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FINDING THE RIGHT TOPICS

for health technology
 assessment



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HTAsiaLink

NEWSLETTER TO STRENGTHEN COLLABORATION AMONG HTA AGENCIES IN ASIA



EDITORIAL

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Because all good things come in threes, this New Year the HTAsiaLink newsletter arrives at its third issue with renovated energies and partners from Vietnam and India. We have left behind a year in which dramatic health disasters have occurred in our region but also there have been good news, such as the introduction of the first truly regional conference organised by and for people working in HTA units in Asia.

The inaugural annual event will take place in the beautiful beach resort of Cha Am, Thailand, 14-16 May 2012, and will be rotated around member units' countries in subsequent years (For more information, see Upcoming events).

With this issue, we start a thematic series on processes generally followed in the practice of HTA. Initially, the focus is on the selection of topics for assessment in three HTA units (Singapore, Taiwan and Thailand), with a description of the criteria commonly used and procedures for review.

In this Newsletter, we also introduce the Social Values and Health Priority Setting Network, a recently founded academic community with the aim to address the role of social value judgments in priority setting. Finally, we review two events in which network members actively participated in the last few months, the HTA World Europe 2011 Conference in London, and a symposium held in Thailand concerning "Hot Issues Related to Health Technology Assessment in the United Kingdom, South Korea and Thailand".

Best wishes for 2012,
The Editorial Team



HTA FORUM

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FINDING THE RIGHT TOPICS FOR ASSESSMENT

In a world of limited resources with unlimited need, budget constraints affect not only healthcare providers but also research organisations. Prioritisation of patients' needs is applied in order to identify and prioritise research topics. In the Asia region, HTA has been growing in importance as a useful tool to guide healthcare resource allocation. Consequently, appropriate HTA topics need to be justified in order to utilise the limited budget efficiently. The purpose of this article is to provide a glimpse of how our HTAsiaLink network prioritises their HTA research questions. A structured questionnaire on research prioritisation was distributed to the HTAsiaLink network containing key questions about the availability of a prioritisation process, stakeholders who submitted the topics and stakeholders who selected the topics based on what criteria used.

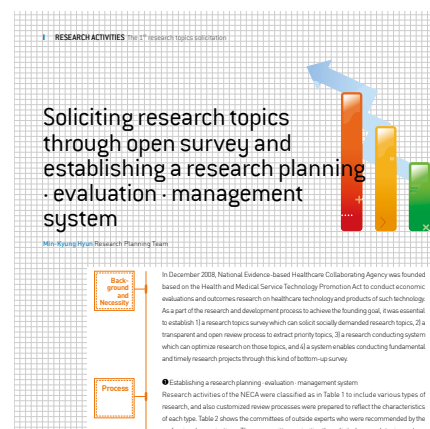


Not surprisingly, the research prioritisation or topic selection process is very well established among the national representative HTA organisations such as Health Technology Assessment (HTA) Department in the Ministry of Health, Singapore; National Evidence-based Health Collaboration Agency (NECA), South Korea; and Health Intervention and Technology Assessment Program (HITAP), Thailand - unlike academic institutes that have not yet adopted this practice. The sole exception amongst HTA organisations lies in Taiwan, where the Center of Drug Evaluation (CDE) responds directly to an agenda set by decision makers. The main reason for not adopting a prioritisation process in academic institutes is probably due to its cultural resistance to structural restrictions on curiosity driven research as mentioned by our network from the Universiti Sains Malaysia, Malaysia and the Hanoi Medical University, Vietnam: most HTA studies



are initiated by academic supervisors or students as a part of their thesis or dissertation. In contrast, the research conducted by the national representative of HTA organisation is required to inform policy-development and decision-making. Therefore, the payer for the research and the research user for such work are distinct in each sector.

