European Observatory on Health Systems and Policies 1998-2008

REGIONE DEL VENETO

OBSERVATORY VENICE SUMMER SCHOOL 2009

Innovation and Health Technology Assessment: ImprovingHealth System Quality

Venice, Island of San Servolo 26 - 31 July 2009

How to design effective evaluation and decision-making processes and institutions on health system level

Lecture 9

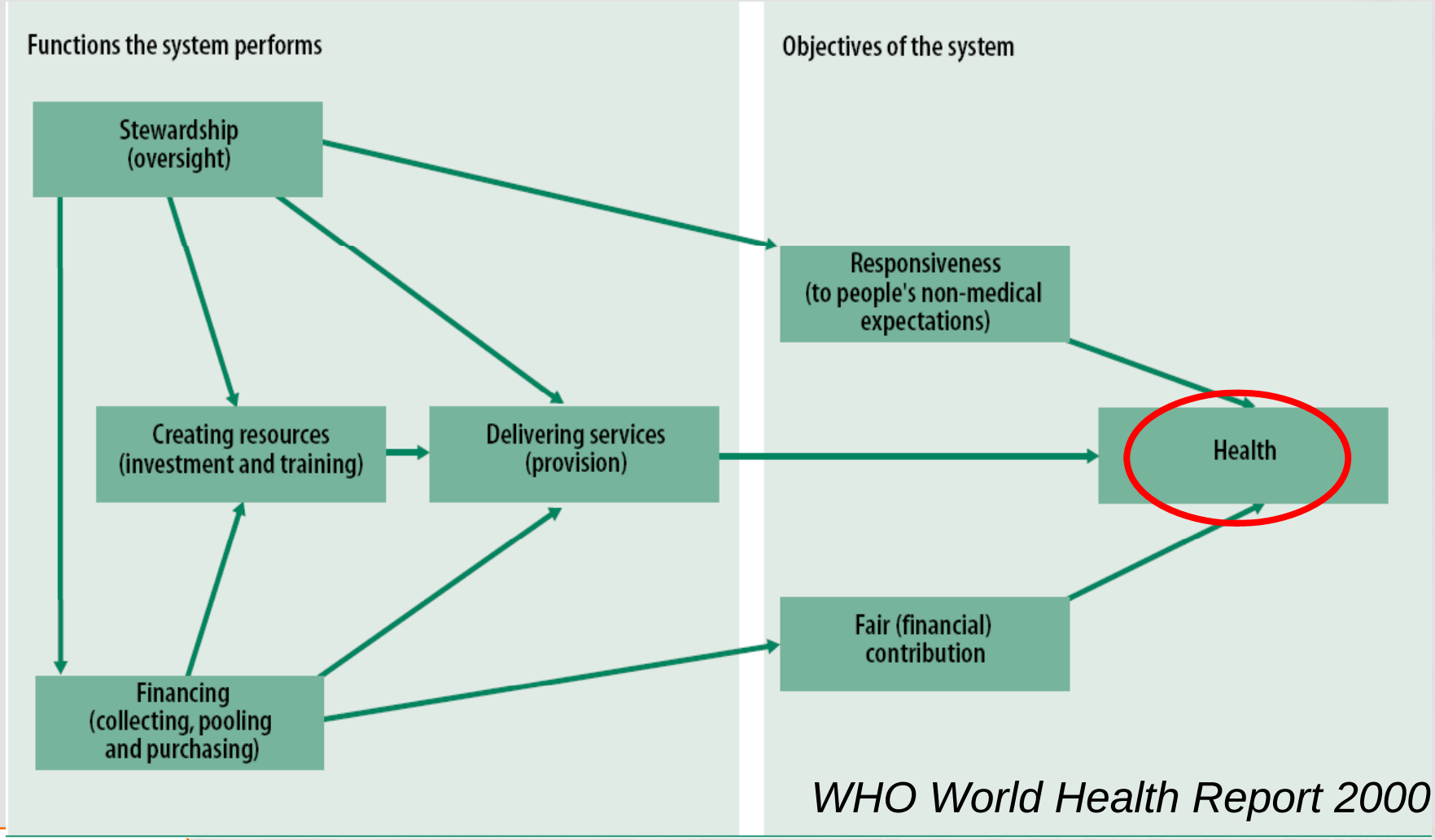
San Servolo (Venice), 30 July 2009

Reinhard Busse and John-Arne Røttingen
Summer School Directors

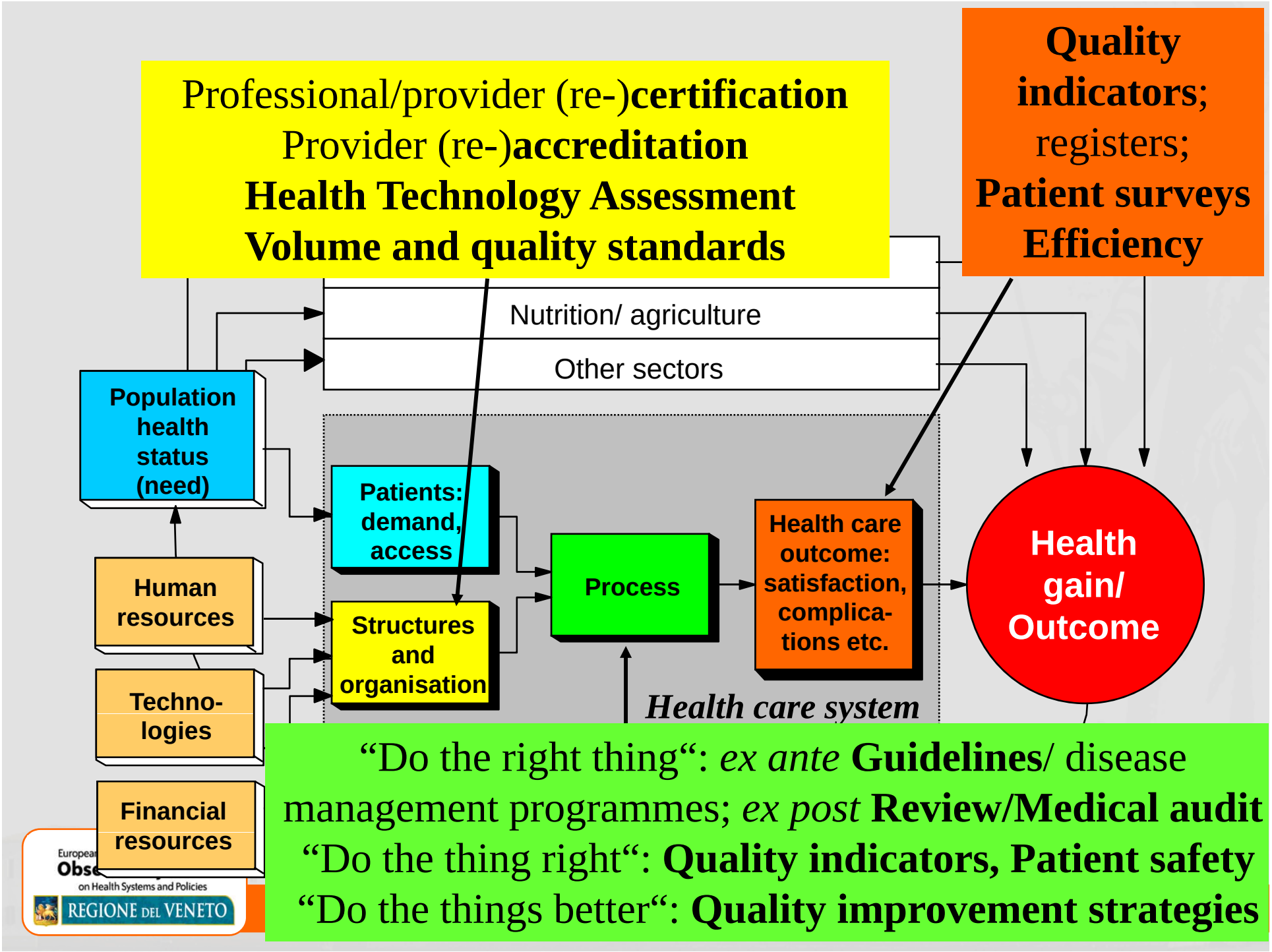
Outline

- Quality improvement
- Mandate of HTA
- Mandate of institutions doing HTA
- International collaboration
- Resources for complex reviews

Tasks of a Health System



WHO World Health Report 2000


Professional/provider (re-)certification
Provider (re-)accreditation
Health Technology Assessment
Volume and quality standards
Quality indicators; registers; Patient surveys Efficiency
Nutrition/ agriculture
Other sectors
Population health status (need)
Patients: demand, access
Human resources
Structures and organisation
Techno-logies
Financial resources
Process
Health care outcome: satisfaction, complica-tions etc.
Health gain/ Outcome
Health care system
"Do the right thing": ex ante Guidelines/ disease management programmes; ex post Review/Medical audit
"Do the thing right": Quality indicators, Patient safety
"Do the things better": Quality improvement strategies
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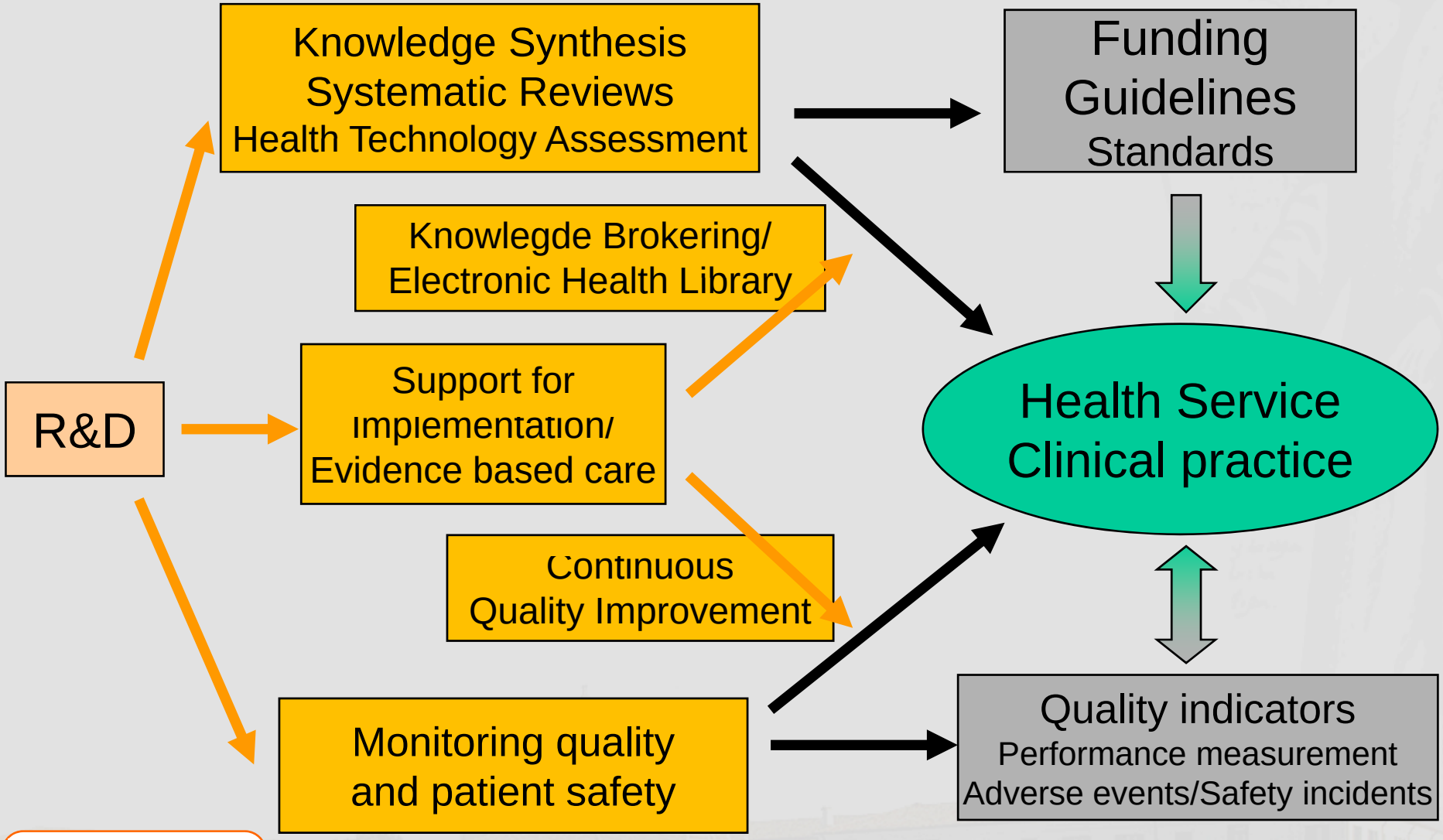
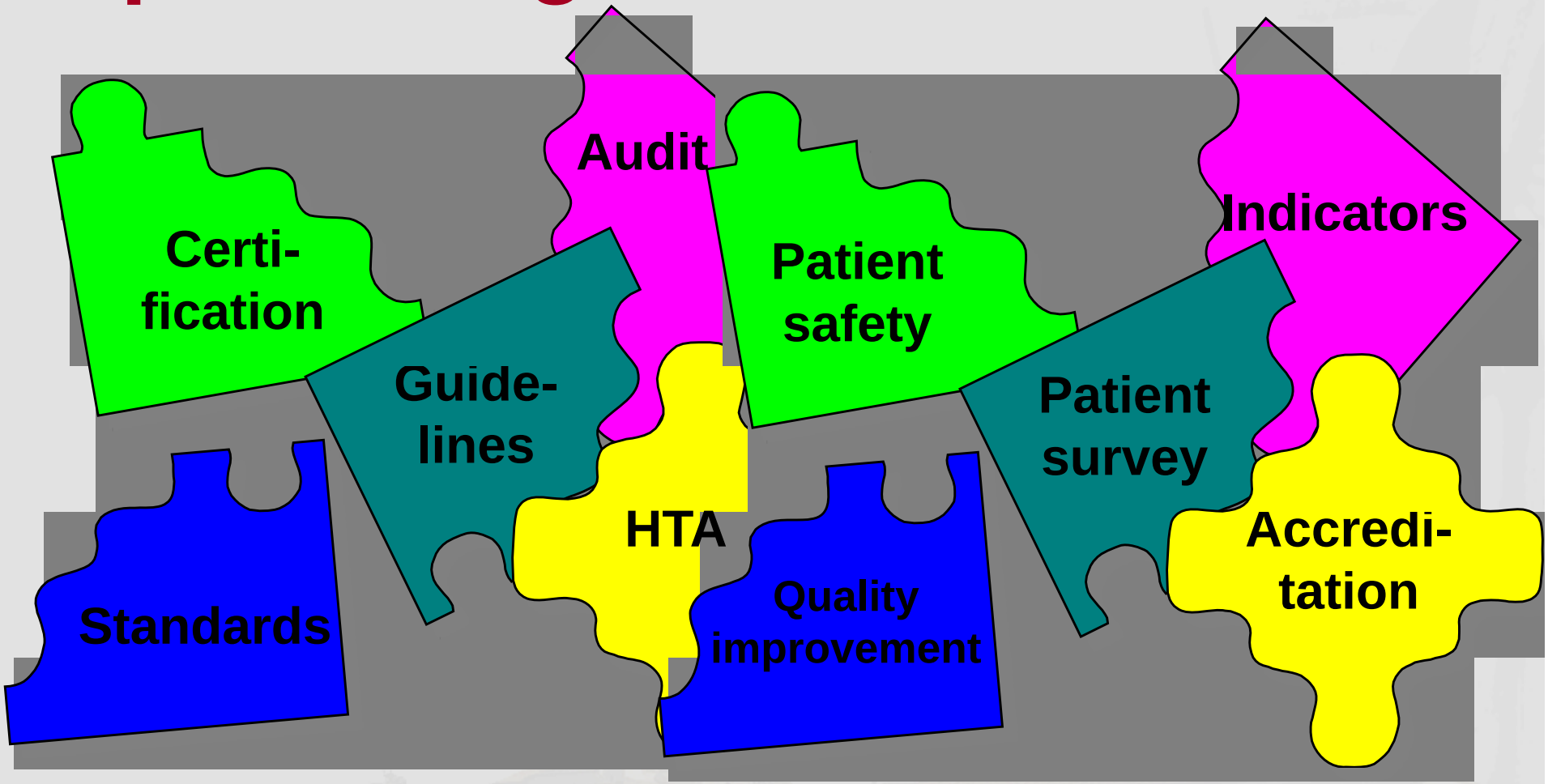
HTA is only one part of the system



