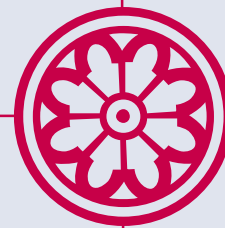


INAHTA

newsletter

Volume X
Number 1

INAHTA

– From a Small Experiment to a Global Network

INAHTA has expanded tremendously, from a small family of 7 agencies to a large network of 38 member organizations. The number of published HTA reports within the INAHTA agencies has increased from 219 to 1615 in only 6 years (diagram).

Number of members	38
Number of nations	19
Number of HTA reports	1,615
People working in the field	2,000
People working full-time on HTA	600

INAHTA provides a forum for systematic sharing of information and expertise, collaborative assessments, and easy access to relevant information through both personal interaction and databases.

As INAHTA grows, new requirements and challenges need to be addressed, eg, mechanisms for effective transfer of information, for collaboration between agencies, and for partnership with other organizations. Crucial questions, including the following, will be examined in detail by discussion groups at the INAHTA Annual meeting in June:

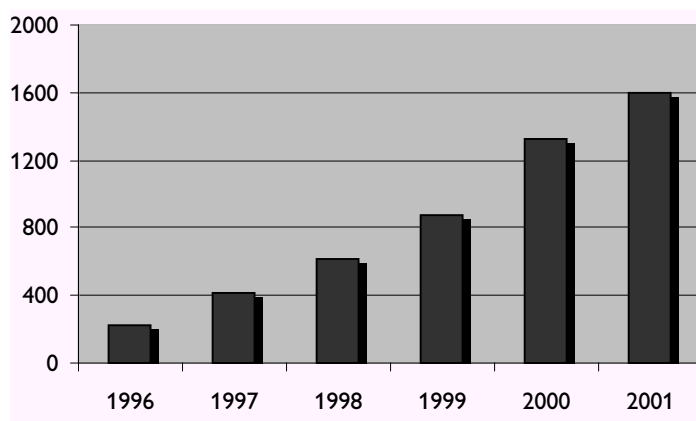
- How can INAHTA enhance the level of information/communication?

- How should different types of organizations, including research institutes, be incorporated into INAHTA?
- What partnership issues concerning INAHTA, ISTAHC, ECHTA and WHO need to be addressed?
- What relationship should INAHTA have with industry?

The experience of INAHTA will be presented at the Annual Meeting of ISTAHC in Berlin.

The program includes INAHTA's role in global networking and a panel discussion on the initial visions of the Network compared with the future directions of INAHTA. Several founders and members of the current Board will speak at this event.

HTA Reports Published Within INAHTA





Update From ISTAHC



Alicia Granados
President of ISTAHC



Chris Henshall
Vice-President of ISTAHC

The 18th Annual Meeting in Berlin, June 9–12, will be a particularly important occasion for ISTAHC.

– Despite the recent financial problems, the Society seems to be stronger than ever before. Around 1000 dedicated individual members belong to the Society plus a growing number of strongly supportive corporate and institutional members from over 40 countries.

ISTAHC members have demonstrated great strength in managing a quick restructuring of the Society's operations for the future. INAHTA has been extraordinarily constructive in this effort.

The Executive will now take further action to:

- Improve services to the membership,
- Seek close collaboration with the agencies in INAHTA and with other international organizations,
- Further develop its relationship with the representatives of industry, and
- Strengthen its programs for information for those doing and using HTA throughout the world.



Reinhard Busse, Chair, Program and Abstract Committee invites you to attend ISTAHC's 18th Annual Meeting in Berlin.

Germany has witnessed remarkable growth in HTA activities in recent years. This is reflected in the program, which includes a plenary session on HTA in the German-speaking countries. We also hope to demonstrate the special role HTA may play in the countries of Central and Eastern Europe. A large number of abstracts from these

countries have been accepted, which reflects the growing impact of HTA – essentially in all countries with a defined benefit package for health care.

The theme of the meeting is “The Challenge of Collaboration”. A plenary session on this topic will describe and analyze exciting collaborative structures and their impact on health policy-making.

This year's meeting also includes exciting new topics such as complementary and alternative medicine, dentistry, and biomedical/clinical engineering.

A particularly interesting session will address the role of HTA in the overall success of health systems: “HTA and Health System Performance – a Global Perspective”.



Matthias Perleth, Chair, Local Organizing Committee: This year's ISTAHC meeting is organized in collaboration with four countries (Austria, Germany, Luxembourg, and Switzerland).

The Committee includes both doers and users of HTA: researchers, decision-makers in sickness funds and physician organizations, ministries, and HTA agencies.

This organizational experiment has been successful, and we are delighted to be able to offer a well designed conference to the delegates.

The program features several Ministers of Health and key people in the field of HTA. The German Minister of Health, Ulla Schmidt, will officially open the meeting and will address the important role of HTA in health care.

The HTA week in Germany will commence with an international Satellite Symposium on Clinical Practice Guidelines. The post-conference workshop topic is: “Implementation of HTA into the Social Health Insurance Structures of Central and Eastern European Countries”. The preliminary program is now available at www.istahc2002.de.

We also invite you to the Conference Dinner on June 11, featuring a boat cruise and buffet as we enjoy the lovely waterfront scenery of Lake Wannsee and the River Havel.

THIS IS CMT

The Center for Medical Technology Assessment



"Health technology assessment is a crucial component in priority setting, although good strategies for implementation in health promotion and health care are decisive for its real impact."

