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HTA GLOBAL SPOTLIGHT

How HTA is beginning to reshape health services in Ireland

The Irish government recently legislated a formal role for HTA as a valuable tool to inform healthcare investment decisions, establishing the Health Information and Quality Authority (HIQA).

Although pharmacoeconomic assessments of new drugs for reimbursement on publicly funded schemes had been carried out prior to this, the Health Act of 2007 formally established HIQA as a key driver for quality, safety, accountability, and best use of resources in health and social services. Among other functions, this agency has responsibility for evaluating the "clinical and cost-effectiveness of health technologies including drugs" and providing advice to the Minister and agency charged with public health service delivery in Ireland.

HIQA has already produced two major reports on cancer, including HTAs of [HPV vaccination](#) to prevent cervical cancer and [population-based screening](#) for colorectal cancer. More recently an [efficiency review of cancer screening services](#) in Ireland has been published, examining use of resources to maximise the delivery of screening programmes. Informed by this work, the Minister for Health and Children in Ireland has announced the implementation this year of both the vaccination and the additional screening programmes, with the prospect of substantial benefits in terms of patient morbidity and mortality.

HTA output will increase significantly in 2010 and 2011, and already several projects are "in the pipeline."

The Authority was delighted to win the bid to host HTAi2010 in Dublin, and organisation of the annual meeting has enabled increased visibility and participation in the international HTA community.

HIQA very much looks forward to welcoming friends and colleagues to Dublin this summer to what promises to be a great opportunity to explore how best to maximise the value of HTA in driving improvements in health for all. .

Closing the loop: Resources for HTA and disinvestment

Health systems face pressure to ensure efficiency and value for investment, and some have recognized the imperative to disinvest in technologies that are ineffective, have been superseded, or are no longer cost-effective.

HTAi has recently launched a new **Interest Sub-Group (ISG) on Disinvestment**, acknowledging the importance of disinvestment to users and producers of HTA. The ISG is a global forum for sharing knowledge on methods for prioritizing and assessing obsolete or low-added value technologies and on the practical application of disinvestment for health systems. The ISG will host a workshop and a panel at the HTAi Annual Meeting in Dublin in June 2010, and welcomes new members.

For public health systems, the attraction of disinvestment is obvious: facing cost pressures and limited resources, managers and policymakers need ways to identify obsolete technologies and inefficient spending.

Challenges

However, disinvestment presents challenges. Evidence for established technologies is often limited, with little incentive for new research. Priority setting for disinvestment requires clear parameters. It may also be difficult to achieve the cost savings promised by disinvestment in real-world application — this requires mechanisms to support disinvestment in system-wide, hospital-based, and clinical decision-making.

Health systems have begun to address these challenges. Examples include the UK, where NICE works to reduce ineffective practice through "optimal practice reviews," and Spain, where the Galician HTA

On the web

[Post-introduction observation of health technologies: methodological guideline](#)

[Galician HTA Agency \(Avalia-t\): Tool for prioritization of technologies for reassessment](#)

[NICE: Optimal Practice Reviews](#)

[Adelaide HTA: Disinvestment](#)

[CADTH: Reassessment of Health Technologies: Obsolescence and Waste](#)

agency has developed an online tool for prioritization and the Basque Office for HTA has developed software to structure the disinvestment process in health systems. Adelaide HTA has been a leader in building capacity for disinvestment in Australia, and Canada and Norway have begun to explore frameworks for reassessment and disinvestment.

Key challenges for existing initiatives include identifying and prioritizing candidates for disinvestment and establishing the roles of various agents in the disinvestment process. Key lessons include opportunities for reinvestment and the need for incentives to promote the identification of candidates. In general, the process has been welcomed by clinicians and managers as a way to sustain health systems, encourage improvement, and promote innovation.

For information about joining the HTAi Disinvestment Interest Sub-Group, please contact the [Secretariat](#).

UPDATE FROM THE POLICY FORUM

Managed Entry Agreements: negotiating access to new technologies

The HTAi Policy Forum met in Washington from January 31 to February 2 to discuss the topic of Managed Entry Agreements. These agreements between manufacturers and health care payers are emerging as a mechanism to provide rapid access to technologies when uncertainties exist about clinical or cost effectiveness in the real-world setting, when utilization may need to be carefully managed, or to constrain budget impact.

As a key meeting place for senior professionals working at the interface of HTA and decision-making, the Policy Forum discussed different types of Managed Entry Agreements, the reasons for using



***The Policy Forum** consists of senior professionals from public and private, for-profit and not-for-profit organizations, and meets twice yearly.*

***For more information:** visit htai.org or contact info@htai.org.*

them, their practical application, advantages, disadvantages, and alternatives.

