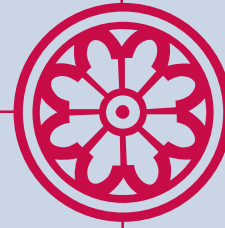
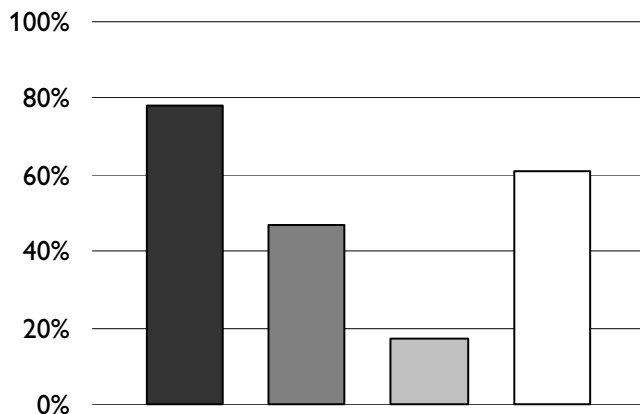


INAHTA

newsletter

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Handling Ethical Issues in INAHTA Agencies



- Ethical issues as an integral part of the assessment
- Involve consumers in ethical considerations
- Written instructions on handling ethical issues
- Engaged in ethics outside HTA reports

In preparation for discussions at this year's Annual Meeting, a survey on handling of ethical issues among INAHTA members was completed in March (36 agencies, 92% response rate).

The survey shows that nearly 50% of the respondents explicitly include ethical issues in their assessments, and that 25% have a system for handling ethical issues as part of HTAs. It also shows that 20% never consider ethical issues, but nearly as many report that they always do.

About 80% regard ethical issues as an integral part of assessments by clinicians, methodologists, multi-disciplinary expert groups (including ethicists), and professional ethicists. A fourth of the agencies perform separate assessments (usually agency supported) or assemble a group to peer review HTA reports, but some are not performed under an agency's auspices.

About 50% involve consumers, often by participation in committee work or by soliciting patients' views and perspectives.

Most agencies have addressed ethical questions in ways other than HTA reports, often in seminars, public debates, consulting activities, and committee work. Nearly 20% of the agencies have already written guidelines for addressing the ethical aspects of an assessment. This figure will increase as other organizations are developing their own statements.

INAHTA has reached a consensus on what constitutes a good HTA, but has not yet developed any notion of how to deal with ethical issues. Several questions can be raised, eg: Should an ethical analysis be separate from or integrated with an assessment? Should this be viewed as a political responsibility? Who is best qualified to do the analysis, and what is the goal, eg, to explain and analyze a moral dilemma and leave the conclusions to others, or to express the view of the agency?

How INAHTA members deal with these questions will be discussed at this year's Annual Meeting.



NHS Quality Improvement Scotland

On January 1, 2003, the Health Technology Board for Scotland (HTBS) became part of a new organization called NHS Quality Improvement Scotland, bringing together 5 bodies working on clinical effectiveness in Scotland.

NHS Quality Improvement Scotland will coordinate the work of Scotland's clinical effectiveness organizations by developing a national strategy to improve the quality of patient care, set standards and monitor performance, and provide advice, guidance, and support to NHS Scotland on effective clinical practice and service improvement.

This will be achieved by developing and implementing, in partnership with healthcare professionals and the public, a national framework to:

- Determine, share, and promote consistent high quality care across Scotland through clinical audits, collecting and publishing clinical performance data, learning lessons from adverse events and "near misses", assessing the clinical and cost effectiveness of health interventions, clinical guidelines, and best practice statements
- Set clinical and non-clinical standards
- Review and monitor performance through self-assessment and external peer review, and investigate serious service failures
- Support implementation of clinical governance.

An interim HTA function will provide advice about the clinical and cost effectiveness of health technologies, eg, conducting HTAs, processing NICE Technology Appraisal Guidance for Scotland, supporting the Scottish Medicines Consortium, and promoting good sources of evidence through Evidence Notes.

The final structure of the organization and the role of HTA will be decided later this year. For more information: www.nhshealthquality.org.

New Director at SBU

Dr. Nina Rehnqvist became the new Executive Director of SBU in April. Nina is a physician specializing in internal medicine and cardiology. Previously, she worked as Deputy Director General for medical issues at the National Board of Health and Welfare. She has served on the SBU Scientific Advisory Committee and the SBU Board of Directors.

Nina takes over Egon Jonsson's responsibilities in INAHTA and looks forward to working with the Network and the challenges it offers.

The TAMI Project

TAMI is a 2-year EU project aimed at improving the effect of Technology Assessment (TA) in Science and Technology (S&T) policy. TAMI was formed in January 2002 and brings together 13 leading European TA institutions to create and promote a structured dialogue on methodological and impact issues in the TA community and between TA experts and policy makers. The objectives of the project are to:

- Review and evaluate the state-of-the-art of methods and practices used in European TA
- Review and evaluate studies of effectiveness undertaken by European TA institutes
- Compare major European S&T policy structures and parameters affecting them
- Identify "best practices" in TA that maximize impact relative to policy needs
- Create a common reference system for the method, impact, and policy components of TA.

