuticals Devices	Department of Assessment of Health Products and Procedures	Committee for the Evaluation of Medical and Surgical Procedures Transparency Committee Committee for the Evaluation of Devices and Health Technologies
Germany	Pharmaceuticals, devices, procedures	Institute for Quality and Efficiency in Health Care (IQWiG)	Federal Joint Committee (G-BA)
England/ Wales	Screening programmes		National Screening Committee (NSC)
	Vaccinations	National Coordinating Centre for Health Technology Assessment (NCCHTA)*	Joint Committee on Vaccination and Immunisation (JCVI)
	Services		National Specialist Commissioning Advisory Group (NSCAG)
	Pharmaceuticals, devices, procedures, public health programmes	NHS Centre for Reviews and Dissemination	National Institute for Health and Clinical Excellence (NICE)

Target audiences of HTA

- **Politicians:** elected persons and those appointed by them (members of national, regional or local parliaments or assemblies; ministers; state secretaries; heads of departments).
- **Civil servants:** technical experts in national, regional or local authorities.
- **Managers:** in hospitals, primary health-care, sickness funds, private health insurance.
- **Members of corporations:** persons operating in provider associations (e.g. medical or hospital associations); purchaser associations; self-governing institutions (e.g. joint committees of provider and purchasers, as in SHI systems).
- **Clinical and non-clinical staff** involved in formulating both local and national CPGs.
- Multidisciplinary **decision-making committees** on which several of the above are represented.

