

Dr Máirín Ryan, Director of Health Technology Assessment in the Health Information and Quality Authority and co-chair of the HTAi 2010 Local Organising Committee, discusses the forthcoming conference



Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

HTAi 2010

Firstly, how are preparations for HTAi 2010 progressing, and what level of involvement have you secured to date? What unique qualities will Dublin, as the venue, and the Health Information and Quality Authority (HIQA), as the organising body, bring to the conference?

We are delighted that planning for the event is at an advanced stage. The scientific committee is being chaired by Dr Michael Barry from the National Centre for Pharmacoeconomics in Dublin and Professor Mike Drummond from the University of York. The 17 member committee is comprised of recognised experts from the fields of academia, assessment agencies, health policy decision makers and industry and has a broad geographical spread from around the world.

Dublin is a beautiful city with a welcoming feel; however its location on the edge of Europe makes it accessible and therefore particularly attractive for delegates from all parts of the world to get to. We are very keen to assist any delegate who wishes to trace their Irish ancestry.

The Health Information and Quality Authority is a new, dynamic and enthusiastic organisation. Established since 2007, the Authority has a statutory responsibility for developing and supporting capacity for Health Technology Assessment (HTA), as well as developing its own programmes. Against this backdrop, it is delighted to be hosting this prestigious event.

Could you explain the overall aims and objectives of your work in technology assessment for the future, and how this approach is manifest in the policy issues to be discussed at HTAi 2010?

The overall aims and objectives of our work in HTA is to develop a meaningful work programme and to support capacity building throughout the state to ensure that HTA reports are robust, methodologically sound, and are directed at informing key investment decisions.

Limited resources are a reality for healthcare decision makers, and these resources must be used as effectively as possible for maximal health gain. Organisational and service delivery efficiencies are increasingly important and deliberate disinvestment decisions may be a theme in future years.

HTA departments will themselves have to be accountable for the effective use of their resources and projects undertaken will have to be carefully chosen to ensure the greatest impact. Collaborations with other researchers will need to be further developed.

How important is international collaboration to the HTA sector? Is it important to assess, and standardise results on a broad scale?

This question and the latter part of your previous question fits nicely with the policy issues to be discussed at HTAi 2010. Essentially, the conference theme is 'Maximising the Value of HTA'. For example, given resource limits, what are the benefits of international collaboration? How can we establish what methodological elements transfer across jurisdictions given the different models of healthcare involved? The EUnetHTA (of which the Authority is an Associate Partner) project is an extremely interesting collaboration, and will explore how agencies can standardise approaches to HTA and collaborate on projects which have a mutual benefit.

Is the majority of your work focused on a strategic level, aimed at changing policy? How far has the recent global economic situation put a strain on HTA budgets, and how do you strike a balance between technological development and financial viability concerns?

Like all agencies, the recent economic downturn has had an impact on HTA, and maintaining resources will always be a challenge. In Ireland, HTA is a relatively new discipline and decision makers are increasingly turning to HTA to inform their decisions.

Agencies will have to prioritise their projects as not everything can be undertaken, therefore these projects will have to be 'major impact'



projects. It is envisaged that they would be able to provide the evidence base to support a major decision impacting on the resources available.

Our HTA output to date has focused on national projects such as cervical cancer vaccination and colorectal cancer screening programmes. We will develop a programme of work for the future, and I am especially pleased that approval of key posts within our department has been sanctioned.

The Health Information and Quality Authority have an additional responsibility in developing guidelines for the conduct of HTA across Ireland by other research groups. To date we have developed economic methodological guidelines, and other issues will follow over time. We have also been actively involved in the application of 'mini-HTA' and its development in local institutions for the purposes of supporting local decisions.

Technology is opening up medical research in ways previously thought impossible. Are there particular areas where you would like to see further innovation to transform our understanding, and treatment, of disease? How do you prioritise such decisions?

HTA in itself is not about performing primary research into new treatments or technologies; rather it is about evaluating the research evidence into those developed or in development and this is an important distinction. Technologies likely to have the greatest impact for the maximal benefit of larger sections of the community are likely to be more important. For example, screening and vaccination programmes; health improvement technologies in common disease areas and new technologies in acute care that will have a large impact.

What are the main barriers to success that you have encountered in the field of HTA, and how far will the meeting of delegates at HTAi 2010 be able to address these?

The international meeting provides an opportunity to network with key opinion leaders in HTA practice, in order to leverage international experience and expertise, and enables exposure to state of the art methods and research.

Is HTAi concerned with the unique logistical, political and budgetary factors affecting health care implementation in developing nations? Are you working with front line charities in carrying out viability studies for your suggestions?

Since its launch in 2003, HTAi has been concerned with the different challenges of healthcare and HTA in developing countries.

HTAi provides travel grants to HTA practitioners from developing countries to attend the HTAi Annual Meeting, as well as scholarships to allow students and others to further their academic work in HTA.

HTAi has also launched an online interest group on HTA in developing countries. The goal of the group is to provide a forum for HTAi members to share ideas and work collaboratively on HTA topics of concern in developing countries.

In the past year HTAi has also begun to explore support for the development of HTA in developing countries with the World Health Organisation and through stronger relationships with governments and HTA agencies in the Asia Pacific region.

What are the main criteria by which you evaluate the success of your work? Is it contingent upon uptake of your suggestions, or feedback at the subsequent conference?

I think that the main success of any HTA project is that it will inform a key investment decision that ultimately delivers better healthcare for people and improves our health service. Inevitably, there will be situations where decision makers do not adopt the advice of HTA, although we are especially pleased that our HTA recommendations to date in Ireland have resulted in investment in cost-effective technologies.

A successful outcome of the conference itself would be positive feedback from delegates, a large number of attendees and raising the profile of the Health Information and Quality Authority's role in HTA in Ireland and internationally.

How far have we come in the past half century in terms of health technology assessment, and how optimistic are you that future improvements can be made in this endeavour?

HTA is a relatively new discipline. In Ireland there are substantial transformative programmes envisaged for the health system generally, and HTA and evidence-based practice have a central role in informing policy and practice decisions. The current economic conditions

worldwide underscore the importance of investment in cost-effective and efficient technologies to maximise population health gain and make the best use of resources.



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