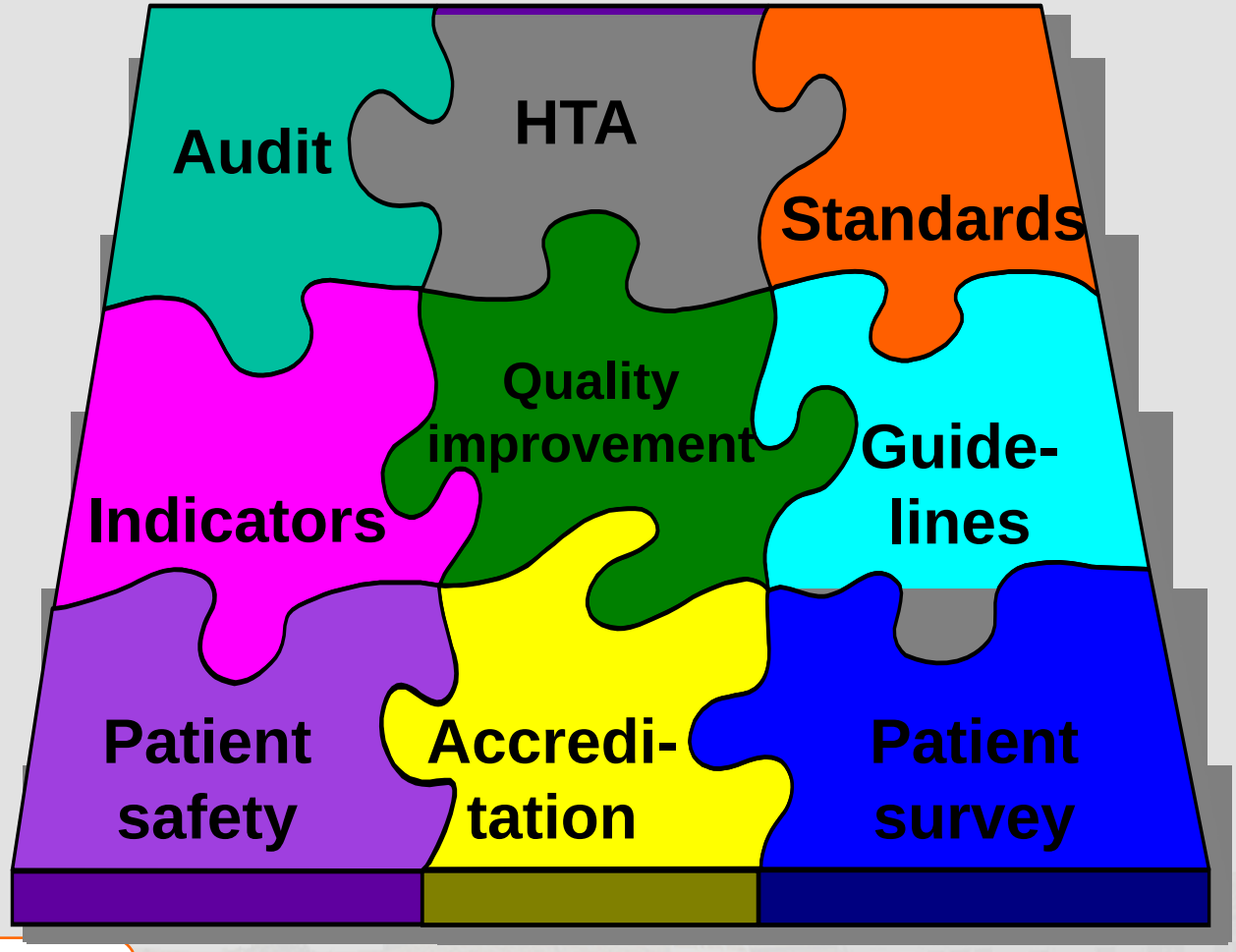
Need to combine ideas from different ideologies/movements

- Evidence Based Medicine/Practice movement
- HTA movement
- Outcomes movement
- Quality Improvement movement
- Practice development movement
- Patient Safety movement
- User/Consumer movement
- Open access movement

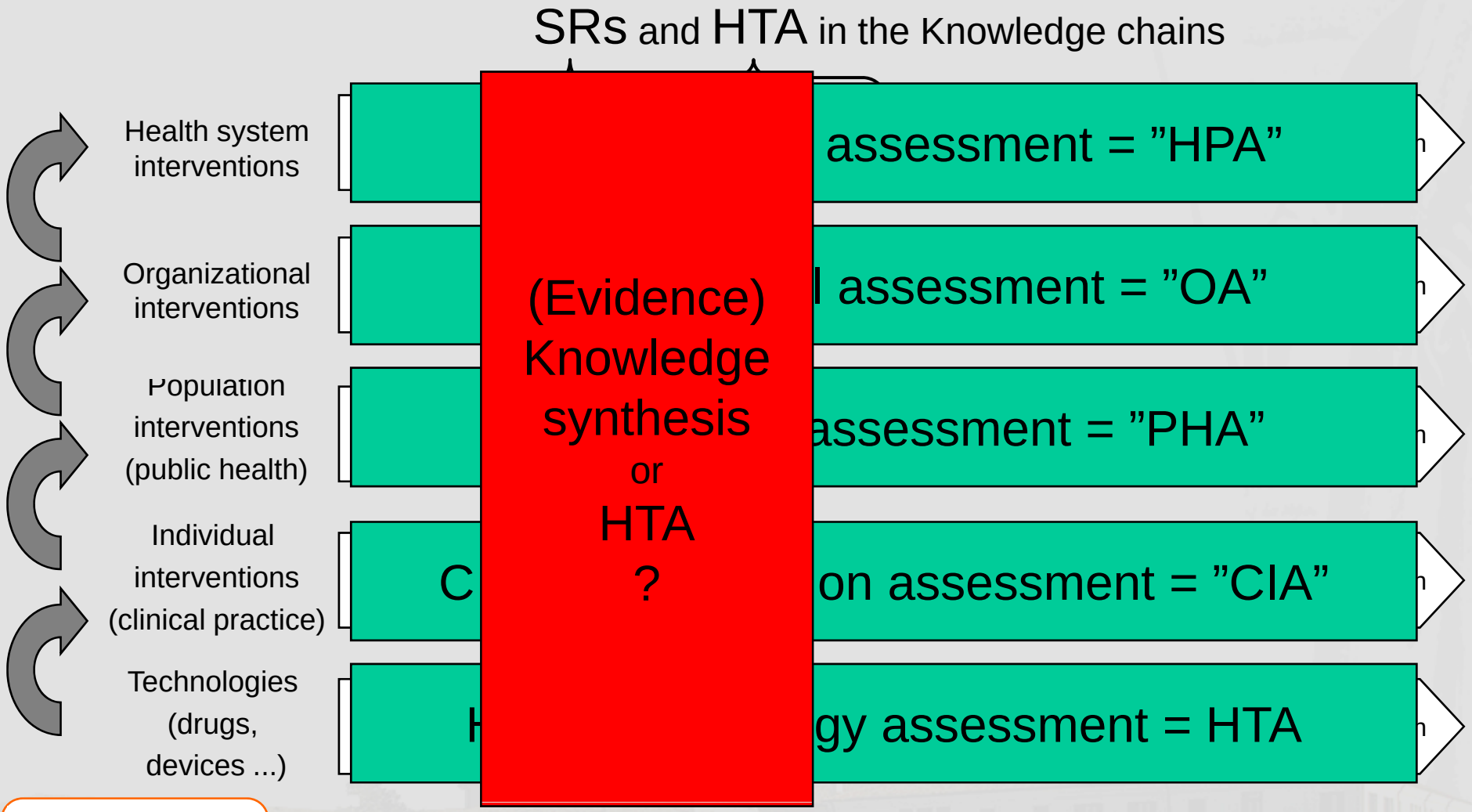
Need to get the quality puzzle together



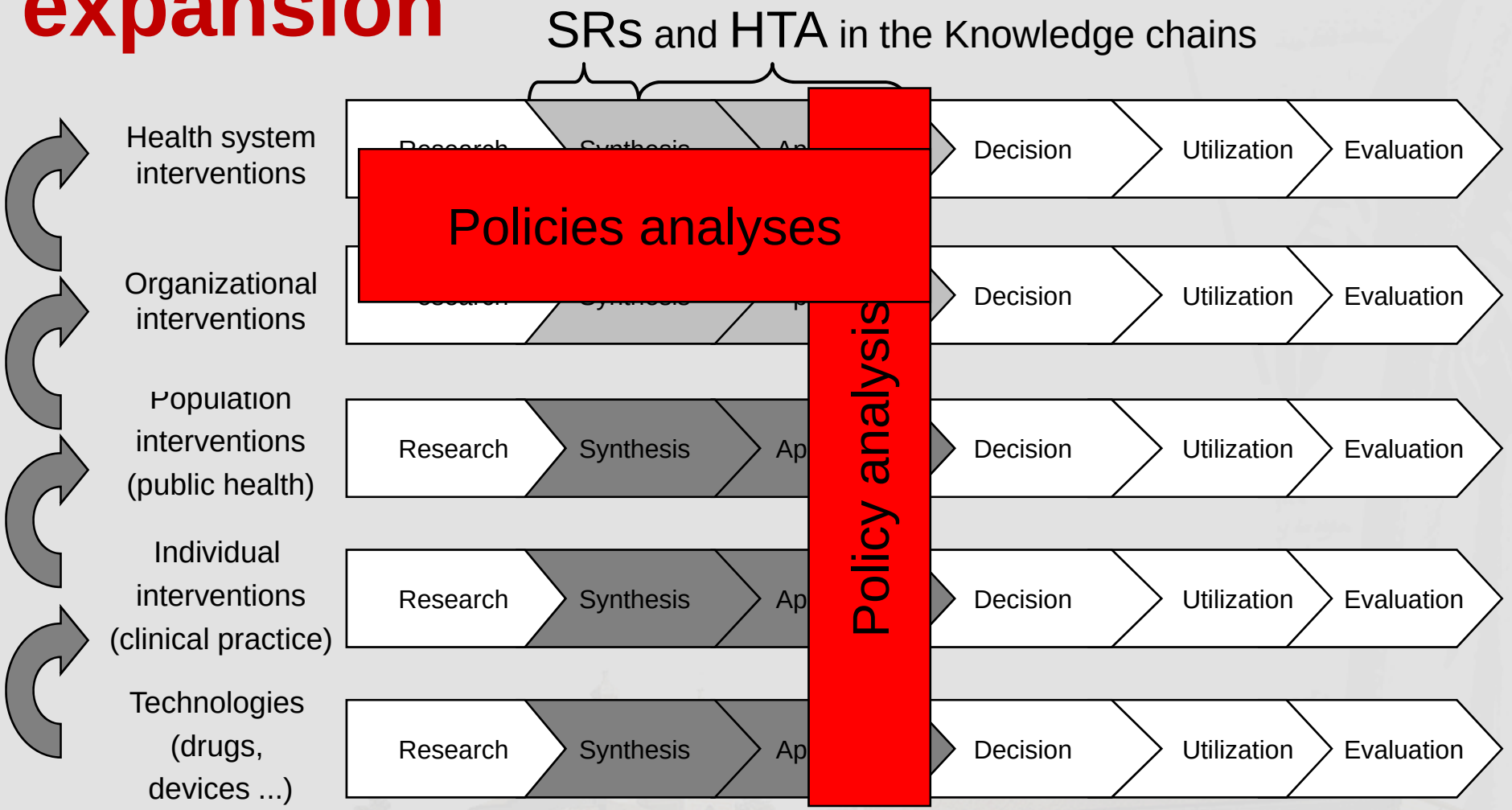
Need to get the quality puzzle together



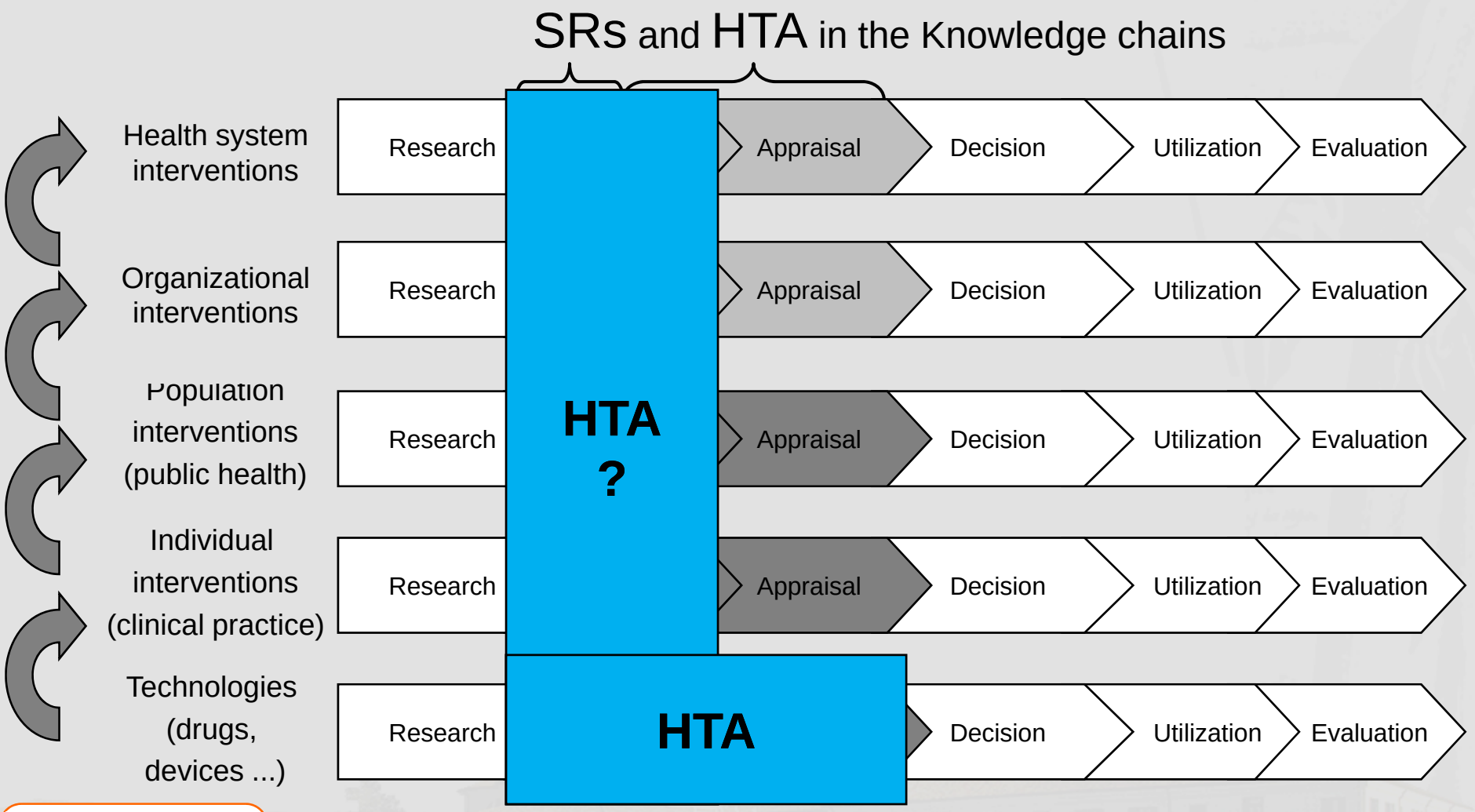
Do we need HTA expansion?