HTA topic selection among the HTA agencies of South Korea and Singapore has been found to occur once a year. In Thailand, however, there are two types of research prioritisation processes – HITAP annual topic selection and biannual topic selection for the National Health Security Office (NHSO) concerning the selection of healthcare packages for the universal coverage scheme. In general, the research prioritisation process of the three organisations comprise: 1) identifying/ submitting research topics; and 2) selecting research topics to be conducted based on specified criteria (see table in page 4). First, eligible stakeholders are notified to submit the HTA-related topics by means of mailing or annual survey in Thailand and South Korea. Various types of stakeholders are considered under the topic submission process in Thailand and South Korea; in Singapore, it is the Ministry of Health that instead carries out the submission of the research topics. Second, the key bodies will select the HTA-related topics based on a priority score from preset criteria. The criteria for prioritisation are centred around safety; size and severity of population affected by disease or health problem; effectiveness of the health technology; cost or economic impact on household expenditures; variations in practice; changes to services; and equity/ethical and social implications.



Source: National Evidence-based Health Collaboration Agency (NECA), Evidence and Value Volume 1, 2009 August.

The prioritisation process will continue to gain traction as an essential tool to enhance the usefulness and credibility of HTA research centrally on the established HTA organisations. It is often being requested by policy-makers as some decision-making cases require more evidence to supplement results from the national representative of HTA organisations. Academics should take note that participation from the third party payers, healthcare program managers or even patient representatives would enhance the usefulness of their research products. With inputs from all relevant stakeholders, future healthcare policies will be able to increase the standard of living and ultimately, society's welfare. 🌱

In general, the research prioritisation process of the three organisations comprise: 1) identifying/ submitting research topics; and 2) selecting research topics to be conducted based on specified criteria.



Organisations	Stakeholders who submitted the topics	Stakeholders who selected the topics	Criteria used to select the research topics
HTA department in the Ministry of Health, Singapore	Professional policy divisions and senior managers within the Ministry of Health	HTA department with the consultation with the commissioning professional policy divisions	Safety, effectiveness, cost, volume and changes to services
NECA, South Korea	General public including health care professionals, academic and research institutes and various civic organisation	The expert panels composed of clinical experts on the specific diseases related to the topics, economists medical statisticians and healthcare managers	The referred research plan, urgent policy, burden of disease, social demands and research feasibility
<p>HITAP, Thailand</p> <p>1) Annual topic selection process</p> <p>2) Biannual topic selection for the NHSO (HITAP with collaboration with International Health Policy Program, IHPP)</p>	<p>Health professional councils, Health care purchasers, central and provincial government officers, academics, private sectors, civil society and patient representatives</p> <p>The working group of topic submission comprised with health professionals, civil society, academics, patient groups, policy maker, industry and general population.</p>	<p>The same group of people listed under stakeholders who submitted the topics</p> <p>The working group of topic selection comprised with health professionals, civil society, academics, and patient groups.</p>	<p>Policy relevance, burden of disease, economic impact, social and ethical aspects, variation in practices, possibility of changing practices and public concerns</p> <p>Size of population affected by disease, severity of disease, effectiveness of health technology, variation in practice, economic impact on household expenditure and equity/ethical and social implications</p>






SOCIAL VALUES AND HEALTH PRIORITY SETTING NETWORK



It is generally recognised that social and ethical issues (e.g. equity, solidarity, autonomy, dignity) should be considered in HTAs, from topic selection to assessment and appraisal. However, this task is not free from difficulties. Questions arise on the nature of the values that particular societies hold, and how to develop an appropriate balance between these different values and technical information (e.g. clinical and cost effectiveness, budget impact).

