

Annual Report 2011



Ludwig Boltzmann Institut
Health Technology Assessment

Institut für Health Technology Assessment
der Ludwig Boltzmann-Gesellschaft

Annual Report 2011



Ludwig Boltzmann Institut
Health Technology Assessment

Vienna, February 2012

Ludwig Boltzmann Institute for Health Technology Assessment

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MASTHEAD

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1 The Institute – an Overview

The Ludwig Boltzmann Institute for Health Technology Assessment (LBI-HTA) was formally founded on March 2006 and is intended to operate for a period of seven years. Therefore, 2011 was the 5th year of the institute's operational activity. Evaluation regarding its continuation until 2013 took place in Spring 2009. The evaluation results were (fortunately) very positive.

2011:
5th year of existence
evaluation regarding
continuation until 2013

In 2011, the annual budget of the Ludwig Boltzmann Institute for Health Technology Assessment – funded by the Ludwig Boltzmann Society and institutional partners – was €815,000. The (additional) third party funding of €75,000 amounted to approximately 8% of the total budget.

total budget

1.1 Partners

In line with the research policy of the Ludwig Boltzmann Society, the institute focuses on translational research. The research programme requires strong emphasis on applicable short-term or medium-term results. By setting up partnerships between research-producing and research-applying organisations or institutions, the quick transfer of research results is guaranteed.

The partner institutions of the Ludwig Boltzmann Institute for Health Technology Assessment are stakeholders in health care administration (2), responsible bodies of public hospitals (2) and private universities (1).

institutional partners



TILAK/ Tiroler Landeskrankenanstalten GmbH
Anichstraße 35, 6020 Innsbruck
<http://www.tilak.at>



KAGES/ Steiermärkische Krankenanstalten GmbH
Stiftingtalstraße 4-6, 8010 Graz
<http://www.kages.at>



BMG/ Bundesministerium für Gesundheit
Radetzkystraße 2, 1030 Wien
<http://www.bmg.gv.at>



HVB/ Hauptverband der österreichischen Sozialversicherungsträger
Kundmangasse 21, 1030 Wien
<http://www.hauptverband.at>
(since 2008)



**UMIT/ Private Universität für Gesundheitswissenschaften, Medi-
zische Informatik und Technik**
Institut für Public Health, Medical Decision Making und HTA
Eduard Wallnöfer-Zentrum I, 6060 Hall
<http://www.umat.at>

1.2 Committees

The LBI-HTA is supported by two committees, namely the **Board of Trustees** and the **Scientific Advisory Group (SAG)**.

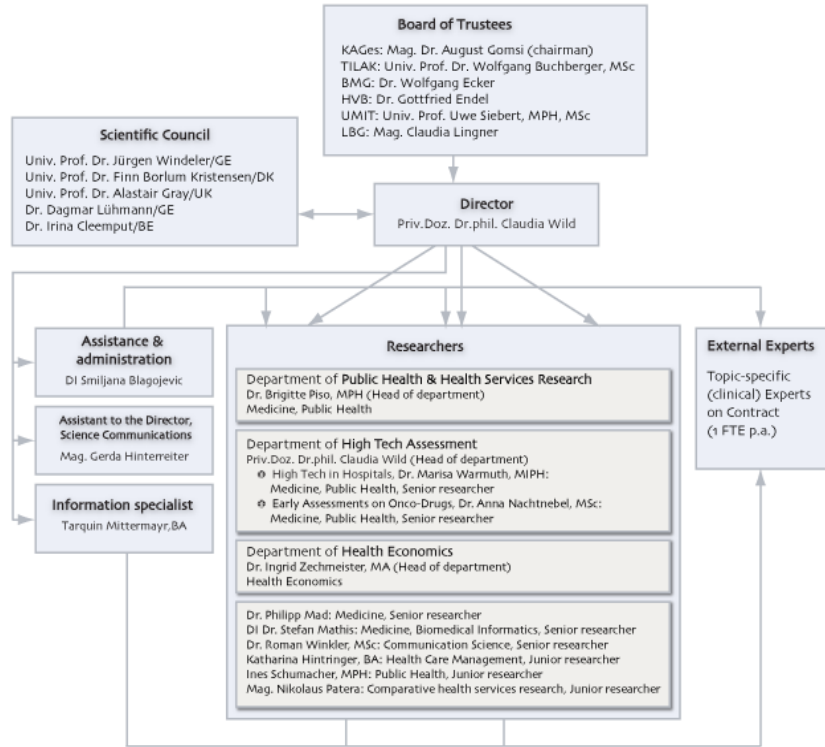


Figure 1.2-1: Organigramm

Whereas the LBI-HTA’s research programme provides a general methodological background, agenda setting for current projects is the task of the Board of Trustees, which is composed of one representative from each institutional partner.

KAGES: Mag. Dr. August Goms (Chair)

6 board members

TILAK: Univ. Prof. Dr. Wolfgang Buchberger

BMG: Dr. Wolfgang Ecker resp. Dr. Silvia Türk

HVB: Dr. Gottfried Endel

UMIT: Univ. Prof. Dr. Uwe Siebert

LBG: Mag. Claudia Lingner

In 2011, **two Board meetings** (at LBI-HTA) took place:

- ✿ 1st Board meeting: 05/04/2011
- ✿ 2nd Board meeting: 27/09/2011

- 1st board meeting**
5/04/2011
- The **first board meeting** in 2011 dealt with the issues of the budget and the current scientific programme, the status of LBI-HTA 2013+, as well as the topic identification and prioritisation for the work programme 2011 to 2012.
- 2nd board meeting**
27/09/2011
- The **second board meeting** in 2011 included reports from the Institute Director and Deputy, as well as much room for discussions with and inputs from the Board. The following topics were addressed:
- ✿ Budget
 - ✿ Current scientific programme 2010/11
 - ✿ Status of the Institute – 2013+
- 5 SAG Members**
- The **Scientific Advisory Group (SAG)** gives scientific support and is selected – with equal weighting – by the Ludwig Boltzmann Society and the members of the Board of Trustees. The SAG is composed of the following members:
- ✿ Univ. Prof. Dr. Finn Borlum Kristensen /DK (Chair)
 - ✿ Univ. Prof. Dr. Alistair Gray /UK
 - ✿ Univ. Prof. Dr. Jürgen Windeler /D
 - ✿ Dr. Dagmar Lühman /D
 - ✿ Dr. Irina Cleemput /BE (since 2010)
- last meeting of the Scientific Advisory Group:**
24/11/2010
- The **fifth meeting of the Scientific Advisory Group (WB)** was held (at LBI-HTA) on 24/11/2011.
- The morning began with the Institute Director’s brief summary of the scientific activities conducted in the subsequent year. Afterwards, lectures and discussions were held in four topic areas.
- Topic: Methodological challenge – systematic review of systematic reviews*
- ✿ Review Varicosis – one approach (Marisa Warmuth)
 - ✿ Review MEL/hospital interventions – another approach (Anna Nachtnebel)
 - ✿ Methodological standards at KCE (Irina Cleemput)
- Topic: Relation – HTA & Health Services Research*
- ✿ HSR as Part of HTA (Finn Borlum Kristensen)
 - ✿ Use of routine data (Ingrid Zechmeister-Koss)
- Topic: Piggy-back studies*
- ✿ Challenges with piggy-back studies (Alistair Gray)
 - ✿ Piggy-back study in evaluating juvenile psychiatry (Ingrid Zechmeister-Koss)

Topic: Organisational procedures and challenges

- 1.) From assessment to appraisal to recommendations: Transparent processes?
 - ✦ MEL /hospital interventions - 3 years of experience contrasting recommendations with decisions (Claudia Wild)
 - ✦ From assessment to the formulation of recommendations at KCE (Irina Cleemput)
- 2.) Inclusion of peers and public: How and when? (Irina Cleemput)
 - ✦ Peer-review: Expert inclusion – at what stage, identification, selection process, handling / acceptance of comments, etc.
 - ✦ Public consultation: Identification, at what stage, procedures, handling / acceptance of comments
- 3.) Prioritisation of topic selection:
 - ✦ Criteria and weighing of policy relevancy / urgency (Irina Cleemput)

1.3 Staff & Human Resources Development

As an interdisciplinary institute, the organisation of work is guided by professionally-assigned, topic-specific project management. Again, the compulsory weekly team meeting (Tuesdays at 2 p.m.) proved to be essential and necessary for effective team communication at the LBI-HTA.

organisation of work

Director & Head of Department ‘High Tech in Hospitals’:

team members

- ✦ **Claudia Wild**, Priv.-Doz. Dr. phil.
Research Background: Communication Science, Psychology, Political Science, Social Medicine

Deputy Director & Head of Department ‘Health Economics’:

- ✦ **Ingrid Zechmeister-Koss**, Dr. rer. soc. oec., MA
Research Background: Health Economics

Head of Department ‘Public Health & Health Services Research’:

- ✦ **Brigitte Piso**, Dr. med., MPH
Research Background: Medicine, Public Health

Office Assistant:

- ✦ **Smiljana Blagojevic**, Dipl.-Ing.
Background: Agronomy

Assistant-to-the-Director & Head of Science Communications:

- ✦ **Gerda Hinterreiter**, Mag. rer. soc. oec. (until 30/11/2011)
Background: Medical Sociology, Communication

Information Specialist:

- ✦ **Tarquin Mittermayr**, BA (Hons)

currently (Dec 2011)
14 persons in total
(=11 FTE)

Researchers:

- ❖ **Marisa Warmuth**, Dr. med., MIPH
Research Background: Medicine, Public Health
Senior Researcher
- ❖ **Anna Nachtnebel**, Dr. med., MSc PH
Research Background: Medicine, Public Health
Senior Researcher
- ❖ **Roman Winkler**, Dr. phil, MSc
Research Background: Communication Science
Senior Researcher
- ❖ **Stefan Mathis-Edenhofer**, Dr. med., Dipl.-Ing.
Research Background: Medicine, Biomedical Informatics
Senior Researcher
- ❖ **Philipp Mad**, Dr. med.
Research Background: Medicine
Senior Researcher
- ❖ **Philipp Radlberger**, Mag. rer. soc. oec. (until 30/04/2011)
Research Background: Health Economics
Junior Researcher
- ❖ **Katharina Hintringer**, BA
Research Background: Social- and Health Management
Junior Researcher
- ❖ **Schumacher Ines**, MPH (freelance researcher)
Research Background: Public Health
Junior Researcher
- ❖ **Nikolaus Patera**, Mag. rer. soc. oec. (freelance researcher)
Research Background: Health Policy/Health Services Research
Junior Researcher

many assistants

Layout & Graphic Design:

- ❖ **Darko Blagojevic**

Compulsory Trainees:

- ❖ **Veronika Häussler** (01/03/2011 until 30/06/2011)
Research Background: Applied Business Administration
- ❖ **Florian Schramm** (8/08/2011 until 31/09/2011)
Research Background: Health Care Engineering/eHealth
- ❖ **Johannes Gugerbauer** (16/08/2011 until 31/09/2011)
Research Background: Health Care Engineering/eHealth
- ❖ **Bernd Wimmer** (01/09/2011 until 30/09/2011)
Research Background: Sociology

Volunteer Trainees:

- ❖ **Jone Gerdvilaite** (from 01/04/2011 until 30/06/2011)
Research Background: Health Management

- ❖ **Stefan Fischer** (01/05/2011 until 31/08/2011, 01/10/2011 until 30/03/2012)
Research Background: Health Economics
- ❖ **Judit Erdős** (01/10/2011 until 31/12/2011)
Research Background: Health Management

Literature Acquisition:

- ❖ **Johannes Setz**
- ❖ **Laura Brückner**
- ❖ **Thomas Stumpner**

Furthermore, there are also external experts working on several projects for the LBI-HTA. In 2011 those were:

external experts

- ❖ **Florian Endel**
Research Background: Data Engineering and Statistics
- ❖ **Elisabeth Hintringer**, Mag.phil.
Research Background: Health Management
- ❖ **Tim Johansson, Dr.**
Research Background: Public Health
- ❖ **Caroline Hepperger**
Research Background: Business Administration/Health Sciences

Staff members who left the LBI-HTA in 2011:

Philipp Radlberger worked as a researcher at the LBI-HTA in the field of Health Economy (40 hrs./week) until 30/04/2011, when his doctorate position ended.

Gerda Hinterreiter worked as the Assistant to the Institute Director and was responsible for scientific communication until 30/11/2011. She left the Institute to take on a professional position closer to her hometown in Upper Austria.

Besides the organisational development of an interdisciplinary research institute, professionalisation and specialisation of the team members are key issues. Becoming an interdisciplinary research institute involves the exchange of perspectives and methodologies, cooperation during projects, internal presentations and discussions, and internal evaluations in order to ensure high-quality work.

**objectives:
professionalisation,
specialisation**

With the goal of professionalising management, the Ludwig Boltzmann Gesellschaft regularly initiates Institute Director training retreats. **Claudia Wild** attended the executive training session “Personnel Development/Career Development in Pöllauberg,” held at the Seminarhotel Pöllauberg in Styria from 07.-09.09.2011. In addition, she participated in communication training at the “Schule des Sprechens” in Vienna between September and December 2011.

**executive management
training**

Individual employees attended the following advanced training courses:

**specific training for
individuals
epidemiology**

- ❖ 24.-29/01/2011: 6-day certificate course “Winter School in Clinical Epidemiology”, UMIT/Hall in Tyrol (**Gerda Hinterreiter, Stefan Mathis-Edenhofer, Anna Nachtnebel, Nikolaus Patera, Philipp**

Radlberger, Ines Schumacher, Marisa Warmuth, Roman Winkler, Ingrid Zechmeister-Koss, Katharina Hintringer)

- ✳ 01/12 to 02/12/2011: “Benefit Evaluation on the Basis of Patient Preferences: Patient-Reported Outcomes (PROs) and Discrete Choice Experiment (DCE)”, GÖG/Vienna (**Marisa Warmuth, Stefan Mathis-Edenhofer, Ines Schumacher, Anna Nachtnebel**)
- ✳ 6/11/2011: Pre-Conference Workshop “Reimbursement Systems in Europe”, ISPOR 14th Annual European Congress (**Katharina Hintringer**)

continuing higher education:	In the scope of his doctorate study of Economic Policy at the Vienna University of Economics and Business, Philipp Radlberger attended the research seminars “Social Policy”, “Topics of International Trade”, as well as “Immersion in Qualitative Methods” in Winter Semester 2009/10, Summer Semester 2010 and Winter Semester 2010/11.
1 current doctorate	
1 current master	Since October 2009, Katharina Hintringer has been a master student of “Health Sciences” at the UMIT – The Health and Life Sciences University in Hall/Tyrol, where her major focus is on Public Health.
1 resident paediatrician	Philipp Mad , researcher (part-time) in the specialist field of medicine, successfully completed his residency as a paediatrician.
institutional memberships	The Ludwig Boltzmann Institute for Health Technology Assessment and its staff are members of the following international and national organisations: <ul style="list-style-type: none">✳ HTAi (Health Technology Assessment international)✳ INAHTA (International Network of Health Technology Assessment)✳ EUPHA (European Public Health Association)✳ DNEbM (German Network for Evidence-based Medicine)✳ Society for the Promotion of Technology Assessment in Health Care (Health Technology Assessment)✳ ÖGPH (Austrian Society for Public Health)✳ EuroScan (International Information Network on New and Emerging Health Technologies)✳ EUnetHTA (European Network for Health Technology Assessment)

Claudia Wild is a member of:

- ✿ OSR /Supreme Medical Council (Meetings on 02//04/2011 and 12/11/2010)
- ✿ Oncology Advisory Board of the Austrian Federal Ministry of Health (meetings held on 14/10/2011 and on 12/12/2011)
- ✿ Project advisory group of the EBM Working Group of the Association of Austrian Social Security Organisations
- ✿ Scientific Advisory Committee of DAHTA@DIMDI (Meetings on 15/02/2011 and 09/11/2011)
- ✿ International Advisory Boards of the Journal for Evidence, Continuing Education and Quality in Health Care (ZEFQ)
- ✿ Transparency International, Austrian Chapter, Workgroup Health Care
- ✿ Advisory Board “Health Statistics” by Statistic Austria

individual memberships:

OSR,
Oncology Advisory Board

scientific council of bioethics,

scientific advisory committee:

EBM-HVB,
DAHTA, ZEFQ

advisory board:
Statistik Austria,

In addition, **Claudia Wild** carried out the following scientific advisory activities in the year 2011:

jury and advisory activities

- ✿ Jury member of the German Cancer Aid for research funding of major multi-year projects on “Cancer Prevention”.
- ✿ Member of the Poster Jury at the 2011 German EbM Network Conference in Berlin.
- ✿ Scientific advisor for the 2012 German EbM Congress on “Complex Interventions” in Hamburg/2012.
- ✿ Participated in the expert round table for the working group on “More Transparency and Reduction of Corruption and Extraneous Influences” of the Conflict of Interest (CoI) sub-working group at the Social Insurance Institution (SVB), Vienna, 11/07/2011.
- ✿ Participated in the expert discussion on the Swiss study concerning “Methods of Benefit Evaluation in Switzerland and Europe“, Dr. Florian Gutzwiller, Institute of Pharmaceutical Medicine (ECPM), University of Basel, 25/08/2011.
- ✿ Participated in an expert discussion with members of the Scientific Advisory Committee of the Swedish Parliament, Dr. Helene Limén, 23/03/2011.

Ingrid Zechmeister-Koss is a member of the Austrian Society for Public Health and was active in 2011 in the scope of

The Dialogue for Children’s Health/BMG

- ✿ The Dialogue for Children’s Health, Task Force (Austrian Federal Ministry of Health, 16/03/2011), as well as
- ✿ The National HTA Strategy and the Methods Manual at Gesundheit Österreich GmbH/GÖG (30/03/2011, 14/06/2011, 21/09/2011).

nat. HTA Strategy / GÖG

MEL / BMG

Austrian Society for
Public Health (ÖGPH)
European Public Health
Association (EUPHA)

Brigitte PISO is a Member of the Board of the Austrian Society for Public Health (ÖGPH) and a member of the European Public Health Association (EUPHA).