A "kick off" meeting was held in Brussels in June 2002, attended by TA experts, policy makers, and industry representatives. A conference is planned for November 2003, and the results of the project will be published in early 2004.

For more information contact: Susanne Stephan, Europäische Akademie GmbH, e-mail: susanne.stephan@dlr.de.

This is HSMTA

Health Statistics and Medical Technology Agency



History and structure

HSMTA is non-profit organization supervised by the Latvian Ministry of Health. The agency was established in 1995 to collect and analyze health statistics and to develop health policy recommendations for the Ministry. It includes the following departments:

- Health Statistics – to collect, maintain, and analyze epidemiological data.
- Registry Monitoring – to maintain State registries of healthcare personnel, institutions, and newborns, and to exchange information with health authorities, healthcare institutions, and other registries with target diseases.
- Conformity Assessment (certification) – to certify (mandatory) all healthcare institutions in accordance with national legislation and standards. Voluntary accreditation in accordance with higher-level standards is planned to start in 2003.
- Medical Technologies – to register medical devices before their introduction on the Latvian market. Only approved medical technologies should be used in Latvian health care.
- Project Appraisal – to evaluate investment projects in health care.
- Master Planning – to supervise implementation of the master plan for restructuring health services in Latvia.

Mission

HSMTA works to improve the quality of health care in Latvia, mainly by furthering the safety, effectiveness, and cost effectiveness of health services. Our goals are to provide evidence-based information for decision making at all levels in health care – government, institutions, authorities, professionals, and patients.

How HSMTA works

Any institution or professional organization in health care can apply for approval of a health technology. The key factor is scientific evidence regarding the safety and effectiveness (or at least efficacy) of the technology. To receive reimbursement, applicants must show cost effectiveness. Medical, economic, ethical, and political issues are also discussed with

Current budget in million USD (10% for HTA)	0.5
Number of permanent staff (8 involved in HTA)	67
Number of consultants	~ 200
Number of ongoing technology assessment projects	2

relevant experts before recommending approval of a technology. Technologies of national economic importance are assessed at the request of the Ministry. The assessments rely mainly on evidence of effectiveness from international HTAs and economic evaluations interpreted in a national context. Multidisciplinary teams of health professionals are involved in the assessment process.

Dissemination activities

HSMTA has a long history of disseminating statistical information to healthcare institutions. We plan to produce HTA reports, not only for healthcare institutions and professionals, but also for the general public. Special HTA reports will be prepared for policy makers. Information is accessible on our website.

We also organize consensus conferences. The first national consensus conference (diagnosis and treatment of low back pain) was held in 2002. HSMTA participates in several educational activities, most related to healthcare quality improvement and analysis of statistical data.

Current projects

- Cost-effectiveness analysis of treatment for mild arterial hypertension in Latvia
- Diagnosis and treatment of osteoporosis in Latvia.

Future plans

A priority at HSMTA is the further education of its HTA staff. The next steps toward successful national implementation of HTA are to share experience, to employ common methodology, and to exchange information with other organizations dealing with HTA. We hope to collaborate with similar organizations worldwide, and especially in the European region.





INAHTA Briefs

Please visit www.inahta.org for access to all published Briefs. Nearly 200 Briefs classified into 17 categories, are currently available.

The third volume of the INAHTA Brief Compilation will be published soon. It contains summaries of approximately 90 reports from member organizations.

Conferences

First Asia-Pacific Conference of the International Society for Pharmacoeconomics and Outcomes Research, ISPOR

International Conference Center Kobe, Japan
September 1–3, 2003

For more information: www.ispor.org

New HTA Society

Health Technology Assessment International (HTAi), a new international society for health technology assessment was established in April. The mission of HTAi is "to support and promote the development, communication, understanding, and use of HTA around the world as a scientifically based means of promoting the introduction of effective innovations and the effective use of resources in health care."

The Society will be formally launched at the International Meeting on HTA in Canmore in June (see <www.istahc2003.org>).

There is a growing community of those who undertake and use HTA and who want to share information and ideas about methods and experiences. HTAi will serve that community and help ensure that scientifically sound assessments are used to improve the quality and value of health care around the world.

A team has been selected at the Institute of Health Economics in Edmonton, led by Professor Devidas Menon, to provide Secretariat services to HTAi during the initial three years. The first Annual Meeting of HTAi will be held in Krakow, Poland, in 2004.

For more information please visit www.HTAi.org.

Recently Published Reports From INAHTA Agencies – A Selection

- Pharmacological treatment of migraines (Spanish, English abstract), January 2003, **OSTEBA**.
- Prevention of relapse in alcohol dependence (English), January 2003, **NHS QIS**.
- Tumor markers in certain cancer locations (Spanish, English abstract), February 2003, **OSTEBA**.
- Photodynamic treatment of subretinal new vessels of choroidal origin in age-related macular degeneration - an HTA (Danish, English abstract), February 2003, **DACEHTA**.
- Treatment of established osteoporosis: a systematic review and cost-utility analysis (English), February 2003, **NCCHTA**.
- Prostate testing for cancer and treatment (ProtecT) feasibility study (English), March 2003, **NCCHTA**.
- The effectiveness and cost-effectiveness of ultrasound locating devices for central venous access: a systematic review and economic evaluation (English), March 2003, **NCCHTA**.
- Radiotherapy for cancer – a systematic review (English), April 2003, **SBU**.

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