In order to shed light on these issues, the Social Values and Health Priority Setting Network was inaugurated in a workshop held in London, UK, 17-18 February 2011. The workshop convened a group of experts from Europe (e.g. NICE), the Americas (e.g. Johns Hopkins Berman Institute of Bioethics), the Middle East and Asia-Pacific, including representatives from the Healthcare Reform and Development Center (China), NECA (Korea) and HITAP (Thailand). The group agreed to collaborate on a research project to compare the construction and expression of social values internationally, how these values are incorporated into health policy decisions and whether population diversity is considered in the national sets of public values. Follow-up discussions were held in conjunction with the HTAi conference in Rio de Janeiro, Brazil, June 2011. There it was agreed to put together a series of papers from the participating countries/regions encompassing diverse perspectives in a special supplement of the *Journal of Health Organization and Management* (<http://www.emeraldinsight.com/journals.htm?issn=1477-7266>), to be published in April 2012 and presented at the next HTAi conference in Bilbao, Spain, 23-27 June 2012. The Network is hosted by the UCL School of Public Policy, London, UK (<http://www.ucl.ac.uk/socialvalues>) but it is expected to become formalised with its own website soon. At the moment, documents related to the London workshop can be downloaded, such as a background paper ¹ that has informed the development of the conceptual framework as well as research questions and reflections on themes arising from discussions at the workshop. ²

Ultimately, the Network's work aims to offer useful guidelines to international policymakers and other stakeholders on how to confront the issues arising from social value judgments in health care resource allocation. 

¹ Clark S and Weale A. Social Values in Health Priority Setting. Background paper. January 2011. London, UK: UCL School of Public Policy; 2011.

² Weale A. Themes Emerging from Country and Related Presentations. Presentation made at the Social Values and Health Priority Setting Workshop. 17 February 2011. London, UK: UCL School of Public Policy; 2011.



HTA ACTIVITIES

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SYMPOSIUM ON 'HOT ISSUES RELATED TO HTA IN THE UNITED KINGDOM, SOUTH KOREA AND THAILAND'

[10 November 2011, Nonthaburi, Thailand]

The Health Intervention and Technology Assessment Program (HITAP), Thailand, hosted a symposium on "Hot issues related to Health Technology Assessment (HTA) in the United Kingdom, South Korea and Thailand". HTA experts include: **Prof. John Cairns** (Professor of Health Economics, London School of Hygiene and Tropical Medicine, UK) **Dr. Kalipso Chalkidou** (Director, National Institute for Health and Clinical Excellence - NICE international programme, UK) **Dr. Jeong Hoon Ahn** (Senior Director, Office of Clinical Outcomes Research, National Evidence-based Healthcare Collaborating Agency - NECA, South Korea) **Dr. Yot Teerawattananon** (Leader, HITAP) and **Mr. Román Pérez Velasco** (Researcher, HITAP). The event drew attention from more than 60 Thai and international participants.

United Kingdom: New value-based pricing system and roles of NICE

NICE, a governmental body was established in 1999 to support evidence-based information on which drugs, procedures, devices, or treatments should be available for patients. It also develops public health guidance, clinical guidelines, quality standards, and other products to ensure healthy living and wellbeing of the entire population. NICE has continuously published outstanding work and become a role model for other organisations around the globe. In practice, NICE works with partner agencies including the Royal Colleges, academic sectors, patient groups, etc., in order to develop the above-mentioned products. The recommendations and guidelines developed are primarily useful for decision makers and health professionals within the National Health Service (NHS)¹ in terms of allocating limited health resources.

¹ National Health Service (NHS) provides comprehensive health services for the residents in the United Kingdom. Supported by Department of Health, its publicly-funded activities drive the UK healthcare system with efficient, effective, and equitably allocated services that are free at the point of utilisation. For more information, visit <http://www.nhs.uk/>.



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Prof. Cairns mentioned that currently the UK Department of Health (DH) applies a Pharmaceutical Price Regulation Scheme (PPRS)². PPRS is a price-controlled agreement between the DH and the Association of the British Pharmaceutical Industry (ABPI) – under Section 261-266 of the National Health Service Act 2006, to judge the cost of drugs, especially the branded medicines available in the market. This PPRS will soon be replaced by a new value-based pricing system at the end of 2013. The new scheme will modify criteria for drug pricing that will link pricing to relative treatment efficacy. Due to this case, health technology assessment information is needed.

In response to the new value-based pricing system, **Dr. Kalipso Chalkidou** indicated that the "NHS framework will be focused on three domains; 1) Clinical care by preventing people from dying prematurely, enhancing quality of life for people with long term conditions, and helping people recovering from episodes of ill health or following injury, 2) Patient experience by ensuring people have a positive experience of care, and 3) Safety by treating and caring for people in a safe environment and protecting them from avoidable harm. In doing so, NICE will develop quality standards to support the delivery of the first domain (Clinical care), and also expand the work on social care³.