In 2011, **Brigitte PISO** was additionally a member of

The Dialogue for
Children's Health /BMG
Oncology Advisory
Board Working Group

- ✿ The Dialogue for Children's Health, Task Force on High-Risk Pregnancy/High-Risk Birth and the Consequences (Austrian Federal Ministry of Health [BMG], 10/3/2011).
- ✿ The "Prevention" working group for the Development of a National Cancer Plan in Austria (Austrian Federal Ministry of Health [BMG], 19/1/2011, 9/3/2011, 11/5/2011).

The Dialogue for
Children's Health /BMG

In 2011, **Marisa Warmuth** was a member of

- ✿ The Dialogue for Children's Health, Task Force on High-Risk Pregnancy/High-Risk Birth and the Consequences (Austrian Federal Ministry of Health [BMG]).

In 2011, **Roman Winkler** was a member of the

- ✿ The Dialogue for Children's Health, Task Force, the Psychosocial Health Working Group (BMG, 13/01/2011, 07/03/2011, 29/04/2011).

German Network for
Health Services
Research
Oncology Advisory
Board Working Group
EuroScan

Stefan Mathis-Edenhofer is a member of the Austrian Computer Society and the German Network for Health Services Research.

Since 2010, **Anna Nachtnebel** has been a member of the European Horizon Scanning Network "EuroScan" (International Information Network on New and Emerging Health Technologies). In 2011, she was a member of

- ✿ The "Epidemiological Representation, Cancer Statistics and Documentation" working group for the Development of a National Cancer Plan in Austria (ÖSTAT, 23/02/2011, 12/04/2011, 21/10/2011).

UMIT Academic Senate

Katharina Hintringer is a full student member of the Academic Senate at the UMIT – The Health and Life Sciences University in Hall/Tyrol.

European Pathway
Association (EPA)

Philipp Mad is a member of the European Pathway Association (www.e-p-a.org).

European Association
for Health Information
and Libraries (EAHIL)

Tarquin Mittermayr is a member of the European Association for Health Information and Libraries (EAHIL).

Austrian Society for
Public Health (ÖGPH)

Gerda Hinterreiter is a member of the Austrian Society for Public Health (ÖGPH).

1.4 Infrastructure

office space and
equipment

The office of the LBI-HTA (279 m² in total) consists of seven separate rooms and a 70 m² library/seminar room. At the end of 2010, the institute was equipped with 16 personal computer workstations. No further additions are planned for 2012.

During the past year, the LBI-HTA library has increased its holdings to 780 monographs. The Institute currently subscribes to eight print periodicals and has access to 16 electronic periodicals, as well as the important medical and scientific databases Ovid-Medline, Embase, Scopus and UpToDate.

As one of the LBI-HTA goals is to provide long-term and free access to its publications in the Internet, the administration of the document server (<http://eprints.hta.lbg.ac.at>) was also a major work focus at the library this year. The document server offers extensive search possibilities in English and German. In addition to this very important distribution path for knowledge transfer, the office of the Centre for Reviews and Dissemination (CRD) in York regularly receives the bibliographic data of LBI-HTA publications. Owing to this cooperation, the Institute's publications are entered into the HTA database of the CRD and can be accessed at <http://www.crd.york.ac.uk/crdweb>. Furthermore, the document server is synchronised monthly with the global online library network WorldCat, enabling LBI-HTA publications to be searched, resp., accessed via the digital WorldCat archive (<http://www.worldcat.org/>).

Tarquin Mittermayr is responsible for the institute's library and provides systematic literature searches for the LBI-HTA's scientific staff.

library
8 subscriptions
775 monographs
document server

synchronised with

WorldCat online library network

1.5 Highlights of the Year

In the scope of “**Joint Action (1) EUnetHTA 2010-2012**” on behalf of a longer-term and therefore sustainable EU cooperation network funding, the LBI-HTA is leading the **Work Package 7B**, which is pursuing the decided goal to reduce the high degree of redundancies in EU-wide HTA production, as well as to support cooperative efforts. For this purpose, a database of all planned and ongoing assessments of the EUnetHTA partner organisations (**POP database**) was developed. Initially – until the middle of 2011 – a simple Excel list, it was transformed into a database in August in close collaboration with the EUnetHTA IT Work Package 6 partners KCE /Belgian Healthcare Knowledge Center, as well as the DIMDI / German Institute of Medical Documentation and Information, and was equipped with functions such as “sort” (according to topic, country, institution) or “search” (according to MeSH, etc.). Further function enhancements will follow in 2012.

international cooperation: EUnetHTA
Joint Action 2010-2012
LBI-HTA leads WP 7B

reduction of overlaps

The screenshot shows the EUnetHTA POP Database interface. At the top, there are logos for eunetha, DIMDI (German Institute of Medical Documentation and Information), and Ludwig Boltzmann Institut Health Technology Assessment. Below the logos is a navigation bar with links: Home, About, FAQ, Links, Contact. The main content area is titled 'EUnetHTA POP Database' and shows a search bar with the text 'You are logged in as Marisa Warmuth (mwarmuth) from LBI-HTA'. Below the search bar is a 'Browse by agency' section with a dropdown menu set to 'LBI-HTA' and a 'Browse projects' button. A message states 'Showing all projects from agency LBI-HTA (Ludwig Boltzmann Institute for Health Technology Assessment). Showing 30 projects (of 1225 total). Click column heads to change sorting order.' Below this is a table with columns: Title, Status, Agency, Planned start, Planned end, and Show details. The table lists 10 projects with their respective titles, statuses, and planned end dates.

Title =	Status =	Agency =	Planned start =	Planned end =	Show details
Anti-Vascular-Endothelial-Growth-Factor (anti-VEGF) for the treatment of diabetic macular edema	published	LBI-HTA		2011-07-15	Show
Appraisal of the quality and accuracy of written consumer health information for patients with chronic myeloid leukaemia on treatment-regimens with dasatinib, imatinib or nilotinib	ongoing	LBI-HTA		2011-10-01	Show
Cabazitaxel (Jevtana) for the second-line therapy of patients with hormone-refractory metastatic prostate cancer.	published	LBI-HTA		2011-03-01	Show
Child and adolescent psychiatry. (Part 2) - Evaluation study	ongoing	LBI-HTA		2012-09-01	Show
Disinvestment - first experience and international practices	published	LBI-HTA		2011-07-01	Show
Economic aspects of clinically effective and efficient models of health services in alcohol addiction treatment	ongoing	LBI-HTA		2011-07-01	Show
Eribulin (Halaven®) as third- or late- line mono-therapy for advanced/metastatic breast cancer	published	LBI-HTA		2011-06-01	Show
IFEDH - Innovative Framework for Evidence Based Decision Making in Health Care - Glossary of terms (WP2.1)	ongoing	LBI-HTA		2011-03-01	Show
IFEDH - Innovative Framework for Evidence Based Decision Making in Health Care - Principles of standardised work in HTA (WP1.2)	ongoing	LBI-HTA		2011-03-01	Show
Measuring disease - Patient-relevant outcomes versus surrogate outcomes	ongoing	LBI-HTA		2011-10-01	Show
Mechanical percutaneous transluminal cerebral clot retrieval devices in acute ischemic stroke: Systematic Review on efficacy and safety	published	LBI-HTA		2011-07-15	Show
Occupational therapy in Austria	ongoing	LBI-HTA		2011-12-01	Show
Outpatient cardiac rehabilitation Part 4: Options for carrying out a prospective study	published	LBI-HTA		2011-07-01	Show
Percutaneous aortic valve replacement (with a side note on hybrid	published	LBI-HTA		2011-07-15	Show

Figure 1.2-2: POP database

POP database
13% overlap of identical HTA projects and 30% of similar HTA projects

This POP database can only be accessed by “contributing” EUnetHTA partners, meaning those partners who regularly update their database entries: “give and take” is the access principle here. Currently, **1,100 ongoing, planned or recently completed projects** of 42 EUnetHTA partner organisations from 24 European countries are listed. The presumed and observed redundancies can now be quantified: a 13% overlap of identical topics, particularly in the fields of Pharmaceuticals / New Drugs and Technologies / High Tech Interventions, and a 30% overlap of similar themes in the same indication areas (dementia, ADHD, rheumatism, etc.).

EUnetHTA
Joint Action 2
10/ 2012-09/2015
approved

In 2011, an application for a further “**Joint Action (2) EUnetHTA 10/ 2012-09/2015**” was submitted and approved. The LBI-HTA will also take on a prominent position here, namely as the co-leader with the Dutch **CVZ / College voor zorgverzekeringen** in Work Package 5 on “Testing partners’ capacity to apply the HTA Core Model for Rapid Assessment in **collaborative production of HTA information** for national adaptation and reporting”. Whereas the creation of structures for transnational, mutual HTA production was the content of EUnetHTA Joint Action 1, the actual production will be the main activity in EUnetHTA Joint Action 2.

EUnetHTA spin-offs:
collaborations with oncologica and high-tech interventions:
a total of 6 in 2011
working in English or bilingually

As spin-offs from the EUnetHTA POP database, LBI-HTA initiatives for cooperation with other EUnetHTA partner organisations were established: on the one hand, in the scope of the “**Horizon Scanning in Oncology**” programme; on the other hand, “Calls for Collaboration” in the scope of the annual **MEL / Assessment of Individual Medical Services**. It was conducted as an active information brokering measure for topics relevant to Austria. In total, 6 new medications and 1 high-tech technology were assessed in 2011 in cooperation with other European HTA institutions (AHTAPol/PL; ULSS-20; UVEF / Reg. Veneto; AGENAS / IT; Institute of Pharmacology Bremen / GER; Agency for Quality and Accreditation in Health; Department for Development, Research and Health Technology / CR, etc.). Working in English or bi-lingually is thereby a precondition.



**LBI-HTA,
AHTAPol &
UVEF (Reg. Veneto):**

**Eribulin (Halaven®) as third- or
late- line monotherapy for advanced/
metastatic breast cancer**

July 2011

Figure 1.2-3: Examples of cooperation in the evaluation of new oncologica

The German-Austrian cooperation was successfully continued with the Medical Service of the Central Association of Health Insurance Funds / MDS in the area of “**NUB / New Examination and Treatment Methods**” (GER) and “**MEL / Assessment of Individual Medical Services**” (AUT). The MEL assessments of the LBI-HTA also led to a series of scientific publications in 2011.

In addition to the already established programme lines of new oncologica assessment and the assessment of individual medical services in hospitals, we have increasingly devoted ourselves to the methodological challenge of the “**Assessment of Complex Interventions**”. Complex differ from simple interventions that not singular interventions, but rather intervention bundles interact in specific implementation contexts and have to find socio-medical consideration. On the one hand, a LBI-HTA team of four scientists also worked in the second project year of the “**Parent-Child-Care_New**” project on the deeper examination of single aspects (preterm birth, IT applications, outreach services, budget impacts). On the other hand, the assessment of **outpatient cardiac rehabilitation** went into its third project year. We began with the assessment of **occupational therapy** in individually selected indication areas in 2011 and will continue in 2012. In the field of physical medicine, we conducted the first orientating reviews on “physical therapy” and on “training therapy”. Besides the contentual methodological challenges (specific endpoints in the different indications), the summary of reviews (**Review of Reviews**) is a methodological topic that we also addressed at the meeting of the Scientific Advisory Group. Avoiding redundancies by not repeatedly drawing upon the assessment of primary studies is an issue that is gaining relevancy not only in small HTA institutions such as the LBI-HTA, but also in the well-resourced institutions.

**NUB-MEL (GER-AUT)
cooperation continued**

**methodological
challenge: assessment
of complex
interventions**

Parent-Child-Care_New

**outpatient cardiac
rehabilitation**

occupational therapy

physical therapy

**methodological
challenge: Review of
Reviews**

own health services
research: child and
adolescent psychology
and outpatient cardiac
rehabilitation

Not least, we also continued the **empirical studies of health services research, resp., accompanying research** in 2011 through our own primary studies in the fields of child and adolescent psychiatry and outpatient cardiac rehabilitation.

In addition to the actual scientific preparation of content, the **public presentation** (scientific communication) and the **public discourse** aimed at getting those interested and those affected involved the acceptance and credibility of HTA are important. Therefore, the conference on “Parent-Child Care - Challenges and Perspectives” was held in conjunction with the Federal Ministry of Health / BMG on 6 December 2011.

2 further events:
5-year anniversary,
100th issue of the HTA-
Newsletter in Sept.

Besides the substantive work, two further events stood at the centre of our attention in 2011. Not only did we celebrate the **five-year anniversary of the Institute** at the XPEDIT Warehouse, but also the 100th issue of the HTA-Newsletter. We were able to share our joy with approx. 50 invited guests.



Figure 1.2-4: LBI-HTA 5-year anniversary

strategy development
2013+

In 2004, the Ludwig Boltzmann Society (LBG) laid out plans for the creation of new Institutes. It decided that the “new” LBG Institutes would exist for a period of 7 years under the umbrella of its academic but non-university-based research institution, in order to demonstrate their benefit to translational research to the society’s partners within that time period.

As the LBG offered those Institutes that had proved to be successful in the scope of the interim evaluation after four years (LBI-HTA: 2009) the option of a second period under certain conditions, efforts in 2011 were devoted to the strategy development for a second period (2013+).

Co-financing beyond 2013 requires:

1. The handover of the Institute to an alternative legal representative, as well as the withdrawal of LBG funding during the second period.
2. The handover must be pre-arranged; the approach to the timely withdrawal of the LBG is negotiable. The total sum made available by the LBG is non-negotiable.
3. Although the legal representative – despite the co-financing of the LBG – may/ought to be another organisation, the LBG logo should continue to be used throughout the co-financing period.
4. Before initial negotiations can begin, “Letters of Intention” from the new legal representative must be presented.

a 2nd period is an option, under certain conditions:

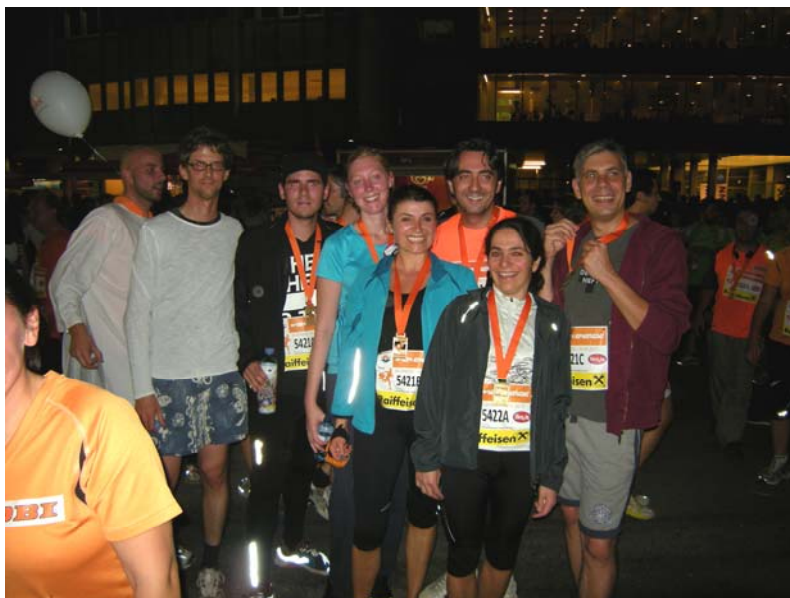
- handover to alternative legal representative
- withdrawal of LBG funding
- LBG logo for duration of co-financing

On 18 October 2011, the LBI-HTA received an **on-site visit**: The LBG / Ludwig Boltzmann Gesellschaft made negotiations concerning a possible second period conditional upon an additional “critical look from outside” to the LBI-HTA and the future framework conditions and requirements. Three experts (**Bert Boer / CVZ – NL, Raf Mertens / KCE – BE and Peter Kolominsky-Rabas / earlier IQWiG, now PH Erlangen – GER**) from European social insurance countries visited the LBI-HTA in order to advise the LBG. The advisory paper was also brought to the knowledge of the future partners.

on-site visit to advise the LBG in October

Every year in April, we go on a one-day topic retreat in order to divide and discuss the working programme of the following year amongst the staff. In addition to the work, a hike is also part of the programme. This year’s LBI-HTA topic retreat on 26 April was unfortunately washed out due to the weather, so we “only” remained on the Institute premises.

topic retreat in April



Business Run in September

Figure 1.2-5: Business Run

For the fun of collective movement, 2 three-person teams of the LBI-HTA (Marisa Warmuth, Roman Winkler, Smiljana Blagojevic, Ines Schumacher, Nikolaus Patera and Florian Schramm) took part in the 12th **Wien Energie**

Business Run on 22 September 2011. Proud, somewhat relieved and happy, the six received their medals at the finish line.

other events/
parties

Further, we said goodbye to two colleagues (Philipp Radlberger: on 24 March; Gerda Hinterreiter: on 22 November), and naturally celebrated the successful medical specialist exams of Philipp Mad (8 November).

farewells, Christmas
party,
births

The LBI-HTA **Christmas party** took place on 2. December 2011, beginning with a guided tour of the team through the Federal Pathologic-Anatomical Museum in Vienna, and ending with a comfortable evening at the restaurant “Stomach”.



Figure 1.2-6: Narrenturm Wien & Restaurant Stomach

Stefan Mathis-Edenhofer became the father of little Leonard on 16/09/11. We also celebrated this special occasion fittingly.

1.6 Research Programme

The work programme of the LBI-HTA consists of five programme lines, which will be briefly described. All projects will be explained in Chapter 2 (Research), within the context of the different programme lines.

programme line 1

Comprehensive Assessments of Health Interventions & Evidence-Based Health Services Research

HTA can now look back on 20 years of methodological developments and international harmonisation. “Traditional” assessments answer questions on new/innovative or established medical interventions such as

- ❖ Is the intervention effective, does it work?
- ❖ For whom, which subgroup of patients?
- ❖ At what cost?
- ❖ How does the intervention compare with alternatives?

Unlike traditional HTA, evidence-based health services are still young, but are based on the same basic research principles: systematic literature search and analysis, transparent presentation of sources, process and result, as well as interdisciplinary perspectives. In contrast to the results from the critical appraisal of medical interventions, the results from health services research are deeply anchored in the health systems concerned and cannot be as easily

transferred into other systems. The research field of evidence-based planning follows the approach of distinguishing between demand and need, and of critically questioning the actual utilisation of health services.

