

# Cross border HTAs: Methods and support

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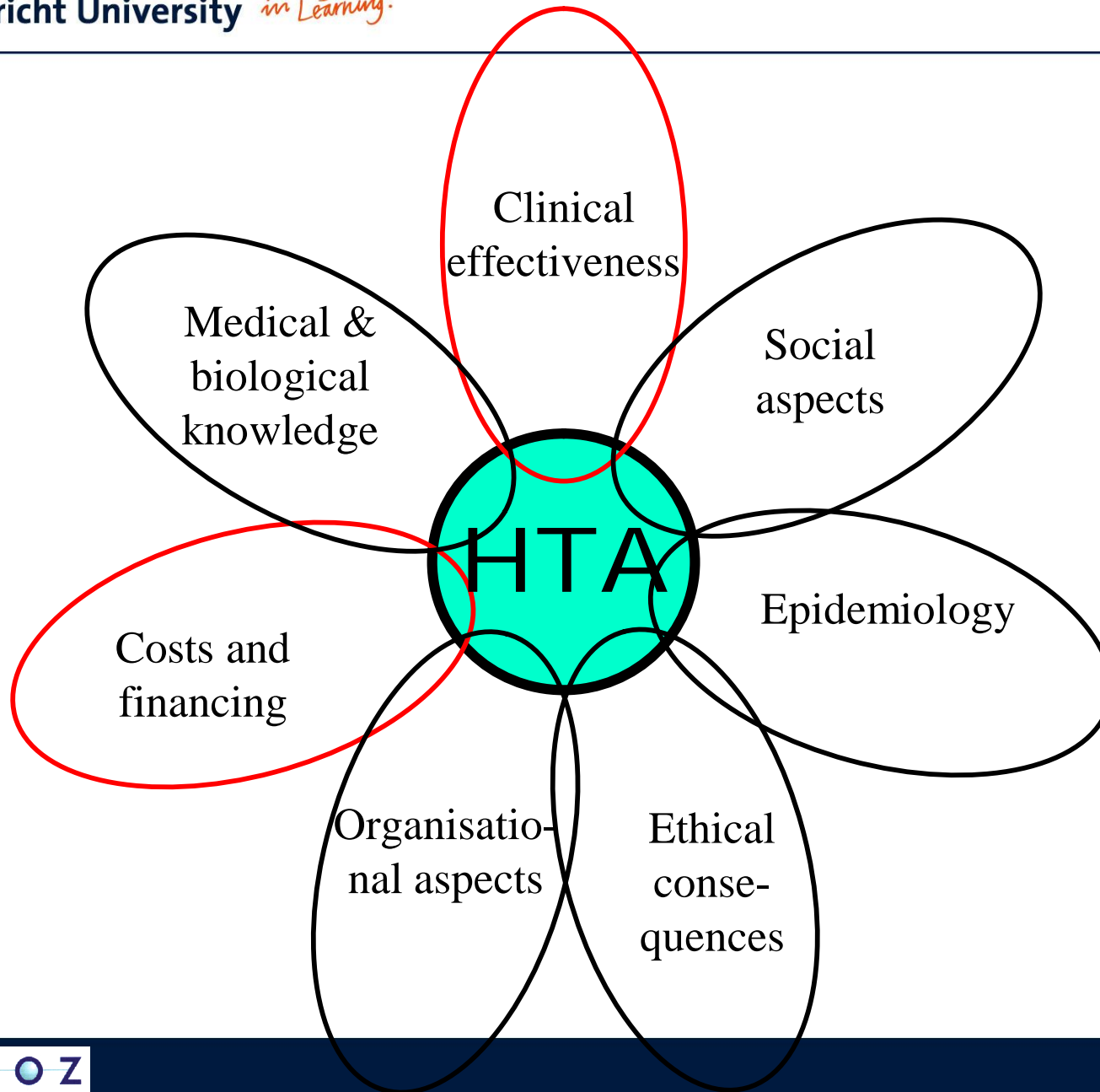
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# Table of content

- Health Technology Assessment
- HTA guidelines
- Cross border health
- Local HTA
- Discussion points