² For more information, visit http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Pharmaceuticalpriceregulationscheme/DH_4071841.

³ Social care represents services designed to foster the quality of life and wellbeing of people who require a certain degree of extra practical and physical help with activities of daily living.



In order to ensure efficient and effective adoption of technologies there has been an increase in the emphasis on HTA.

South Korea: Evidence-based decision making

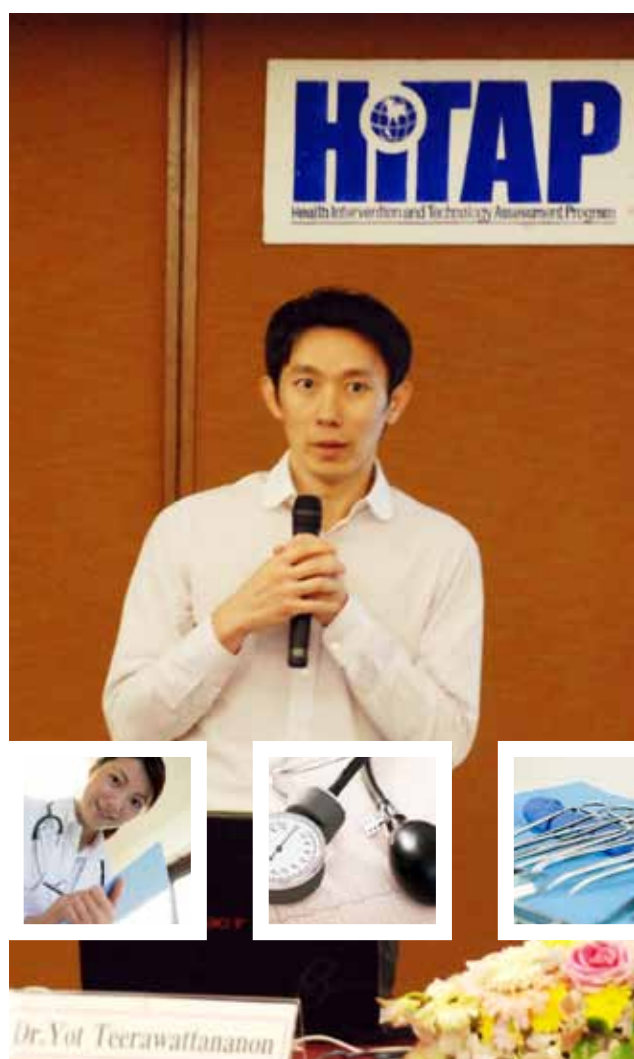
Dr. Jeong Hoon Ahn said that, in 2007-2009, South Korea faced the economic crisis. Total health expenditures increased with most of the increase drawn from out-of-pocket payments. One of the reasons for the escalation of health expenditures was the rapid adoption of new health technology. Consequently, in order to ensure efficient and effective adoption of technologies there has been an increase in the emphasis on HTA.

The National Evidence-based Healthcare Collaborating Agency, so-called NECA, is a research body designed to support the generation of evidence for health policy decision-making. Such studies include economic evaluations, and assessments of clinical efficacy of health technology and products. Established in 2009, NECA is divided into 3 main departments; 1) Macro Health Research that examines the validity of budget allocation, efficient use of high cost health technology, and the generation of evidence to inform the set of services to include in the essential healthcare package. This department also houses a rapid response unit, called the 'Rapid Assessment & Production of High Quality Information Demanded Program - RAPID', that has a mandate to produce the best evidence in a timely manner subject to the urgent requests, 2) Center for New Health Technology that works on the systematic reviews of safety and effectiveness for new health technologies, and 3) the National Strategic Coordination Center for Clinical Research.