For that reason, the LBI-HTA, as an HTA institute in a small country, is devoted to bringing international HTA into the national context and to further developing methods of evidence-based health services research.

Scientific Support of Health Policy and Decision-Maker Networks

programme line 2

Policy-relevant decisions are traditionally reached on the basis of a consensus of high-ranking experts in boards and committees. This process of exclusively expert-based (so-called eminence-based) decision-making is highly prone to bias, conflict of interests and doctrine. It is the aim of evidence-based support to decision-making to collect and present recent research results and to provide a more rational and transparent input to the process of health policy decision-making, independent of influences from interest groups. The aim is to shape the process in the long term by systematically questioning marketed information and by asking for sound evidence.

It is the task of the scientific support of health policy and decision-maker networks to react rapidly to demand and to present the evidence to decision-makers in a transparent and readable format.

Health Technology Assessment in Hospitals

The informal “HTA in Hospitals” network consists of a group of about 20 high-ranking decision-makers (medical directors and quality managers) from almost exclusively Austrian hospital cooperation. The network meets twice a year (June and October) in order to obtain informative HTA input into 4 key topics, to discuss them and to exchange ideas on regulation and reimbursement issues.

The task of the LBI-HTA is to coordinate the meetings, to request and collect current topics and to prepare the presentations. The format of the meetings is for each topic to be presented from the HTA perspective and by an invited clinical expert, which subsequently leads into a structured discussion.

Scientific Decision Support of the Health Ministry

It is the task of the LBI-HTA to provide - upon request - scientific support to different committees of the Austrian Health Ministry (BMG, <http://www.bmg.gv.at>):

- ✿ to support the Medical Advisory Group in the maintenance of the Austrian medical procedure classification (Austrian DRG Catalogue) with evidence analysis of new/innovative or established medical interventions.
- ✿ to react to information enquiries in the Supreme Health Council (advisory committee of the Health Minister).

Public Understanding and Research Transfer

programme line 3

Quite often – steered by early media coverage – the demand for new/innovative health care interventions emerges even before market approval or reimbursement. “Public understanding” is both the transfer of knowledge about market forces and about methods for critically questioning

the evidence presented on effectiveness and cost-effectiveness, appropriateness, and methodological support for the differentiation between new and innovative interventions. “Public understanding” is meant to contribute to a better understanding of true effectiveness and, at the same time, to a democratic shaping of benefit packages.

The intention of “public understanding and research transfer” is to build up – through presentations, seminars, monthly newsletters, a user-friendly website and search support – a critical mass of patients, journalists, representatives of the health administration, academia, etc., that questions the information presented and asks for sound evidence before decision-making.

programme line 4 HTA Implementation: Development and Informing on Effective Policy Instruments

Evidence for the effectiveness and cost-effectiveness of numerous technologies and interventions can often only be presented after market approval and several years’ use under real clinical conditions. However, even then, ineffective technologies are widely spread and applied. Since it is ethically not justifiable to withhold true medical innovations from patients, and because pseudo-innovations absorb a lot of resources, taking new technologies under “surveillance” or “limited application” at specific medical centres is more and more frequently considered. Consequently, final decisions on reimbursement are made only after patient-relevant outcome data become available.

Methods for limited application and the assessment and appraisal of technologies and interventions after having obtained patient-relevant outcome data are still young. In this programme line, they will be further developed and applied.

programme line 5 International Cooperation / HTA Best Practice

International cooperation and collaboration, particularly within the European Union, is becoming increasingly important in order to avoid redundancies in the assessment of medical technologies prior to reimbursement or inclusion in public benefit catalogues. Drugs that have been approved by the European regulatory authority EMA are being launched simultaneously in European markets. In addition, medical products and technologies are being launched nearly at the same time in European markets.

The EU-project “EUnetHTA – European Network for Health Technology Assessments” is concerned with the development and implementation of structures and networks for transnational HTA-cooperation. This project was funded by the EU from 2006 to 2008 and was continued without public funding throughout 2009. From 2010 until 2012, it is again being funded by the EU in the form of a Joint Action.

The LBI-HTA was co-initiator and has been a leading partner of EUnetHTA for several years. The LBI-HTA manages Work Package 7 in close cooperation with the French HAS/Haute Autorité de Santé. Work Package 7 is concerned with rapid exchange of information on the assessment of new technologies after their approval, but prior to their introduction on the market.

2 Research

2.1 Projects and Scientific Support of Decision-Making

Strengthening the Evidence Base for a Learning Health System: Inspirations from Good Practice for Capacity Building in Health Services Research and Public Health Research

programme line 1

Project leader: Claudia Wild

Project team: Nikolaus Patera

Duration: 06/2010 – 02/2011

Background: WHO published its “World Report on Knowledge for Better Health – Strengthening Health Systems” in 2004. The EU’s 6th Framework Programme for Research analysed the status quo of public health research. The current 7th Programme looks at health services research. Always of central importance is the question of how theoretical knowledge can be translated into practical action.

Aims and research objectives: To stimulate the debate on enablers of high-quality health services research and public health research, LBI-HTA initiated a report on the organisation and governance of health services research and public health research. A successful system (organisation and governance) of health services research and public health research enables institutional and human resources capacity building, which are foundations of high-quality research. The report starts off by touching upon some of the conceptual and theoretical issues relating to knowledge gaps in health systems, capacity building for research and the interface of research and policy. Then concrete examples for good practice from the Netherlands, Denmark, Norway and the UK are presented to gain ideas and draw inspiration.

Methods: The starting points for (unsystematic) literature searches were reports on the topic funded by international organisations (WHO, EU). Using a snowballing system, the literature sources of interest listed in these reports were further explored. To explore organisational examples of good practice, information about institutions relevant for health services research and public health research in a range of countries was gathered on the Internet. Building upon the information available on the websites, institutions were chosen to conduct in-depth expert interviews on. Senior experts in these organisations were asked to participate in person in a semi-structured interview via telephone. Eventually, 13 such interviews lasting between 45 and 90 minutes were conducted with experts from organisations showing elements of good practice in the Netherlands, Denmark, Norway and the UK.

Results: Not least due to a long-standing and well-funded research tradition and a culture open to evidence-based policy debate, model organisations in the field of health services research and public health research are particularly found in the Netherlands and in the UK.

Transparent processes of prioritising research questions, of communicating research results and of evaluating research and its implementation are necessary to establish a research system positively impacting the practice of political decision-making. Trust between decision-makers and researchers, charac-

terised by intensive interaction along the entire research process, is a prerequisite for the ultimate user relevance of research. Scientific competence in the narrow sense on the part of the research organisation needs to be coupled with the ability to actively communicate with decision-makers and with network-building skills. This can be enhanced by organisational structures in research commissioning, academia and independent research organisations.

In addition to political will, organisational leadership and sustainable funding commitments, capacity building requires time for a culture of problem solving in mutual respect to develop between decision-makers and researchers. A perspective on research that takes organisational and systemic perspectives on board, that understands the production of evidence as a shared process and that is sensitive to context offers the most promising way forward.

Publication: HTA-Project Report No. 48: Strengthening the knowledge base for a better health system. Inspirations from good practice for capacity building in health services research and public health research - <http://eprints.hta.lbg.ac.at/908>

programme line 1 **Systematic Review of the Efficacy and Safety of Treatments for Varicose Veins of the Lower Extremity**

Project leader: Marisa Warmuth

Project team: Marisa Warmuth, Ines Schumacher, Bettina Maringer

Duration: 05/2011 – 08/2011

Background: Varicose veins of the lower extremity are a sign of varicose insufficiency and are the most common venous disease in Germany. According to the study “Bonner Venenstudie” (2000-2002, N=3.072), only about 14% of men and 6% of women aged between 18 and 79 years do not have any sign of venous insufficiency, including telangiectasias, reticular veins, varicose veins, oedema, skin changes or ulceration. Besides hereditary risk factors, advancing age, female sex, pregnancy, obesity as well as physical inactivity promote the development of varicose veins. Treatment options encompass conservative measures, conventional surgery (ligation with or without stripping) and minimally-invasive interventions (sclerotherapy, lasertherapy, radiofrequency ablation).

Aims of project: The project aims at assessing the current evidence regarding efficacy and safety of different treatment options for varicose veins, including conventional surgery (ligation with or without stripping, phlebectomy), minimally-invasive interventions (sclerotherapy, endovenous laser therapy and endovenous radiofrequency ablation), as well as conservative measures (compression therapy). In addition, it aims at comparing the various treatment options and at defining a boundary between indicated surgery/interventions and surgery/interventions for cosmetic reasons.

Research objectives:

1. What is the current evidence regarding the efficacy and safety of therapeutic options (including conventional surgery, phlebectomy, minimally-invasive treatment options and conservative measures) for varicose veins of the lower extremity?
2. Which are the indications and contraindications for conventional surgery, minimally-invasive interventions, as well as compression therapy?
3. Is there an algorithm to treat patients according to severity of the disease?
4. Is there a definition of a boundary between indicated surgery/interventions and surgery/interventions for cosmetic reasons? If not, is it possible to define such a boundary?

Methods:

- ✧ Contacting of HTA institutions / social insurance companies that are currently working on the same topic (identification through the EUnetHTA Planned and Ongoing Projects (POP)-database) for possible collaborations
- ✧ Developing the project protocol based on the following systematic review: Australian Safety and Efficacy Register of New Interventional Procedures – Surgical. Systematic Review: Treatments for varicose veins. ASERNIP-S Report No. 69; October 2008. [http://www.surgeons.org/media/19316/Varicose_Veins\(SR\).pdf](http://www.surgeons.org/media/19316/Varicose_Veins(SR).pdf) [Accessed 6 May 2011]
- ✧ Systematic literature search in various databases (Pubmed, The Cochrane Library, Medline via Ovid, NHS-EED-DARE-HTA) and on web sites
- ✧ Unsystematic hand search

Publication: HTA Project Report No 51 -<http://eprints.hta.lbg.ac.at/930>

Quality of Care in Oncology and Its Measurement

programme line 1

Project leader: Claudia Wild

Project author: Nikolaus Patara

Duration: 02/2011 – 10/2011

Background: The spectrum of conditions classified under the term “cancer” poses particular challenges for quality measurement. Multimodal treatment combinations (surgery, chemo-, hormone-, immune-, radiation therapy) for this increasingly chronic illness frequently alternate between in- and outpatient settings. Multiple actors in the healthcare sector need to be monitored over what are often extended periods of time in order to measure quality.

Aims and research questions: To provide an information input on the ongoing development of the Austrian National Cancer Plan, this report addressed the following study questions:

- ✿ What are properties of high-quality oncological care?
- ✿ Which quality indicators for oncological care are available internationally? Which initiatives work on these?
- ✿ What are important elements in indicator development for oncological care?
- ✿ What are the practical challenges of implementing systems of quality measurement in cancer care?

Methods: A systematic literature search in databases – reviewed independently by two researchers – was followed by an unsystematic hand search via Google and on relevant homepages. To identify additional literature, experts in the field were contacted.

Results: The report focuses on ongoing activities and initiatives in the area of quality measurement in cancer care. 22 of these from seven countries are presented in some detail. In addition, 17 complete indicator sets are included in the appendix. Further development efforts are particularly needed for quality indicators that compare subgroups, indicators for less-frequent cancers, indicators that take psychosocial elements into account or address quality of life and incorporate patients' perspectives. The same is true for end-of-life care quality indicators.

Conclusion: Apart from the obviously required know-how for indicator development and the necessary establishment of an efficient electronic data collection infrastructure, knowledge about and experience with the development of clinical guidelines and patient pathways are crucial for establishing a quality system for cancer care. Data analysis and feedback skills are required. In order to actually improve quality at the point of patient care delivery, a sense of ownership for the quality improvement process needs to be fostered amongst stakeholders.

Publication: HTA-Project Report No. 049: [Quality of care in oncology and its measurement] - <http://eprints.hta.lbg.ac.at/934>

programme line 1

Reorientation of the Austrian Parent-Child Preventive Care Programme

Background of the project first year (see parts I-IV): The mother-child-pass examination programme was launched in Austria in 1974. Since then, the spectrum of examinations has been steadily extended and the number of examinations has continuously increased. However, to date, neither the programme itself nor recently emerging needs have been systematically evaluated. An evaluation of the Austrian mother-child-pass examination programme primarily aims at analysing the specific needs of the target population in terms of width and depth of both existing services and new / different services required as well as challenging the evidence-base of existing examinations in a second step.

The mother-child-pass examination programme is a classical (epidemiological) screening programme amongst healthy individuals. However, WHO criteria for screening should be applied. Currently, the mother-child-pass examination programme comprises examinations of both the pregnant mother from the point of pregnancy detection until delivery and the child from birth

up to the 62nd month of life. The current mother-child-pass is predominantly “medicine-focussed” and more or less excludes diagnostic procedures / care provided by other health professionals than doctors, such as midwives, nurses, physiotherapists, psychologists, social workers, amongst others. However, this contrasts with more recent regional / national and international screening models primarily targeting risk populations (e.g., socially deprived women and children, women and children with a migration background, etc.) that have special needs related to mother-child health care services.

Programme services have mainly been publicly financed by several public payers. Additionally, different incentive systems have been introduced to increase the uptake of services. In order to establish a system of care that meets current needs, adequate financing structures are required.

Aim of the overall project: The aim is the development of a decision support document for the re-orientation of the mother-child prevention programme in Austria. It aims at easing the re-organisation process for stakeholders in order to adjust the prevention programme to the actual needs of the respective target population.

Reorientation of the Austrian Parent-Child Preventive Care Programme - Part I: Epidemiology – Frequencies of Risk Factors and Diseases in Pregnancy and Early Childhood.

Project leader: Brigitte Piso

Project team: Marisa Warmuth, Philipp Mad, Brigitte Piso, Claudia Wild

Additional project contribution: Tarquin Mittermayr, Ines

Schumacher, Stefan Mathis-Edenhofer

Duration: 04/2010 – 03/2011

Objectives part 1: Epidemiology and assessment of risk factors, as well as diseases. A synthesis and analysis of epidemiological data concerning existing risk factors and diseases in defined target groups aims at highlighting the spectrum of risk factors and diseases, including their frequency. It should provide the basis for the assessment of services required.

Research questions part 1: Epidemiology and assessment of risk factors, as well as diseases

1. Which risk factors/diseases occur in the respective target group, how often do they occur?
2. Which risk factors occur in the respective target group at the individual level (age, sex, hereditary factors and life style factors) and at the environmental level (social networks, working and living conditions, socioeconomic, cultural, and environmental factors)? How often do they occur and in which severity?
3. Are there differences in risk factors / diseases in the respective target group depending on sociodemographic parameters, such as age, educational level, socioeconomic status, ethnic background, etc.?

Method part I:

- ✎ Systematic literature search in the following databases: CRD-INAHATA, Embase, Ovid Medline, PsycINFO, PSYNDEX, The Cochrane Library, Web of Science and MedPilot

- ✿ Hand search in databases, selected medical journals, committees of professional societies, HTA institutions
- ✿ Synthesis of statistical data from Austria (Statistik Austria, birth registry, health reports) concerning diseases / risk factors / risky behaviour
- ✿ Comparison of assessed statistical data with the current mother-child-pass examination programme concerning examinations / missing examinations / lacking data
- ✿ Workshop with national experts

Publications:

Part I: HTA Project Report 045a - <http://eprints.hta.lbg.ac.at/912/>

programme line 1

Reorientation of the Austrian Parent-Child Preventive Care Programme - Part II: International Policies, Concepts and Screening Strategies Focusing on “Normal” and “High-Risk” Development Processes during Pregnancy and Early Childhood until School Entry

Project leader: Brigitte Piso

Project team: Roman Winkler

Additional project contribution: Imke Schall, Tarquin Mittermayr

Duration: 04/2010 – 03/2011

Objectives part II: The second part will cover a comparative analysis focussing on similar screening-instruments in the international context – on the one hand, this shall involve experiences relating to particular services provided for risk populations, as well as, on the other hand, other innovative services aspects for mother-child health.

Methods part II: Internet search on public sector information; systematic literature search and hand search in databases; questionnaire; comparative analysis of international screening-instruments and services; workshop with national experts.

Research questions part II:

1. Which medical and psycho-social parameters are examined alongside mother-child examinations? Which time intervals are usually provided for mother-child examinations?
2. Which professional groups (e.g., medical doctors, nurses, midwives, etc.) are involved and at which stages of the overall examination process?
3. Are there any country-specific mother-child health care aspects that inform about the service range, as well as the service depth (i.e., services for special groups such as women experiencing domestic violence, etc.)?

Publication:

Part II: HTA-Project Report No 45b - <http://eprints.hta.lbg.ac.at/913/>

Reorientation of the Austrian Parent-Child Preventive Care Programme- Part III: Financing Structures of Services and Public Transfers for Parents and Young Children

programme line 1

Project leader: Brigitte Piso

Project team: Ingrid Zechmeister-Koss, Tina Liobl

Additional project contribution: Tarquin Mittermayr

Duration: 04/2010 – 03/2011

Objectives part III: Part three will describe the financing structures (payers, monetary flows, transfer of services), the inherent incentives, as well as the costs and expenditure of current services (mother-child-pass examinations and other preventive measures for pregnant women, newborns and children).

Research questions part III:

1. What are the financing structures (payers, monetary flows, and service recipients) of the current maternity and child care programmes, what is the legal basis and how are they integrated in the overall health and social system?
2. What are the incentives and what is the impact from the incentives (e.g., uptake of services) of the different systems historically? Are there international best practice models with respect to financing and incentive systems?
3. What are the financing structures (payers, monetary flows, service recipients) of preventive services (in-kind or monetary) for pregnant women, newborns and children “beyond” the current maternity and child care programme?
4. What are the costs for single services and what have been the total public (and private) expenditures for maternity and child care programmes?

Methods part III: Evaluation of public documents on financing structures and legal frameworks; interviews with payer representatives to gain additional information; analysis of costs and expenditure based on administrative data (e.g., from social security funds and hospitals, ministry) and on secondary literature.

