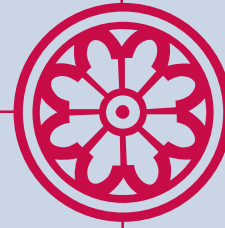


INAHTA

newsletter



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Internal Communication in INAHTA

The INAHTA Group on Communication, formed at the Annual Meeting in 2002, aims to check internal and external communication procedures and structures, identify problems and barriers, and work out solutions and improvements. To identify preferences, barriers, and problems, the Group surveyed the INAHTA members (29/39 agencies, 74% response rate).

Website

Respondents were generally favorable towards the content of the INAHTA website. Some respondents proposed improvements, eg, to expand INAHTA's visibility, to promote HTA, and to provide information about assessments of impact and case studies. The website maintains two levels of information, external and internal. Although 10% of the respondents preferred more transparency, over 20% also emphasized the importance of having a member-only access page. Suggestions for the internal page included a list of proposed projects, special discussion groups, and job opportunities.

HTA Database

The Centre for Reviews and Dissemination (CRD) in York, hosts the INAHTA Database and plans to update its database software and record production process this year. Most agencies update the database twice per year. Barriers in contributing to the Database include: too time consuming, language problems, the length and structure of the information, complicated procedures, and periodicity of updating. Most agencies report that direct, on-line updating seems to be most helpful.

Assistance from the Secretariat and the opportunity to submit reports/abstracts were both highly rated.

Valuable comments were given to improve the updating process of the HTA Database, eg, lack of inclusion criteria, more user-friendly design and structure, linking the INAHTA briefs to the HTA database, suggestions for a discussion board, and an automatic reminder system.

INAHTA Listserv

This discussion group, which facilitates quick and important direct communication between members, is appreciated by most members. However, some respondents asked for more activity, which would make it more valuable.

Future steps

One of the communication difficulties that INAHTA has faced is that the network comprises multiple nodes, and each node has its own agenda and goals. Users need to know more about the participating agencies in the context of their national situations. Internal communication can improve substantially if all members want to engage in enhancing communication activities and promote more interaction.

External communication is more complex, perhaps because INAHTA is an organization consisting of many varied organizations. Corporate communications work well, but communication related to projects and reports is more difficult. Perhaps, starting more collaborative projects among different agencies would offer more opportunities to promote INAHTA world wide.



INAHTA *News*

Update from www.inahta.org

INAHTA's news @lert service has attracted many subscribers. About 200 healthcare and HTA professionals, healthcare managers, and representatives from pharmaceutical companies receive an e-mail notification when new content is added to INAHTA's website.

Over 38 000 unique visitors have logged on to the website since December 2000. The top five domains are Networks (.net), Commercial (.com), Spain (.es), Canada (.ca), and United Kingdom (.uk). Nearly all visitors use new versions of Explorer and Windows.

Most people searching the web find inahta.org through search engines, ie, Google (44%), AltaVista (20%), msn (10%), and Yahoo (9%). Since the website was registered with the search engines Yahoo, AltaVista, and Google, the number of visitors has increased by nearly 300%. The most common queries reported by the search engines are "inahta", "technology health agencies", and "health technology assessment".

The members-only section has received 650 unique visitors since it was created June 2002. The top five domains are Networks (.net), United Kingdom (.uk), Canada (.ca), US Government (.gov), and France (.fr).

About 200 INAHTA briefs, classified into 17 categories, are available on the website. The INAHTA Database now contains information on 870 ongoing projects and 2300 published reports from INAHTA members.

10 Years of HTA in the NHS

A conference to commemorate the 10th anniversary of the NHS HTA program will be held in London October 15, 2003. This conference will highlight the role that the HTA program plays in providing NHS decision makers with high-quality information about the cost effectiveness of a wide range of healthcare interventions.

The conference will focus on the major contributions that HTA is making in the key priority areas of

cancer, mental health, and vascular disease and will:

- Present some of the recent HTAs carried out in key areas of the NHS,
- Reflect on the implications of the work of the program to date, and
- Address how HTA will meet the increasing challenges of the future.

From the outset, the program has attempted to provide the HTAs deemed crucial to help deliver the best possible health care. Widespread consultation has ensured that the steady stream of technology assessments has tackled some of the most difficult decisions facing those who aim to develop cost-effective health services. A large proportion of the now more than 170 HTA reports have focused on the Government's priority areas for the health service.

The UK HTA program invites you to celebrate a decade of outstanding achievement, learn about the successes and limitations of HTA, and consider the way forward for HTA in an increasingly complex world of healthcare delivery. (See Page 4, Conferences).

International Master's Program in HTA&M – 2nd Edition

The 2nd course of the International Master in Health Technology Assessment and Management will start in October 2003. This program offers a concentrated, multicultural and focused exposure to the principles, methods, and impacts of HTA&M. Students may choose between a master's dissertation or on-site training. Its intensive teaching format is based on four 2-week teaching sessions held in different cities (Montreal, Rome, Barcelona, Ottawa), and a training period (up to 8 months) within an HTA&M agency or university.

Main student groups targeted are evaluators who will produce HTA reports; and decision makers at all levels of the healthcare system (ie, healthcare providers, health administrators, policymakers) who will use HTA reports. The application process is open. For more information: www.hta-master.com

This is IAHS

Health Statistics and Medical Technology Agency



"Our aim is to combine provision of a service to health service policy-makers with the production of a range of high quality research, through an integrated program of health technology assessments and primary research."