Prof. Jan Persson
Director, CMT

Current budget in million USD	1
Number of permanent staff	17
Number of consultants	5–8
Number of ongoing technology assessment projects	15

History and structure

The Center for Medical Technology Assessment (CMT) was established in 1984 as an independent research institute under the President of Linköping University, with financial support from the County Council of Östergötland (the local healthcare provider). The Center's objective is to carry out assessment studies of medical technologies from medical, social, economic, and ethical points of view. CMT activities consist of applied research sponsored by healthcare providers in the local community, basic research funded mainly by scientific councils and other national research bodies, and projects externally commissioned by commercial clients. The span of medical technology represented at CMT encompasses preventive programs, pharmaceuticals, medical devices and procedures, and rehabilitation and habilitation technologies.

Mission

- Research in HTA, including health economics, outcomes analysis, policy science.
- Conduct national and local health technology assessments and international projects.
- Contract with healthcare providers. Special areas: pharmaceuticals, medical devices, rehabilitation, organizational development.

How CMT works

Medical technology assessment is an interdisciplinary research field requiring the collaboration of scholars from several disciplines. CMT has been established in an environment that provides the necessary conditions to carry out medical technology assessments. Linköping University is conducive to the diverse challenges of technology assessment that require interdisciplinary relationships and involvement by various faculties. CMT is one of several units at a newly established interdisciplinary

department for research and postgraduate studies at Linköping University. Through participation in different networks, CMT benefits from the experience and competence of national bodies such as the National Board of Health and Welfare, the Swedish Council on Technology Assessment in Health Care, the Swedish Handicap Institute, and bodies representing various parts of the medical community.

Dissemination activities

Although the Center for Medical Technology Assessment is primarily devoted to research and development, high priority is also given to coordinating and disseminating existing and ongoing research findings. Consequently, the Center is dedicated to playing an active role in outreach programs – ensuring that the work is brought to the research community and decision-makers in the healthcare sector. One aim is to present assessment findings in such way that they become useful in formulating policy. CMT publishes its own series of research reports in Swedish, scientific journals in English (see list of publication from recent years), and a quarterly CMT Newsletter in Swedish targeted at healthcare professionals, policy-makers and the media.

Current projects

- Measurement of quality of life and utilities.
- Home health care – the role and cost of family carers, cancer, and terminal care.
- Modeling cost-effectiveness of new drugs.
- Innovation and diffusion of medical devices.
- Assessment of a pain rehabilitation unit.

Future plans

- Evidence based health care in practice.
- Methods for monitoring new drugs.
- Methods for explicit prioritization.
- Control of implementation of innovations.
- Methods for assessing organizational developments.





Recently Published Reports From INAHTA Agencies – A Selection

- Efficacy of suicide prevention programs for children and youth (English), January 2002, **AHFMR**
- A study of the methods used to select review criteria for clinical audit (English), January 2002, **NCCHTA**.
- The efficacy of proton pump inhibitors in adults with functional dyspepsia (English), January 2002, **CCOHTA**.
- Accuracy and reliability of using computerized interpretation of electrocardiograms for routine examinations (English), January 2002, **AHFMR**.
- Depot antipsychotic medication in the treatment of patients with schizophrenia: (1) Meta-review; (2) Patient and nurse attitudes (English) December 2001, **NCCHTA**.
- Hearing impairment among adults (HIA) – Report of a joint (Nordic-British) project (English), December 2001, **DACEHTA**, **FinOHTA**, **SBU**, **SMM** in collaboration with **MRC**.
- Cost analysis of child health surveillance (English), December 2001, **NCCHTA**.
- New fluoroquinolones in community-acquired pneumonia: a clinical and economic evaluation (English), November 2001, **CCOHTA**.
- Oseltamivir for the treatment of suspected influenza: a clinical and economic assessment (English), November 2001, **CCOHTA**.
- Advisory report – Deoxynivalenol, DON (English), October 2001, **GR**.
- The challenges of early assessment: leukotriene receptor antagonists (English), October 2001, **CCOHTA**.
- Analysis of the use of simple cranium, chest, and abdomen radiology in emergency hospital services (Spanish, English abstract), June 2001, **OSTEBA**.

New Network Coordinator



Margareta Nordwall is the new Network Coordinator for INAHTA. Margareta has been working at SBU for 2 years as administrative coordinator for a European project on HTA, the ECHTA/ECAHI project.

She is happy to serve all members and is enthusiastically working with the enormous potential of INAHTA.

Latest INAHTA Briefs

- Issue 2002/1:** Mild Head Injury – Observation or CT-scanning? (*SBU, Sweden*)
- Issue 2002/2:** Transcranial magnetic stimulation in depressions (*SMM, Norway*)
- Issue 2002/3:** Ventilation in operating theatres (*SMM, Norway*)

Conferences, Meetings, Seminars

The 4th International Conference on Priorities in Health Care

Oslo, Norway

September 18–20, 2002

For more information: www.healthpriorities.net

25th Annual Meeting of the Society for Medical Decision Making

Baltimore, Maryland, USA

October 20–23, 2002

For more information: www.smdm.org

INAHTA Executive Committee

Chair: Berit Mørland

e-mail: Berit.S.Morland@unimed.sintef.no

Vice-Chair: John Gabbay

e-mail: J.Gabbay@soton.ac.uk

Executive Secretary: Egon Jonsson

e-mail: management@sbu.se

INAHTA – Network Secretariat

Vice Executive Secretary: Helena Dahlgren

e-mail: dahlgren@sbu.se

Network Coordinator: Margareta Nordwall

e-mail: nordwall@sbu.se

Webmaster: Susanne Eksell

e-mail: eksell@sbu.se

Treasurer: Mikael Sparrings

e-mail: sparrings@sbu.se

Mailing Address: INAHTA c/o SBU,

Box 5650, S-114 86 Stockholm, Sweden

Street Address: Tyrgatan 7

Telephone +46 8 412 32 00

Fax +46 8 411 32 60

Web page: www.inahta.org