Publication:

Part III: HTA Project Report 045c- <http://eprints.hta.lbg.ac.at/914/>

Reorientation of the Austrian Parent-Child Preventive Care Programme Part IV: Synthesis of Parts I-III, Recommendations

programme line 1

Project leader: Brigitte Piso

Project team: Brigitte Piso, Roman Winkler, Marisa Warmuth

Duration: 04/2010 – 03/2011

Contracting authority: BMG (Austrian Ministry of Health)

Objectives part IV: Based on the results of parts 1-3, we aim to assess the actual needs in terms of services required.

Research questions part IV:

- ❖ Which of the identified risks are adequately detected by the current maternity and child care programme?
- ❖ Are these risks also internationally considered in routine prevention (or prevention policy)?

- ❖ Which other, seemingly relevant health risks are alternatively/ additionally considered internationally in maternity / child prevention programmes and for which target group?
- ❖ Is there any experience regarding how these risks can be detected and which consequences of risk-population-prevention (strategy) could be observed?
- ❖ Which role does the financing of preventive measures (included / not included in the current maternity / child programme) take?

Methods part IV:

- ❖ Synthesis of results of parts 1-3; comparison of contents / financial structure of the current maternity and child care programme with identified risks and international approaches

Publication:

Part IV: HTA Project Report 045d - <http://eprints.hta.lbg.ac.at/915/>

programme line 1

Reorientation of the Austrian Parent-Child Preventive Care Programme - Part V: Preterm Birth

Project leader: Brigitte Piso

Project team: Brigitte Piso, Ines Schumacher

Additional project contribution: Veronika Häussler, Tarquin Mittermayr

Duration: 03/2011 – 12/2011

Background part V: In the preceding reports of the parent-child screening / prevention project, we repeatedly identified preterm birth as a highly relevant health issue. In part I we pointed out differences in the definition of preterm births and subsequent differences in figures (depending on the definition and / or data source). We also stated that Austria is a “front-runner” in the prevalence of preterm births in Europe (with 11% according to gestational age). We identified preterm deliveries, including causes and consequences, as an independent category of most common and potentially lethal health threats when ranking health risks for frequency of occurrence and severity of health consequences in part IV. Referring to the four major risk groups for an overall increased risk of disease, we also identified and named “pregnant women expecting multiples or preterm infants” as an individual risk group.

Aims of part V:

1. to illustrate the preterm birth rate in Austria in the European context in-depth to see if it is possible to find any trends or relations
2. to give an overview on primary, secondary preventive as well as screening measures for decreasing the preterm birth rate
3. if possible, highlight pilot programmes which are successful in reducing preterm birth rates

Research objectives part V:

Ad 1:

- ❖ Is it possible to find trends with respect to preterm birth rates and associated factors, like mother’s age or the multiples birth rate when comparing Austrian and European data, and can relations between

these factors and the preterm birth rate be derived from this comparison?

- ❖ How does the preterm birth rate in Austria present itself compared to other European countries, based on different data sources?

Ad 2:

- ❖ Are primary preventive measures to decrease the preterm birth risk for all pregnant women in comparison with routine preventive care effective in decreasing the preterm birth rate, in reducing infant and maternal mortality and infant morbidity, and safe (intervention-based complications / burden for mother or child)?
- ❖ Are screening measures for identifying pregnant women with an increased risk for preterm birth in comparison with routine preventive care without screening effective in decreasing the preterm birth rate, in reducing infant and maternal mortality and infant morbidity, and safe (intervention-based complications / burden for mother or child)?
- ❖ Are secondary preventive measures to decrease the preterm births for pregnant women with an increased risk for preterm birth in comparison with routine preventive care effective in decreasing the preterm birth rate, in reducing infant and maternal mortality and infant morbidity, and safe (intervention-based complications / burden for mother or child)?

Ad 3:

- ❖ Are there pilot programmes in Austria or Europe for decreasing the preterm birth rate / the risk of preterm birth?
- ❖ Which measures had been taken to successfully decrease the preterm birth rate?

Methods:

1. Extraction of data from different data sources about preterm birth and associated factors in Europe
2. Systematic search for literature / additional hand search for systematic reviews / meta-analyses for a systematic review
3. Hand search including contacting national / international experts

Publication:

Part V: HTA-Project Report No. 50 - <http://eprints.hta.lbg.ac.at/939>

Reorientation of the Austrian Parent-Child Preventive Care Programme - Part VI: Health Visiting Services in the International Context and Implementation Options for Austria

programme line 1

Project leader: Brigitte Piso

Project team: Roman Winkler, Judit Erdös, Bernd Wimmer

Duration: 05/2011 – 03/2012

Background: The Ludwig Boltzmann Institute for Health Technology Assessment recently published four reports on behalf of the Austrian Ministry of Health dealing with parent-child screening / prevention issues. With regards to international parent-child health strategies, two reports (II and IV) focused on diverse screening services for pregnant women, parents and chil-

dren in selected (European) countries. Concerning the involved health professionals, it turned out that health visitors represent integral parts of the screening and prevention programmes in several countries. In Austria, pregnant women, parents and children have to actively consult the health services providers (mainly doctors and / or medical specialists). This policy contrasts with many other countries where specially trained health experts (e.g., midwives, public health nurses, etc.) provide services in the living environment of the target groups. However, these services are also partly offered in public education institutions (e.g., nursery schools, kindergarten, schools, etc.) or they are essential elements of parent-child screening / prevention programmes offered by institutions of public health systems. This follow-up project will deal in depth with country-specific health visiting programmes and it will flesh out potential implementation options for Austria.

Aims of project:

Part VI/1: Training contents, job requirements and competence areas of health visitors in selected countries. Part 1 provides a country overview regarding diverse training programmes and job profiles for health visiting services and informs about related competences and areas of health visitors.

Part VI/2: International evaluation experiences (incl. staff requirements and acceptance rates) and evidence profiles concerning health visiting services that have a particular focus on socio-medical risk groups. Part 2 summarises country experiences and evidence profiles for health visiting services. This part particularly focuses on pregnant women, parents and children exposed to potential socio-medical risk factors.

Part VI/3: Status-quo of health visiting services for pregnant women, parents and children in Austria. Part 3 pursues the goal of reporting on already existing health visiting services in Austria and of investigating evaluation experiences (e.g., acceptance rates).

Part VI/4: Implementation options for health visiting services in Austria. Part 4 concludes on the preceding chapters and aims at discussing potential health visiting models for pregnant women, parents and children in Austria.

Research questions:

Part VI/1: Which training contents are offered in international programmes preparing for the job as a health visitor? Which competence areas do health visitors in other countries have?

Part VI/2: What is the evidence for the efficacy of health visiting services for pregnant women, parents and children with and without socio-medical risk profiles (e.g., substance abuse, teenage pregnancy, poverty, etc.)? Which evaluations (e.g., in terms of acceptance rates) have been undertaken so far? To what extent do target groups (particularly those with socio-medical risk factors) make use of health visiting services? Which staff requirements (in terms of number of health staff needed) are internationally recommended?

Part VI/3: Which health visiting services for pregnant women, parents and children are already offered in Austria? How can these services be accessed by the target groups? Which groups of health professionals have so far offered visiting services to pregnant women, parents and children? How many health visitors are there in Austria, respectively, in selected Austrian regions? How many pregnant women, parents and children have benefited so far from health visiting services in Austria, respectively, in selected Austrian regions?

Part VI/4: Which implementation options for health visiting services can be developed for the Austrian context?

Methods:

Part VI/1 and VI/3: Hand search, Internet search on public sector information, expert interviews, etc.

Part VI/2: Hand search, Internet search, systematic literature search on evidence profiles concerning health visiting services in parent-child screening / prevention programmes

Part VI/4: Discussion of results and conclusions on Parts VI/1 – VI/3

Reorientation of the Austrian Parent-Child Preventive Care Programme - Part VII: Options for an Electronic Implementation

programme line 1

Project leader: Brigitte Piso

Project team: Stefan Mathis-Edenhofer

Additional project contribution: Florian Schramm, Tarquin Mittermayr

Duration: 05/2011 – 03/2012

Background: The last year of the parent-child-prevention programme “new” project aimed at giving basic support to a decision on a new prevention strategy for parents during pregnancy and infants. Part I of the project summarised epidemiological data on specific risks, part II described international screening policies and part III provided an overview of the financial structure of the current parent-child-prevention program. Part IV – which comprises a comprehensive summary of the results – highlighted the critical importance of electronically realised systems for data collection and data analysis in the context of a newly structured parent-child-prevention program.

Austria is currently organising and performing activities related to the parent-child-prevention programme (“Mutter-Kind-Pass”) in a paper-based manner. The aim of this new project part VII is to learn from main national and international parent-child initiatives by analysing the information and communication processes of these initiatives. In the main, the project aims at examining suitable possibilities to implement activities related to a “new” parent-child-prevention programme in the context of eHealth and particularly in the context of ELGA.

Aims of the project:

- ❖ To identify information processing and communication elements of a “new” parent-child-prevention programme by an analysis based on the preceding project parts (part I-IV) and by additionally analysing a selection of national and international parent-child-prevention initiatives.
- ❖ To test (on a conceptual level) the feasibility of implementing information processing and communication elements within ELGA or within alternative forms.
- ❖ To demonstrate possibilities and obstacles.

Research questions:

1. What are the activities and elements of a proposed “new parent-child-prevention program” that are based on of the previous project parts?

2. Which are national and international parent-child-prevention initiatives?
3. Which information processes and communication components exist within the main parent-child-prevention initiatives?
4. What can ELGA offer to implement information processes and communication components?
5. Which parent-child-prevention activities could be implemented through ELGA and which alternatives should be considered?
6. What are the challenges of implementing components of a “new parent-child-prevention program”

Methods Ad 1 and 2:

- ❖ Identification of activities based on the previous project parts that can be considered for a “new parent-child-prevention program”
- ❖ Systematic literature search on electronically implemented national and international parent-child-prevention initiatives
- ❖ Identification of information and communication components of a “new parent-child-prevention program”

Methods Ad 3: Description of information and communication components of a “new parent-child-prevention program”, use cases, activities

Methods Ad 4: Description of ELGA framework conditions

Methods Ad 5 and 6: Description of perspectives on implementation possibilities, their limitations, preconditions and alternatives

programme line 1

Reorientation of the Austrian Parent-Child Preventive Care Programme - Part VIII: Budget Impact Analysis

Project leader: Ingrid Zechmeister-Koss

Project team: Ingrid Zechmeister-Koss, Stefan Fischer, Judit Erdös

Additional project contribution: Tarquin Mittermayr

Duration: 06/2011 – 03/2012

Background: In part III of the project, we identified which payers are currently financing the parent-child programmes and what the public expenditure is. Implementing an alternative programme has financial consequences for the different payers involved. Additionally, the programme will have wider economic consequences.

Aims of project: Part VIII aims at analysing the financial consequences (budget impact) of implementing an alternative parent-child preventive care programme. We will specifically address the budget impact of health visiting services (part VI) and electronic implementation (part VII). Re-distribution potentials and cost-offsets will be taken into account.

Research questions:

- ❖ Which scenarios of preventive care programmes and related mix of services (type of service, frequency, profession involved) are to be expected in comparison to the current service provision?
- ❖ Which costs will occur for which payers within a 5-year time horizon?

- ✿ Which changes in health status are to be expected and what will be the economic impact and the impact for public budgets?

Methods:

- ✿ Designing a framework (model) for the analysis based on parts I to VII
- ✿ Evaluating costs based on Austrian data on services, tariffs, income data, international experiences and assumptions (in cases where no data are available)
 - ✿ Identifying resources that are required for the preventive care scenarios (e.g., services of different health care professionals, infrastructure, implementation)
 - ✿ Identifying quantities of resource consumption (e.g., estimated hours of care)
 - ✿ Valuing the resources (e.g., price per hour of midwife care)
 - ✿ Calculating the total costs (in the form of cost ranges) of scenarios addressed
- ✿ Addressing uncertainty of parameters via sensitivity analyses

Evaluation Study at the University Department of Child and Adolescent Psychiatry at the Christian Doppler Clinic, Salzburg, Austria

programme line 1

Project lead and co-operation: Roman Winkler (overall project) and Ingrid Zechmeister-Koss (economic evaluation) in co-operation with the University Department of Child and Adolescent Psychiatry at the Christian Doppler Clinic, Salzburg, Austria (Leonhard Thun-Hohenstein and Corinna T. Fritz) and Christoph Obermair (IT)

Duration: 01/2010 – 12/2012

Background: In Austria, evaluation research in the context of child and adolescent psychiatry is still in the early stages. This co-operation project is perceived as a scientific contribution to the improvement of quality evaluations within the context of child and adolescent psychiatry.

Aims and research questions: Since April 2011, the current evaluation study has been collecting data based on the outcome parameters identified in previous research (LBI-HTA project reports 27 and 28). This includes outcomes that relate to psychiatric, psychotherapeutic, psychological and socio-pedagogical treatments and services.

The following research questions guide the evaluation study:

- To what extent do children and adolescents at the Salzburg Clinic (inpatient and outpatient) experience “changes” in the course of time?
- What is the amount of resources before and during the stay in the clinic? How do resources relate to the service needs of the patients and to the costs and effects of the treatment?

Methods: Primary data collection of the University Department of Child and Adolescent Psychiatry at the Christian Doppler Clinic, Salzburg, Austria; quantitative instruments (e.g., concerning treatment effects, patients’ satisfaction with treatments and services, life quality, etc.) and qualitative instruments of empirical social research (e.g., interviews with patients, parents). The data evaluation is undertaken by means of SPSS.

The data collection will be examined across four points of measurement in order to detect “clinical changes” in the course of time. Patients and their

family members are asked at
T1: Start of the treatment
T2: Discharge
T3: 6 weeks after discharge
T4: 1.5 years after discharge

The economic evaluation will involve the collection of data, such as duration and frequency of therapy units, and will consider services that are provided by various health professionals at the clinic. Moreover, the project collects survey data about all services used by patients before and after their stay in the clinic.

Results: Interim results are expected to be published in summer 2012.

programme line 1

Appraisal of the Quality and Accuracy of Written Consumer Health Information for Patients with Chronic Myeloid Leukaemia on Treatment Regimens with Dasatinib, Nilotinib or Imatinib

Project leader: Claudia Wild

Project team: Katharina Hintringer, Jone Gerdvilate

Duration: 04/2011 – 02/2012

Background: With the approval of nilotinib and dasatinib for the first-line treatment of patients with Philadelphia chromosome-positive chronic myeloid leukaemia in the chronic phase (Ph+CML-CP) in 2010, there are now three different chemotherapeutic agents available for the treatment of this indication. The drugs nilotinib and dasatinib have been directly compared to the current standard of care, imatinib within phase III pivotal trials. At a median follow-up of 18 months, the estimated overall survival rate in the dasatinib group was 96%, compared to 97.9% in the imatinib group (DASISION trial), 98.5% in the nilotinib group 300mg twice daily, 99.3% in the nilotinib group 400mg twice daily, and 96.9% in the imatinib group (ENESTnd trial).

Based on the interim efficacy and safety data of these two trials, the question arises as to which treatment option should be chosen for which patient and where the patients get the information from. While physicians are still the most important source of health-related information for patients, studies show that 80-90% of patients search for additional information about their health issues within the Internet and traditional media by themselves. Without access to high-quality information about their disease and different treatment options, patients will not be able to make informed choices regarding their therapy. Thus, this project aims to appraise the quality and accuracy of written consumer health information on imatinib, dasatinib and nilotinib for the treatment of Ph+CML-CP.

Aims:

1. Identification and collection of written (Internet- and paper-based) consumer health information on imatinib, dasatinib and nilotinib for the treatment of CML
2. To identify checklists and criteria to appraise the structural quality and content of patient information
3. Appraisal of the quality of the identified patient information
4. Appraisal of the accuracy of the proposed information on efficacy and safety

Research questions:

- ❖ What are the sources to identify and comprehensively collect written consumer health information about imatinib, dasatinib and nilotinib?
- ❖ What is the most suitable search algorithm within search engines to find the information?
- ❖ Which parameters constitute the structural quality of consumer health information?
- ❖ Which criteria are relevant to appraise the accuracy of consumer health information?
- ❖ Which standardised checklists are available to appraise the quality and accuracy of written consumer health information?
- ❖ Do the identified patient information documents provide accurate information about the specific drugs and treatment options?
- ❖ To what extent does the patient information meet structural quality requirements?

Methods:

- ❖ Identification of consumer health information on imatinib, dasatinib and nilotinib:
 - ❖ Search within search engines (www.google.com, www.yahoo.com, www.bing.com) with the terms (imatinib, glivec, nilotinib, tassigna, dasatinib, sprycel). A separate search will be conducted for each term and the first 60 links will be checked whether they meet the inclusion criteria (patient information about one of the three drugs for the therapy of CML).
 - ❖ Directly contact national and European umbrella organisations of patient organisations, medical societies related to leukaemia, health ministries and the Marketing Authorisation Holder of the drugs and ask them to provide their patient information material related to the treatment of CML with these or one of these three drugs.
- ❖ Appraisal of the quality and accuracy of the information with a suitable quality appraisal instrument (e.g., DISCERN, IPDAS Checklist ...) and by applying criteria for evidence-based patient information.

Occupational Therapy in Austria

programme line 1

Project leader: Brigitte Piso

Project team: Ines Schumacher

Duration: 05/2011 – 2012

Background: There are different definitions describing “occupational therapy”. According to the World Federation of Occupational Therapists, occupational therapy “is a profession concerned with promoting health and well-being through occupation. The primary goal is to enable people to participate in the activities of everyday life”. These outcomes will be achieved by “enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation” (WFOT, 2004). Occupational therapy is primarily used in paediatrics, psychiatry, neurology, geriatrics and orthopaedics. Services are provided in inpatient care (e.g., in

psychiatric, rehabilitation or support of mentally or physically disabled people). For outpatient care, occupation therapy must be prescribed by a general practitioner. Most of the service is provided by selected occupational therapists (“Wahlergotherapeuten”). Treatment costs are reimbursed by the social insurance on a pro-rata basis.

Aims of project: To give an overview of the current conditions of occupational therapy in Austria (education, type and number of services provided, number of therapists).