Need for horizontal and vertical expansion



... but not necessarily by HTA agencies



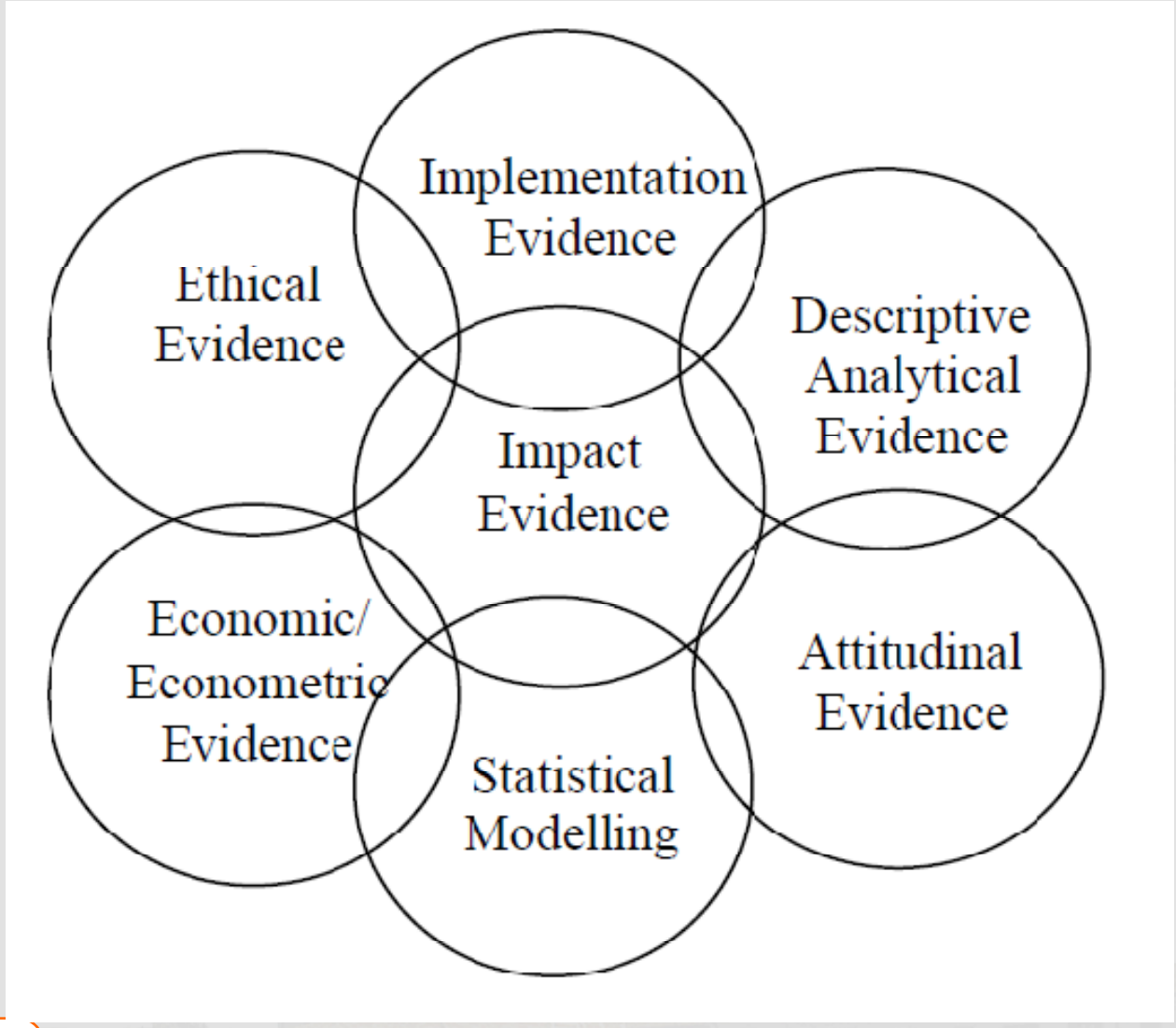
The added value of HTA
(compared to EBM, research utilization)

HTA

=

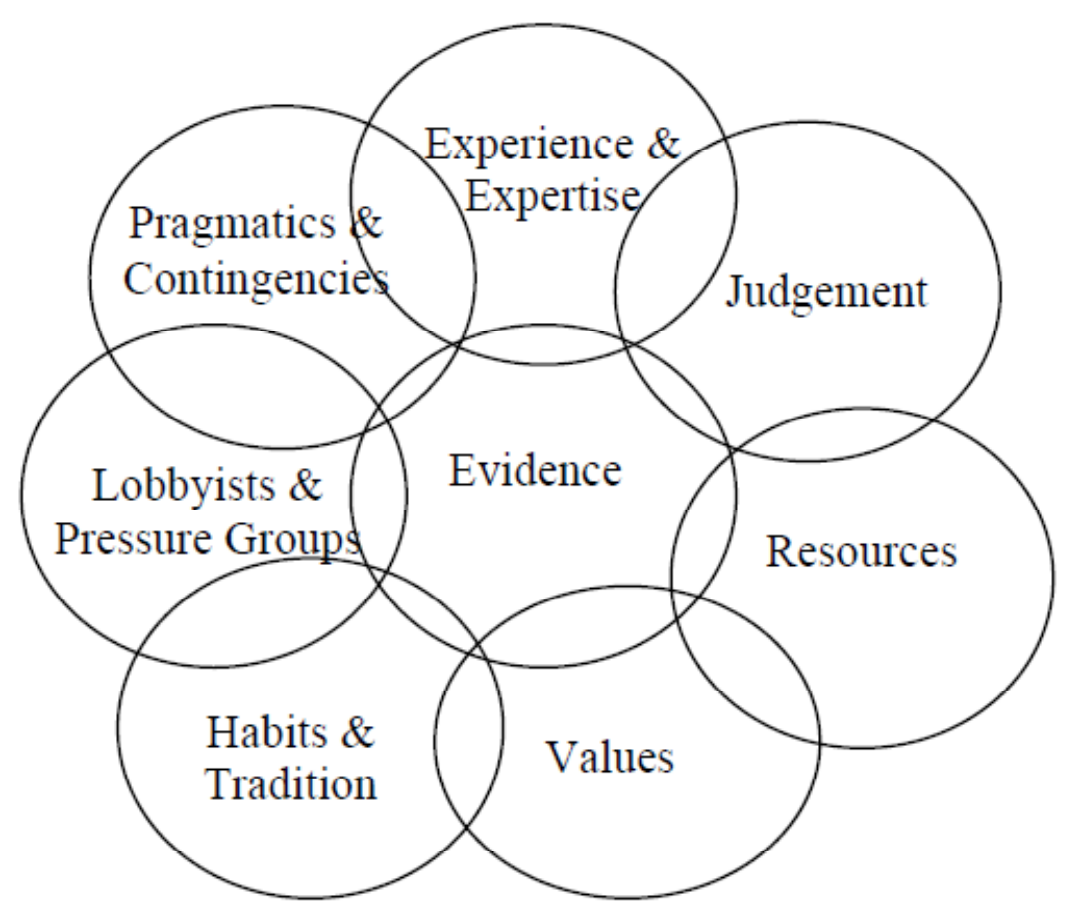
Clinical/economic evidence	+	Social science evidence	+	Colloquial evidence	+	Deliberative process

Types of scientific evidence



From Philip Davies

Factors influencing policy making (colloquial evidence)



From Philip Davies

The process of combining scientific evidence and contextual knowledge

HTA =

Clinical/economic evidence	+	Social science evidence	+	Colloquial evidence	+	Deliberative process
Assessment				Appraisal		
Knowledge support				Decision support		
Mixed evidence systematic review						
Systematic review		Narrative synthesis				
Clinical -						

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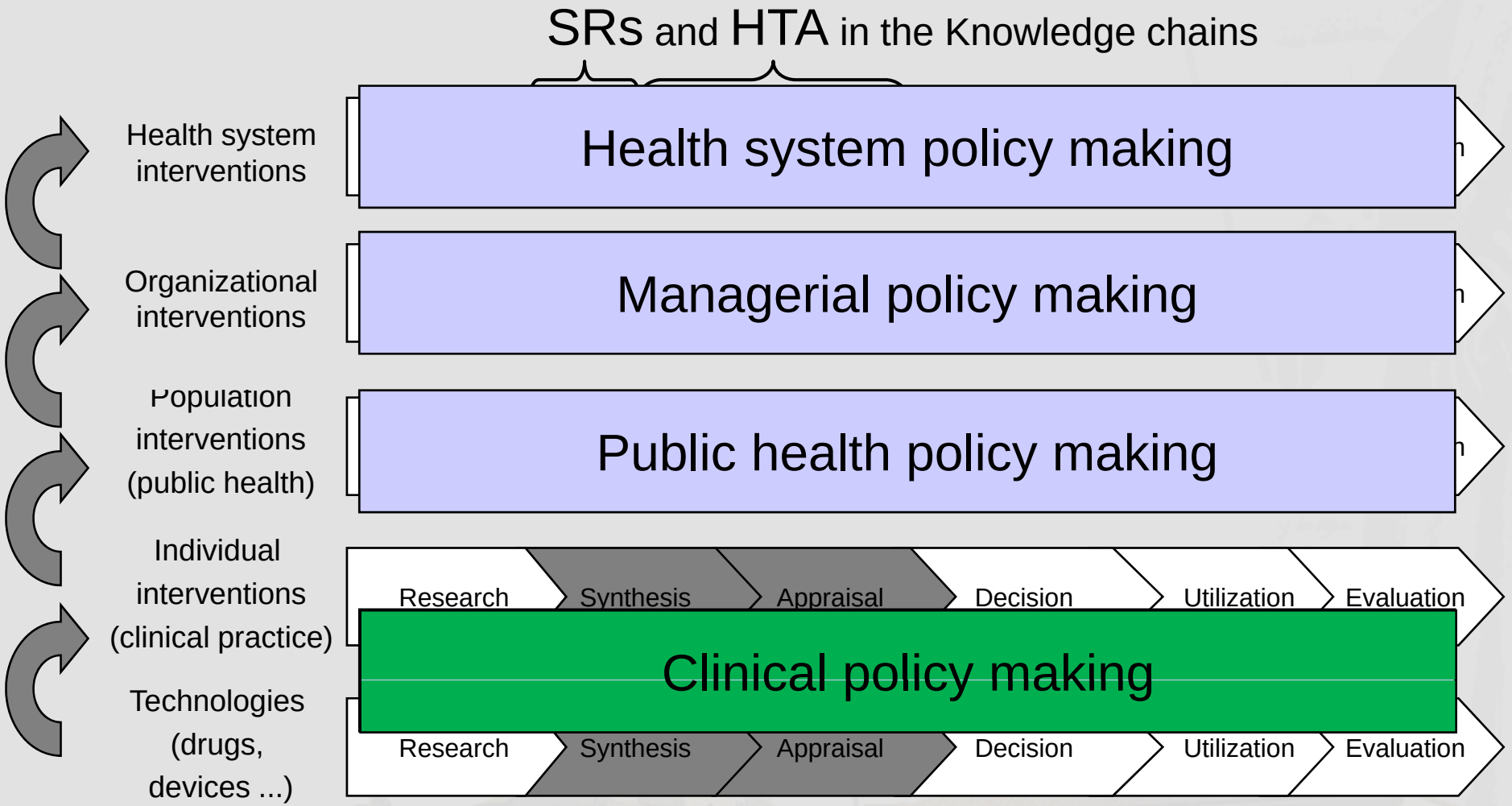
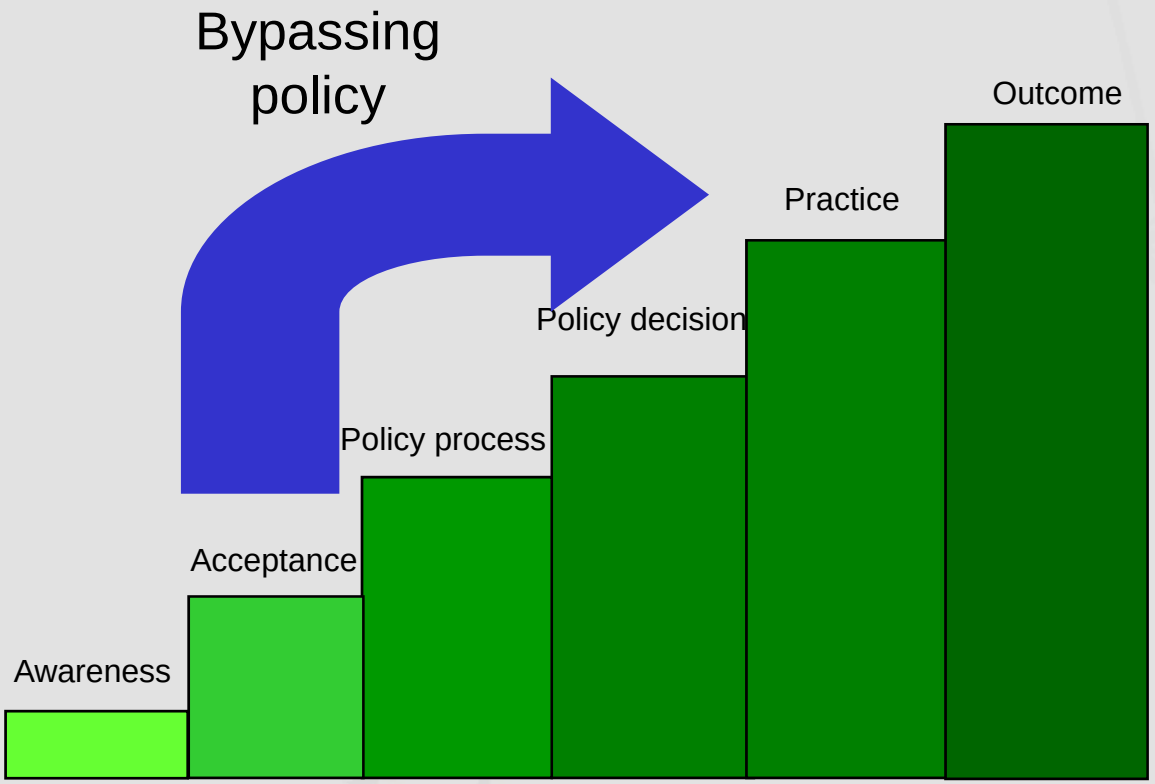
Levels of *health olic makin*

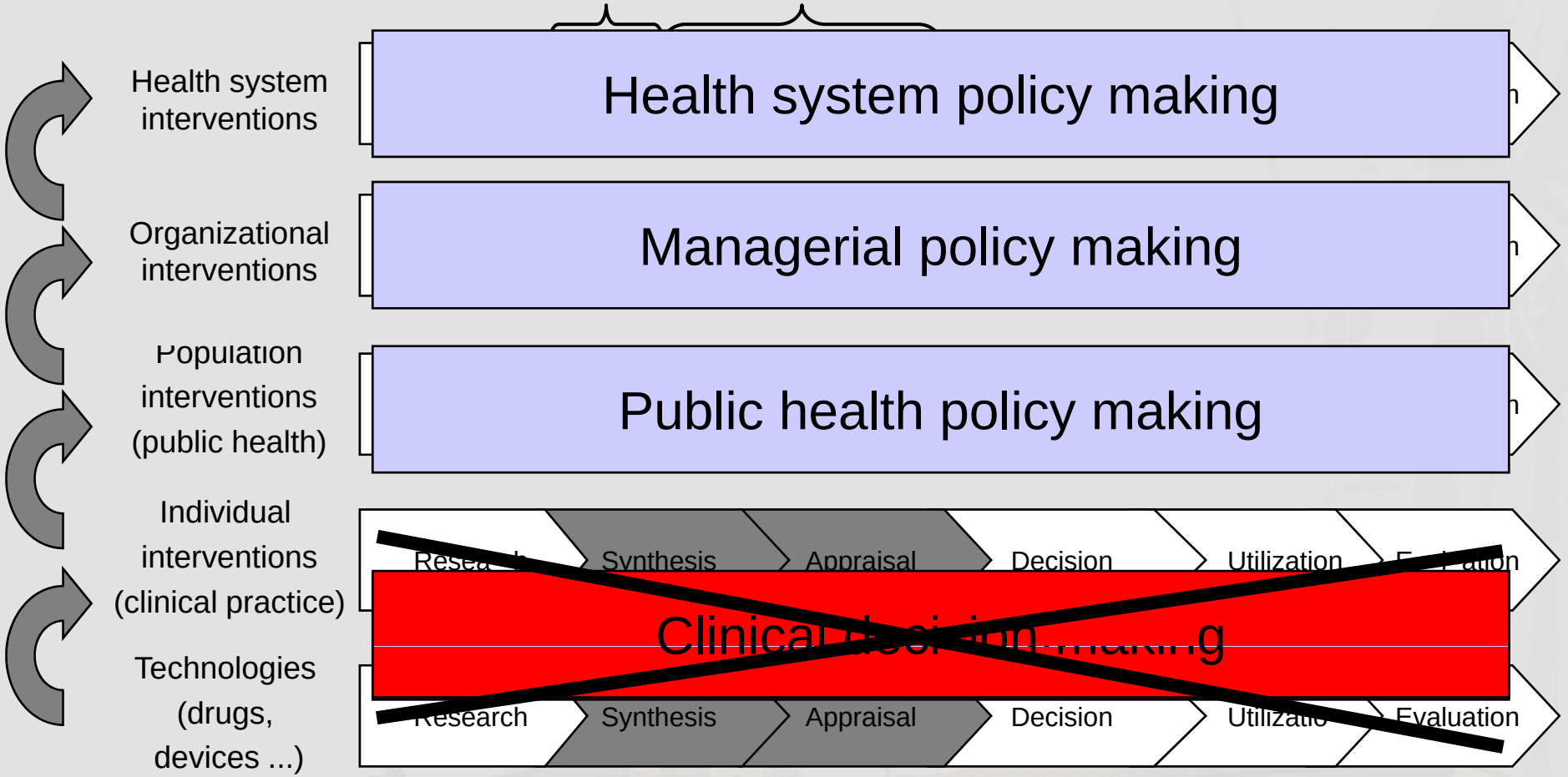


Are clinical policies needed?