One example of the work of the NECA includes the Da Vinci robot system¹ that was developed in the late 1980's and approved by the Korea Food and Drug Administration (KFDA) for general, thoracic, heart, urologic, gynecologic, and pediatric surgical procedures, and has been utilised in the treatment of many surgical problems. Despite high interest in the new robot surgical system, little information exists to compare its efficacy and safety with that of traditional laparotomy or laparoscopic surgery. Research was undertaken by the NECA to compare the effectiveness and safety of Da Vinci robot surgery over established methods. The research has shown that currently, there is insufficient evidence of the safety and effectiveness of Da Vinci robot surgery. Da Vinci robot surgery is therefore at an introductory stage of development and therefore more high-quality data on its application is warranted before there is any recommendation to adopt this technology.

¹ Source of information: NECA's dissemination team (<http://www.neca.re.kr/>)



Thailand: introduction to Health Technology Assessment process guidelines and disinvestment project

Although HITAP strictly follows national HTA methodological guidelines, there are still questions concerning good governance of research that has no formal process guidelines. Mr. Román Pérez Velasco said that as a consequence, HITAP has started to develop formal HTA process guidelines in 2011. International process guidelines from developed countries such as the United Kingdom, Germany, and Australia were reviewed in order to create a conceptual framework (see Figure in page 10). Several staff and external stakeholder meetings including policy makers, academics, industry, and patient groups were convened to validate and refine both the principles and mechanisms in the framework. This HTA process guidelines was completed in January 2012. Even though in the beginning the guidelines are for HITAP's internal use, other agencies and individuals are also able to follow the recommendations to achieve standard protocols of conducting HTA research.

Figure: Conceptual framework covering principles applied to HTA processes and mechanisms to meet the principles²

Good governance principles	Major HTA process	Mechanisms (examples)
<ul style="list-style-type: none"> • Transparency • Accountability • Inclusiveness • Timeliness • Quality • Consistency • Contestability 	1) Topic priority setting	• Broadening stakeholder representation
	2) Assessment/ preliminary appraisal	• Providing reference periods for each step • Rigorous management of conflict of interest
	3) Dissemination of results/ recommendations	• Increase in accessibility to information
	4) Monitoring & evaluation	• Establishing formal channels for appeal



In addition, a research project concerning disinvestment will start in 2012 and will represent a collaboration between HITAP and the Faculty of Medicine at Prince Songkhla University. Due to resource constraints, HTA evidence is a pivotal tool in resource allocation for all health administrators and practitioners in order to solve a country's health problems. Investment in healthcare includes the enhancement of health benefit package, but merely adding interventions without considering the efficacy and effectiveness of existing ones may represent and put pressure on health budgets.

"Some health technologies or recommendations in the clinical guidelines may not be the best choices at all time because there are changes in time period, health resources, new technology and investment, and human capacity. Thus, there is a need to assess those interventions just to make sure that the routine practices are cost-effective or if no, the consideration on disinvestment is suggested. The HITAP-PSU research project will focus on the disinvestment for diagnostic procedures e.g. routine investigation – preoperative investigation and BUN/Cr before CT scan." said **Dr. Yot Teerawattananon**.

This symposium on 'Hot issues related to HTA in United Kingdom, South Korea, and Thailand' is not only enhancing HTA knowledge among the countries, but also providing the current attention on HTA by Asia and international participants from different sectors including policy makers, health professionals, public sectors, and industry. Such information and discussion hopes to be useful and can be adjusted within different contexts. 

² Interim HTA process guidelines of HITAP can be downloaded from <http://www.hitap.net>.



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HEALTH TECHNOLOGY ASSESSMENT WORLD EUROPE 2011: EVIDENCE BASED HEALTHCARE FOR PHARMACEUTICAL PRODUCTS

[30 November-1 December 2011, London, United Kingdom]

Between 30 November and 1 December 2011 approximately 200 health experts from government bodies, industry, consultancies, academic institutions, and HTA organisations participated in the Health Technology Assessment World Europe 2011 conference under the title of *"Evidence-based healthcare for pharmaceutical products."* This two days conference covered various topics, including: the use of HTA in different settings; regulation in the use of HTA; collaboration among HTA agencies; patient involvement in HTAs; and HTA applications and performance-based agreements.