Research objectives:

- ❖ How is the education study for occupational therapists organised?
- ❖ Which target groups receive (what kind of) service?
- ❖ How many occupational therapists are working in Austria and to what extent are services provided (including trends)?
- ❖ How can physiotherapy services be differentiated?

Methods: Unsystematic literature research, interviews, data from occupational therapists and social insurance.

programme line 1

Exercise Therapy (Krankengymnastik / Heilgymnastik) in Physical Medicine

Project leader: Marisa Warmuth

Project team: Ines Schumacher, Marisa Warmuth

Duration: 10/2011 – 12/2011

Suggested by: HVB

Background: Exercise therapy (Krankengymnastik / Heilgymnastik) is a domain of physical medicine and sometimes is still referred to by the out-dated term “Mechanotherapy”. It is most often used for the treatment of diseases and conditions that primarily affect the musculoskeletal system, such as osteoarthritis, rheumatoid arthritis, neurological diseases, etc. Exercise therapy (Krankengymnastik / Heilgymnastik) may be conducted as single therapy or in groups of patients. Its intended purpose is to practice patterns of movement for therapeutic purposes.

Aim of project: The project aims at assessing evidence concerning the efficacy and its measurement, as well as the indications of exercise therapy (Krankengymnastik / Heilgymnastik).

Research objectives:

1. What does exercise therapy (Krankengymnastik / Heilgymnastik) consist of?
2. What are common indications for exercise therapy (Krankengymnastik / Heilgymnastik)?
3. What is the evidence for the efficacy of exercise therapy (Krankengymnastik / Heilgymnastik)?
4. How is the efficacy of exercise therapy (Krankengymnastik / Heilgymnastik) measured?

Methods:

- ✳ Systematic literature search in various databases (Pubmed, The Cochrane Library, Medline via Ovid, NHS-EED-DARE-HTA, PEDRO) and on web sites
- ✳ Unsystematic hand search

Training Therapy in Physical Medicine

programme line 1

Project leader: Marisa Warmuth

Project team: Nikolaus Patera, Marisa Warmuth

Duration: 10/2011 – 12/2011

Background: Training therapy is a domain of physical medicine and – like other forms of exercise therapy – aims at facilitating physical activity via instructed physical exercise based on the principles of exercise physiology. Training therapy takes the forms of exercise using an ergometer (bicycle or treadmill) or circle training, and is indicated in various conditions, such as musculoskeletal diseases, cardiovascular and pulmonary diseases and neurological diseases. Training therapy is divided into endurance training and strength training; however, usually a combination of these two forms of training is employed. Following an initial phase of instruction, training therapy is usually conducted in groups and aims at motivating patients to life-long training.

Aim of project: The project aims at assessing the evidence concerning the efficacy of training therapy and its measurement via an overview of systematic reviews.

Research objectives:

1. What does training therapy consist of?
2. What are common indications for training therapy?
3. What is the evidence for the efficacy of training therapy?
4. How is the efficacy of training therapy measured?

Methods:

- ✳ Systematic literature search in databases (Pubmed, The Cochrane Library, Medline via Ovid, NHS-EED-DARE-HTA, PEDRO) and on web sites
- ✳ Unsystematic hand search

Evaluation of Individual Medical Services (MELs)

programme line 2:
policy advice / Decision
Support Documents

Project leader: Claudia Wild

Project team: all LBI researchers

Duration: 01/2011 – 04/2011

Suggested by: BMG (Austrian Ministry of Health)

Background: Each year, the Austrian Ministry of Health receives suggestions for the reimbursement of numerous new medical interventions. The aim of this project is to evaluate the efficacy and safety of interventions suggested for inclusion in the MEL (German for “individual medical services”) catalogue. Themes (interventions) are prioritised by the Ministry of Health and contracted out to the LBI-HTA.

int. cooperation with:
MDS / GER
further cooperation
among EUnetHTA
partners planned

Method: The assessments are based on systematic reviews of each intervention and a summary of the scientific evidence according to the GRADE scheme. Since 2009, the LBI-HTA has cooperated with its German counterparts “NUB Neue Untersuchungs- und Behandlungsmethoden” (“New Examination and Treatment Methods”), which also appraises relevant new medical interventions using the same method.

For the first time, international cooperation with other EUnetHTA partners (Agency for Quality and Accreditation in Health, Department for Development, Research and Health Technology, Zagreb, Croatia; Radiation Oncology, Istituto Oncologico Veneto-IRCCS-Padova; Hepatobiliary Surgery and Liver Transplantation Unit, University of Padova, Italy; Agenas, Agenzia nazionale per i servizi sanitari regionali, Rome, Italy) took place in the context of the EU project “EUnetHTA Joint Action 2010-2012” (see Chapter 1.5) for the 2011 MEL cycle. Within this framework, bilingual (G/E) MEL Assessments were jointly carried out.

MELs 2011

Results: In 2011, a total of five decision support documents as well as one update were written:

MEL Interventions 2011:

❖ **Vascular-Endothelial-Growth-Factor-Inhibitors (anti-VEGF) in the Management of Diabetic Macular Oedema.**

DSD 43: <http://eprints.hta.lbg.ac.at/917>

❖ **Percutaneous left atrial appendage closure for the prevention of thromboembolic events in patients with atrial fibrillation**

DSD 44: <http://eprints.hta.lbg.ac.at/918>

❖ **Renal denervation in patients with essential hypertension**

DSD 45: <http://eprints.hta.lbg.ac.at/8919>

❖ **Mechanical percutaneous transluminal cerebral clot retrieval devices in acute ischemic stroke: Systematic Review on efficacy and safety**

DSD 46: <http://eprints.hta.lbg.ac.at/920>

❖ **Selective internal radiotherapy using yttrium-90 microspheres for primary and secondary liver malignancies.**

DSD 47: <http://eprints.hta.lbg.ac.at/922>

1 MEL intervention update 2011:

❖ **Percutaneous aortic valve replacement (with a side note to hybrid operating rooms)**

DSD 18 / Update 2011: <http://eprints.hta.lbg.ac.at/923>

Methods: The assessments are based on a systematic review conducted for each intervention, and summaries of the evidence based on the GRADE framework.

programme line 2:
HTA in Hospitals

HTA in Hospitals: Organisation and Coordination of a Decision-Makers Network

Programme leader: Claudia Wild

The informal “HTA in Hospitals” network consists of a group of about 20 high-ranking decision-makers (medical directors and quality managers) from almost exclusively Austrian hospital cooperation. The network meets twice a

year (June and October) in order to obtain informative HTA input into four key topics, to discuss them and to exchange ideas on regulation and reimbursement issues.

The task of the LBI-HTA is to coordinate the meetings, to request and collect current topics and to prepare the presentations. The format of the meetings is that each topic will be presented from the HTA perspective and by an invited clinical expert, which subsequently leads into a structured discussion.

HTA in Hospitals, 05/04/2011:

Topics and presentations:

- ❖ The German Aortic Valve Registry: **Univ.-Prof. Dr. Friedrich W. Mohr** (DGTHG, Leipzig)
- ❖ Position paper on transcatheter-supported aortic valve interventions: **Univ.-Prof. Dr. Wilfried Wisser** (ÖKG + ÖGTHC, AKH-Vienna)
- ❖ Aspects of patient selection for TAVI: **Dr. Franz Harnoncourt** (KH-ELISABETHINEN, Linz)

5 short presentations on 2011 MELs:

- ❖ Vascular-Endothelial-Growth-Factor-Inhibitors (anti-VEGF) in the Management of Diabetic Macular Oedema.: **Dr. Ingrid Zechmeister-Koss** (LBI-HTA)
- ❖ Percutaneous left atrial appendage closure for the prevention of thromboembolic events in patients with atrial fibrillation: **Dr. Marisa Warmuth** (LBI-HTA)
- ❖ Renal denervation in patients with essential hypertension: **Dr. DI Stefan Mathis-Edenhofer** (LBI-HTA)
- ❖ Mechanical percutaneous transluminal cerebral clot retrieval devices in acute ischemic stroke: Systematic Review on efficacy and safety: **Dr. DI Stefan Mathis-Edenhofer** (LBI-HTA)
- ❖ SIRT / SSelective internal radiotherapy using yttrium-90 microspheres for primary and secondary liver malignancies.: **Dr. Anna Nachnebel** (LBI-HTA)

HTA in Hospitals, 27/09/2011:

Focus: Oncology – national and local activities

Lecturers:

- ☼ Univ. Prof. Dr. **Richard Greil** (Oncology Working Group in the Austrian Federal Ministry of Health): National Cancer Plan: Working Groups/Coordination Activities
- ☼ Mag. **Nikolaus Patera** (LBI-HTA): Clinical Outcomes Measurement and Quality of Treatment in Oncology
- ☼ DI Günther Zauner (Drahtwarenhandlung, Vienna): GAP-DRG Database Evaluations on Cancers
- ☼ Dr. **Karin Eglau** (KRAGES, Burgenland): Onko-Dekurs Information System of the KRAGES
- ☼ OA Dr. **Jörn Decker** (GESPAG, Upper Austria): Onco-Database of the GESPAG
- ☼ Univ. Prof. Dr. **Richard Greil** (SALK, Salzburg): Coordination Activities in Salzburg

Methods: Presentations, Discussions

programme line 3:
public understanding

The intention of programme line 3 “**Public Understanding and Research Transfer**” is to build up – through presentations, seminars, trainings, a monthly newsletter, a user-friendly webpage and search support – a critical mass of patients, journalists, representatives of the health administration, academia, etc., that questions the information presented and asks for sound evidence before decision-making.

Project leaders: Claudia Wild, Gerda Hinterreiter

programme line 3:
seminar series
“decision support in
health care”

The seminar series “**Decision Support in Health Care**” addresses the health administration, journalists, health care academics and the interested general public. Two to six presentations are offered per year, with free admission. Duration: about two hours, including scientific discussions. In 2011, three seminars were organised and attended by 15 to 25 persons.

Seminar Series: Decision Support in Health Care

07/07/2011 | 15:00 | Gesellschaft der Ärzte

Lecturer: Prof. DDr. Heiner Raspe, Dr. Christiane Druml

Two lectures followed by discussion on the topic „Gerechtigkeit im Gesundheitswesen: Ethische Kosten-Nutzen Überlegungen und Umsetzung in der Praxis“

Workshop „Lernendes Gesundheitssystem“ - Produzieren wir brauchbares Wissen? Wie kommt es in der Politik an?

11/05/2011 | 13:30 | Spitalgasse 2-4, Hof 2 (Alte Kapelle), Altes AKH, Campus

Meeting „Eltern-Kind Vorsorge - Herausforderungen und Perspektiven“

06/12/2011 | 08:30-16:00 | Festsaal des BMG Tagung in Cooperation with BMG /Austrian Ministry of Health)

<h1>Programm</h1>		Moderation: Mag.ª Andrea Fried
8.30-9.00	Registrierung	
9.00-9.20	Eröffnung	
	SC Priv.Doz.ª Dr.ª Pamela Rendi-Wagner, MSc; Leiterin der Sektion III - Öffentlicher Gesundheitsdienst und medizinische Angelegenheiten, BMG und Priv.Doz.ª Dr.ª Claudia Wild; Leiterin des LBI-HTA	
9.20-10.00	Session 1 „Eltern-Kind-Vorsorge neu“	
	„Überblick zu den Ergebnissen des ersten Projektjahres <u>„Eltern-Kind-Vorsorge neu“</u> “	
	Dr.ª Marisa Warmuth, MIPH; Mag. Dr. Roman Winkler, MSc; Dr.ª Ingrid Zechmeister-Koss, MA und Dr.ª Brigitte Piso, MPH; LBI-HTA	
10.00-11.00	Session 2 „Frühgeburtlichkeit“	
	Einleitung: <u>„Maßnahmen zur Verminderung der Frühgeburtlichkeit“</u>	
	Dr.ª Brigitte Piso, MPH; LBI-HTA	
	<u>„Notwendigkeiten und Möglichkeiten zur Verringerung von Frühgeburten“</u>	
	Dr. Wolf Kirschner; Leiter der Abteilung Evaluationsforschung bei FB + E (Forschung, Beratung + Evaluation GmbH), Berlin, Deutschland	
11.00-11.30	Pause	
11.30-13.00	Session 3 „Aufsuchende Hilfen“	
	Einleitung: <u>„Aufsuchende Hilfen im internationalen Vergleich“</u>	
	Mag.Dr. Roman Winkler, MSc; LBI-HTA	
	<u>„Frühe Hilfen - Frühzeitige, niedrigschwellige Hilfen für belastete Familien“</u>	
	Mechthild Paul; Leiterin des Nationalen Zentrums für Frühe Hilfen, Köln, Deutschland	
	<u>„Health visiting in the UK: early life, early care“</u>	
	Dr.ª Karen Whittaker, PhD; Research Fellow, National Nursing Research Unit, King's College, London, UK	
13.00-14.00	Pause	
14.00-15.30	Session 4 „Elektronische Systeme“	
	Einleitung: <u>„Potenziale elektronischer Systeme in der Eltern-Kind-Vorsorge“</u>	
	Dipl.-Ing. Dr. Stefan Mathis-Edenhofer; LBI-HTA	
	<u>„Der eMutterpass“</u>	
	Prof. Dr. Roland Zimmermann; Direktor Klinik für Geburtshilfe, Universitätsspital Zürich, Schweiz	
	<u>„e-SWHMR‘ - implementation of the Scottish Woman Held Maternity Record“</u>	
	Ann Holmes; Scottish Government, Chief Nursing Officer, Patients, Public and Health Professions Directorate and Fiona Dagge-Bell; Healthcare Improvement Scotland, Edinburgh, UK	
15.30-16.00	Session 5 „Budget-Impact“, Ausblick und Veranstaltungsende	
	Dr.ª Ingrid Zechmeister-Koss, MA und Dr.ª Brigitte Piso, MPH; LBI-HTA	

Figure 2.1-1: “Parent-Child-Care New” programme

For the employees of the LBI-HTA, **methodological training sessions** are given by experts two to three times a year. External colleagues can also be invited to attend.

Möglichkeiten und Bereiche zur Einreichung von Projektanträgen im 7. Rahmenprogramm der EU, Bereich Gesundheit und HTA

05/05/2011 | 9:00-11:00 |

Lecturer: Dr. Astrid Höbertz and Dr. Ylva Huber / FFG - Austrian Research Promotion Agency, Division for European and International Programmes

ELGA / Elektronische Gesundheitsakte – ein Überblick

13/05/2011 | 14:00-16:00 |

Lecturer: Dr. Susanne Herbek, Geschäftsführerin ELGA GmbH

Das Gesundheitswesen in Wien

17/05/2011 | 15:30-17:00 |

Lecturer: Dr. Otto Rafetseder, MPH, Magistrat Wien, MA 24 Gesundheit & Soziales

Informationsverarbeitung, Visualisierung und Analyse durch bibliometrische Verfahren

12/07/2011 | 15:00-16:00 |

Lecturer: Dr. Dirk Holste, AIT/Austrian Institute of Technology.

EUnetHTA POP database Version 1.0 – Präsentation und Training

08/11/2011 | 13:00-14:30 |

Lecturer: Mag. Gerda Hinterreiter, LBI-HTA

Gesundheitsökonomische Forschung an der JKU mit österreichischen Individualdaten

22/11/2011 | 15:00-16:30 |

Lecturer: Prof. Dr. Gerald J. Pruckner, Volkswirtschaftslehre, Johannes Kepler Universität, Linz

Zulassung von Medizinprodukten in Europa

13/12/2011 | 15:00-16:30 |

Lecturer: Dr. Wolfgang Ecker, BMG

**programme line 3:
HTA-Newsletter**

The aim of the **HTA Newsletter**, which is regularly published online, is to summarise international HTA results in the form of short, easy-to-read articles. For each Newsletter, four articles about relevant technologies/interventions are selected. Often, but not always, topics which at least two different HTA institutions have worked on and published independently are chosen. An editorial, often penned by an invited expert, deals with interdisciplinary topics: methodological issues, health policy issues, etc. The HTA-Newsletter (which was published by the Austrian Academy of Sciences between 2001 and 2006 and has since been published by the LBI-HTA) is published 10 times per year; September 2011 saw the publication of its 100th edition.

**2011: monthly average
of 1,194 Newsletter
downloads**

The **HTA Newsletter**, which is sent to approximately **900 people** in Austria and Germany via the HTA mail distributor, has continued to receive positive feedback.

The HTA-Newsletter download page of the LBI-HTA (<http://hta.lbg.ac.at/de/newsletter.php?iMenuID=63>) received between 812 (July) and 1,602 (November) hits per month in 2011, with a total number of **14,110 hits**.

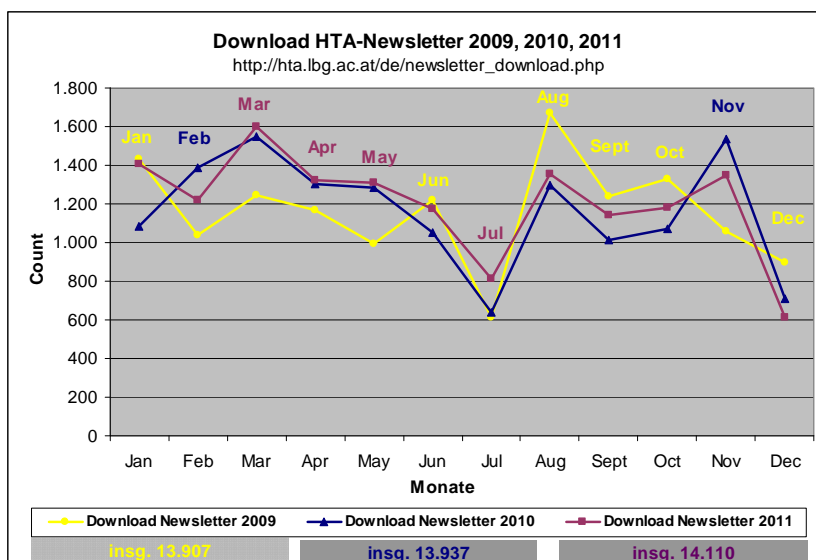


Figure 2.1-2: Download HTA-Newsletter 2009, 2010 & 2011

Project leaders: Claudia Wild, Gerda Hinterreiter
 Duration: 10 x p. a.