Adapted from Ansgar Gerhardus

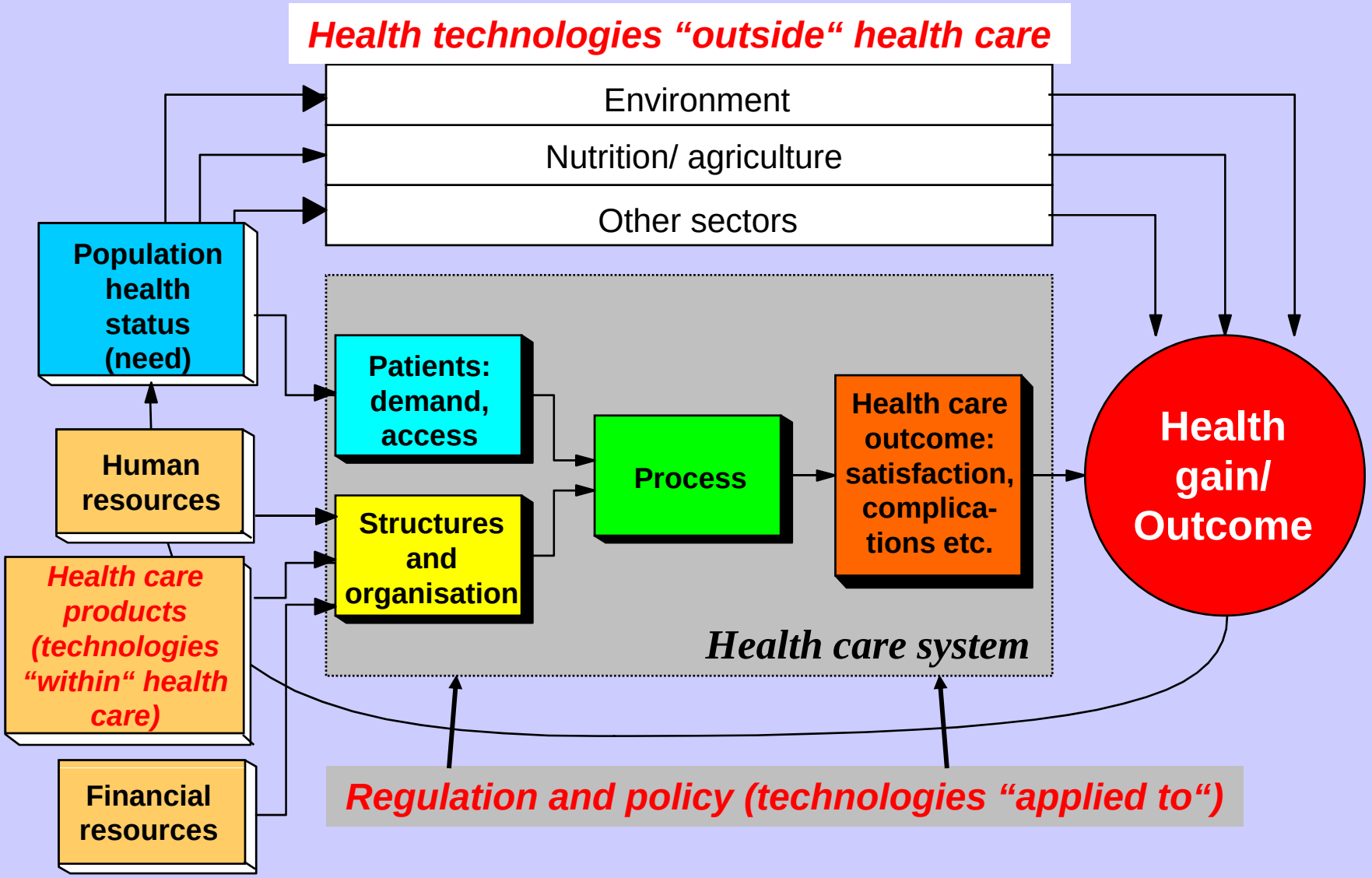
Is HTA a direct tool for clinical decisions?



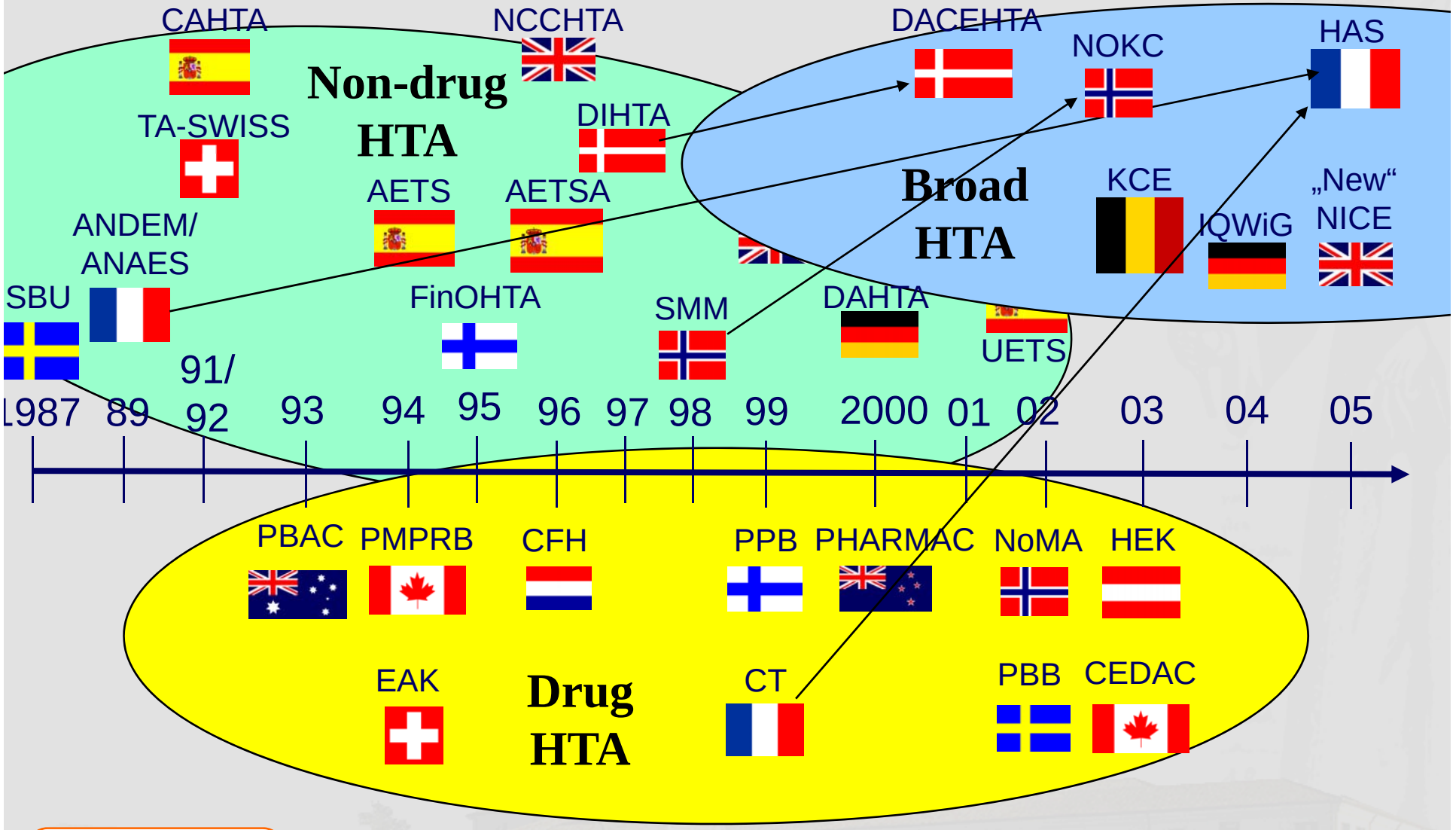
HTA Institutions

- Kind of technologies assessed
- Activities performed
- Links to policy making
- Outreach

Which technologies?



Institutions undertaking HTA



Institutions undertaking HTA

Dimension	Classical Non-Drug	Classical Drug Agencies	Broad Activity Agencies
Scope	Mainly procedures, devices, and organisational technologies Increasingly drugs	Exclusively drugs	Initially mainly procedures, devices, organisational technologies Increasingly drugs
Activities	HTA and its dissemination	HTA (effectiveness, cost-effectiveness)	HTA and its dissemination CPG-Development Health Services Research Accreditation
Linkage to policy-making	Very limited	Explictly linked to coverage and/or pricing decisions	Linked to coverage decisions (variable degrees of explictness) Linked to planning, investment
Outreach	National, federal	National, federal	National, federal Regional
Other	INAHTA member	non INAHTA member	INAHTA member

Broad HTA institutions

NHS National Institute for Health and Clinical Excellence

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

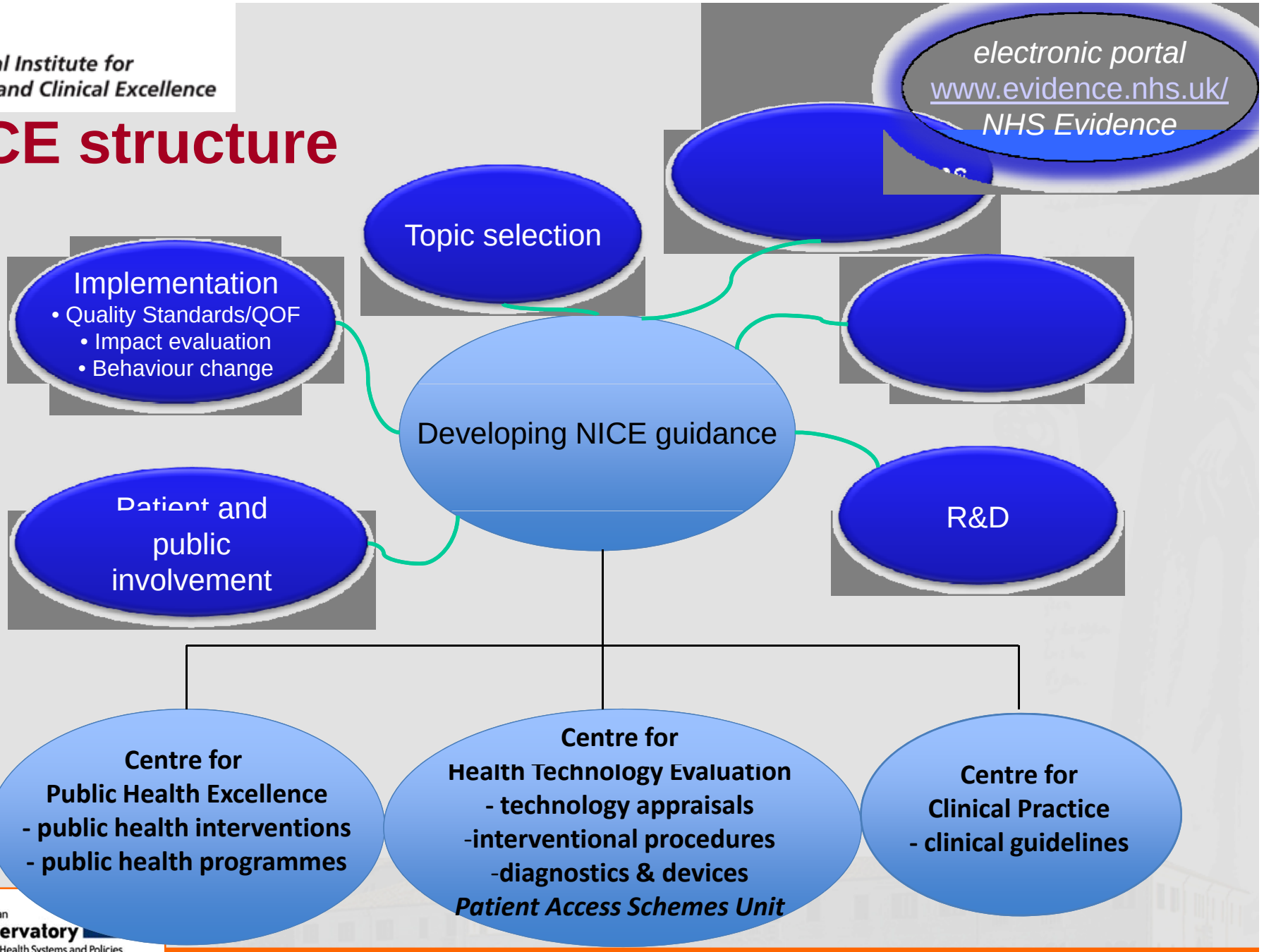
Clinical practice – the appropriate treatment and care of people with specific diseases and conditions within the NHS.

KCE

- 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)

NHS
National Institute for
Health and Clinical Excellence

NICE structure



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Integrated activity for the quality of health

HAUTE AUTORITÉ DE SANTÉ

- HTA
  - Drugs, devices and procedures: assessment of clinical benefit and collective interest (reimbursement and good use)
- Guidelines
  - good practice, patient safety, public health
- Quality improvement
  - Accreditation of HCOs (mandatory)
  - Certification of Continuous Professional Development (mandatory)
  - Certification of information (web site, prescription software…)
  - Chronic disease management

Broad HTA institutions

III. Organisation of the Haute Autorité de santé

HAS' structure consists of an executive Board (chaired by Professor Laurent Degos), specialist Committees, a director and departments.

HAS
HAUTE AUTORITÉ DE SANTÉ

1. THE BOARD ("COLLEGE")

Board members are appointed for a 6-year term, renewable once. Half the Board is renewed every 3 years.

2. THE SPECIALIST COMMITTEES AND THEIR MISSIONS

There are seven specialist committees (see Box 1). In addition to the Transparency Committee (article R. 163-15 of the Social Security Code) and the Committee for the Assessment of Devices and Health Technologies (CEPP) (article R. 165-18 of the Social Security Code), five other committees were created by the Board, which decided their composition and their common rules of operation. Each Committee is chaired by a member of the Board and has its own internal regulations[5]. Each Committee Chair is supported by a corresponding head of department, who reports directly to the director.

Box 1. 7 specialist Committees

- Transparency Committee (assessment of medicinal products)
- Committee for the Assessment of Devices and Health Technologies
- Committee for the Assessment of Diagnostic and Therapeutic Procedures
- Committee for Healthcare Cover for Chronic Conditions
- Committee for Practice Guidelines and Practice Improvement
- Committee for Medical Information Quality and Dissemination
- Committee for Accreditation *("certification"* in French) of Healthcare Organisations.