Impact

Fig. 6.1 *Hierarchical steps of the impact of HTA reports*

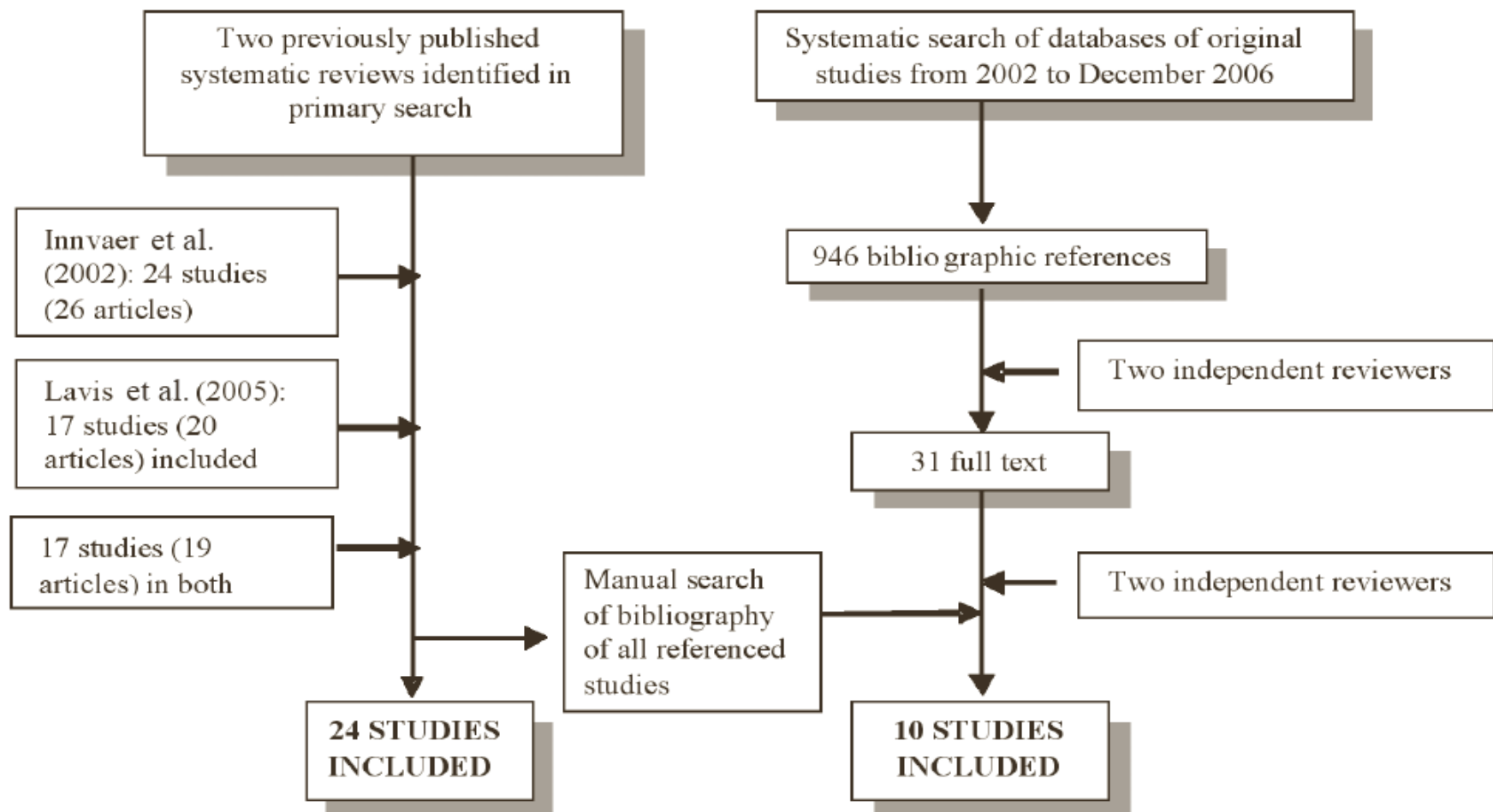


Needs and demands of policy-makers – a systematic review



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Fig. 7.2 *Selection of studies for systematic review*



Facilitators

Box 7.3 *Facilitators of the use of research evidence in policy-making*

Researchers and policy-makers

- Personal contact and interaction among researchers, policy-makers and other stakeholders.
- Trust in researchers.
- Greater involvement of managers, decision-makers and health-care staff in the research process.
- Creation of policy networks.

Scientific evidence

- Timing, timeliness and relevance of research.
- High-quality research and trust in the source of evidence.
- Research that reaffirms existing policy or supports the interests of policy-makers.
- Social pressure or demand for research by end-users.
- Expectations of future use.
- Policy-makers' perception that the review is easily understandable and that they have sufficient skills to assess it.
- Recommendations adaptable to the local context.

Research presentation format

- Existence of executive summary and clear recommendations.
- Inclusion of effectiveness data.
- Use of short, bulleted paragraphs and incorporation of figures or charts to illustrate key points.

Barriers

Box 7.4 *Barriers to the use of research evidence in policy-making*

Researchers and policy-makers

- Lack of personal contact.
- Mutual distrust.
- Researchers' perception of ingenuousness in health policy and policy-makers' perception of scientific ingenuousness.
- Power and budget struggles between researchers and policy-makers.
- Instability or frequent changes among health policy-makers.
- Negative attitude towards scientific evidence among policy-makers.
- Policy-makers who lack the tools and skills to interpret scientific evidence.
- Lack of support for management and front-line staff.
- Lack of time and human, material and financial resources.
- Difficulty of applying evidence in the local context.