The work of the LBI-HTA or its employees was featured in 35 articles, press releases, radio and TV interviews in 2011. These were:

press review 2011:
 35 articles
 /contributions

Wer zahlt, schafft an

Date: 27/01/2011
 Medium: ÄrzteWoche
 Article

Buchrezension: Zahlenspiele in der Medizin

Date: 01/2011
 Medium: Therapieinfo (WGKK), Jg. 23 01/2011, S. 12
 Book review

Stöger und Hauptverband arbeiten an Spitalsreform

Date: 06/02/2011
 Medium: APA
 Press report

Spitalsreform: Experten hoffen auf Druck der leeren Kassen

Date: 06/02/2011
 Medium: Tiroler Tageszeitung
 Article

Stöger und Hauptverband arbeiten an Spitalsreform

Date: 06/02/2011
 Medium: Kleine Zeitung
 Article

Stöger und Hauptverband arbeiten an Spitalsreform

Date: 06/02/2011
 Medium: PR-inside
 Article

Stöger und Hauptverband arbeiten an Spitalsreform

Date: 06/02/2011

Medium: Der Standard

Article

Stöger bringt Spitalsreform auf den Weg

Date: 06/02/2011

Medium: Heute

Article

Stöger und Hauptverband arbeiten an Spitalsreform

Date: 06/02/2011

Medium: Life Radio

Article

Stöger und Hauptverband arbeiten an Spitalsreform

Date: 06/02/2011

Medium: Salzburger Nachrichten

Article

Stöger und Hauptverband arbeiten an Spitalsreform

Date: 07/02/2011

Medium: GMX bzw. Standard.at

Article

Spitalsreform: Hauptverband will in Stögers Gremien mitarbeiten

Date: 07/02/2011

Medium: OÖ Nachrichten

Article

Das Ausverhandeln hinter geschlossenen Türen hat damit ein Ende

Date: 02/2011

Medium: doktorinWien

Article

Patientengespräch = Spitzenmedizin

Date: 02/2011

Medium: Jatro Kardiologie & Gefäßmedizin, Feb. 2011, Nr. 1

Article

Wirkungsforschung für die Gesprächsmedizin

Date: 15/03/2011

Medium: Ärztemagazin 05/2011

Article

Wie viele Daten braucht der Arzt?

Date: 06/04/2011

Medium: Medical Tribune 43. Jg. Nr. 14

Article (print, online)

LBI-HTA: Neue Berichte

Date: 04/2011

Medium: Qualitas 01/2011 Jg.10

Announcement/News

Eltern-Kind-Vorsorge neu

Date: 02/05/2011

Medium: Bundesministerium für Gesundheit/Website
Webtext

Health Technology Assessment: Was HTA wirklich kann

Date: 10/05/2011

Medium: Österreichische Ärztezeitung
Article (front text)

Claudia Wild, Director of LBI Health Technology Assessment

Date: 06/06/2011

Medium: Ludwig Botzmann Gesellschaft, Folder "LBG 2010"
Interview

Mutterseelen, allein

Date: 14/06/2011

Medium: Das österreichische Gesundheitswesen/ÖKZ
Article

HPV-Impfprogramm zeigt erste Erfolge

Date: 21/06/2011

Medium: Der Standard online
Article

HPV-Impfung und Gebärmutterhalskrebs – Fakten & Übertreibungen

Date: 01/07/2011

Medium: medizin-transparent.at
Article

Teure Spielerei oder medizinische Hoffnungsträger? Biologika auf dem Prüfstand

Date: 05/07/2011

Medium: Ö1 Dimensionen - Die Welt der Wissenschaft
Radio programme

Spital 2011: Einfluss der Krankenhausgröße auf Qualität und Effizienz

Date: 15/07/2011

Medium: Klinik 03/2011, p. 29
Article

Meilenstein für die Eltern-Kind-Vorsorge aus dem LBI für HTA

Date: 26/07/2011

Medium: Politische Kindermedizin Newsletter 9/2011, p. 5
Article

MEGRA-Konferenz: „Efficacy versus Effectiveness – die Zukunft der Nutzenbewertung von Arzneimitteln“

Date: 29/08/2011

Medium: Periskop 48/11, p. 36
Article

Zulassungsbehörden bewerten Arzneien unterschiedlich

Date: 21/09/2011

Medium: Wiener Zeitung, p. 17
Article

Was wirklich wirkt

Date: 09/2011
Medium: Clinicum 9/11, p. 34-35
Article

Die Suche nach dem Kosten-Nutzen-Risikoprofil

Date: 04/10/2011
Medium: derStandard.at
Article

Die Diskussion wird nicht geführt

Date: 19/10/2011
Medium: ÖKZ 52. Jg. (2011), 10
Interview

Menschen, über die man spricht: Claudia Wild

Date: 21/10/2011
Medium: medianet
Article

Arzneimittelzulassungen: Unterschiede zwischen EU und USA

Date: 11/11/2011
Medium: doktor in wien, 11-2011, p. 20
Article

Moderne Eltern-Kind-Vorsorge - Querdenken und neue Perspektiven finden!

Date: 21/12/2011
Medium: "Medical Tribune" Nr. 51-52/2011
Article

1 Media Highlight in 2011 was:

- ☞ TV Review on ATV life : ExpertInnenstatement zur HPV-Impfung, 14.04.2011 (Brigitte Piso)

The LBI-HTA press review 2011 is also available at:
<http://hta.lbg.ac.at/de/content.php?iMenuID=60>

Project leader /Press contact: Gerda Hinterreiter

programme line 3:
website
2011: more than
1 million hits
approx. 84,445 hits per
month

The **LBI-HTA website** – <http://hta.lbg.ac.at> – contains updated announcements or presentations of publications and reports, research projects, events, press reviews, team profiles and other current news concerning the LBI-HTA.

According to the **website statistics**, the Institute's homepage and webpages had **1,029,518 hits** in 2011. A monthly comparison shows that the fewest hits were received in **December** (77,151), and that **May** saw the highest number of hits (109,580).

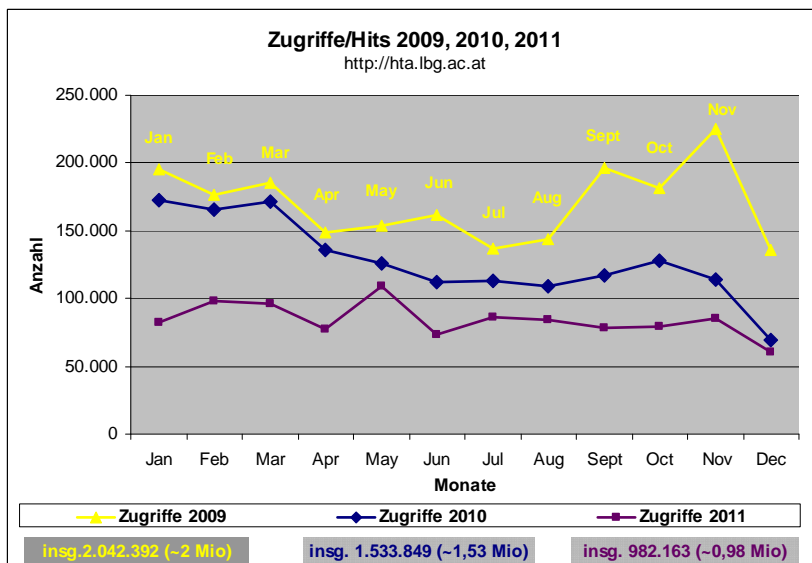


Figure 2.1-3: Website hits 2009, 2010 & 2011

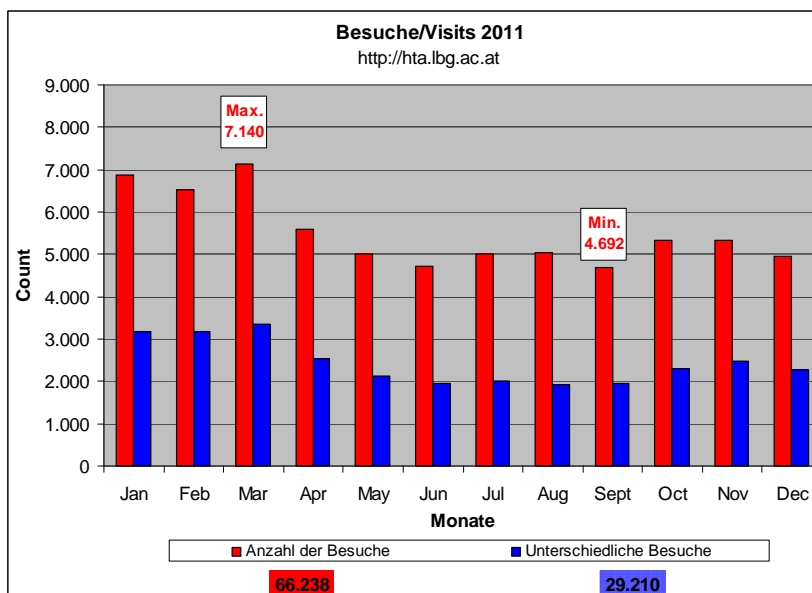


Figure 2.1-4: Website visits 2011

Project leader/Webmaster: Gerda Hinterreiter

programme line 4 **Outpatient Cardiac Rehabilitation. Part IV: Options for a Prospective Study**

Project leader: Brigitte Piso

Project team: Brigitte Piso, Heinz Tüchler

Duration: 04/2010 – 07/2011

Background: After the completion of the retrospective cohort study in June 2010 and the prolongation of the contracts between the Association of Austrian Health Insurance Providers (HVB) and outpatient rehabilitation centres of the working group on outpatient cardiac prevention and rehabilitation (AGAKAR), which is linked to an “evaluation” of phase III rehabilitation until 2014, HVB suggested that the LBI-HTA should prepare options for a prospective study to assess the effectiveness of phase III cardiac rehabilitation.

Aim of project: The aim of this project part was to inform decision-makers in the health care systems about options for a prospective cardiac rehabilitation study (focussing on the comparison of phase III vs. no further rehabilitation), including their respective (dis)advantages, the different underlying research questions that can be answered, as well as suggestions for operationalisation.

Methods: Numerous meetings with representatives of the HVB, pension and health insurances and the AGAKAR, e.g., to determine study aims and to discuss the organisational framework. Manual search for cardiac rehabilitation studies, their outcome parameters and assessment instruments to supplement literature of previous project parts. Sample size calculation for all potential primary endpoints based on data from the previous retrospective study and literature. Suggestion of a study design that is feasible under the given terms.

Publication: Outpatient cardiac rehabilitation part IV: Options for a prospective study. Decision Support Document No. 48 -

<http://eprints.hta.lbg.ac.at/928>

Programme line 4 **Outpatient Cardiac Rehabilitation. Part V: Study Protocol “Multi-Centre Prospective Controlled Observational Study with Two Parallel Groups on Outpatient Cardiac Phase III Rehabilitation”**

Project leader: Brigitte Piso

Project team: Brigitte Piso, Heinz Tüchler

Duration: 09/2011 – 02/2012

Background: Six- to twelve-month outpatient cardiac phase III rehabilitation following phase II is currently provided at several sites in Austria. Based on international studies, the effectiveness of cardiac rehabilitation seems to be proven in general. However, there is a lack of studies on the long-term effectiveness of (short) phase II programmes or on optional subsequent phase III compared to no further rehabilitative measures. There is at least limited evidence that effects (positive impact on cardiovascular risk factors) that have been achieved in phase II are not sustainable. Phase III therefore aims at preventing aggravation of risk factors or even at a further improvement. The planned study is based upon extensive preliminary work of the LBI-HTA (outpatient cardiac rehabilitation parts I to IV): After the completion of the retrospective cohort study in June 2010 and the prolongation of the contracts

between the Association of Austrian Health Insurance Providers (HVB) and outpatient rehabilitation centres of the working group on outpatient cardiac prevention and rehabilitation (AGAKAR), which is linked to an “evaluation” of phase III rehabilitation until 2014, LBI-HTA prepared options for a prospective study to assess the effectiveness of phase III cardiac rehabilitation until July 2011 (see Decision Support Document Nr. 48).

Now the study protocol is to be developed based on the chosen study option (prospective, non-randomised, controlled observational study with two comparison groups (with /without phase III)).

Research question of the study: Will patients with disadvantageous risk profile (at least three out of six risk factor categories of the rehabilitation target area) who attend a phase III programme after phase II show a health benefit (operationalised by fewer risk factors of the target area on average) compared to the control group without phase III 18 months after end of phase II?

Methods: The study protocol will be developed based on detailed preliminary work and further project group meetings with representatives of the HVB, pension insurance (PVA) and AGAKAR, as well as the medical directors of the involved inpatient cardiac rehabilitation centres.

Use of Routine Data and Further Relevant Secondary Data in the HTA Chapter in the Austrian HTA Manual)

programme line 4

Project leader: Ingrid Zechmeister-Koss

Project team: Ingrid Zechmeister-Koss

Duration: 05/2011 – 08/2011

Publication: The chapter will be published in the next version of the Austrian Methods Manual (2012). Upon request, Dr. Ingrid Zechmeister-Koss will provide more detailed information.

Background: In addition to data from clinical studies on the efficacy of a technology, Health Technology Assessment often requires routine data (e.g., administrative data) and data derived from other sources than classical research (e.g., registries). Identification and use of such data has not been addressed in HTA manuals so far.

Aims of project: This project aims at writing a chapter in the Austrian HTA manual on the use of routine databases and further secondary data sources (e.g., registries) in the context of HTA. The chapter will cover methodological issues and additionally present an overview of Austrian data sources, including information on their access and their characteristics.

Research questions:

- ❖ When, during the HTA process, are secondary data useful and when are they required?
- ❖ How can these data be classified?
- ❖ Which type of routine data and further useful secondary data exist in Austria?
- ❖ What kind of methodological standards exist for using those data?
- ❖ *Methods:* Literature search for definitions, classification and methodological standards for using secondary data within HTA, search for Austrian data sources based on “snowball sampling” (addressing representatives from administration, researchers...), guest author-

ship for the description of selected data sources (“keepers” of the data), external review by a methodological specialist and by “keepers” of the data

programme line 4 **Horizon Scanning in Oncology - Part II: From Pilot to Routine**

Project leader: Anna Nachtnebel

Project cooperation: Katharina Hintringer

Duration: regularly since October 2008

Background: The establishment of a Horizon Scanning System for anticancer drugs is an important tool to prepare Austrian hospitals for new / emerging medicines. The first part of our project “Horizon Scanning in Oncology”, which was carried out between July 2007 and May 2008, focused on the development of a concept for a Horizon Scanning System in oncology and the testing of two important steps (i.e., “identification” and “prioritisation”) in the context of a short pilot. On the whole, our initial experiences with the Horizon Scanning System from the feasibility study were acceptable, but several changes, especially regarding the collection of data on anticancer drugs and the priority-setting process, were proposed by the involved experts.

Aims and research objectives: Based on these findings, the second part of the project aims to implement the proposed concept. Therefore, the next steps will be to work out an optimised final concept with various stakeholders (e.g., hospital administrators, clinical experts and drug commissions), taking into consideration the results of the feasibility study. In addition, the Horizon Scanning System should be made standard practice at the LBI-HTA to regularly provide Austrian hospitals (hospital management and drug commissions) with information about new / emerging anticancer drugs to support their financial drug budget planning and rational decision-making. As an input for the international HTA community, the Ludwig Boltzmann Institute for HTA joined the “International Information Network on New and Changing Health Technologies” (EuroScan) in November 2008.

Method: Development of an optimised and final concept of “Horizon Scanning in Oncology” (Part I: <http://eprints.hta.lbg.ac.at/798/>) with involvement of several decision-makers (e.g., drug commissions), followed by its implementation in standard practice.

Members of the interdisciplinary oncology team of experts are:

- ❖ Dr. Anna **BUCSICS**, Hauptverband der Österr. Sozialversicherungsträger, Abteilung Evidence-Based Economic Healthcare, Vienna;
- ❖ Dr. Michael **POBER**, KH St. Pölten, Hämato-Onkologie, Lower Austria Landeskliniken Holding;
- ❖ Dr. Johannes **ANDEL**, LKH Steyr, Onkologie und Public Health, GESPAG, Upper Austria;
- ❖ Mag. Andreas **SEIRINGER**, LKH Vöcklabruck, Stellv. Leiter Krankenhausapotheke – Pharmazeut, GESPAG, Upper Austria;
- ❖ Prim. Dr. Peter **KRIPPL**, LKH Fürstenfeld, Hämatologie und Onkologie, KAGES, Styria;
- ❖ Dr. Wolfgang **WILLENBACHER**, LKH Innsbruck Universitätsklinik, Hämato-Onkologie, TILAK, Tyrol;

- ✚ Mag. Sigrid **KIENDLER**, LKH Innsbruck, Stellv. Leiterin Krankenhausapotheke – Pharmazeutin, TILAK, Tyrol;
- ✚ Dr. Clemens **LEITGEB**, Wilhelminenspital, Onkologie und Hämatologie, KAV, Vienna

Results: As they are promptly available and written in English, the “Horizon Scanning in Oncology” documents have drawn major attention and importance beyond the Austrian borders. Due to the apparent EU-wide redundancy and the increasing demand for assessments of oncologica, a two-day “Workshop on Onco Drugs” took place at the end of September/beginning of October 2011 at the LBI-HTA, where 20 persons from 12 European HTA institutes met for the first time to work out mutual ways and possibilities for future rapid cooperation in the oncology assessment field. This workshop was initiated and hosted by the LBI-HTA as the lead partner of the WP 7B of the EUnetHTA Joint Action. One of the first results of this successful meeting is the composition of a Horizon Scanning in Oncology Assessment, together with a partner institute at the University Clinic in Bremen (beginning of January 2011).