NHS Quality Improvement Scotland Purpose

To lead the use of knowledge to promote improvement in the quality of healthcare for the people of Scotland

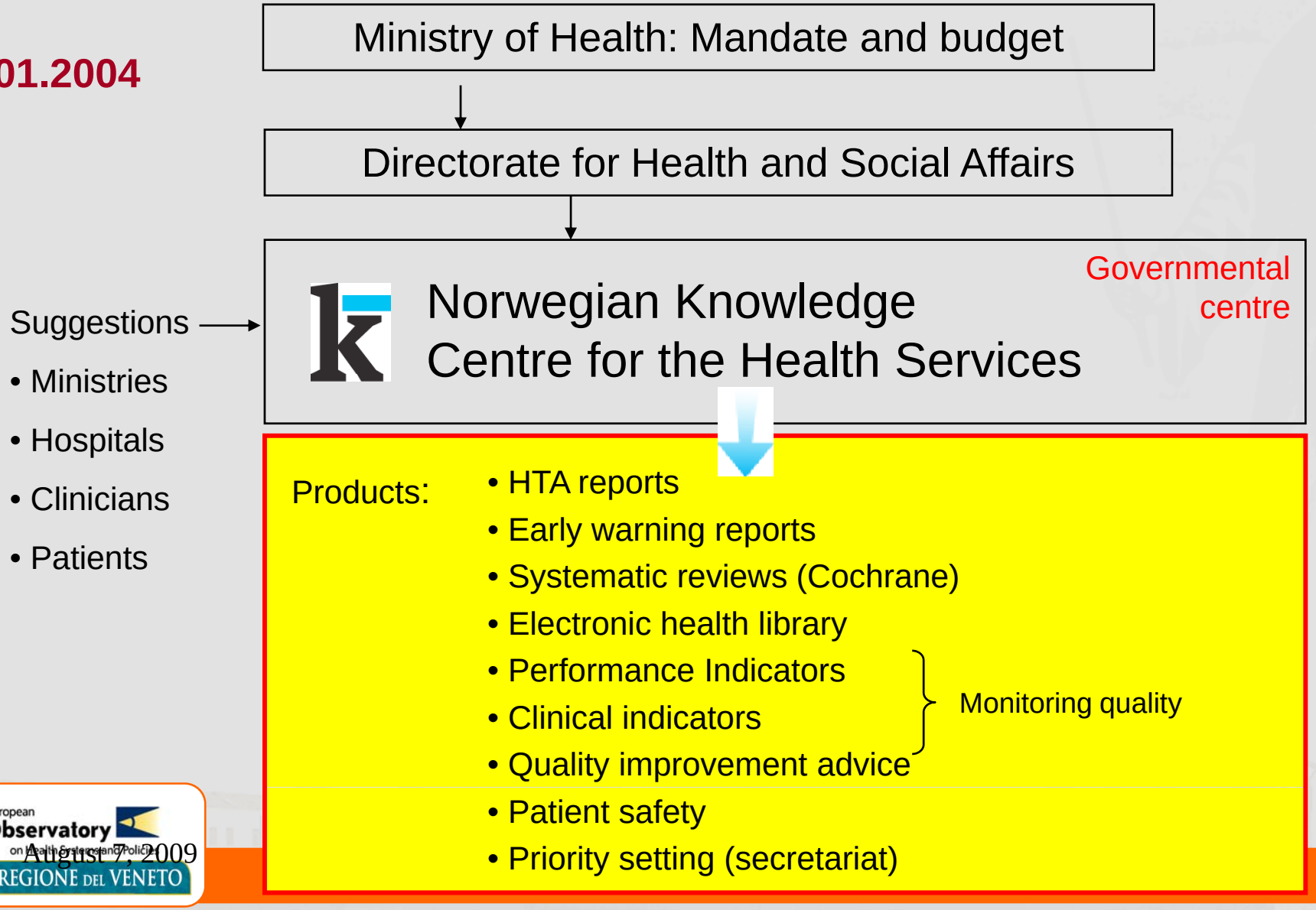
What we do

- set standards of care
- provide advice and guidance on effective clinical practice (clinical guidelines, HTA)
- scrutinise the performance of the NHS, publishing our findings (performance assessment, clinical audit, accreditation)
- drive implementation of improvements in quality (Scottish Patient Safety Programme, clinical outcome data)

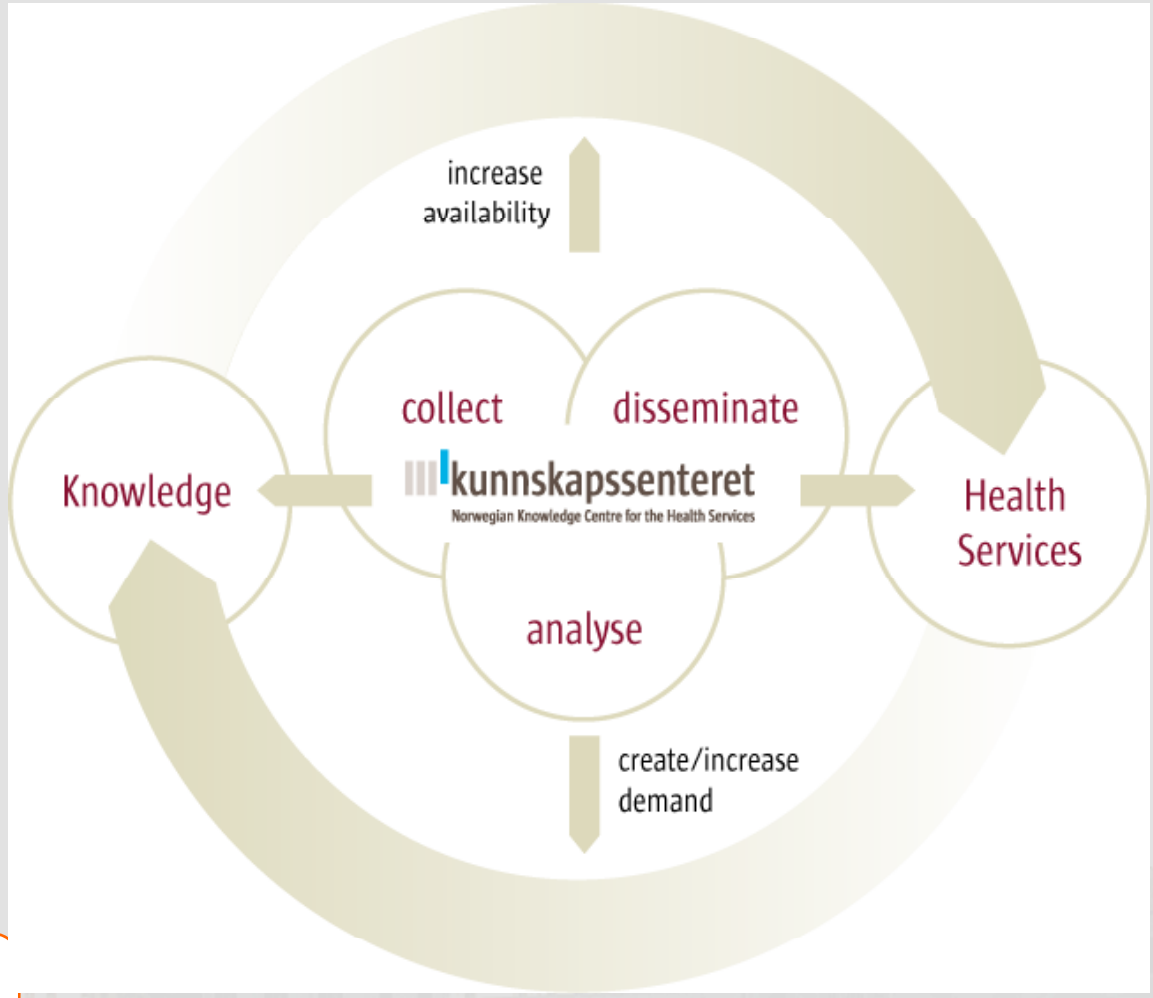
Within this remit we have central responsibility for patient safety and clinical governance across NHSScotland.

Norway: Merging HTA agency into a broader institution

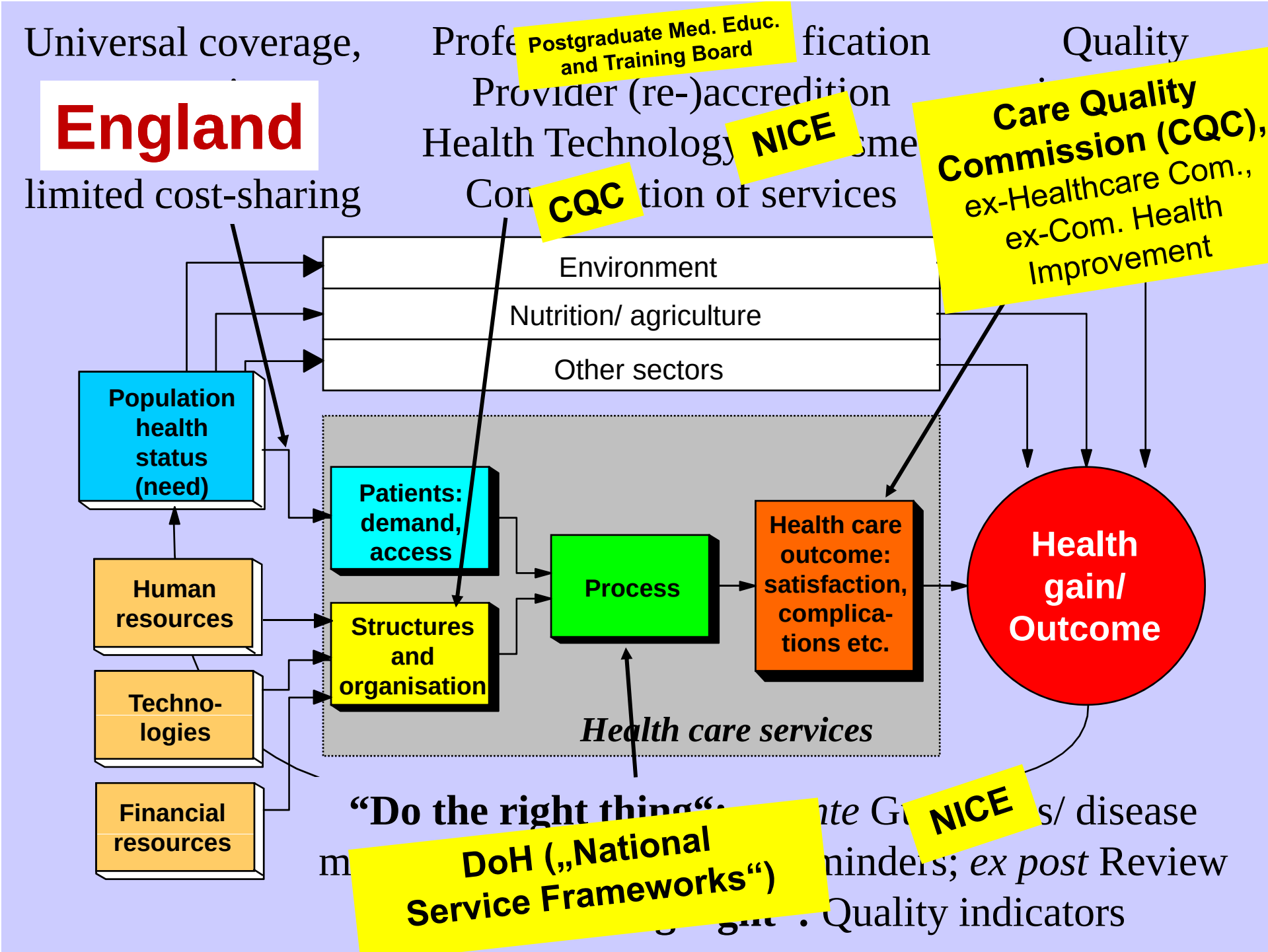
01.01.2004

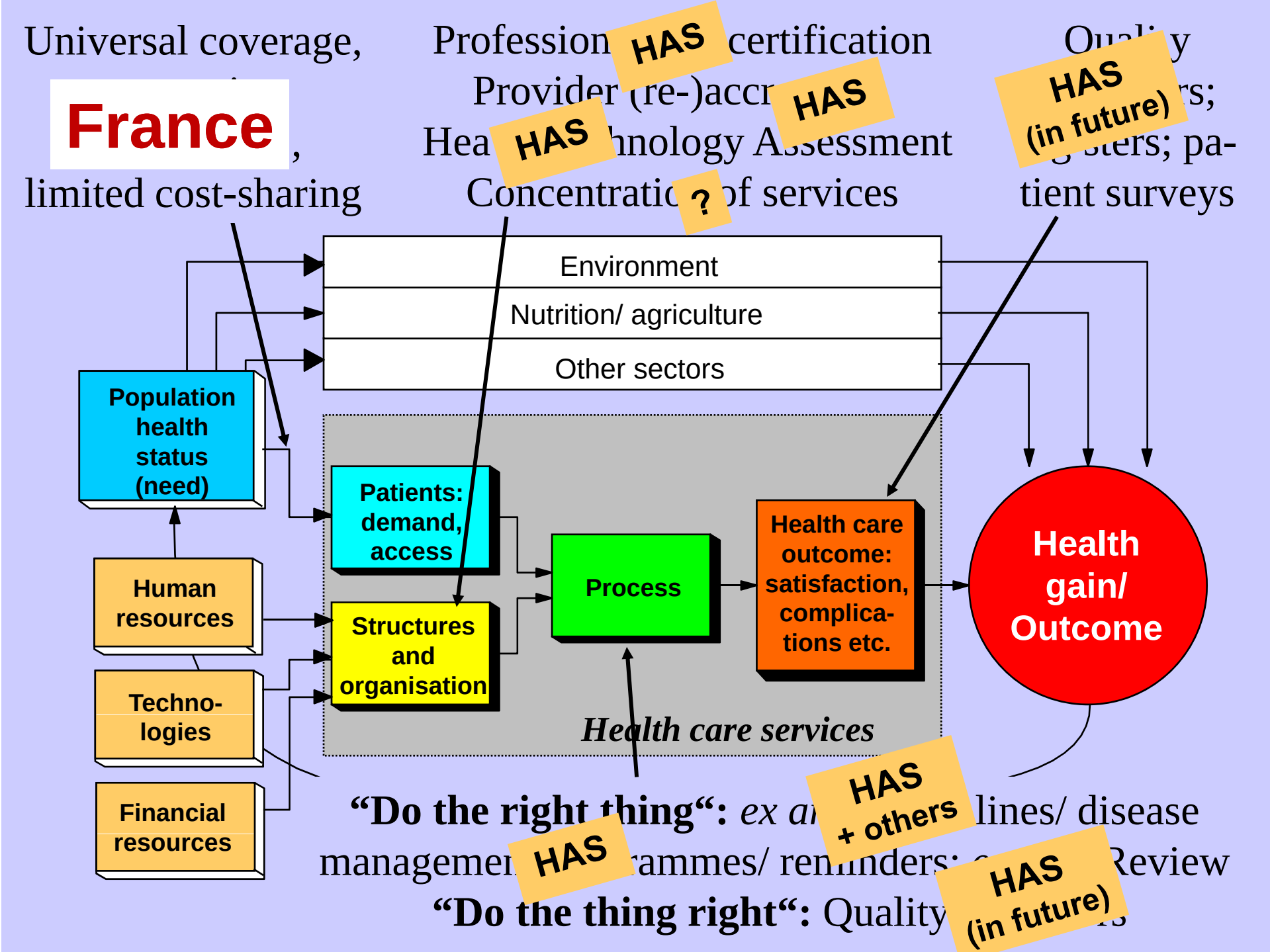


NOKC's role:
A knowlegde broker/translator



Universal coverage, appropriate entitlements, limited cost-sharing
Professional (re-)certification
Provider (re-)accredition
Health Technology Assessment
Concentration of services
Quality indicators; registers; patient surveys
Environment
Different aspects of quality: who is responsible for what?
logies
Financial resources
Health care system
“Do the right thing“: ex ante Guidelines/ disease management programmes/ reminders; ex post Review
“Do the thing right“: Quality indicators


Universal coverage,
Profe
fication
Quality
Postgraduate Med. Educ. and Training Board
Provider (re-)accredition
England
Health Technology
sme
NICE
Care Quality Commission (CQC), ex-Healthcare Com., ex-Com. Health Improvement
limited cost-sharing
Con
tion of services
CQC
Environment
Nutrition/ agriculture
Other sectors
Population health status (need)
Patients: demand, access
Human resources
Structures and organisation
Process
Health care outcome: satisfaction, complica-tions etc.
Health gain/ Outcome
Techno-logies
Health care services
Financial resources
"Do the right thing"
nte G
s/ disease
m
minders; ex post Review
Quality indicators
NICE
DoH („National Service Frameworks")


Universal coverage,
France
limited cost-sharing
Profession certification
Provider (re-)accr
Hea hnology Assessment
Concentratio of services
HAS
HAS
HAS
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Qua y
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HAS
(in future)
Environment
Nutrition/ agriculture
Other sectors
Population health status (need)
Human resources
Techno-logies
Financial resources
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Health care outcome: satisfaction, complica-tions etc.
Health gain/ Outcome
Health care services
"Do the right thing": ex a lines/ disease
managemen rammes/ reminders: Review
"Do the thing right": Quality
HAS
HAS
+ others
HAS
(in future)