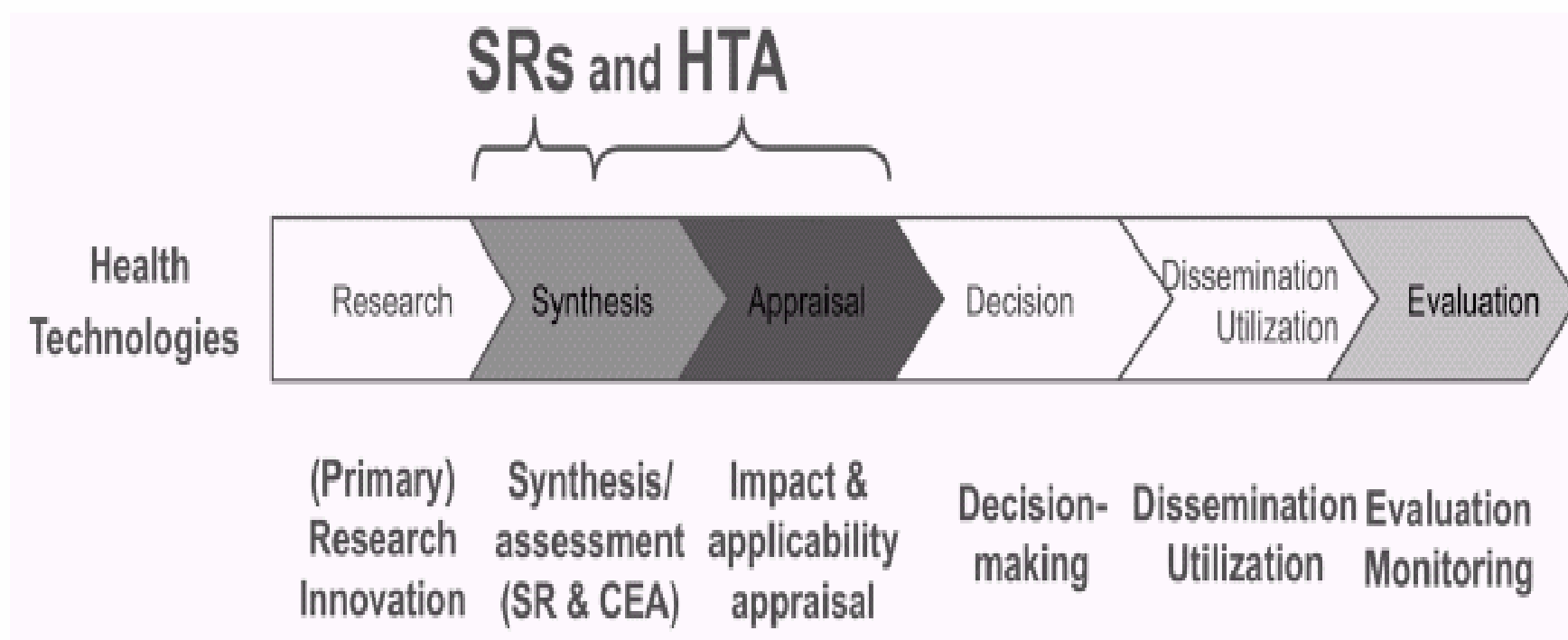
Scientific evidence

- Absence of timeliness and relevance of research.
- Low-quality research and reports that are biased or not objective.
- No perception of relevance of research.

