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**OECD's Survey on the impact of New  
and Emerging Health-Related  
technologies  
Case study: PET**

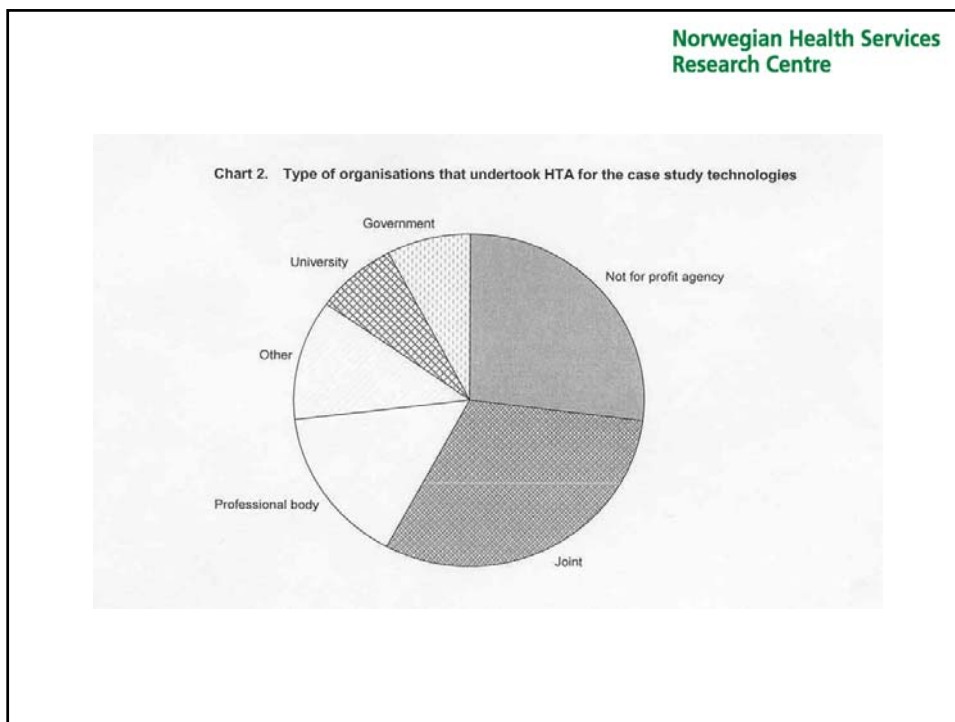
**Berit Mørland  
Norwegian Health Services  
Research Centre**

Norwegian Health Services  
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**The 12 countries taking part in the  
survey:**

- › **Australia**
- › **Austria**
- › **Canada**
- › **France**
- › **Germany**
- › **Ireland**
- › **Japan**
- › **Mexico**
- › **Netherlands**
- › **Norway**
- › **Spain**
- › **Switzerland**

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**Table 4. Reasons for undertaking HTA by case study technology**

	Legislative/ policy requirement	Part of an ongoing HTA programme	Voluntary/ ad hoc basis	Direct request from Government/ insurer	Other
PET	50%	50%	0%	83%	17%
Hepatitis C genotyping	67%	67%	0%	33%	33%
Telemedicine	0%	67%	33%	50%	17%
Prostate cancer screening	20%	60%	0%	40%	0%
Stroke technologies	33%	33%	17%	33%	50%
Overall	31%	54%	12%	50%	23%

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Table 14. Stroke units and PET citations and HTA reports

	Total number of citations 1966-2002	Total number of economic citations 1966-2002	First citation	First economic citation	Number of HTA citations
Positron Emission Scanning	19 708	455	1969	1979	33
Stroke Units	490	35	1969	1979	6

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Table 6. PET HTA production in survey countries

	When was technology first used?	When was HTA reported/published?	How long did it take?
Norway	1998 (approx)	1999 and 2003	1999: 6 months; 2003: 2 months
Ireland	2002		1 month
Germany	Early 1980s	2002	4 years
Spain	1995	1998, 1999, 2001	2001: 6 months
Japan	After 1997	2002	
Australia	1995	2000,2001,2002	6 months
France	1999	1998, 2001,2002	
Canada	1990	1998, 1999 (Alberta) 2002 (Quebec)	

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Table 3. Content of HTA by case study technology