Universal coverage,

Germany

limited cost-sharing

Provider (re-)accredition

Concentration of

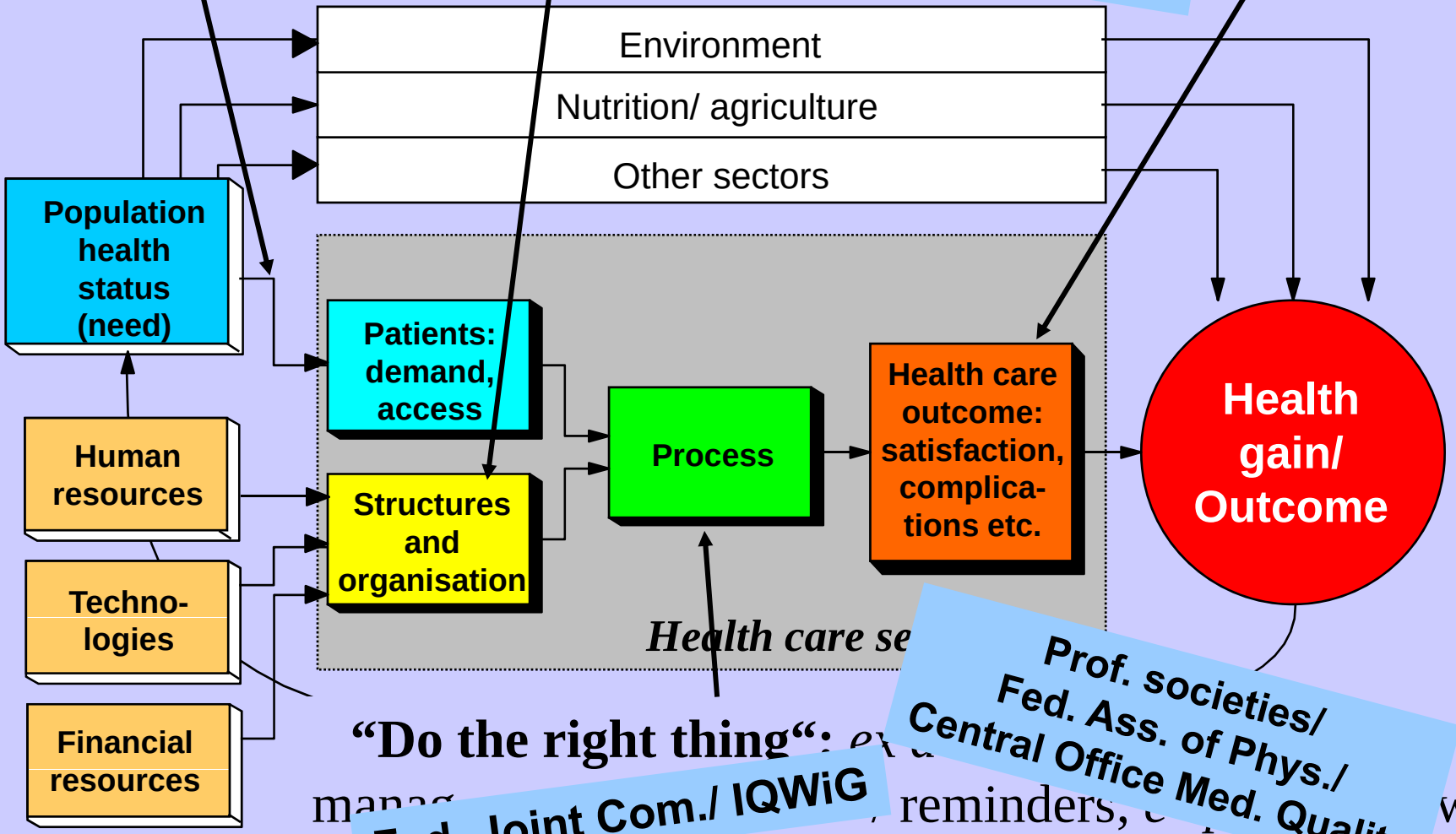
tient surveys

States/ Physician chambers

Fed. Joint Com./ IQWiG

Fed. Joint Com.

Fed. Joint Com./ Quality Institute



Prof. societies/ Fed. Ass. of Phys./ Central Office Med. Quality

Fed. Joint Com./ IQWiG

"Do the right thing": ex

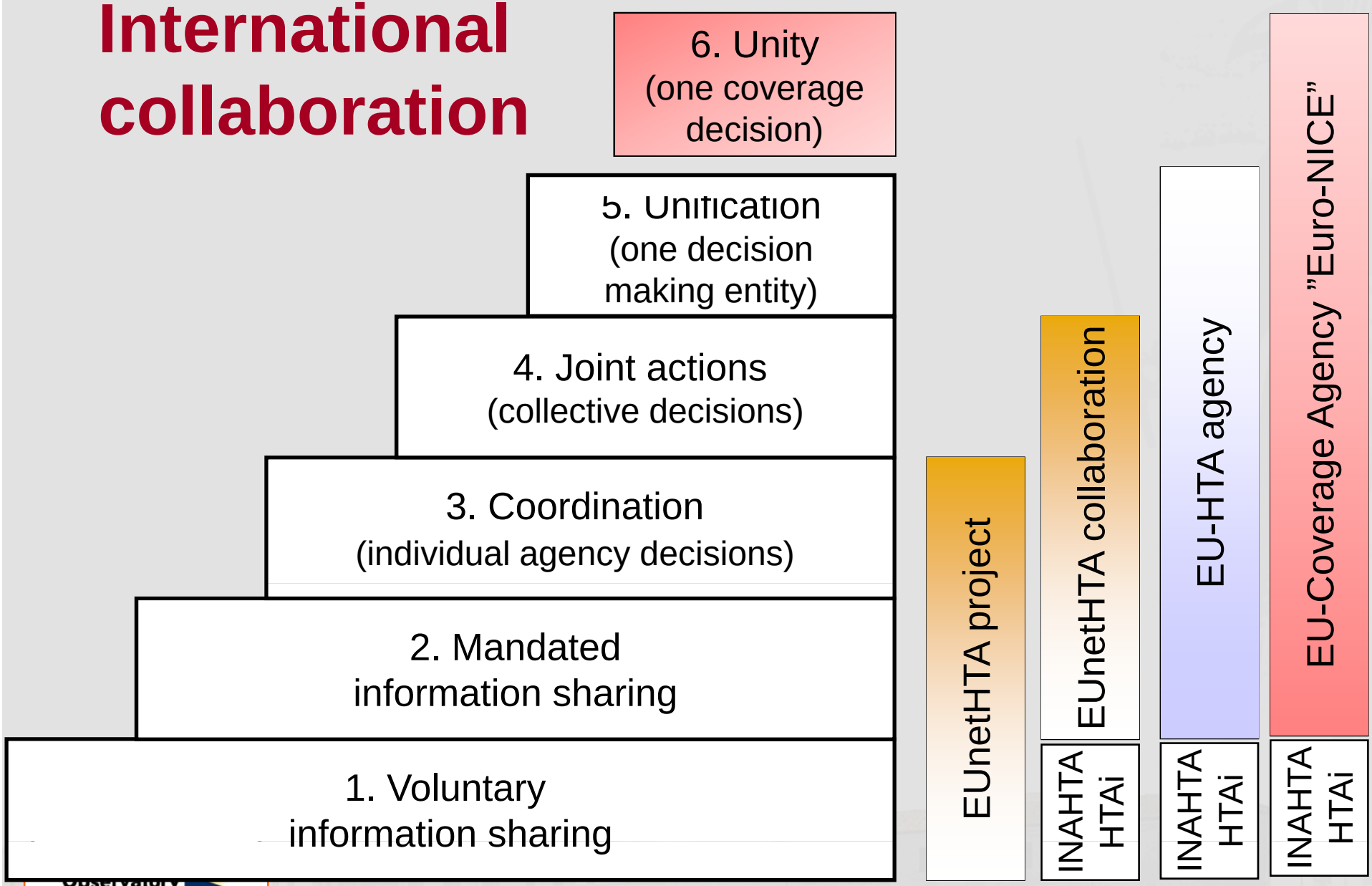
manag reminders,

"Do the thing right": Quality indicators

Collaboration to improve efficienc_ (.... and _ualit_/

- Too much duplication, triplication, quadruplication.....
- Resources are wasted, should be used to broaden and increase the number of interventions being assessed

International collaboration



The HTA house

Building blocks used
(core assessment elements)

Additional blocks

(contextual assessment elements)

New HTA house!

International vs. national/regional

HTA =

Clinical/economic evidence	+	Social science evidence	+	Colloquial evidence	+	Deliberative process
Assessment				Appraisal		
Knowledge support				Decision support		
Global				Local (national/regional)		
Core information				Non-core information		

Information sharing across countries

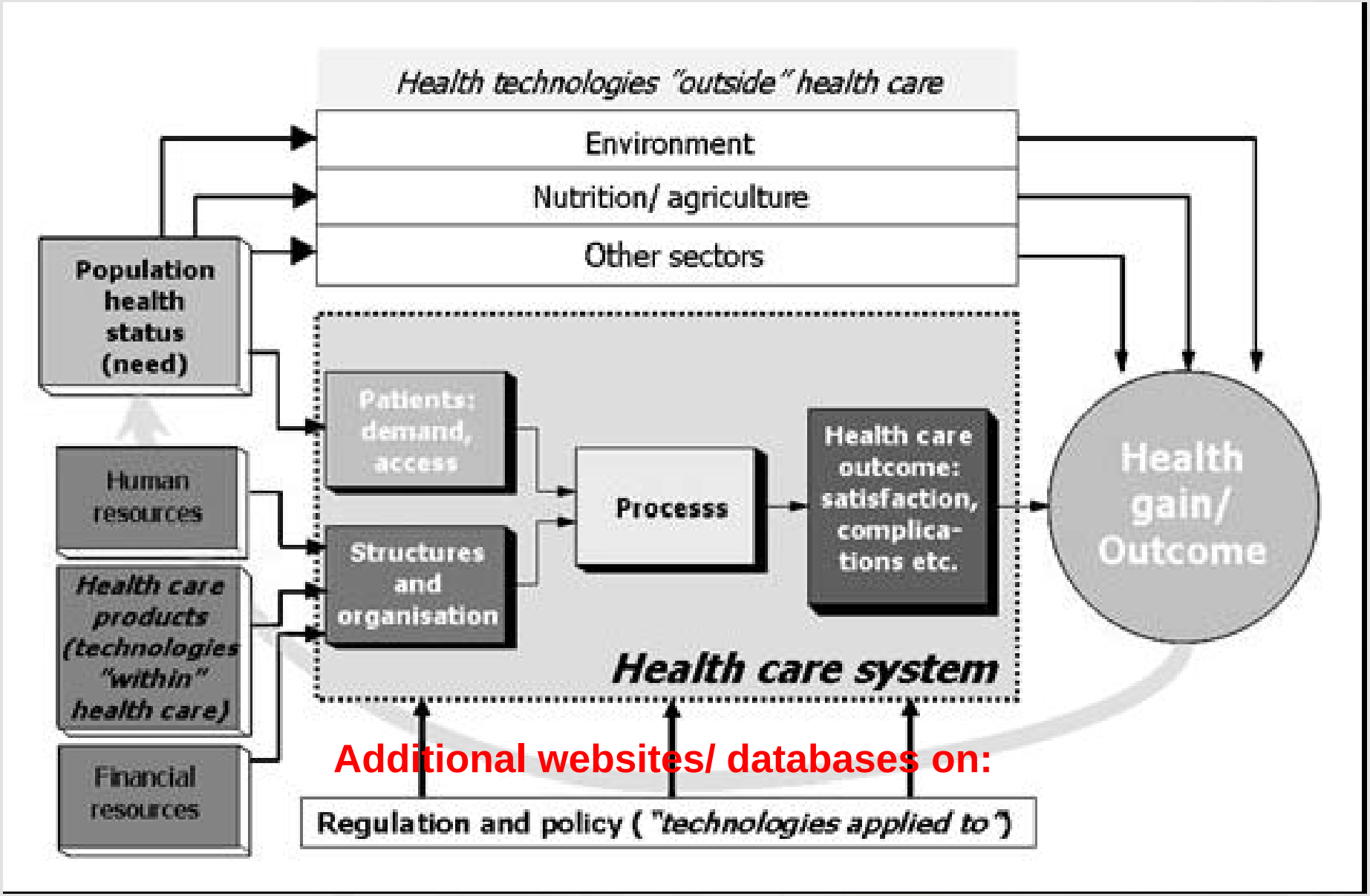
- Common database
  - suggested topics
  - selected topics
  - assessments started
  - preprints of reports (before publication, intranet)
  - final reports
  - decisions taken
  - monitoring uptake
  - monitorin_ effectiveness _ hase IV_ re_istries_

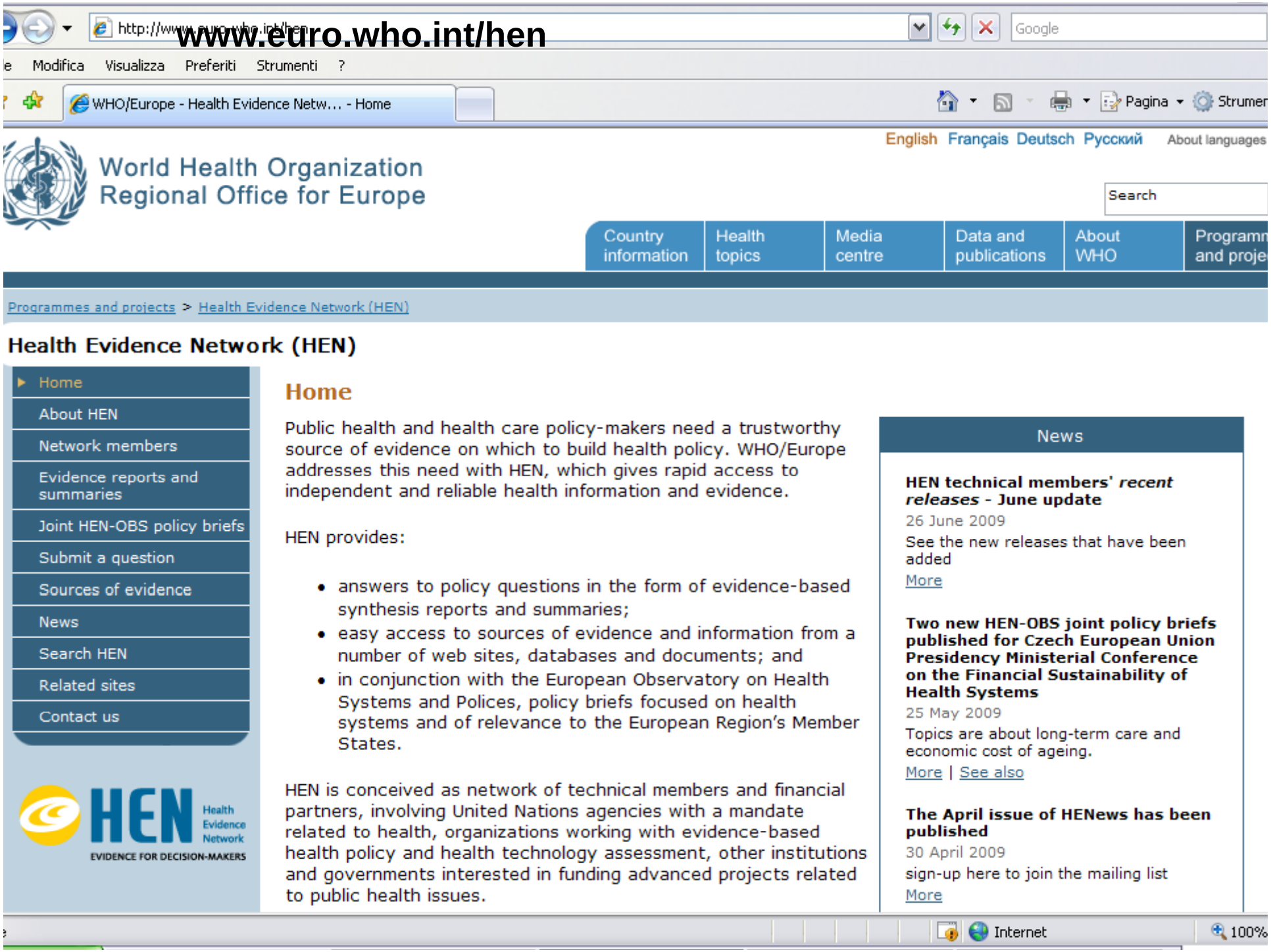
Priority setting/deciding topics international collaboration

- HTA priority setting
  - emerging technologies: common scanning
  - new technologies: common system
    - first evaluation
  - existing technologies: coordinated system
    - reevaluation
  - other assessments coordinated system
    - continuous evaluation
- Who and how to decide?
  - independence – no, dependence needed!

