A systematic approach for identifying current practices of doing HTAs across international HTA agencies

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Introduction
When researching specific methodological issues related to HTA production, an overview of established practices is a prerequisite for facilitating knowledge transfer, analyzing best practice and formulating new methods. Variation in HTA practices may reflect historical development of processes, purpose of assessment, regulatory requirements or health system characteristics.

For the purpose of investigating approaches regarding unpublished data and equity issues in HTA, we aimed to systematically identify agency practices regarding HTA methodology in the international context, both on the basis of official methodology guides and actual HTA reports.

Methods
We used a systematic, iterative approach to pinpoint agencies, their method guides and HTA reports.

Identification of agencies
Using online resources, we combined the membership lists of EUnetHTA, HTA and INAIHTA and completed the agency pool using comparative publications of the two latest available years of the IJTAHC.

Identification of method papers and HTA reports
Between February and May 2011, we used online resources to obtain methodological guides and specific reports from each agency. We followed up with direct (email) contact to verify and supplement the information obtained online.

Selection of agencies for analysis
Since we aimed at comparing methodological approaches, we focused on agencies directly involved in HTA by either commissioning or conducting assessments. In order to be able to explore the agency’s approach we recorded the existence of a method paper and at least one publicly accessible assessment report a necessary criterion for inclusion. Only agencies whose products were in one of the working languages of our research (English, French and German) were included in the analysis.

Selection of method papers and HTA reports
To be eligible for analysis, method papers needed to stem from the agency itself and be the basis for HTA reports produced under its auspices. Our research required that at least the domains of clinical effectiveness and safety be covered. As with method papers, we considered only HTA reports which addressed at least clinical effectiveness of preventive interventions or therapeutic technologies in a systematic manner. For each agency we selected the most recent reports from each of the categories drug, non-drug and population-based intervention and excluded reports published before January 2006 to illustrate "current" practice. To ensure that we captured individual agency approaches as clearly and representatively as possible, we only considered reports that were not conducted at the request of another agency included in the sample and which also searched for and evaluated primary literature.

Analysis of agency approaches
We extracted information relevant to our research questions on the basis of two separate extraction sheets, one tailored to method papers and one to actual HTA reports. The detailed methodology and results of the analysis are presented in forthcoming publications.

Results
Agency pool
After combining membership and publication agency lists and removing duplicates, 121 agencies were checked for eligibility based on the inclusion criteria mentioned above (see Fig. 1). The reasons for exclusion are presented in Box 1.

The process of selection was methodologically challenging for several reasons: information on activity of individual agencies was not always readily available or easily extracted from the websites and not all contacts were successful. There was substantial intertwining of agencies regarding the commissioning and (cont’d).

<table>
<thead>
<tr>
<th>Agency pool</th>
<th>INAIHTA members n = 31</th>
<th>EUnetHTA partner organizations n = 42</th>
<th>HTA non-profit members n = 60</th>
<th>IJTAHC 2009-2010 n = 72</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duplicate organizations n = 104</td>
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<tr>
<td>Agency pool n = 121</td>
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<tr>
<td>HTA agencies included in analysis n = 19</td>
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Box 1. Reasons for exclusion
- Agency ceased to exist (n = 2)
- Not sufficient information available (incl. language of website) (n = 50)
- No HTA production (n = 15)
- Language (methods guidance, reports) (n = 12)
- No own methods guidance identified (n = 18)
- Reports not publicly available (n = 5)

Conducting of HTA hampering the unambiguous matching of methodological approach and production of reports. As a result, several ad hoc decisions were necessary despite the clear method described above. The availability of method papers or reports in languages other than English, German and French further limited the number of agencies remaining for analysis.

Method papers and HTA reports
The extent and thematic focus of identified method papers varied considerably. HTA reports were sometimes not available in all three categories of interest (drug / non-drug / population intervention). Method papers were occasionally more recent at the time of investigation than the reports from the same agency included in the sample posing a further methodological challenge to ensuing analyses.

Implications
The difficulty of applying a systematic approach to a common analysis of HTA agency approaches on the international level is made clear by the issues encountered during our research. Particularly the lack of information in many cases is unfortunate, as important methodological aspects may not be captured and be lost from the analysis.

The introduced approach can be used for investigating different methodological issues across HTA agencies and therefore enhance knowledge transfer with the aim of advancing HTA methods. The framework should be considered an adaptable basis, seeing as specifics and eligibility criteria are bound to differ based on the research question at hand.

References

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