## Health Technology Assessment; definitions

- INAHTA: Technology assessment in health care is a multidisciplinary field of policy analysis. It studies the medical, social, ethical, and economic implications of development, diffusion and use of health technology
- OTA: A comprehensive form of policy research that examines the short- and long-term social consequences of the application or use of technology. The goal of technology assessment is to assess the cost and consequences of different alternatives to help policy makers to choose between alternatives



# Objective of HTA

- Collecting and reporting evidence regarding a health technology
- Evidence regarding effects, side-effects, costs, and societal consequences of a health technology
- Health technology: anything that is used with the aim of improving a person's health (for example, drug, diagnostic test, screening program, medical protocol, nursing procedure)

## HTA guidelines: international guidelines

- EUnetHTA Core model
  - Nine domains à topics à issues
- Define and standardise HTA reports
  - Diminish variation and lack of detailed and standardised structure
- Common core
  - Importance of the element
  - Transferability of the element

## HTA guideline: national guidelines

- First guideline in 1992 in Australia
- Goal: use of economic data to support decision making
- Reimbursement of new pharmaceuticals
- Over 30 national guidelines available
  - Europe à about 20 guidelines

## HTA guideline: national guideline (2)

- In some countries more than one guideline, e.g. Germany
- Focus
  - Design and conduct of economic evaluations
  - Use and presentation of data

## HTA guideline: guidelines for local use

- Spain → guidelines developed in several regions
- Denmark → guideline for Mini-HTAs
- Sweden → method board for new technologies in one of the counties (Östergötland)

## Cross border health

- mobility of patients across Europe's borders: a somewhat marginal phenomenon – but important e.g. in border regions
- 32% of the population live in border regions which are about 40% of the enlarged EU territory

## Cross border health

- need to support
  - planning, implementation, monitoring
  - actions to ensure transparency and to reduce legal ambiguity (cf. Baeten/McKee/Rosenmüller 2006: 179)
- border regions also as “laboratories” for cross border activities
- consequences of future development, e.g. “A Community framework on the application of patient’s rights in cross-border healthcare”?

# Support mutual learning

- Need to
  - monitor and explore activities and experiences
  - exchange and disseminate experiences: some border regions have collected many experiences over years, others not
  - support capacity building (programme / project management)
  - ensure the effective and efficient utilisation of supportive programmes, tools etc. (e.g. EU SF “INTERREG” programmes)
  - identify opportunities and challenges
  - develop solutions
  - analyse the transferability of solutions, projects, good practice

# Local HTA in border regions

- Decisions in small regions with multiple health systems
  - investments and cross border health needs (the “market”)
  - cooperation between hospitals
  - the interface between in- and out patient care in cross border settings
- Should a technology be used in a certain context?
  - finding information, knowledge, expertise
  - translating and reinterpreting existing knowledge, taking specific context into account (qualification, resources, interfaces, health needs, regulations etc.)
  - documentation, monitoring, evaluation

# Local HTA

- Therefore we need ...

## Local HTA

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- Transferable

# Some expected issues

- mentality and cultural differences
- conflict of interests (willingness and or unwillingness of actors)
- the simultaneous use of different EU grant programmes
- large differences in the organisation and administration between the states in which the project is carried out
- data protection problems
- continuity of care and quality of after care
- elaborate administrative and financial procedures for patients, healthcare professionals and healthcare establishments
- geographical distance between project partner(s)
- drugs, e.g. large diversity or different trademarks for identical products
- interoperable information and communication technologies (eHealth systems) between different countries
- differences in professional training and competences, standards, etc
- differences in clinical standards, medical protocols and guidelines
- Others include political support, legal uncertainties, information and coordination, partnership structure

(Evaluation of border regions in the European Union. Liga.NRW)

## Some other issues

- Real need for the health technology and its assessment thereof
- Benefit to both parties
- Shared cultures and history
- Commitment and will of partners

How do we make the guidelines  
for cross border local HTAs  
work?

## Discussion points

- Requirements for a cross border health technology assessment
- Legal and social aspects: differences between countries and how to deal with this
- What kind of instrument à checklist to interpret available results or guideline
- Using national evidence from both sides of the border and combining this
- How to assess transferability of evidence