

ECHTA Working Group 4

**Best practice in undertaking
and reporting HTA**

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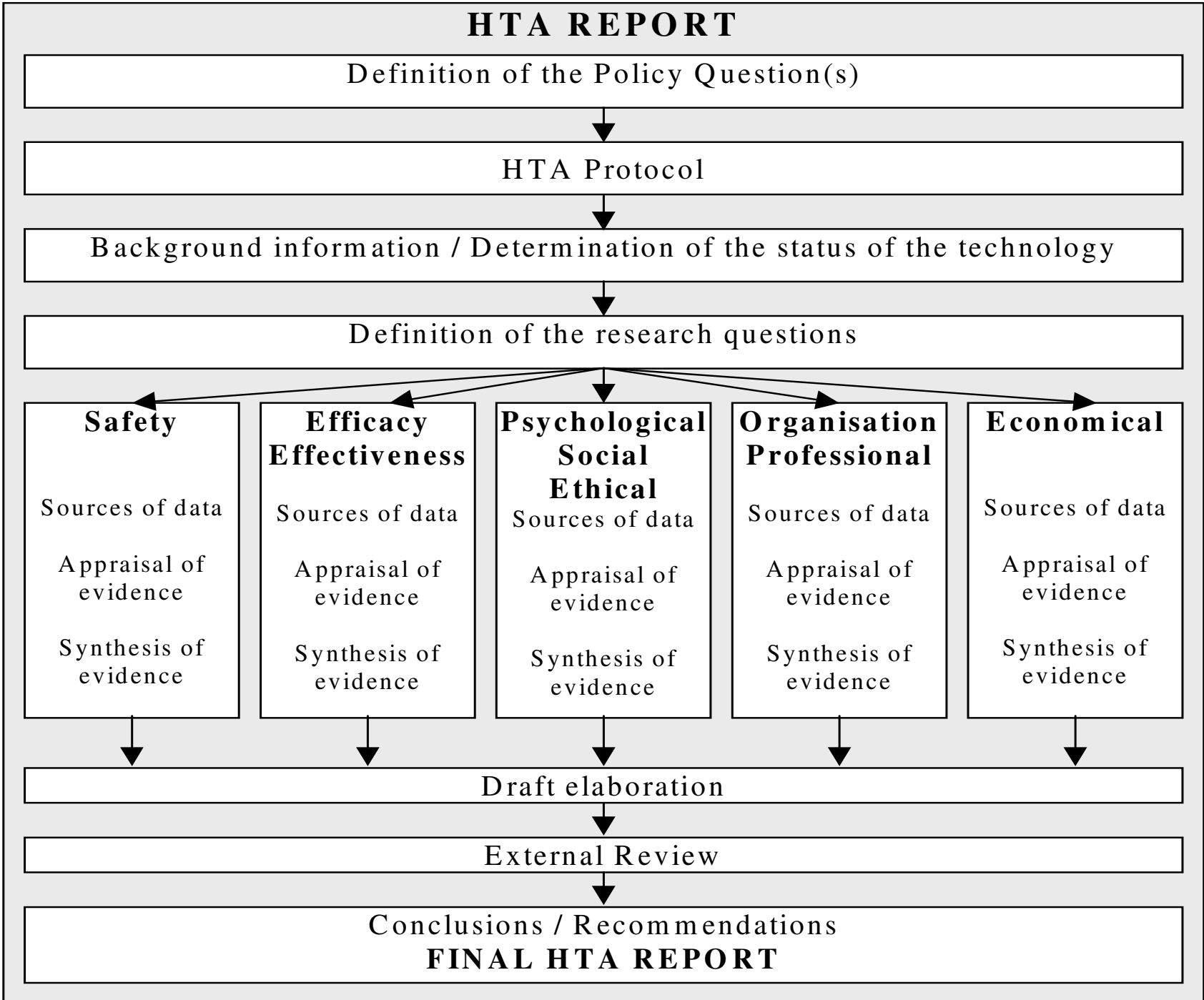
Objectives & Methods

- **to develop best practice in undertaking and reporting assessments**
- **to disseminate best practice**
- **to identify needs for methodological development**

***based on
previous reports, tool kits,
recommendations, guidelines etc.***

Main findings

1. HTA is much more than a systematic review of the efficacy based on clinical trials - it covers a range of aspects, for which appropriate methods vary.
2. While HTA varies with country and audience, a set of standards in undertaking and reporting can be identified – but certain gaps are still open.



“Policy question”

- **Who initiated the report?**
- **Who commissioned it?**
- **Why is an assessment needed right now?**
- **Which decision is it going to support?**
- **Who represents the primary addressees of the report?**

“Background information”

- **Condition(s):** mechanisms of disease, course and prognosis, treatment alternatives and current practice
- **Target group(s):** epidemiology, burden of disease
- **Technology:** technical characteristics, requirements, status

Examples of outcomes for different aspects of HTA

Aspect of assessment	Outcomes
Safety	<ul style="list-style-type: none"> ● Mortality directly related to the use of technology ● Morbidity/disability directly related to technology
Efficacy/Effectiveness	<ul style="list-style-type: none"> ● Change in overall/ condition-specific mortality ● Change in morbidity/ disability/ disease-free interval ● Change in quality of life ● Change in quality-/disability-adjusted life years
Psychological/ Social/ Ethical	<ul style="list-style-type: none"> ● Compliance ● Acceptance ● Satisfaction ● Demand ● Preferences ● Information/advice requirements
Organisational/ Professional	<ul style="list-style-type: none"> ● Change in length of hospital stay ● Change in personnel and e.g. hospital beds required ● Training requirements ● Utilisation of service
Economical	<ul style="list-style-type: none"> ● Costs and changes in cost compared to current practice ● Cost-effectiveness, cost-utility, cost-benefit

Methodological gaps identified

- Most work focuses on isolated methodological aspects relevant to HTA, not on overall process.
- Systematic reviews of therapeutic interventions = established method, for other aspects no consensus.
- Community effectiveness: urgent need for methodology as HTA has to provide sound evidence considering system-, provider- and patient-side issues.

Methodological gaps II

- **Further research is needed in order to shed light on how underrepresented aspects can be better approached and included in HTA. Some aspects of HTA can be assessed with the help of qualitative research.**
- **Important issues of an assessment, such as the review process or update process are being conducted in different ways, but there is a need for further evaluation of different alternatives in order to find out what could be “best practice”.**

Recommendations

- **Some methodological gaps are so large and/or require consensus to be meaningfully filled and should be addressed at European level.**
- **To overcome two of the main barriers in European HTA collaboration (i.e. the non-availability of structured reports and the language barrier), the use of an English-language Scientific Summary Report should be seen as a sign of “Best Practice”.**

Differences between ‘Executive Summary’ and ‘Scientific Summary Report’

Executive Summary

- Addressed to local decision makers (“executives”)
- Focuses on recommendations and conclusions
- Written in agencies’/institutions’ official tongue(s)
- Allows to quickly inform decisions

Scientific Summary Report

- Addressed to the HTA and Scientific Community
- Stresses the context of the HTA and methodological aspects, beside conclusions and recommendations
- Available in English
- Allows critical appraisal of relevance, quality, and main findings

Full report available at:

Busse R, Orvain J, Velasco M,
Perleth M et al. (2002):

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reporting HTA. Int J Technol Assess
Health Care 18(2): 361-422**