Publications: Since Autumn 2009, a total of 20 Horizon Scanning in Oncology Decision Support Documents and 3 Updates were compiled, 7 DSDs and 3 Updates alone in 2011:

- ✚ Ipilimumab for pretreated patients with advanced/metastatic melanoma. DSD: Horizon Scanning in Oncology 14. <http://eprints.hta.lbg.ac.at/905/>
 - ✚ Nilotinib (Tasigna®) for the 1st-line treatment of Philadelphia chromosome positive chronic myeloid leukemia in the chronic phase. DSD: Horizon Scanning in Oncology 15. <http://eprints.hta.lbg.ac.at/906/>
 - ✚ Cabazitaxel (Jevtana®) for the second-line therapy of patients with hormone-refractory metastatic prostate cancer. DSD: Horizon Scanning in Oncology 16. <http://eprints.hta.lbg.ac.at/911/>
 - ✚ Dasatinib (Sprycel®) for the 1st-line treatment of Philadelphia chromosome positive chronic myeloid leukaemia in the chronic phase DSD: Horizon Scanning in Oncology Nr. 17. <http://eprints.hta.lbg.ac.at/910/>
 - ✚ Eribulin (Halaven®) als “third or late-line” Monotherapie bei fortgeschrittenem/metastasiertem Brustkrebs. DSD: Horizon Scanning in Oncology 18. <http://eprints.hta.lbg.ac.at/927/>
 - ✚ S-1 (Teysono) in chemotherapy-naive patients with advanced NSCLC. DSD: Horizon Scanning in Oncology 19. <http://eprints.hta.lbg.ac.at/931/>
 - ✚ Abiraterone acetate (Zytiga™) as 2nd-line therapy for the treatment of metastatic castration-resistant prostate cancer after docetaxel therapy. DSD: Horizon Scanning in Oncology 20.
- + 3 Updates:
- ✚ Gefitinib (Iressa®) for the 1st-line treatment of non-small cell lung cancer – 1st Update 2011. DSD: Horizon Scanning in Oncology 06 /Update 2011. <http://eprints.hta.lbg.ac.at/935>

- ❖ Panitumumab (Vectibix®) as 1st line combination therapy for the treatment of WT KRAS metastatic colorectal cancer - 1st Update 2011. DSD: Horizon Scanning in Oncology 11 / Update 2011. <http://eprints.hta.lbg.ac.at/936/>
- ❖ Rituximab (Rituxan®/MabThera®) for the first- and second-line treatment of chronic lymphocytic leukaemia - 1st Update 2011. DSD: Horizon Scanning in Oncology 04 / Update 2011. <http://eprints.hta.lbg.ac.at/937/>

IFEDH - Innovative Framework for Evidence-based Decision Making in Health Care

Project leader: Ingrid Zechmeister-Koss

Project team: Philipp Radlberger

Duration: 10/2010 – 03/2011

Background: The extraordinary high amount of 20-25 billion Euros of annual turnover in the Austrian health system has increasingly raised the questions of cost-effectiveness and evidence-based decision-making in health care. Health technology assessment is already intensively dealing with these issues, especially on the level of single interventions. Still, due to lack of data, assessments often include modelling or simulation techniques in order to analyse long-term effects. This, in turn, requires increasing cooperation of experts from different fields of science, such as HTA, statistics, data management, modelling & simulation, as well as visualisation. A common understanding on contents, methodology and terminology needs to be developed. In Austria, such a common understanding has hardly been elaborated in a systematic way up to now.

Aims of project: It is the main aim of the IFEDH project to support evidence-based decision-making in health care by a service tool which helps profit from existing potentials in HTA, modelling, simulation, statistics and data analysis. Therefore, common standards will be defined in order to facilitate cooperation and interdisciplinary work. Based on three practical examples, the tool will be tested regarding his applicability.

LBI-HTA took the leading role in Work Package 1 (WP1), as well as the execution of WP1.2 and WP2.1. Both WPs will address state-of-the-art standards in HTA. AP1.2 is focussing on quality standards of the discipline in general, and on the evaluation of vaccination programmes in particular. The aim is to publish an English review. AP2.1 describes the terminology of simulation and modelling in the specific context of HTA. The aim is to create a glossary in English and German, considering the most relevant international sources.

Research objectives AP1.2:

What are general principles of standardised work in HTA?

Which standards exist to examine data validity in primary studies?

Which standards exist to examine data validity in systematic reviews?

Which standards exist to examine economic studies?

Which standards in HTA manuals exist to examine modelling?

Which standards explicitly refer to evaluating vaccination programmes?

Which are the limitations that HTA is subject to, regardless of quality standards?

Research objectives AP2.1: What are the German and English linguistic standards according to HTA criteria in matters of definitions and terminology in modelling and simulation?

Methods AP1.2 & AP2.1: Hand search based on methodological manuals of leading international institutions, as well as hand search in other relevant literature. AP1.2: Description of sources, list of standards and critical synthesis of results in the English language; AP2.1: Table of identified terms in the form of a glossary.

Project meetings were held, within the framework of the Austrian “Networking project” IFEDH, on 27/04/2011, 28/06/2011, 29/08/2011 and 19/10/2011.

Publication: WP 1.2 “Standardised working in HTA” (HTA Project Report No. 44a) - <http://eprints.hta.lbg.ac.at/932>

EUnetHTA Joint Action 2010-2012

programme line 5

Project leader: Claudia Wild

Project team: Claudia Wild, Gerda Hinterreiter, Marisa Warmuth, Stefan Mathis, Anna Nachtebel

Duration: 2006-2008; 2009; 2010-2012

Background: In the course of termination of the EU project EUnetHTA 2006-2008, the partner organisations aimed to develop a strategic concept in order to ensure the continuation of EUnetHTA in the interim period of 2009. Overall, a group of 25 partner organisations, so-called “founding partners”, from 13 EU member states (+ Norway and Switzerland) actively worked on the sustainability of this project. The LBI-HTA was a “founding partner” of the EUnetHTA Collaboration in 2009. Following the interim period, this cooperative scheme has now, thanks to long-term funding from the EU, developed into the “Joint Action 2010-2012”.

Aims and methods: In this Joint Action, the LBI-HTA is leading Work Package 7B, with the aim of reducing overlaps in EU-wide HTA work. From 2010 to 2012, WP 7/B will develop a web-based database containing all ongoing and planned assessments of the EUnetHTA Joint Action partner organisations in order to avoid overlaps in HTA work across the EU. A web-based database of all Planned and Ongoing Projects (POP database) is to be made available to all EUnetHTA partner organisations.

Results: Since January 2010, the LBI-HTA has been collecting planned and ongoing projects every three months. These projects are sorted according to topic and are made available to partners. The web-based POP database is currently being developed in cooperation with the Belgian HTA Institute KCE. It was completed in Summer 2011 and subsequently made available to all contributing (content-providing) EUnetHTA partners.

There has been further cooperation with other EUnetHTA partner organisations, such as during the LBI-HTA “Horizon Scanning in Oncology” project. Further cooperation, for example in the 2011 MEL assessments, is planned (in progress).

Publications: Available at EUnetHTA website <http://www.eunetha.eu>

2.2 Publications

- 12 LBI-HTA project reports
- Gerdvilaite, J. and Nachtnebel, A.** (2011): Disinvestment. Overview of disinvestment experiences and challenges in selected countries. HTA-Project Report 57.
- Patera, N.** (2011): Strengthening the evidence base for a learning health system - Inspirations from good practice for capacity building in health services research and public health research. HTA Project Report No. 48.
- Patera, N.** (2011): Quality of care in oncology and its measurement HTA Project Report No. 49.
- Piso B., Tüchler, H.** (2011): Outpatient cardiac rehabilitation part V: Preparation of the study protocol for the planned prospective study. In preparation.
- Piso, B., Wild, C., Winkler, R. und Warmuth, M.** (2011): Reorientation of the Austrian parent-child preventive care programme. Part IV: Synthesis of Parts 1-3, Recommendations HTA Project Report No. 45d.
- Radlberger, P., Zechmeister-Koss, I.** (2011): IFEDH - Innovative Framework for Evidence-Based Decision-Making in Health Care – Standardised Working in HTA (WP 1.2). HTA Project Report No. 44a.
- Schumacher, I. and Zechmeister-Koss, I.** (2011): Impact from HTA-research for the Austrian health care system. Part 2: Results of the empirical survey. HTA Project Report No. 37b.
- Schumacher I., Piso, B.** (2011): Reorientation of the Austrian parent-child preventive care programme. Part V: Preterm birth. HTA Project Report No. 50.
- Warmuth, M., Schumacher, I. and Maringer, B.** (2011): Systematic review of the efficacy and safety of treatments for varicose veins of the lower extremity. HTA Project Report No. 51.
- Warmuth, M., Mad, P., Piso, B., Wild, C.** (2011): Reorientation of the Austrian parent-child preventive care programme. Part I: Epidemiology - incidence of risk factors and diseases in pregnancy and early childhood. HTA Project Report No. 45a.
- Winkler, R.** (2011): Reorientation of the Austrian parent-child preventive care programme. Part II: International policies, approaches and screening strategies to “normal” and “risk experiences” during pregnancy and early childhood to school entry. HTA Project Report No. 45b.
- Zechmeister-Koss, I., Loibl, T.** (2011): Reorientation of the Austrian parent-child preventive care programme. Part III: Status quo of the financing and cost structures of parent-child services in Austria. HTA Project Report No. 45c.
- 1 LBI- HTA Rapid Assessment
- Fischer, S., Zechmeister-Koss, I.** (2011): Sacral Nerve Stimulation for Fecal Incontinence. Rapid Assessment No. 04.
- 8 LBI- HTA Decision Support Documents: MEL
- Nachtnebel, A., Sotti, G., Vitale, A. and Perrini, MR.** (2011): Selective internal radiotherapy using yttrium-90 microspheres for primary and secondary liver malignancies. Decision Support Document/DSD No. 47.

Piso, B., Tüchler, H. (2011): Outpatient cardiac rehabilitation. Part 4: Options for carrying out a prospective study. Decision Support Document/DSD No. 48.

Gugerbauer, J., Warmuth, M. (2011): Radiofrequency ablation for hepatocellular carcinoma and colorectal liver metastases. Decision Support Document/DSD No. 49.

Mathis-Edenhofer, S., Johansson, T., Mad, P., Mittermayr, T. (2011): Mechanical percutaneous transluminal cerebral clot retrieval in acute ischemic stroke. Decision Support Document/DSD No. 46.

Schumacher I., Warmuth, M. (2011): Exercise therapy (Krankengymnastik /Heilgymnastik) in physical medicine. Rapid Systematic Review. Decision Support Document/DSD No. 52.

Patera, N., Warmuth, M. (2011): Training therapy in physical medicine – Systematic Review. Rapid Systematic Review. Decision Support Document/DSD No. 51.

Warmuth, M. and Schumacher, I. (2011): Percutaneous Left Atrial Appendage Closure for the prevention of thrombo-embolic events in patients with atrial fibrillation. Decision Support Document/DSD No. 44.

Zechmeister-Koss, I., Huić, M. (2011): Vascular-Endothelial-Growth-Factor Inhibitors (anti-VEGF) for diabetic macular oedema. Decision Support Document/DSD No. 43.

Nachtnebel, A. (2011): Ipilimumab for pretreated patients with advanced/metastatic melanoma. DSD: Horizon Scanning in Oncology No. 14. <http://eprints.hta.lbg.ac.at/905/>

Hintringer, K. (2011): Nilotinib (Tasigna®) for the 1st-line treatment of Philadelphia chromosome positive chronic myeloid leukemia in the chronic phase. DSD: Horizon Scanning in Oncology No. 15. <http://eprints.hta.lbg.ac.at/906/>

Nachtnebel, A. (2011): Cabazitaxel (Jevtana®) for the second-line therapy of patients with hormone-refractory metastatic prostate cancer. DSD: Horizon Scanning in Oncology No. 16. <http://eprints.hta.lbg.ac.at/911/>

Hintringer, K. (2011): Dasatinib (Sprycel®) for the first-line therapy of patients with newly diagnosed chronic phase Philadelphia chromosome positive chronic myeloid leukemia. DSD: Horizon Scanning in Oncology No 17. <http://eprints.hta.lbg.ac.at/910/>

Mathis-Edenhofer, S., Garbaty, T., Czczot, J., Maran, P.R., Alberti, C. and Nachtnebel, A. (2011): E Eribulin (Halaven®) as third- or late- line monotherapy for advanced/metastatic breast cancer. DSD: Horizon Scanning in Oncology No. 18. <http://eprints.hta.lbg.ac.at/927/>

Hepperger, C. and Nachtnebel, A. (2011): S-1 (Teysono) in chemotherapy-naïve patients with advanced NSCLC. DSD: Horizon Scanning in Oncology No. 19. <http://eprints.hta.lbg.ac.at/931/>

Nachtnebel, A. and Püntmann, I. (2011): Abiraterone acetate (Zytiga™) as 2nd-line therapy for the treatment of metastatic castration-resistant prostate cancer after docetaxel therapy. DSD: Horizon Scanning in Oncology No. 20.

7 Decision Support Documents: Horizon Scanning in Oncology and 3 updates

+ 3 Updates:

Nachtnebel, A. (2011): G Gefitinib (Iressa®) for the 1st-line treatment of non-small cell lung cancer – 1st Update 2011 –DSD: Horizon Scanning in Oncology 06 / Update 2011. <http://eprints.hta.lbg.ac.at/935/>

Hintringer, K. (2011): Panitumumab (Vectibix®) as 1st line combination therapy for the treatment of WT KRAS metastatic colorectal cancer. DSC: Horizon Scanning in Oncology 11 / Update 2011 <http://eprints.hta.lbg.ac.at/936/>

Nachtnebel, A. (2011): Rituximab (Rituxan®/MabThera®) for the first- and second-line treatment of chronic lymphocytic leukaemia – 1st Update 2011. DSD: Horizon Scanning in Oncology 04/1. Update 2011. <http://eprints.hta.lbg.ac.at/937/>

13 articles in peer-
reviewed journals
published, in print or
accepted articles

Felder-Puig, R., Mathis-Edenhofer, S., Pelinka, H., Mittermayr, T., Pieske, O. (2011): Midshaft clavicle fractures. A systematic review of different treatment approaches. *Der Unfallchirurg.* 2011; 114 (2):987-988.

Johansson, T. (2011): Telemedicine in acute stroke care: the TESSA model. *Journal of Telemedicine and Telecare.* 2011; 17(5): 268-272.

Mad, P., Geiger-Gritsch, S., Hinterreiter, G., Mathis, S., Wild, C.: Pre-coverage assessments of new hospital interventions in Austria: methodology and 3 years of experience. Accepted in *IntJTAHC.*

Mathis-Edenhofer, S., Piso, B. (2011): Formen medizinischer Register - Definitionen, ausgewählte methodische Aspekte und Qualität der Forschung mit Registern. *Wiener Medizinische Wochenschrift.* 2011; 161(23-24):580-590.

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Wild, C. (2011): HTA -Nachhaltigkeit und Fortschritt in der Medizin, Ein-Herz Sommerakademie, Vienna, 01/10/2011.

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tern-Kind-Vorsorge- Herausforderungen und Perspektiven, Bundesministerium für Gesundheit; Vienna, 06/12/2011.

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Winkler, R. (2011). Bariatrische Chirurgie bei schwerer Adipositas, HTA-Newsletter March 2011: 3.

Winkler, R. (2011). Eltern-Kind-Vorsorge neu: Teil II: Eltern-Kind-Screenings im internationalen Vergleich, HTA-Newsletter May 2011: 1.

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Zechmeister-Koss, I. (2011): Anti-VEGF bei diabetischem Makulaödem. HTA Newsletter June 2011: 2.

Zechmeister-Koss, I. (2011): Ist-Erhebung der Finanzierungsstrukturen von Eltern-Kind-Leistungen in Österreich. HTA Newsletter May 2011: 3

2.3 Participation in Scientific Meetings

30 participations at
congresses and
conferences

January:

- ✳ **Discussion Forum “How can the quality of treatment in oncology be sustainably improved?”** Berlin/Germany, 19/01/2011, (Anna Nachtnebel, Katharina Hintringer).

February:

- ✿ **Children's and Young People's Health in Austria**, Presse-Club-Concordia, Vienna, 03/02/2011 (Roman Winkler).

March:

- ✿ **12th Annual Conference of the DNEbM** (German Network for Evidence-based Medicine), "EbM and Individualised Medicine", Berlin/Germany, 24.-26/03/2011 (Ingrid Zechmeister-Koss, Marisa Warmuth, Anna Nachtnebel).

May:

- ✿ **Federal Health Conference, "Health Goals"**, Federal Ministry of Health, Vienna, 16/05/2011 (Claudia Wild, Brigitte Piso).

June:

- ✿ **116th Public Health Special Training Course**, Klagenfurt, 16.-17/6/2011 (Ingrid Zechmeister-Koss).
- ✿ **Conference on Reproductive Medicine – Quo Vadis? What does society want?** Vienna, 20.-21/6/2011 (Ingrid Zechmeister-Koss, Claudia Wild).
- ✿ **HTAi Rio de Janeiro**, Brazil, 26.-29/06/2011 (Marisa Warmuth).

August:

- ✿ **Green Summer Academy, "Good Life for Everyone"**, Goldegg, 25.-27/08/2011 (Claudia Wild).

September:

- ✿ **Symposium of the German Network for Evidence-based Medicine, "Evaluations of Complex Situations"**, Wittenberg, 09/09/2011 (Roman Winkler).
- ✿ **14th Scientific Conference of the Austrian Society for Public Health, "Money and Health. The Transition from Healthcare System to Healthcare Economy"**, Linz, 29-30/9/2011 (Ingrid Zechmeister-Koss, Brigitte Piso, Roman Winkler).
- ✿ **Congress of the German Society for Social Medicine and Prevention (DGSMP) and the German Society for Medical Sociology (DGMS) in Cooperation with the Health Insurance Medical Service (MDK), "Socially and Sustainably Forming Prevention"**, Bremen/Germany, 21.-23/09/2011 (Claudia Wild, Anna Nachtnebel).

October:

- ✿ **Congress of the European Forum for Evidence-Based Prevention, "Cancer Prevention"**, Krems, 12.-13/10/2011 (Ingrid Zechmeister-Koss).
- ✿ **IIR Congress, Quality Benchmarking in the Hospital**, Vienna, 10.-12/10/2011 (Claudia Wild).
- ✿ **8th Discussion Forum 2011 of the SEG 6 "Drug Supply" and the Field of Evidence-Based Medicine of the Medical Advisory Service of the Germany Social Health Insurances (MDS): "Early Drug Benefit Assessment in the Scope of the Law on Realignment of the Pharmaceutical Market in Germany (AMNOG)"**, Dortmund/Germany, 20/10/2011 (Anna Nachtnebel).