Existing international collaboration

	Technologies within Drugs/ devices	Technologies within Clinical interventions	Technologies outside Public health	Technologies to/on Health system
Data/ primmary research	Supply driven, not demand driven	Supply driven, not demand driven	Too limited	Too limited
Assessments (ex ante)	**EUnetHTA** Cochrane	EUnetHTA Cochrane GIN	? Cochrane	? Observatory
Data/ monitoring	? Product registries	? Clinical registries	WHO EU OECD	OECD WHO
Evaluation (ex post)	?	?	?	? Observatory


Health technologies "outside" health care
Environment
Nutrition/ agriculture
Other sectors
Population health status (need)
Human resources
Health care products (technologies "within" health care)
Financial resources
Patients: demand, access
Structures and organisation
Processs
Health care outcome: satisfaction, complica-tions etc.
Health gain/ Outcome
Health care system
Additional websites/ databases on:
Regulation and policy ("technologies applied to")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Public health and health care policy-makers need a trustworthy source of evidence on which to build health policy. WHO/Europe addresses this need with HEN, which gives rapid access to independent and reliable health information and evidence.
HEN provides:
answers to policy questions in the form of evidence-based synthesis reports and summaries;
easy access to sources of evidence and information from a number of web sites, databases and documents; and
in conjunction with the European Observatory on Health Systems and Polices, policy briefs focused on health systems and of relevance to the European Region's Member States.
HEN is conceived as network of technical members and financial partners, involving United Nations agencies with a mandate related to health, organizations working with evidence-based health policy and health technology assessment, other institutions and governments interested in funding advanced projects related to public health issues.
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HEN technical members' recent releases - June update
26 June 2009
See the new releases that have been added
More
Two new HEN-OBS joint policy briefs published for Czech European Union Presidency Ministerial Conference on the Financial Sustainability of Health Systems
25 May 2009
Topics are about long-term care and economic cost of ageing.
More | See also
The April issue of HENews has been published
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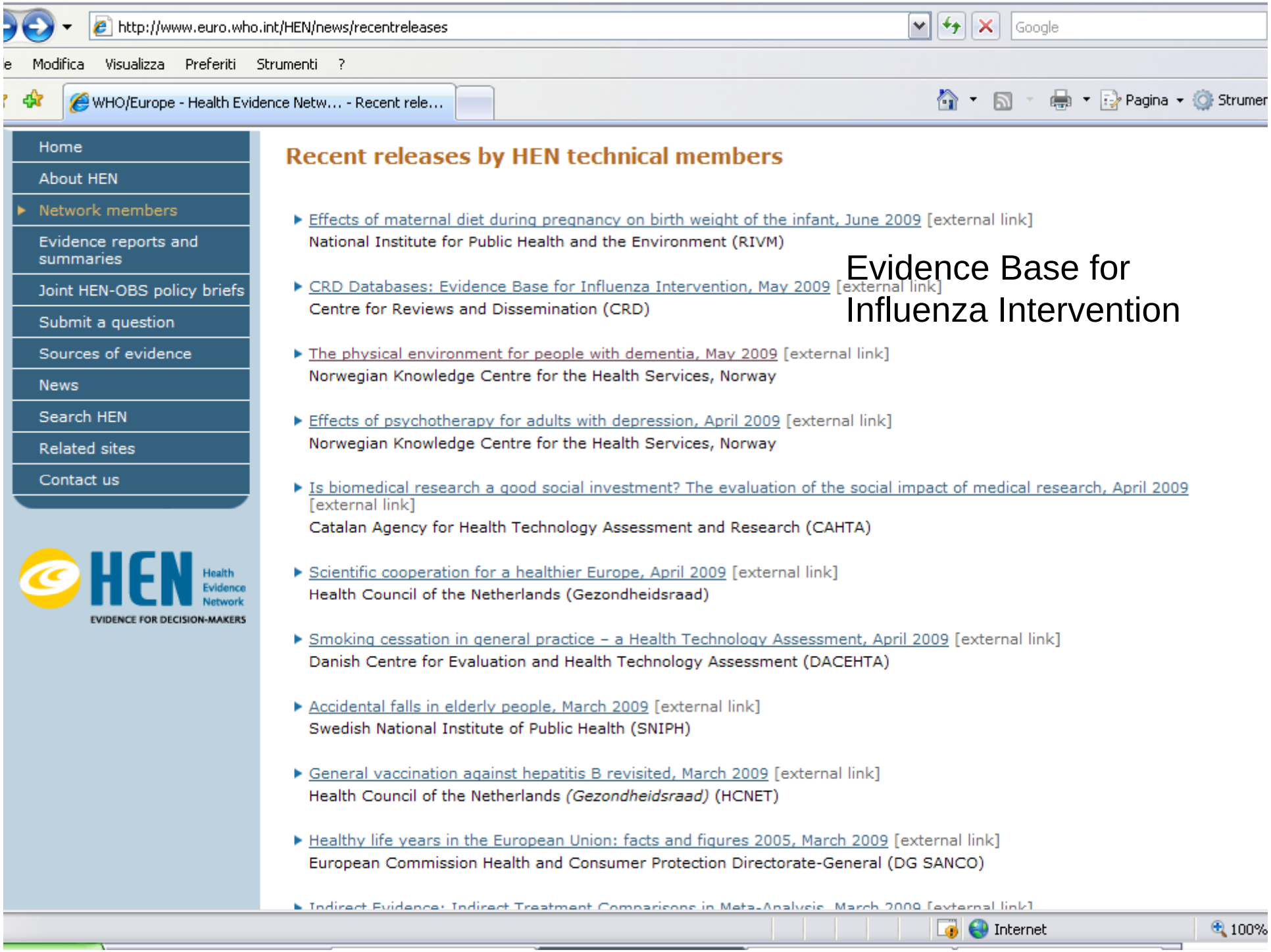

Evidence Base for Influenza Intervention

http://www.york.ac.uk/inst/crd/influenza_research_briefing.htm

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CRD RESEARCH BRIEFING

Issued online: 1 May 2009

CRD DATABASES: EVIDENCE BASE FOR INFLUENZA INTERVENTION

The outbreaks of H1N1 swine influenza in Mexico and its spread to other countries have raised the World Health Organisation pandemic alert level to phase 5. A number of cases have now been confirmed across the UK.

In this statement, we collate the most up to date evidence on prevention and treatment from the internationally renowned CRD Databases. We focus on the effectiveness of two drugs used to prevent and treat influenza - oseltamivir (tamiflu) and zanamivir (relenza).

Prevention

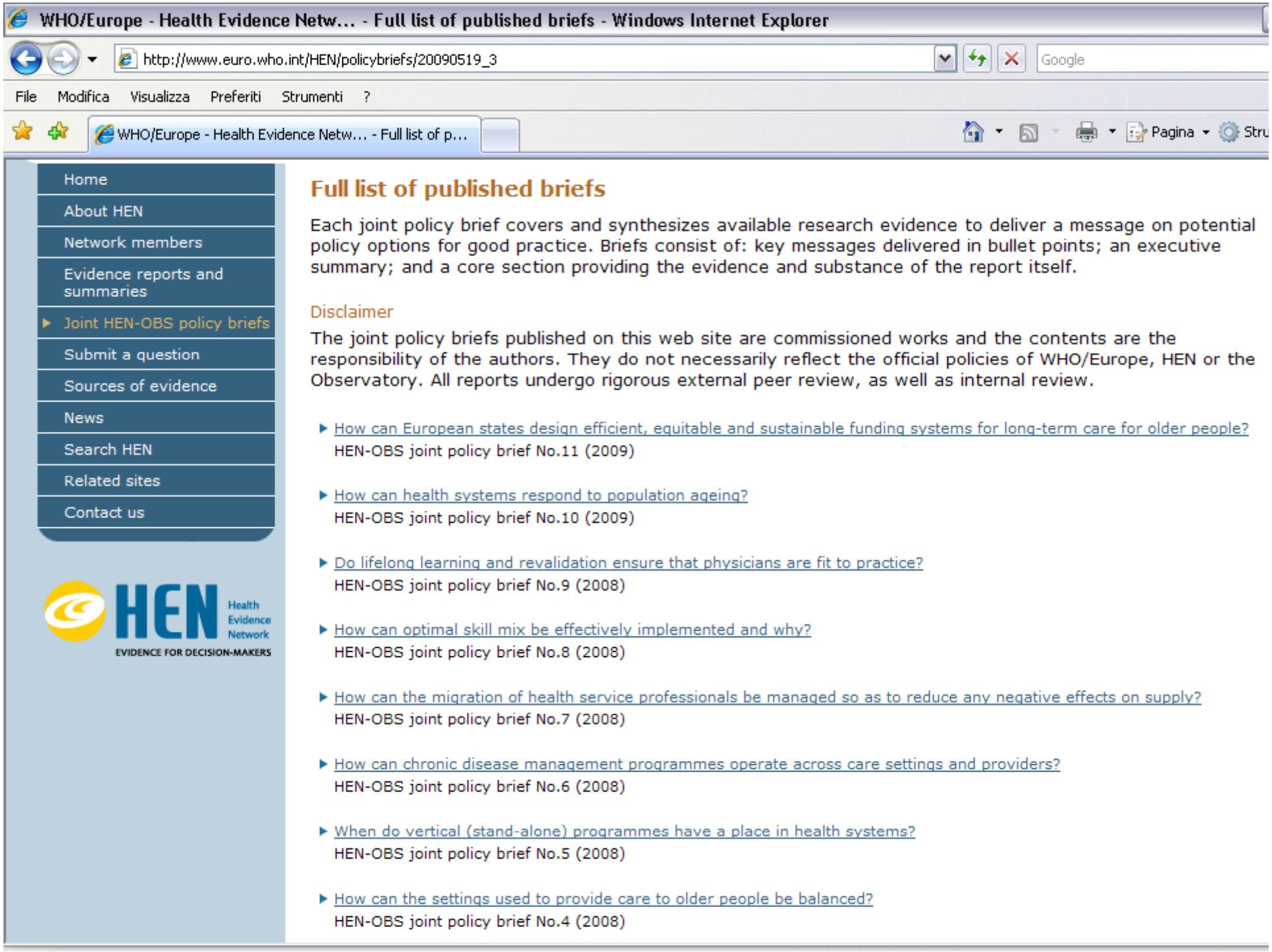
The most up to date record included in DARE on prevention is from a *Health Technology Assessment* report of the prophylactic use of antiviral drugs published in February 2009. [1]

The systematic review reported a 7% absolute reduction in the risk of contracting influenza with oseltamivir and zanamivir when compared to placebo, in people from mixed households that had been in contact with an influenza-like-illness, reducing the risk of contracting influenza from approximately 9% to 2%.[1]

Evidence was limited for the prevention of complications, hospital admissions and in minimizing length of illness and time to return to normal activities. There were no data relating to mortality. [1]

Treatment

Fine Internet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The joint policy briefs published on this web site are commissioned works and the contents are the responsibility of the authors. They do not necessarily reflect the official policies of WHO/Europe, HEN or the Observatory. All reports undergo rigorous external peer review, as well as internal review.
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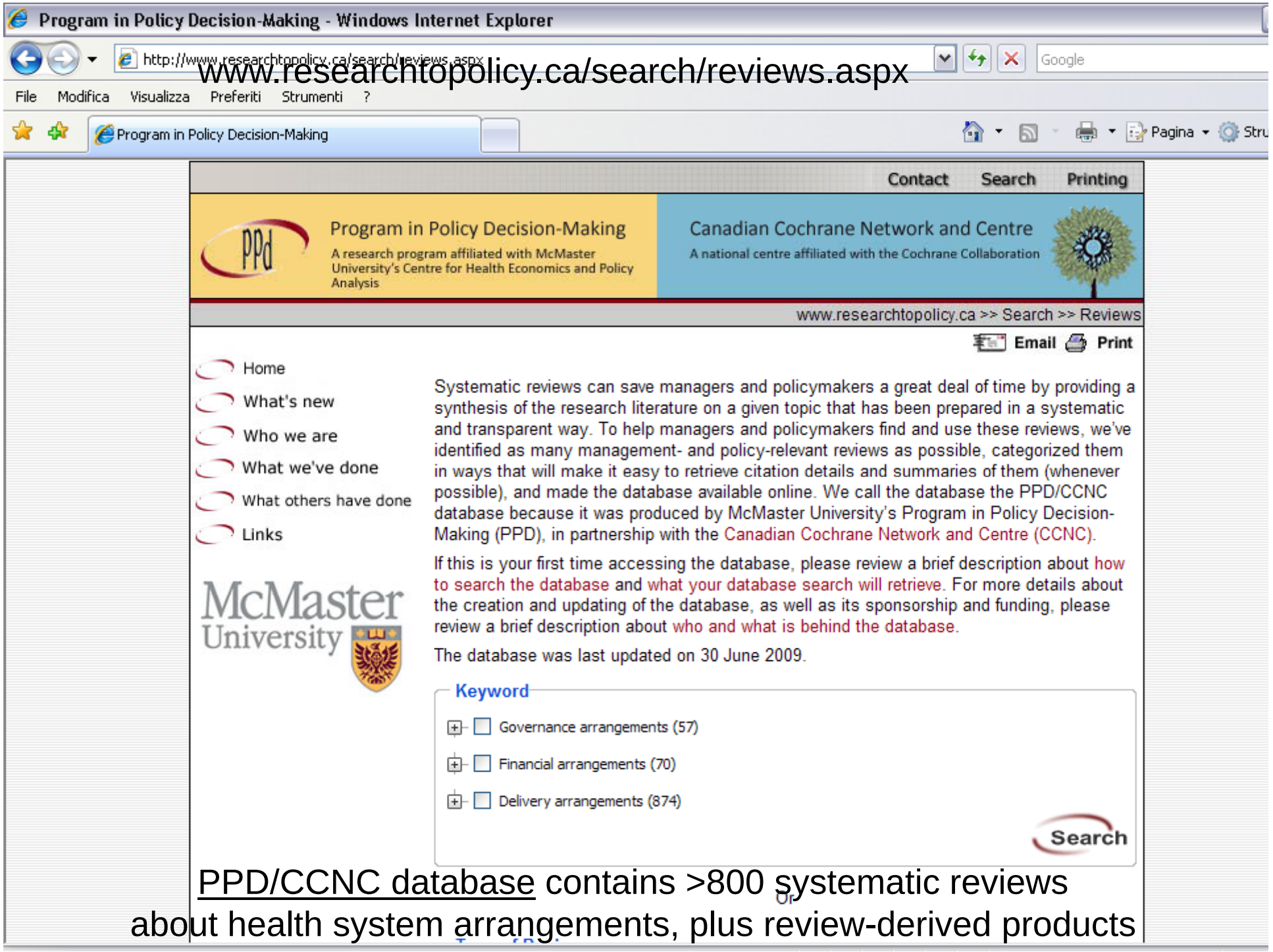
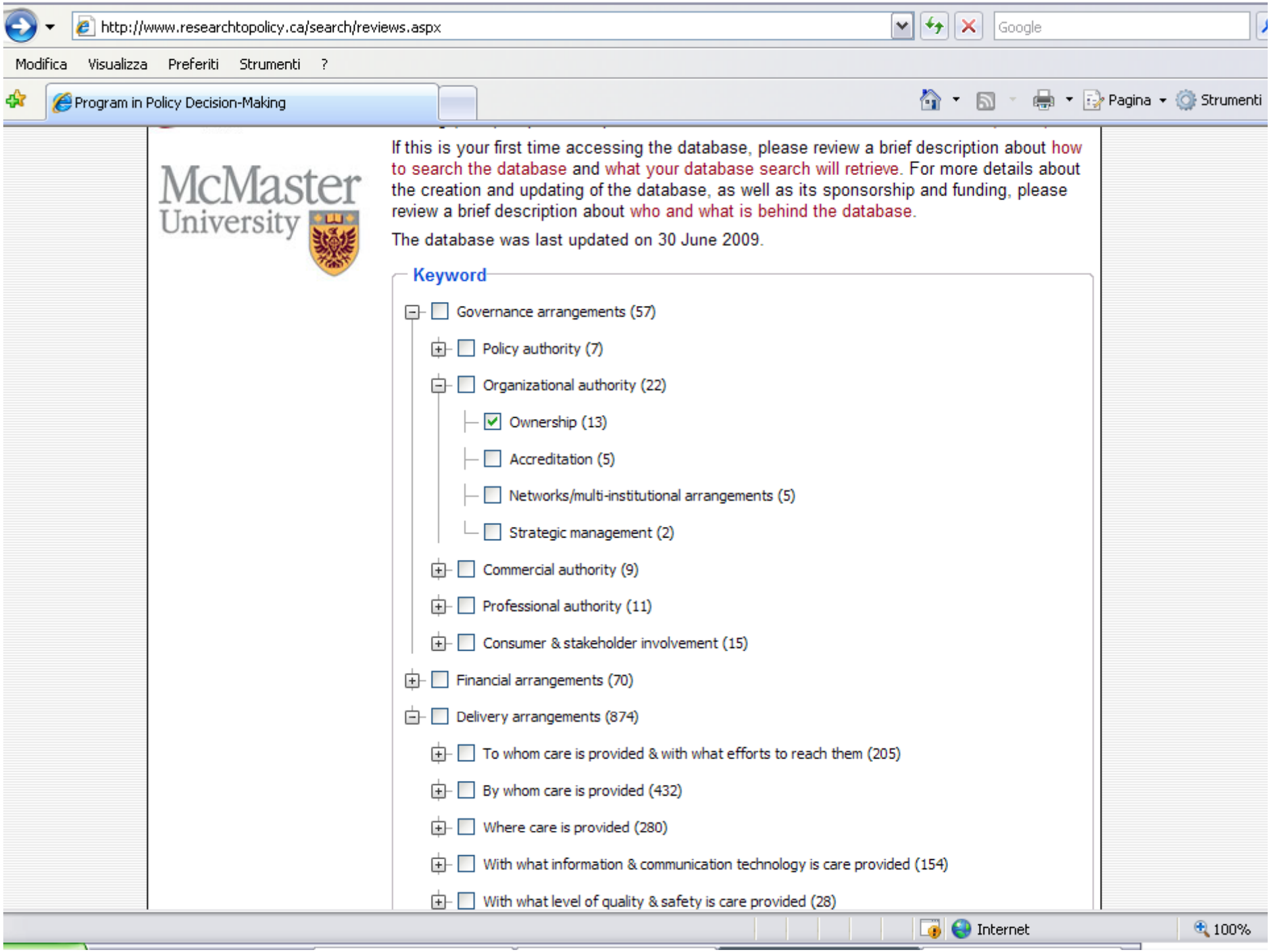
HEN-OBS joint policy brief No.11 (2009)
How can health systems respond to population ageing?
HEN-OBS joint policy brief No.10 (2009)
Do lifelong learning and revalidation ensure that physicians are fit to practice?
HEN-OBS joint policy brief No.9 (2008)
How can optimal skill mix be effectively implemented and why?
HEN-OBS joint policy brief No.8 (2008)
How can the migration of health service professionals be managed so as to reduce any negative effects on supply?
HEN-OBS joint policy brief No.7 (2008)
How can chronic disease management programmes operate across care settings and providers?
HEN-OBS joint policy brief No.6 (2008)
When do vertical (stand-alone) programmes have a place in health systems?
HEN-OBS joint policy brief No.5 (2008)
How can the settings used to provide care to older people be balanced?
HEN-OBS joint policy brief No.4 (2008)



