
Evaluación de tecnologías sanitarias y establecimiento de prioridades en países europeos seleccionados

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Outline

- Introduction to priority setting
- Practical approaches in Europe
- Impact of HTA on the decision-making process
- Conclusions

Methods

- Brief analysis of priority setting for health technology assessment (HTA) in Europe
- ECHTA project (2000-2002) + literature update (2003-2004)
- Programmes in 15 European countries plus Switzerland and Norway

Process of HTA

- Identification and priority setting
- Testing
- Synthesis
- Dissemination and implementation

Priority setting for HTA

- Priority setting for HTA is NOT priority setting in health
- Different aims – e.g.:
 - To identify questions for HTA (NCCHTA, UK)
 - Commissioning research (Osteba, Spain; ZonMw, NL)
- Different users:
 - Policy makers and health professionals
 - Payers of health care services
 - Patient and consumers

Theoretical principles

- Identify those assessments that offer the greatest benefits in relation to their costs, while respecting equity considerations
- Need for suitable policy criteria
- EUR-ASSESS Priority Setting Subgroup
(Henshall, C et al. Priority setting for health technology assessment: theoretical considerations and practical approaches. Int J Techn Assess Health Care, 1997; 3, 2: 144-185)

Elements of a priority setting procedure

- Identifying problems
- Translate these into possible assessments
- Set priorities between assessments
- Communicate priorities
- Monitoring and reviewing assessments & priorities

Variations in procedure

- Context dependent
- Several countries proposed procedures during the last 5 years – e.g. UK, Spain
- Feasibility of theoretical procedures insufficiently evaluated – The Netherlands made a first attempt

Priority setting in the Netherlands

- Programme level: *HTA of mental health services*
- **Project level:** *Specific HTA programme*
- Institutional level: *HTA within organizations*

Project level

- Health Care Insurance Board
Fund for Investigative Medicine
(Ontwikkelingsgeneeskunde)
- Netherlands Organisation for Health Research
and Development (*ZonMw*)
Health Care Efficiency Research Program
(DoelmatigheidsOnderzoek)

Fund for Investigative Medicine

- Actors in the health care field were invited to submit proposals every year
- Committee for Investigative Medicine and policy advisors judged the policy relevance
- Scientific quality was then assessed by the Netherlands Organisation for Scientific Research (*NWO*)
- Procedure not satisfactory - development of a more explicit priority setting procedure based on EUR-ASSESS

Development of explicit procedure

- Explicit use of objective (quantitative) data will make priority setting more transparent, robust and evidence-based
- Step 1: Defining policy relevant criteria
- Step 2: Categorising and scoring criteria
- Step 3: Weighting criteria
- Step 4: Comparison of procedures

Results of feasibility study

- Different procedures - different outcomes
- Value of the procedure dependent on
 - Suitable indicators for policy relevance
 - Cut-off points and weighting
 - Actors involved

But....procedure is more transparent!

Health Care Efficiency Research Programme

- Minister of Health commissioned MW-NWO (*ZonMw*) to develop HTA programme in 1999
- Focus on specified policy themes (*RGO*) – identified by surveying key-actors
- ‘Steered’ bottom-up and top-down

Priority setting procedure

- Committee for scientific quality
- Committee for total judgment, including policy relevance
- Reviewers need to justify their ratings
- ZonMw makes final decision
- Procedure 'looks' transparent, but is it explicit?

European perspective

- European Collaboration for HTA - ECHTA (2000-2002)
- Present state of priority setting for HTA
- Share information on methods and results
- Develop a European clearinghouse

Methods used

- Survey: 35 organisations from 17 countries
 - Guiding principles for setting priorities
 - Methods and criteria for selection
 - Impact in practice
 - Parties of influence
- In-depth interviews

Results I

- 14/24 organisations implemented procedure
- In most organisations < 2 FTE involved – NCCHTA employed most staff in priority setting procedure
- Person responsible - director or head of department
- Increasing interest – but no theoretical models since EUR-ASSESS

Results II

- Often more than 3 methods used - reviews & experts-opinions
- Diverse selection criteria – often more than 8 per procedure, however ethical, legal and social aspects were not often mentioned
- Nature of procedure often implicit and not very transparent
- Government and physicians influence the procedure

Results III

- Use of results differ:
 - Selection and financing of screening programs (LCM, Belgium)
 - Rejecting projects if there are not enough financial resources (FinOHTA, Finland)
 - Commissioning research (Osteba, Spain; AETS, Spain; CAHTA, Spain; AETSA, Spain; Health Council, the Netherlands; ZonMw, the Netherlands; NCCHTA, United Kingdom and NICE, United Kingdom)
- Most organisations use similar recommendations as those of the EUR-ASSESS report on priority setting with regard to *guiding principles, methods used to identify health technologies in need of assessment and priority setting criteria*

Conclusions

- No single procedure can be recommended
- Comparative research and sharing of experiences will provide added value
- A coordinated effort on a national and international level is needed because

Effective priority setting for HTA will help setting good health policies!

But what happens after priority setting?

- HTA seeks to inform policy makers by using the best evidence on several aspects of investments in health
- HTA activity has been increased during the last two decades, e.g. in Spain, UK, Sweden, The Netherlands
- However, what is the impact of HTA on the decision-making process?

HTA in policy and practice I

- Little information has been published in academic papers on the use of HTA
- Use of HTA in decision-making is more widespread in UK, Sweden, Norway, Finland, The Netherlands and Spain
- EU countries handle HTA in very different ways – e.g. from informal to systematic and structured ways

HTA in policy and practice II

- A recent publication shows that the impact of HTA has been marginal (*Oliver et al, Int J Techn Assess Health Care, 2004; 20:1*)
- Examples are e.g. screening for osteoporosis and 'big ticket' technologies such as lung transplantation (NL)
- HTA has a scientific nature, while decision-making is a political process

Conclusions

- Database containing information on implementation of HTA is necessary
- Sharing information and exchanging experiences is essential
- Users (researchers) and doers (policy makers) should be brought together, and establish networks