Research presentation format

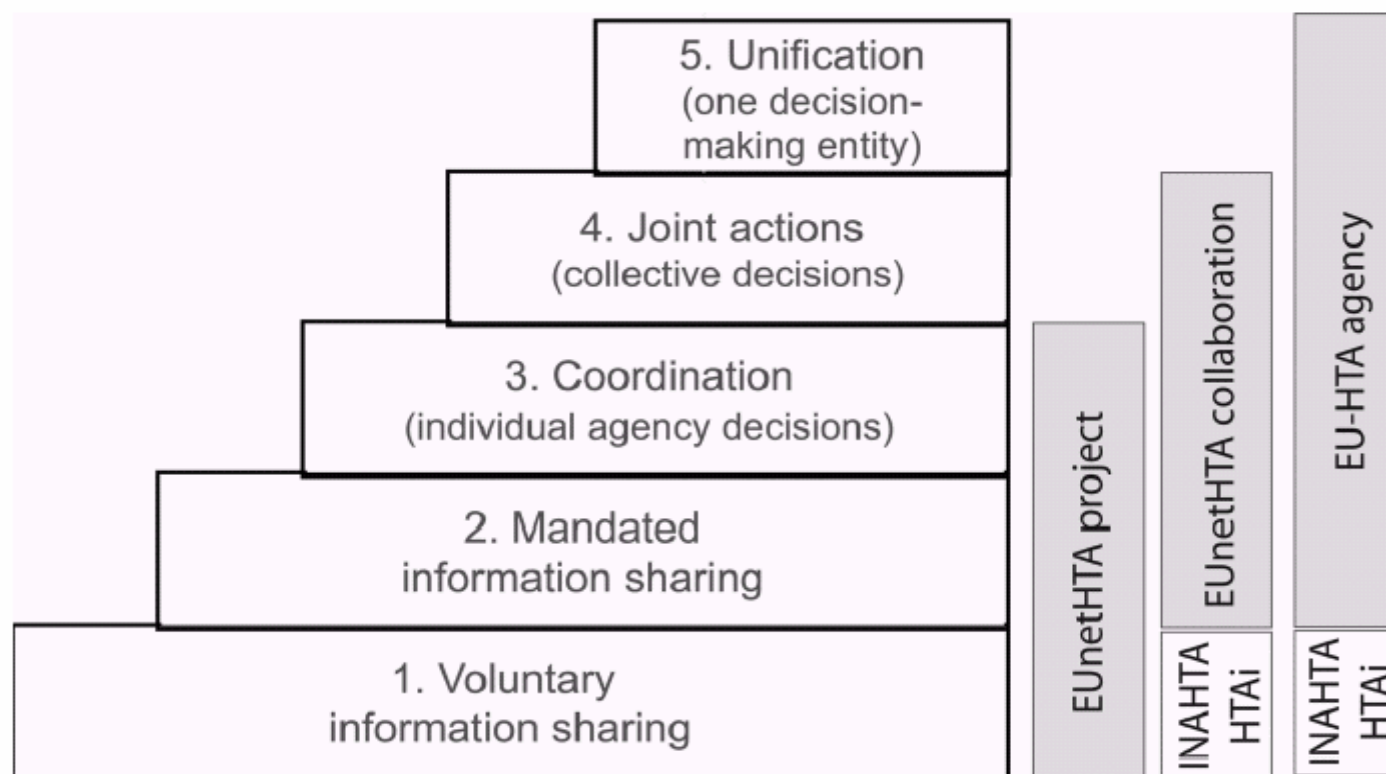
- Reports overly long, theoretical or abounding in technical jargon.
- Publication of research exclusively for an academic audience.
- Absence of availability of information.

Fig. 8.1 *Knowledge value chain in the health sector*



Collaboration

Fig. 8.4 *Staircase of collaboration*



Stakeholder forum

- Umbrella organisations operating at the European level
- Generic rather than specific
- Aims at balancing the representation of stakeholder groups
- Following groups are targeted:
 - Policy makers at national/regional level
 - Policy makers at hospitals/statutory health insurance/HMOs
 - Patient organisations
 - Healthcare professional organisations
 - Industry
 - (Health related media)



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Concrete activities

- A 'EUnetHTA Stakeholder Open Forum' website
- A public consultation for the development of 'EUnetHTA Collaboration Proposal'
- A stakeholder 'Discussion Topic Catalogue' which summarises input from stakeholders on the current developments in HTA in Europe and EUnetHTA
- A stakeholder meeting held to discuss the plans for a sustainable EUnetHTA Collaboration
- A 'Draft Stakeholder Policy' for the EUnetHTA Collaboration



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Draft stakeholder policy

- Reflect the discussions and decisions made in the Steering Committee
- Describes transparency issues (involvement of stakeholders, financial issues, working methods)
- Describes the establishment of an Advisory Council for stakeholders and the possibility of including individual experts (stakeholders) in EUnetHTA working groups
- Important details (eg. on the process of involvement) need to be worked out by the founding partners

Added value

- **Creating an improved overview over the interface between HTA and health care policy-making in Europe**
- **Describing ways forward in increasing the awareness and application of HTA and in promoting evidence-informed decision-making**
- **Facilitating exchange of views and expectations with stakeholders**
- **Initiating development of a framework for stakeholder involvement in a sustainable EUnetHTA Collaboration**