



Title	Health Technology Assessment Handbook 2007
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Aim

To highlight the importance of optimal use of existing studies and data material before generating primary data; to present up-to-date, research-based methods in the areas of ethics, patient and organization, and established HTA elements of technology and economy; and to support the HTA process by focusing on current questions, eg:

- How are decision-makers' questions formulated as HTA questions?
- How is literature sought and assessed, and how can supplementary studies be designed?
- How can the material be analyzed and synthesized to formulate conclusions that can answer the questions asked and form the basis for concrete guidance?

Conclusions and results

The first version of the HTA handbook was published by DACEHTA in 2001. Decision-makers' increasing demand for shorter production times for HTA reports called for a new tool with a different approach. The revised handbook should be viewed in light of developments that have taken place in HTA since 2001. New knowledge and new methods have been added, and a much larger pool of experience is available. This applies not only to Denmark, but also internationally, where many of the European countries in particular have expanded their HTA activities and organizations.

The handbook's general approach reflects the course of an HTA – alternating between process- and analysis-oriented chapters. The structure of the book can be broken down into the following key areas:

- An introductory, process-related part describing how to initiate an HTA.
- A general methodological part, which deals with considerations and methods that are common to the areas of analyses, eg, ethics and handling of literature and data.

- A specified methodological part, which focuses on approaches to the analysis of each of the key elements of technology, patient, organization, and economy.
- A final process-related part describing how to formulate a basis for decision-making and an HTA report, covering steps such as synthesis, utilization, quality assurance, and presentation.

Internationally, a basic value of the handbook is its congruence with the work of EUnetHTA. Nationally, its implementation will have to fit into an ongoing substantial restructuring of the Danish healthcare system.

Methods

The handbook design was based in part on an evaluation of methodological "needs", carried out at a previous HTA summer school, partly initiated by DACEHTA's interdisciplinary scientific advisory committee. The committee members contributed as authors or peer reviewers.

Further research/reviews required

The handbook will be updated within 2 years to keep pace with ongoing development.