	PET	Hep C genotyping	Telemedicine	Prostate cancer screening	Stroke technologies
Efficacy/Effectiveness	100%	100%	83%	100%	100%
Quality/Safety	83%	100%	83%	80%	100%
Psychological, social and ethical considerations	0%	33%	50%	20%	71%
Organisational and professional implications	33%	67%	100%	20%	86%
Cost-effectiveness	67%	67%	100%	60%	71%
Additional costs or savings	67%	67%	83%	40%	57%
Burden of disease in the population	67%	100%	33%	80%	71%
Severity of disease in the individual	33%	100%	17%	100%	86%
Equity	33%	100%	17%	40%	43%
Social benefits	33%	100%	50%	60%	71%
Patient perspectives	0%	0%	33%	40%	71%
Economic benefits	17%	67%	83%	40%	71%
Industry/R&D	0%	0%	50%	0%	29%
Waiting times	17%	33%	17%	20%	71%
Lack of alternative treatment	0%	0%	17%	20%	57%

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Table 9. PET HTA dissemination techniques

	Norway	Ireland	Germany	Spain	Japan	Australia	France
Website	√		√	√		√	√
Conferences							
Media							
Targeted distribution of report/newsletter	√			√	√	√	
Database entry	√		√	√		√	√
Academic publication			√				
Direct link to decision maker	√	√	√			√	√
Guideline							

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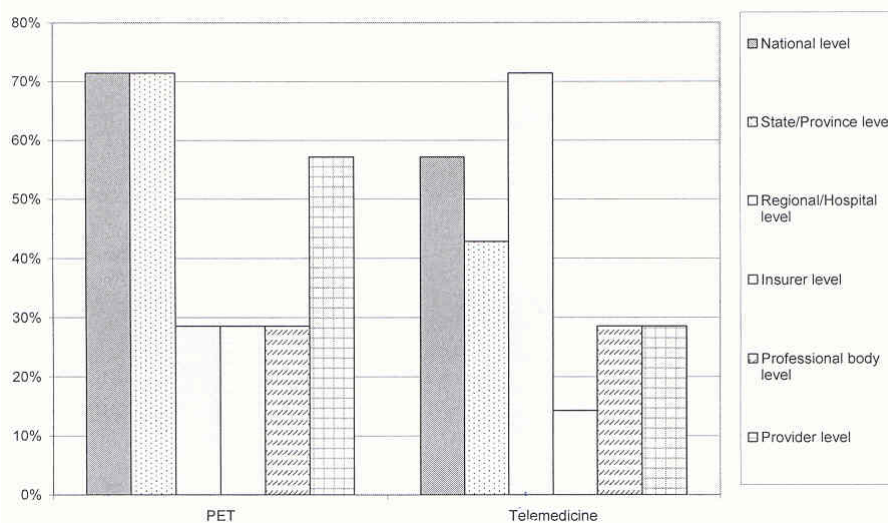
Table 8. What and who is the PET HTA for? (TBU)

What was the envisioned role of the HTA?							
	Norway	Ireland	Germany	Spain	Japan	Australia	France
Inform reimbursement / coverage decisions	√	√	√	√	√	√	
Inform health care planning/ investment decisions		√					√
Inform patients or citizens							
Inform providers	√	√		√	√	√	
Who represents the target audience of the HTA?							
Political decision makers	√	√	√	√		√	√
Third party payers					√		
Hospital managers / administrators	√	√		√			√
Health care providers				√	√		
Patients/citizens							

18. For example those conducted by AETNIS (Quebec) and CETIS (France).

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Chart 5. Where investment decisions are made



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Table 19. Available policy mechanisms to manage diffusion of PET

	Pre-market controls	Exclusion from public reimbursement	Planning tools for specific technologies	Incentive payments for institutions	Incentive payments to providers	Encourage competition	Medical audit and reviews
Australia	√	√	√				√
Austria	√	√	√				√
France	√		√	√	√		√
Germany		√	√				
Ireland	√						√
Japan	√	√					
Mexico			√				
Netherlands			√	√	√		
Norway		√	√				√
Spain							√
Switzerland	√	√	√				

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Table 23. Health system facilitating factors for decision implementation

	Not important	Somewhat important	Important	Very important
Evidence comes from a trusted source	14%	11%	34%	40%
Flexibility in health care budgets	14%	23%	34%	29%
Funding for implementation is available	6%	6%	35%	53%
Direct benefits to my department	26%	9%	37%	29%
Payment mechanisms encourage uptake	29%	26%	24%	21%
Performance management systems	15%	18%	48%	18%
Stakeholders involved and support	11%	34%	14%	40%

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**Drafted conclusions from the "NEHRT"  
report**

- **HTA is of significant value in decision making but there are significant challenges in the delivery of timely and relevant information that reflects the dynamics of the technology and health-care system**
- **The ways in which health-care decisions are made require greater clarity, transparency and be more conducive to the incorporation of evidence**
- **Greater stakeholder involvement can facilitate improved implementation of decisions and policy, and manage uncertainty whilst enabling access to safe technologies**