Two HTAsiaLink members presented case studies on the use of HTA in their respective countries: *"Pricing and Reimbursement: A perspective from Taiwan on HTA"* by **Dr. Jasmine Pwu**, the Director of Health Technology Assessment Division, Center for Drug Evaluation, Taiwan; and *"HTA in Emerging Setting: Luxury or Relevant?"* by **Dr. Yot Teerawattananon**, Program Leader of the Health Intervention and Technology Assessment Program (HITAP), Thailand.

One of the main discussions points was whether countries may learn from the experience in conducting HTAs in other settings. This point was discussed both in terms of knowledge transfer across similar setting within the Europe Union and knowledge transfer from developed to developing countries.

The first day of the conference concerned progress in the state of the arts and HTA policy applications in European countries. Both presenters, **Jerome Boehm** (Policy officer from Health Systems, European Commission) and **Prof. Finn Børlum Kristensen** (Director of European network for Health Technology Assessment - EUnetHTA) pointed out the need to enhance HTA collaborations across Europe in order to support national bodies and to help European Union member states reduce HTA duplication. In addition, the EUnetHTA was introduced as a regional body designed to facilitate efficient use of resources available for HTA in Europe in order to create a sustainable system of HTA knowledge sharing, and to promote good practice in HTA methods and processes.

There were some aspects to HTA that could be standardised and transferred between countries. These will help support others in terms of improved reliability, timeliness, transparency, and comparability of HTAs.



Given limitations in sharing and using HTA information among the network. **Boehm** suggested that there were some aspects to HTA that could be standardised and transferred between countries such as technical and procedural aspects of HTAs, research methodologies, etc. Sharing these aspects of HTAs among member states will help support others in terms of improved reliability, timeliness, transparency, and comparability of HTAs.

Nevertheless, generalisability cannot be applied to all aspects of HTAs. Some aspects are specific to its users, for instance, recommendations on interventions, priority lists, and regulatory processes. These aspects are often specific to each country given their unique history, resource base and infrastructure. **Boehm** mentioned that the final objective of collaboration among member states is not one of harmonised decisions, but for standardisation in review processes.



The following session were focused on the use of HTA in European countries such as **Germany** (presented by **Dr. Antje Behring** from Gemeinsamer Bundesausschuss-G-BA and **Dr. Alric Ruether** from Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen - IQWiG); **Spain** (presented by **Antonio Sarria-Santamera** from Agencia de Evaluación de Tecnologías Sanitarias-AETS); **France** (presented by **François Meyer** from Haute Autorité de Santé); and **Czech Republic** (presented by **Dr. Tomáš Doležal** from Institute for Health Economics and Technology Assessment). While HTA has been used as a tool in many countries in Europe, it is differently applied in each setting. For instance, although HTA was used to determine the safety, efficacy and value for money in England and Wales, France and Spain use HTA to assess only safety and the medical benefits of health interventions. Meanwhile, concepts such as QALYs and Cost per QALY, which are widely accepted in England and Wales, are unlikely to be accepted under the German healthcare system.

The first day of the conference ended with a presentation from **Dr. Yot Teerawattananon** (Program Leader of HITAP, Thailand) entitled "**HTA in emerging settings: Luxury or relevant?**". The presentation focused on the barriers and ways to overcome the problems of using HTA to support decision making processes in an emerging setting, Thailand. The lack of knowledge and expertise among users as well as the lack of both quality and quantity of HTA information were identified as major concerns. In addition, there were other related problems within Thailand's social context, such as political, social, philosophical and ethical considerations.



◀ Dr. Yot Teera wattananon
Program Leader, HITAP



Dr. Yot concluded his session by discussing potential mechanisms that may overcome the barriers. He stressed that in order to conduct HTAs agencies needed to be proactive in setting their HTA agendas rather than passively responding to decision makers. By having the HTA topics prioritised through use of transparent and participatory mechanisms may help choose the right topic for review. Raising awareness and improving cooperation among HTA stakeholders is also required. Finally, building public trust by producing high quality research and appropriate management is mandatory.