Addressing diverse challenges

Discussion confirmed that Managed Entry Agreements are used to address diverse challenges. For payers, these challenges might include factors like cost pressures, uncertainty about value or effectiveness, or questions about utilization. For manufacturers, they may address concerns about inappropriate utilization or difficulty collecting "real-world" data pre-approval and are hoped to provide earlier access to technology. However, the Agreements may be difficult to negotiate and increase the bureaucracy for all stakeholders, and a multitude of Agreements could prove untenable for either stakeholder.

As a result of this discussion, the Scientific Secretariat will develop principles for the use of Managed Entry Agreements with the Policy Forum and submit a manuscript to the *International Journal of Technology Assessment in Health Care*, HTAi's official journal.

New members and selection of a new Chair

The Policy Forum has instituted a new process for selection of members, and was delighted to welcome the following new members in February: Abbott, Bayer Schering Pharma, the Institute for Clinical and Economic Review (ICER), Sanofi-Aventis, and the Stryker Corporation. A call for new members to the Forum will be made in the summer.

During the Autumn a new process was also established to allow members to elect the Chair of the Policy Forum from their own membership or from HTAi as a whole. This has led to the election of Chris Henshall as Chair for a term of three years, beginning in June 2010.

INTEREST SUB-GROUP PROFILE

Information Resources: Optimizing retrieval methods for HTA

The Information Resources Group (IRG) of HTAi is an Interest Sub-group for individuals who provide the information resources, conduct research, and develop information management issues that support HTA decision-making. This Interest Sub-group currently has around 150 members.

The IRG is active in developing, collaborating on, and promoting information retrieval methods and technologies appropriate to HTA. The group leads full-day workshops, panel sessions and educational courses at HTAi's Annual Meetings. The IRG also develops and maintains the HTAi Vortal, a web based source of HTA information available to anyone.

Through the IRG mailing list, members exchange information and discuss information retrieval issues relevant to HTA. In addition, the IRG collaborates with relevant external organisations and networks to initiate and conduct developments within the scope of HTA information management.

Join us for the full-day pre-conference workshop on "**Optimising information retrieval methods for HTA - towards best practice**" to be arranged at HTAi 2010 in Dublin in June!

All members of HTAi are most welcome to join the IRG. Requests to join can be sent via the IRG [e-mail listserver](#). Non-HTAi members may also join the IRG by sending requests to the [HTAi Secretariat](#).

Questions about the activities of this group or its membership can be sent to the IRG Chair, Sari Ormstad (sor@nokc.no).



On the web 

[HTA Vortal](#)

NEWS FROM INAHTA

Recent publications from INAHTA agencies



INAHTA 

About INAHTA:
The International Network of Agencies for Health Technology Assessment is a non-profit organization established in 1993.

All members are non-profit making organizations producing HTA and are linked to regional or national government.

INAHTA is pleased to welcome the membership of Health Intervention and Technology Assessment Program (HITAP), Thailand's HTA agency.

The following publications are now available on the INAHTA website:

[Extracorporeal Liver Support of Liver Failure by Means of Prometheus® System](#), AVALIA-T, Spain

[Pharmaceutical and Non-Pharmaceutical Interventions for Alzheimer's Disease, a Rapid Assessment](#), KCE, Belgium

[Health Technology Assessment on the Net: A Guide to Internet Sources of Information](#), IHE, Canada

[Click here for more publications](#)

INTERNATIONAL JOURNAL OF TECHNOLOGY ASSESSMENT IN HEALTH CARE

IJTAHC: New look, highlights from new Policy section

HTAi's official journal, the International Journal of Technology Assessment in Health Care (IJTAHC), welcomes Marjukka Mäkelä as its new Editor-in-Chief beginning January 2010. Marjukka takes over from Egon Jonsson, who retired as Editor-in-Chief after a twenty-five year tenure that saw IJTAHC become a flagship for health technology assessment.

The Journal's tradition of academic excellence will continue, but IJTAHC will also see significant changes.

Articles will now be grouped into three major themes: Assessments, Policies, and Methods. Policy articles in the current issue address [Coverage with Evidence Development](#) and the [application of HTA principles by agencies](#), while discussions on methods include [the use of databases](#), registers, and quality of life instruments. Assessment topics span diagnosis and screening, vaccination, preventative programs, and treatment.

IJTAHC readers will also encounter other updates. The redesigned cover reflects the diversity of HTA's concerns, which include decision-making, scientific methods, and patient care. This year the Journal will also launch web-based manuscript submission and editorial processes.

Much, however, will remain unchanged. IJTAHC and HTAi have been long-standing partners in the global advancement of HTA. As the official journal of HTAi, IJTAHC has encouraged research excellence and has provided a venue for disseminating and advancing knowledge.

Under new leadership, IJTAHC will continue its partnership with HTAi now and into the future.

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HTAi's Organizational Members

A special thanks to HTAi's organizational members. [View the full list of members here.](#)

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HTAi
1200 10405 Jasper Avenue
Edmonton, Alberta T5J 3N4
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