PPD/CCNC database contains >800 systematic reviews about health system arrangements, plus review-derived products


http://www.researchtopolicy.ca/search/reviews.aspx
Google
Modifica Visualizza Preferiti Strumenti ?
Program in Policy Decision-Making
Pagina Strumenti
McMaster University
If this is your first time accessing the database, please review a brief description about how to search the database and what your database search will retrieve. For more details about the creation and updating of the database, as well as its sponsorship and funding, please review a brief description about who and what is behind the database.
The database was last updated on 30 June 2009.
Keyword
Governance arrangements (57)
Policy authority (7)
Organizational authority (22)
Ownership (13)
Accreditation (5)
Networks/multi-institutional arrangements (5)
Strategic management (2)
Commercial authority (9)
Professional authority (11)
Consumer & stakeholder involvement (15)
Financial arrangements (70)
Delivery arrangements (874)
To whom care is provided & with what efforts to reach them (205)
By whom care is provided (432)
Where care is provided (280)
With what information & communication technology is care provided (154)
With what level of quality & safety is care provided (28)
Internet
100%

Who we are
What we've done
What others have done
Links

McMaster University

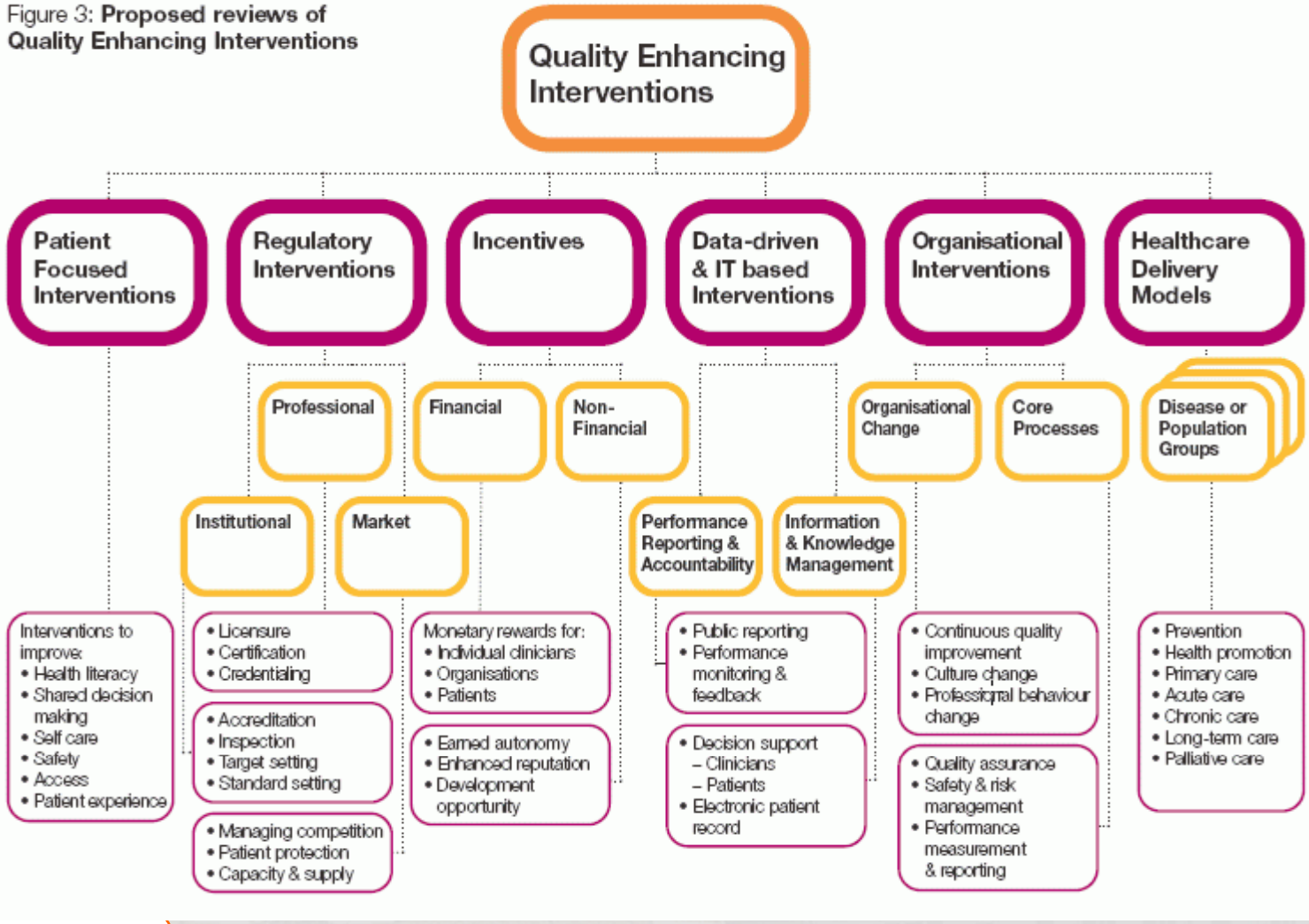
Title	Authors	More
Comparison of mortality between private for-profit and private not-for-profit hemodialysis centers: a systematic review and meta-analysis	Devereaux PJ;Schunemann HJ;Ravindran N;Bhandari M;Garg AX;Choi PT;Grant BJ;Haines T;Lacchetti C;Weaver B;Lavis JN;Cook DJ;Haslam DR;Sullivan T;Guyatt GH;	More
Payments for care at private for-profit and private not-for-profit hospitals: A systematic review and meta-analysis	Devereaux PJ;Heels-Ansdell D;Lacchetti C;Haines T;Burns KEA;Cook DJ;Ravindran N;Walter SD;McDonald H;Stone SB;Patel R;Bhandari M;Schunemann HJ;Choi PTL;Bayoumi AM;Lavis JN;Sullivan T;Stoddart G;Guyatt GH;	More
What are the economic consequences for households of illness and of paying for health care in low- and middle-income country contexts?	McIntyre D;Thiede M;Dahlgren G;Whitehead M;	More
Can working with the private for-profit sector improve utilization of quality health services by the poor? A systematic review of the literature	Patouillard E;Goodman CA;Hanson KG;Mills AJ;	More
A comparison of the performance of for-profit and nonprofit U.S. psychiatric inpatient care providers since 1980	Rosenau PV;Linder SH;	More
Performance Evaluations of For-Profit and Nonprofit U.S. Hospitals since 1980	Rosenau PV;	More
Foreign direct investment and trade in health services: A review of the literature	Smith RD;	More
A systematic review and meta-analysis of studies comparing mortality rates of private for-profit and private not-for-profit hospitals	Devereaux PJ;Choi PT;Lacchetti C;Weaver B;Schunemann HJ;Haines T;Lavis JN;Grant BJ;Haslam DR;Bhandari M;Sullivan T;Cook DJ;Walter SD;Meade M;Khan H;Bhatnagar N;Guyatt GH;	More
Nursing home profit status and quality of care:	Hillmer MP;Wodchis WP;Gill	More

Reviews of quality improvement interventions

- QQUIP
  - Quest for Quality and Improved Performance
  - The Health Foundation, UK
  - www.health.org.uk/qquip
- EPOC
  - Effective Practice and Organisation of Care Group
  - Collaborative Review Group of the Cochrane Collaboration
  - www.epoc.cochrane.org

QQUIP

Figure 3: **Proposed reviews of Quality Enhancing Interventions**



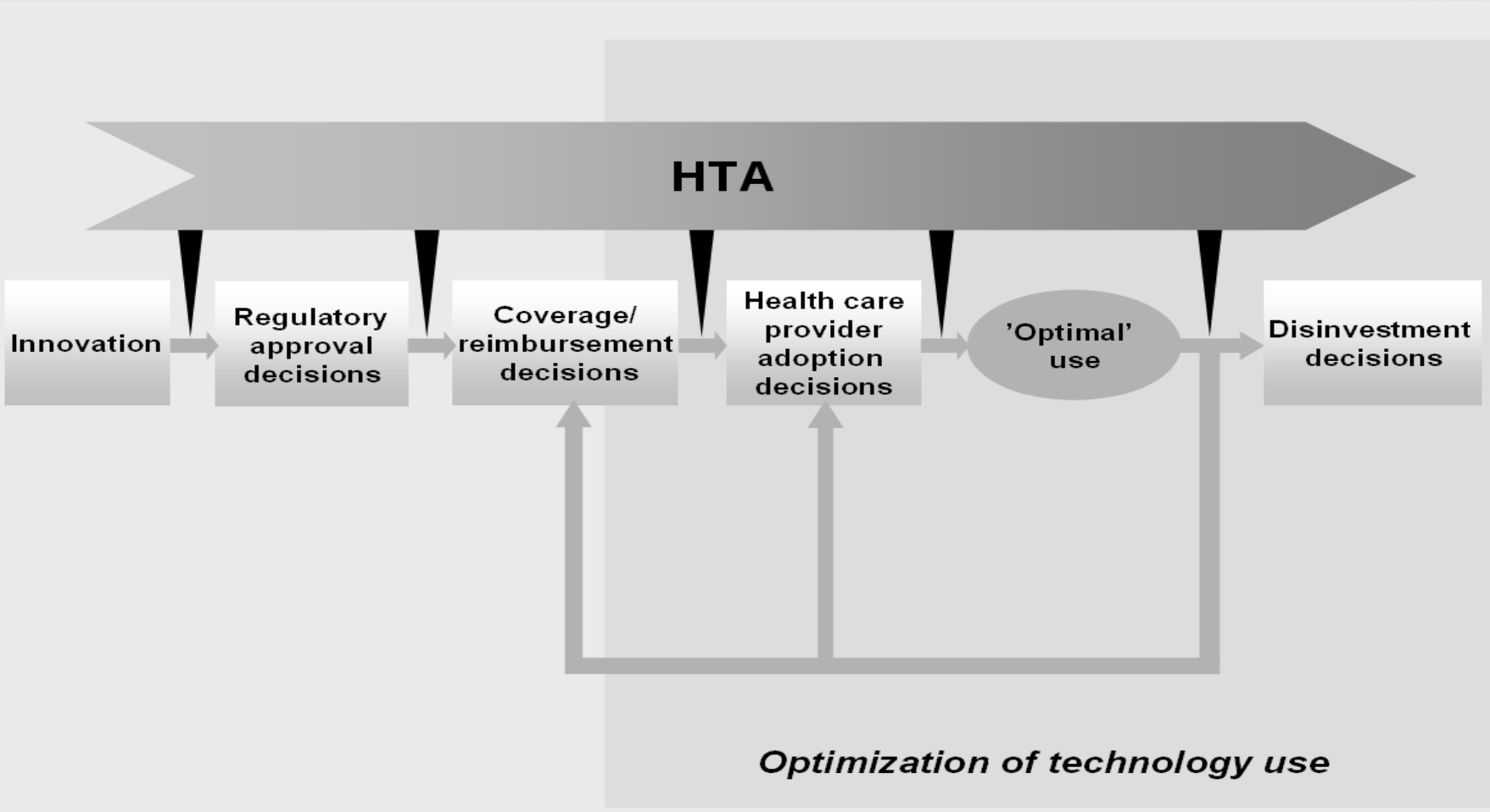
EPOC
(Rx for change builds on this)

- Interventions orientated toward health professionals
- Financial interventions
  - Provider interventions
  - Patient interventions
- Organisational interventions
  - Structural interventions
  - Staff-oriented interventions
  - Patient-oriented interventions
- Regulatory interventions

Resources for knowledge synthesis

- **Cochrane Effective Practice and Organisation of Care Group (EPOC):**
  - http://www.epoc.cochrane.org/en/index.html
- **Campbell Collaboration (more on other welfare areas than health):**
  - http://www.campbellcollaboration.org/
- **McMaster University's Program in Policy Decision-Making (PPD):**
  - http://www.researchtopolicy.ca/search/reviews.aspx
- **European Observatory on Health Systems and Policies. Policy briefs:**
  - http://www.euro.who.int/observatory/Publications/20020527_16
- **The Alliance for Health Policy and Systems Research, WHO:**
  - http://www.who.int/alliance-hpsr/en/
- **EVIPnet initiative**
  - http://www.who.int/alliance-hpsr/evidenceinformed/en/
- **The SUPPORT collaboration**
  - http://www.support-collaboration.org/
- **'On-call' Facility for International Healthcare Comparisons at LSHTM:**
  - http://www.lshtm.ac.uk/ihc
- **Bertelsmann Stiftung. Health Policy Monitor:**
  - http://www.hpm.org/index.jsp
- **Robert Wood Johnson Foundation. Synthesis Project:**
  - http://www.rwjf.org/pr/synthesisabout.jsp

HTA to Optimize Health Technology Utilization –
Using Implementation Initiatives and Monitoring Processes



HTA paradoxes

- Nick Mays' paradox
- Bernhard – Finn paradox

Nick Mays' paradox

1. HTA is constructed to rationalize a fuzzy and interests based decision process
2. Success of HTA depends on degree of stakeholder involvement and taking the reality into account

Bernhard – Finn paradox

1. HTA should be coordinated and harmonized to have the necessary ca¸ acit¸ and ¸ive value for mone¸
2. Success of HTA depends on degree of local applicability, contextualization and stakeholder involvement