The second day of the conference started with presentations on the use of HTA in North America. A key presentation was delivered by **Dr. Allan Korn** (Senior VP-Clinical Affairs and Chief Medical Officer, BlueCross BlueShield Association) entitled **“Do HTA and CER Really Matter to You?”**. **Dr. Korn** suggested that health system performance problems in the US are not due to a lack of data to support evidence-based decision making. However, the barriers in using HTA information are such as the lack of knowledge transfer from the isolated successful case; the resistance to change from the system; and the conflict of interest.

Dr. Korn also stated that only quality and safety will not be good enough for patients in the healthcare decision making process. He suggested that the US healthcare system needs to address an array of issues including safety, effectiveness, patient-centered, timeliness, efficiency and equity.

Dr. Jasmine Pwu (Director of HTA Division, Center for Drug Evaluation, Taiwan) - a member of HTAsiaLink, presented a perspective from Taiwan on HTA. The presentation outlined the work of the Division of HTA under CDE. Dr. Jasmine summarised the Taiwanese health care system as well as pricing and reimbursement rules used under Taiwan's National Health Insurance system. The Division of HTA took part in the process of help to provide HTA information for the Taiwan Bureau of National Health Insurance (BNHI) on new drugs, and recommending dosage regimen, medical devices and medical serviced. Furthermore, Dr. Jasmine suggested that the future use of HTA in Taiwan will include more public participation specifically with respect to the Drug Benefit Negotiation Committee. 🌱

For more information, visit

<http://www.healthnetworkcommunications.com/2011/health-technology-assessment-world-europe/index.stm>



▲ Dr. Jasmine Pwu
Director of HTA Division, Center for Drug Evaluation, Taiwan



UPCOMING EVENTS

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14 March 2012.

NECA International Symposium.
Theme: "Strategic Approach for Sustainable Healthcare System".
Seoul, South Korea (<http://www.neca.re.kr/eng/intro/org1.jsp>)



2-4 Sept 2012.

ISPOR 5th Asia-Pacific Conference.
Theme: "Evidence Requirements by Different Stakeholders for Health Care Decisions in Asia-Pacific".
Taipei, Taiwan (<http://www.ispor.org/Events/Index.aspx?eventId=37>)



4-6 May 2012.

The 2nd Asia-Pacific Conference on Health Promotion and Education.
Theme: "Empowerment for Healthy Settings".
Taipei, Taiwan (<http://www.nsha.org.tw/aphpe-web/>)



30 Sept-3 Oct 2012.

20th Cochrane Colloquium.
Auckland, New Zealand (<http://colloquium.cochrane.org>)



14-16 May 2012.

1st HTAsiaLink Annual Conference.
Theme: "Economic Evaluation and Health Systems and Policy Research".
Cha Am, Phetchaburi, Thailand (By invitation only, for more information please contact htasialink2012@hitap.net)



3-4 Oct 2012.

2nd International Public Health Conference & 19th National Public Health Colloquium.
Theme: "Global Leadership in Health: Consolidating the Public Health Relevance".
Kuala Lumpur, Malaysia (<http://www.pubhealthcollo.org/pubhealthcollo.asp>)



24-27 May 2012.

19th WONCA Asia Pacific Regional Conference.
Theme: "Clinical Excellence in Family Medicine: Evidence-based Approach in Primary Care".
Jeju, South Korea (<http://www.woncaap2012.org>)



14-17 Oct 2012.

44th Asia-Pacific Academic Consortium for Public Health Conference.
Theme: "Millennium Development Goals Beyond 2015: The Challenge for Public Health".
Colombo, Sri Lanka (<http://www.apacph2012.org>)



6-8 July 2012.

1st Asia Pacific Clinical Epidemiology and Evidence Based Medicine Conference.
Theme: "Linking Clinical Epidemiology to Evidence-based Practice: Issues and Challenges".
Kuala Lumpur, Malaysia (<http://apceebm.um.edu.my>)

HTAsiaLink

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