November:

- ✿ **ISPOR 14th Annual European Congress 2011**, “Rational Health Care Decision Making in Challenging Economic Times”, Madrid, Spain, 5/11-8/11/2011 (Katharina Hintringer).
- ✿ **IST /Institute of Science and Technology Austria**, introduces Itself, Klosterneuburg, 08/11/2011 (Claudia Wild).
- ✿ **Lecture Evening and Panel Discussion**, “Healthy from the Start – Possibilities for Promoting Mental Health in Early Childhood”, GKK Styria and Public Health Course at the Medical University Graz, 17/11/2011 (Roman Winkler as a participant in a panel discussion).
- ✿ **4th European Public Health Conference**, Copenhagen, Denmark, 10.-12/11/2011 (Brigitte Piso, Roman Winkler)

December:

- ✿ **Social Symposium**, “How Can Social Progress Be Measured?”, HVB, Vienna, 02/12/2011 (Claudia Wild)

3 Scientific Co-operations

EUnetHTA JA, **WP7 Meeting**, Valetta/Malta, 03.-04/03/2011 (Claudia Wild, Gerda Hinterreiter, Marisa Warmuth)

13 EUnetHTA
face-to-face meetings

EUnetHTA JA, **WP1/EC Meeting**, Paris/France, 21.-22/03/2011 (Claudia Wild)

EUnetHTA JA, **WP4 Meeting**, Rome/Italy, 06.-07/04/2011 (Stefan Mathis)

EUnetHTA JA, **WP1 /JA 2 Preparatory Meeting**, Brussels/Belgium, 11/04/2011 (Claudia Wild)

EUnetHTA JA, **Plenary Assembly Meeting**, London/UK, 25.-26/05/2011 (Claudia Wild)

EUnetHTA JA, **WP7/WP6 POP & EVIDENT Database Interoperability Meeting**, Paris/France, 06/09/2011 (Gerda Hinterreiter)

EUnetHTA JA, **WP4 Meeting**, Vienna/Austria, 15.-16/09/2011 (Stefan Mathis)

EUnetHTA JA, **WP7 Meeting**, Rome/Italy, 29.-30/09/2011 (Claudia Wild, Gerda Hinterreiter, Marisa Warmuth)

EUnetHTA JA, **WP6 Meeting**, LBI-HTA Vienna/Austria, 13.-14/10/2011 (Gerda Hinterreiter, Marisa Warmuth)

EUnetHTA JA, **WP1/EC Meeting**, Warsaw/Poland, 05/10/2011 (Gerda Hinterreiter)

EUnetHTA JA, **WP1 /JA2 Contract Negotiation**, Brussels/Belgium, 15/11/2011 (Claudia Wild)

EUnetHTA JA, **WP1/JA 2 Meeting with Commissioner Dalli on establishing a European HTA network under article 15 of Directive 2011/24/EU**, Gdansk/Poland, 08/12/2011 (Claudia Wild)

EUnetHTA JA, **Conference “HTA in national and cross-border healthcare in Europe”**, Gdansk/Poland, 08.-09/12/2011 (Claudia Wild)

EUnetHTA JA, **WP7B/WP6 POP database development E-Meeting**, 14/01/2011, 11:00 - 12:30 (Gerda Hinterreiter)

9 EUnetHTA
POP database
development
e-meetings

EUnetHTA JA, **WP7B/WP6 POP database development E-Meeting**, 17/01/2011, 13:00 - 14:00 (Gerda Hinterreiter)

EUnetHTA JA, **WP7B/WP6 POP database development E-Meeting**, 21/01/2011, 11:20 - 13:30 & 14:00-14:20 (Gerda Hinterreiter)

EUnetHTA JA, **WP7B/WP6 POP database development E-Meeting**, 01/02/2011, 12:20 - 12:30 (Gerda Hinterreiter)

EUnetHTA JA, **WP7B/WP6 POP database development E-Meeting**, 04/02/2011, 11:00 - 13:10 (Gerda Hinterreiter)

EUnetHTA JA, **WP6 AP-CP E-Meeting**, 23/02/2011, 14:30 - 15:00 (Gerda Hinterreiter)

EUnetHTA JA, **WP7B/WP6 POP database development E-Meeting**, 14/07/2011, 11:00 - 12:30 (Gerda Hinterreiter)

	<p>EUnetHTA JA, WP7B/WP6 POP database development E-Meeting, 19/08/2011, 11:00 - 13:00 (Gerda Hinterreiter)</p> <p>EUnetHTA JA, WP7B/WP6 POP database development, further steps E-Meeting, 21/11/2011, 13:00 - 14:00 (Gerda Hinterreiter, Claudia Wild, Marisa Warmuth, Judit Erdös)</p>
7 EUnetHTA EC/WP1 e-meetings	<p>EUnetHTA JA, WP1/EC E-Meeting, 26/01/2011, 13:00 - 15:00 (Claudia Wild)</p> <p>EUnetHTA JA, WP1/EC E-Meeting, 13/04/2011, 13:00 - 15:00 (Claudia Wild)</p> <p>EUnetHTA JA, WP1/JA 2 Task Force E-meeting, 06/05/2011, 13:00 - 14:30 (Gerda Hinterreiter)</p> <p>EUnetHTA JA, WP1/EC E-Meeting, 15/06/2011, 13:00 - 15:00 (Claudia Wild)</p> <p>EUnetHTA JA, WP1/EC E-Meeting, 07/09/2011, 13:00 - 15:00 (Claudia Wild, Gerda Hinterreiter)</p> <p>EUnetHTA JA, WP1 /JA2 Preparatory E-Meeting, 14/11/2011, 13:00 - 15:00 (Claudia Wild)</p> <p>EUnetHTA JA, WP1/EC E-Meeting, 16/11/2011, 13:00 - 15:00 (Claudia Wild)</p>
2 EuroScan meetings	<p>EuroScan Meeting, Vienna/Austria, 17.-18/03/2011 (Anna Nachtnebel)</p> <p>EuroScan Meeting, Oslo/Norway, 17.-18/11/2011 (Anna Nachtnebel)</p>
1 INAHTA meeting	<p>INAHTA, 19th Annual Meeting, Rio de Janeiro, Brazil, 29/06 - 01/07/2011 (Marisa Warmuth)</p>
1 EUROCHIP meeting	<p>EUROCHIP – European Cancer Health Indicator Project, Work Package 7 on Cancer Costs and Outcomes, Milan/Italy, 20/06/2011 (Anna Nachtnebel)</p>
national cooperations	<p>Project cooperation with Drahtwarenhandlung, Hauptverband der Sozialversicherungen, Technical University of Vienna, VRVis Zentrum für Virtual Reality und Visualisierung Forschungs-GmbH, FDW GmbH, Florian Endel and Executive Information Service GmbH. in the scope of the Project IFEDH /Innovative Framework for Evidence-Based Decision-making in Healthcare (Ingrid Zechmeister-Koss)</p> <p>Prim. Univ. Prof. Dr. Leonhard Thun-Hohenstein, Director of the University Clinic for Child and Adolescent Psychiatry at the Christian Doppler Clinic Salzburg, in the scope of the evaluation project “Child and Adolescent Psychiatry Salzburg”. Evaluation Team Meeting at the University Clinic for Child and Adolescent Psychiatry at the Christian Doppler Clinic, Salzburg, 05.02.2010, 18.03.2011, 15.04.2011 and 08.07.2011 (Roman Winkler)</p>
further international collaboration	<p>EU COST-Network “Childbirth Cultures, Concerns, and Consequences: Creating a Dynamic EU Framework for Optimal Maternity Care” (Roman Winkler)</p> <p>HTA Zentrum Bremen (Anna Nachtnebel):</p> <p>☼ Second-line chemotherapy with cabazitaxel (Jevtana®) for the treatment of castration-resistant metastatic prostate can</p>

- ✚ Abiraterone acetate (Zytiga™) as 2nd-line therapy for the treatment of metastatic castration-resistant prostate cancer after docetaxel therapy

Istituto Oncologico Veneto-IRCCS-Padova, Hepatobiliary and Liver Transplantation Unit, University of Padova, Agenzia nazionale per i servizi sanitari regionali (Anna Nachtnebel):

- ✚ Selective internal radiotherapy using yttrium-90 microspheres for primary and secondary liver malignancies

Azienda Ospedaliera Universitaria Integrata Verona (Stefan Mathis-Edenhofer):

- ✚ Eribulin (Halaven®) as third- or late- line mono-therapy for advanced/metastatic breast cancer

Agency for Health Technology Assessment in Poland (Katharina Hintringer, Stefan Mathis-Edenhofer)

- ✚ Dasatinib (Sprycel®) for the 1st line treatment of Philadelphia chromosome positive chronic myeloid leukaemia in the chronic phase

MEL / “Assessment of Individual Medical Services” (AUT) and NUB / “New Examination and Treatment Methods” (GER) Cooperation with the Medical Advisory Service of the Germany Social Health Insurances (MDS), Dr. Monika Lelgemann and Dr. Annette Busley, Germany (Claudia Wild)

AOK Germany: 2nd Update of the online HPV vaccination decision-making help (www.hpv-entscheidungshilfe.de) in July 2011 (Brigitte Piso)

For the mutual **EU Project Submittal for the FP 7**, the establishment of 2 **consortia** was undertaken with numerous academic institutions in the EU in the field of HTA in Hospitals (Coordinator: Dr. Laura Sampietro-Colom, **Hospital Clínic Barcelona**) (Claudia Wild, Marisa Warmuth), as well as in the field of Health Economics (Coordinator: Prof. Dr. Hans Severens, **Institute of Health Policy and Management, Erasmus University Rotterdam**) (Ingrid Zechmeister-Koss).

Mathis-Edenhofer, S. (2011): Co-authorship „Registerstudien bei Diabetes mellitus“, Dirk Müller, Dr. rer. pol. D. Müller **Institut für Gesundheitsökonomie und Klinische Epidemiologie (IKGE)**

cooperations in collaboration as part of publication projects

Cooperation with the **University of Sheffield (UK), UMIT/Helmholtz Zentrum (Munich)**: Zechmeister-Koss, I., Ara, R., Ward, S., Stollenwerk, B. (2011): Have statins met our expectations? A comparison of expected health gains from statins with epidemiological trends in Austria. *Journal of Public Health*. Online first: DOI: 10.1007/s10389-011-0440-4.

Cooperation with the **“Agency for Quality and Accreditation in Health care” /Department for Development, Research and Health Technology Assessment in Zagreb/Croatia**: Zechmeister-Koss, I., Huić, M. (2011): Vascular-Endothelial-Growth-Factor Inhibitors (anti-VEGF) in the management of diabetic macular oedema: a systematic review. Accepted in *BMJ Ophthalmology* on 23/10/2011.

Cooperation with the **EbM-HVB**: Warmuth, M., Schumacher, I. und Maringer, B. (2011). Efficacy and safety of treatments for varicose veins of the

lower extremity HTA-Project Report No. 51. Vienna: Ludwig Boltzmann Institute for Health Technology Assessment.

further collaboration

The following external authors contributed articles (**editorials**) to the HTA-Newsletter in 2011:

- ✚ DI Dr. **Wolfgang Habacher**, DI Dr. **Peter Beck**, HEALTH - Institute for Biomedicine and Health Sciences JOANNEUM RESEARCH Company, „Evidenzbasierte Versorgungsplanung - Für Österreich ein weiter Weg zur Machbarkeit“ (HTA-Newsletter 94:1)
- ✚ Prof. Dr. med. **Oliver Razum**, University Bielefeld, „Gesundheit von Schwangeren und Säuglingen mit Migrationshintergrund“ (HTA-Newsletter 95:1)
- ✚ Dr. **Markus Narath**, Styrian Hospital Association (KAGes), „An der Zeitwende: Vom Ende des Durchschnitts und der Vollkostenrechnung?“ (HTA-Newsletter 96:1)
- ✚ Dr. **Wolfgang Becker-Brueser**, Editor-in-Chief of arzneitelegramm, „Die Neuerung von ASS gegen Krebs: Wenn Vorbeugen so einfach wäre“, (HTA-Newsletter 97:1)
- ✚ Dr. **Annette Zentner**, MPH, Special Field of Management in the Healthcare Sector, Technical University Berlin, „Relative Effectiveness Assessments: Wird die Bewertung des Zusatznutzes von Arzneimitteln zur EU-Sache?“ (HTA-Newsletter 98:1)
- ✚ Mag. **Sylvia Groth**, MAS and Mag. **Ulla Sladek**, Women's Health Centre Graz, „Health Literacy: Von Null auf Hundert“, (HTA-Newsletter 99:1)
- ✚ **Wolfgang Wagner**, APA/Austria Press Agency, „FDA und EMA: Erklärungsbedarf: Die Arzneimittelbehörden agieren nur teilweise im Gleichklang. Mehr Information und Transparenz wäre notwendig“, (HTA-Newsletter 101:1)
- ✚ **Matthias Neyt**, MSC, PhD, Belgian Health Care Knowledge Centre (KCE), **Hans Van Brabandt**, MD, Belgian Health Care Knowledge Centre (KCE) and Director of the Belgian Centre for Evidence-Based Medicine (CEBAM), “Transcatheter aortic valve implantation (TAVI) for the treatment of severe aortic stenosis”, (HTA-Newsletter 102:1)

4 Other Activities

In 2011, **Claudia Wild** lectured in the:

teaching

- ❖ master's course "Health Management" at the Carinthia University of Applied Sciences (13.-15/01/2011),
- ❖ post-graduate course "Patient Safety and Quality in Health- care" at the University of Vienna, Institute for Ethics and Law in Medicine (13/01/2011)
- ❖ advanced course "Intensive Medicine" at the Upper Austrian Medical Chamber (OÖÄK) (12/11/2011)
- ❖ master's course "Health Sciences" at the Private University for Health Sciences, Medical Informatics and Technology (UMIT) in Hall in Tyrol (06/06/2011) and in Linz (10/11/2011)
- ❖ master's course "E-Health" at the FH-Joanneum University of Applied Sciences, Graz (21.-22/12/2011).

Ingrid Zechmeister-Koss is a visiting lecturer

- ❖ in the bachelor studies programme "Biomedical Analytics" at the Vienna University of Applied Sciences, where she instructed the module "Healthcare and Health Economics"
- ❖ in the master's course "Biomedical Analytics" at the Vienna University of Applied Sciences, where she instructed the module "Health Economics" on 04.-05/03/2011
- ❖ Ingrid Zechmeister-Koss further lectured in the master's course "Economics" at the Vienna University of Business and Economics on 15/11/2011, and as guest lecturer on the topic "Health Technology Assessment" in the master's course "Health Sciences" of the UMIT in Vienna on 26/8/2011.

Brigitte Piso taught at the Danube University Krems

- ❖ Elective course "Health Policy, Distributive Justice and HTA" on 4/04/2011
- ❖ "Public Health, Epidemiology, EbM" in the master's course Advanced Orthopedic Surgery on 18/11/2011

Roman Winkler was a visiting lecturer at the Promente-Akademie, Vienna; Focus: Research and Scientific Methodology, as part of the "Psychotherapeutic Preparatory Course" (08.-10/04/2010 / 17.-19/06/2011).

In 2011, **Claudia Wild** reviewed manuscripts for the following journals:

expert & referee activities

- ❖ Zeitschrift für Ärztliche Fortbildung und Qualität im Gesundheitswesen / ZEFQ (also member of the Scientific Advisory Group)
- ❖ British Medical Journal (BMJ)
- ❖ Health Policy
- ❖ IntJTAHC
- ❖ Pharmacoeconomics & Outcomes Research

Ingrid Zechmeister-Koss was engaged in reviewing for the:

- ✿ Journal “Vaccine”
- ✿ Journal of Public Health
- ✿ British Medical Journal (BMJ)
- ✿ “Belgian Health Care Knowledge Center (KCE)” and
- ✿ Abstract rating for the scientific conference of the Austrian Society of Public Health (ÖGPH)

Marisa Warmuth was engaged in reviewing for the British Journal of Cancer.

Anna Nachtnebel was engaged in reviewing for Int JTAHC.

supervision of bachelor
diplomas, master’s
theses and doctoral
dissertations

The following bachelor diploma and master theses were supervised by senior researchers, and supported by library services in 2011:

- ✿ **Katharina Hintringer** (UMIT – Universität für Gesundheitswissenschaften, Medizinische Informatik und Technik): Appraisal of the quality of written consumer health information for patients with chronic myeloid leukaemia - **Claudia Wild**
- ✿ **Michael Pohl** (master’s course in the scope of the university training course for Public Health at the Medical University Graz): “General non-smoker protection law as a health-promoting intervention – an HTA to evaluate the effect on acute myocardial infarction”, - **Ingrid Zechmeister-Koss**

Ongoing supervision of doctoral dissertation:

- ✿ Mag. **Philipp Radlberger** (WU Wien, doctoral studies in economic policy): Economic analysis in the field of psychiatric indications – Possibilities and problems with health economic methods, illustrated by the examples of child and youth psychiatry and alcohol therapy – Review of research proposal - **Claudia Wild**

5 Outlook

As far as content is concerned, the LBI-HTA will also be involved in a strong EU-wide cooperation in 2012. This is of major importance for small institutions in small countries (and accordingly smaller financial means), in order to efficiently deal with HTA resources. This entails working in English, resp., bi-lingually. Approx. 30% of the LBI-HTA products / reports are already being written in English. In order to increase this share, national (Austrian) decision-makers in particular need to be convinced of also reading / accepting papers that are not written in German.

As already in the “Early Assessment of New Oncologica” and the “Assessment of Medical Hospital Services Prior to Inclusion in the Benefits Catalogue Using GRADE”, the LBI-HTA will continue to work consequently on methodological consolidation in the assessment of “complex interventions”.

Beyond that, the year 2012 – after the letters of intent have been received – will be dedicated to the concrete negotiation of framework conditions of the LBA-HTA 2013+ work programme.

EU-wide cooperations

Profile building through methodological expertise

negotiation of the LBI-HTA 2013+