Prof. Adrian Grant, Director, IAHS

Current budget in million USD	1.8
Number of permanent staff	20
Number of consultants	–
Number of ongoing technology assessment projects	10

History and structure

The Institute of Applied Health Science (IAHS) was formed in 1999 by incorporating the Health Economics Research Unit (HERU), the Health Services Research Unit (HSRU), the Dept of Public Health, the Dept of Primary Care and General Practice, and others. HERU and HSRU are core funded by the Scottish Government, but receive additional grants, eg, from the UK Health Technology Assessment Programme. Since 2000, IAHS has produced technology assessment reports (TARs) for NICE. HSRU runs several HTA trials and is part of a "Review Body" for the NICE Interventional Procedures Programme.

IAHS is the editorial home of the Cochrane Incontinence Group and co-convenes the Cochrane Economics Methods Group. IAHS members contribute to the Cochrane Metabolic and Endocrine Disorders Group and other Cochrane reviews. Key academic interests in HTA include non-pharmacological interventions, diabetes care, and screening.

Mission

- To provide a service to the UK National Health Service via NICE and the HTA program
- To undertake and publish high-quality HTAs, both systematic reviews and primary research, both incorporating economic evaluations
- To consider the methodologies of HTA, especially "rapid reviews" such as TARs and pragmatic trials of non-drug technologies.

How the HTA Group of IAHS works

IAHS incorporates a wide range of disciplines and skills. TARs are performed by small, core teams representing information science, systematic reviews, epidemiology/public health, health economics, and statistics. The teams are supplemented on an ad hoc basis according to the needs of individual reviews, eg,

from relevant clinical specialties. Advisory panels of clinical experts, methodologists, and patient representatives are convened for each review. All reviews are peer reviewed. The trials are coordinated from a formal trials service.

Dissemination activities

TARs can be disseminated for NICE in at least five ways: 1) the reports are released by NICE as part of their consultation process, eg, via their website; 2) they are published as HTA monographs by the NCCHTA, both on paper and electronically; 3) short versions are often submitted for publication in medical journals; 4) they are listed in the HTA database in the Cochrane Library and some TARs, or parts of them, are converted to Cochrane reviews; and 5) the reports may be presented at conferences eg, ISTAHC.

Current projects

- TARS related to non-drug technologies (eg laparoscopic inguinal hernia repair) and diabetic care (eg treatment of diabetic foot ulcers)
- Efficacy and safety reviews of interventional procedures (eg sacral nerve stimulation for incontinence)
- Cochrane reviews (especially diabetes, incontinence, surgery)
- Multicentre trials (eg of knee replacement, fracture prevention)
- Methodological work (eg on literature searching for HTAs; conduct of pragmatic trials).

Future plans

- Further TARs for NICE; topics to be decided by UK Health Departments
- Further Cochrane reviews especially in diabetes and incontinence
- Further assessments of new interventional procedures
- Further large-scale pragmatic trials of non-drug technologies.





WHO Health Evidence Network

WHO EURO is in the process of establishing the Health Evidence Network (HEN) – a service for decision makers in public health. HEN will specialize in responding to specific questions on policy issues in public health by summarizing evidence and other relevant information available.

The Health Evidence Network will also construct a single focal point, a website, with easy access to the many databases with evidence and other relevant information for decision making in public health and contact points with the community of people working in the field of producing and synthesizing evidence.

The Network will include several partners, including UN agencies and other institutions and individuals who will collaborate, eg, to summarize existing evidence and other relevant information around a specific question, critically review such synthesis reports, assist in collecting questions for HEN, and assist in disseminating the findings of HEN in collaboration with WHO.

The partners of HEN will include WHO Headquarters and regional offices, European Commission, UNICEF, UNDP, UNAIDS, OECD, Council of Europe, RIVM, national institutes of public health, INAHTA, and most European agencies for HTA.

The Health Evidence Network will be in operation in the autumn of 2003. The leader of HEN is Professor Egon Jonsson, formerly the director of SBU (e-mail: paj@who.dk).

Conferences

First Conference of Health Technology Assessment International, HTAi

Krakow, May 30–June 2, 2004

For more information: www.htai.org

10 Years of HTA in the NHS: Health Technology Assessment Conference

Church House, Westminster, London
October 15, 2003

For more information: www.healthcare-events.co.uk/pdf/hce_hta313.pdf

Recently Published Reports From INAHTA Agencies – A Selection

- Suicide Prevention Strategies: evidence from systematic reviews (English), February 2003, **AHFMR**.
- Stroke rehabilitation services: systematic reviews of the clinical and economic evidence (English), March 2003, **CCOHTA**.
- Hormone replacement therapy after breast cancer – systematic review (Norwegian; English abstract), April 2003, **SMM**.
- Planned caesarean section for breech birth at term – systematic review (Norwegian; English abstract), April 2003, **SMM**.
- The clinical effectiveness and cost effectiveness of routine dental checks: a systematic review and economic evaluation (English), April 2003, **NCCHTA**.
- Early thrombolysis for the treatment of acute myocardial infarction: a systematic review and economic evaluation (English), April 2003, **NCCHTA**.
- Hearing aids for adults – benefits and costs (Swedish, English abstract), May 2003, **SBU**.
- Evaluation of molecular tests for prenatal diagnosis of chromosome abnormalities (English), May 2003, **NCCHTA**.

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