

# Annual Report 2006



Ludwig Boltzmann Institut  
Health Technology Assessment

Ein Institut der Ludwig Boltzmann Gesellschaft GmbH



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Ludwig Boltzmann Institut  
Health Technology Assessment

Wien, December 2006

Ein Institut der Ludwig Boltzmann Gesellschaft GmbH

## **MASTHEAD**

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# 1 The Institute – an Overview

The Ludwig Boltzmann Institute for Health Technology Assessment was founded - de iure – on March 1<sup>st</sup> 2006 for the duration of 7 years. After renting of office space in the centre of Vienna and of installing the institute’s infrastructure, the actual operative activities started in May 2006.

**institute was founded in march 2006**

## 1.1 Budget

The newly founded Ludwig Boltzmann Institute for Health Technology Assessment disposes over 3,2 Mio Euro for the next four years, which is about 800.000.- Euro p.a. The annual budget is funded by the partner-institutions and the Ludwig Boltzmann Society.

**total budget of the LBI of HTA**

Third party funds have been acquired through the participation in the EU-project EUnetHTA (2006-2008) and through 2 projects of the Austrian Federation of Social and Health Insurances.

**third-party funds**

## 1.2 Partners

As it is the declared research-policy of the Ludwig Boltzmann Society, the focus of the newly founded institute is on „translational research“. Within the research-programme strong emphasis is put on immediate or medium-term usable results. With establishing synergies by setting up partnerships between research-producing and research-applying organizations or institutions for the constitution and financing of the new institute the transfer of the research results is guaranteed.

**partners apply research**

Partner-institutions in the Ludwig Boltzmann Institute for Health Technology Assessment are actors in health care administration, owners of public hospitals and private universities.



**TILAK/Tiroler Landeskrankenanstalten GmbH**

Anichstraße 35, 6020 Innsbruck

<http://www.tilak.at/>

**partners**



**KAGES/Steiermärkische Krankenanstalten-GmbH**

Stiftingtalstraße 4-6, 8010 Graz

<http://www.kages.at/>



**AUVA/Allgemeine Unfallversicherungsanstalt**

Adalbert-Stifterstraße 65, 1201 Wien

<http://www.auva.at/>



**BMGF/Bundesministerium für Gesundheit und Frauen**

Radetzkystraße 2, 1030 Wien

<http://www.bmgf.gv.at>



**UMIT/Private Universität für Gesundheitswissenschaften,  
Medizinische Informatik und Technik**

Institut für Public Health, Medical Decision Making und HTA  
Eduard Wallnöfer-Zentrum I, 6060 Hall  
<http://www.umat.at/>



**PMU/Paracelsus Medizinische Privatuniversität**

Institut für Public Health  
Ignaz Harrer Straße 79, 5020 Salzburg  
<http://www.pmu.ac.at/>

### 1.3 Committees

**committees & council** The Ludwig Boltzmann Institute for Health Technology Assessment is supported by two committees:

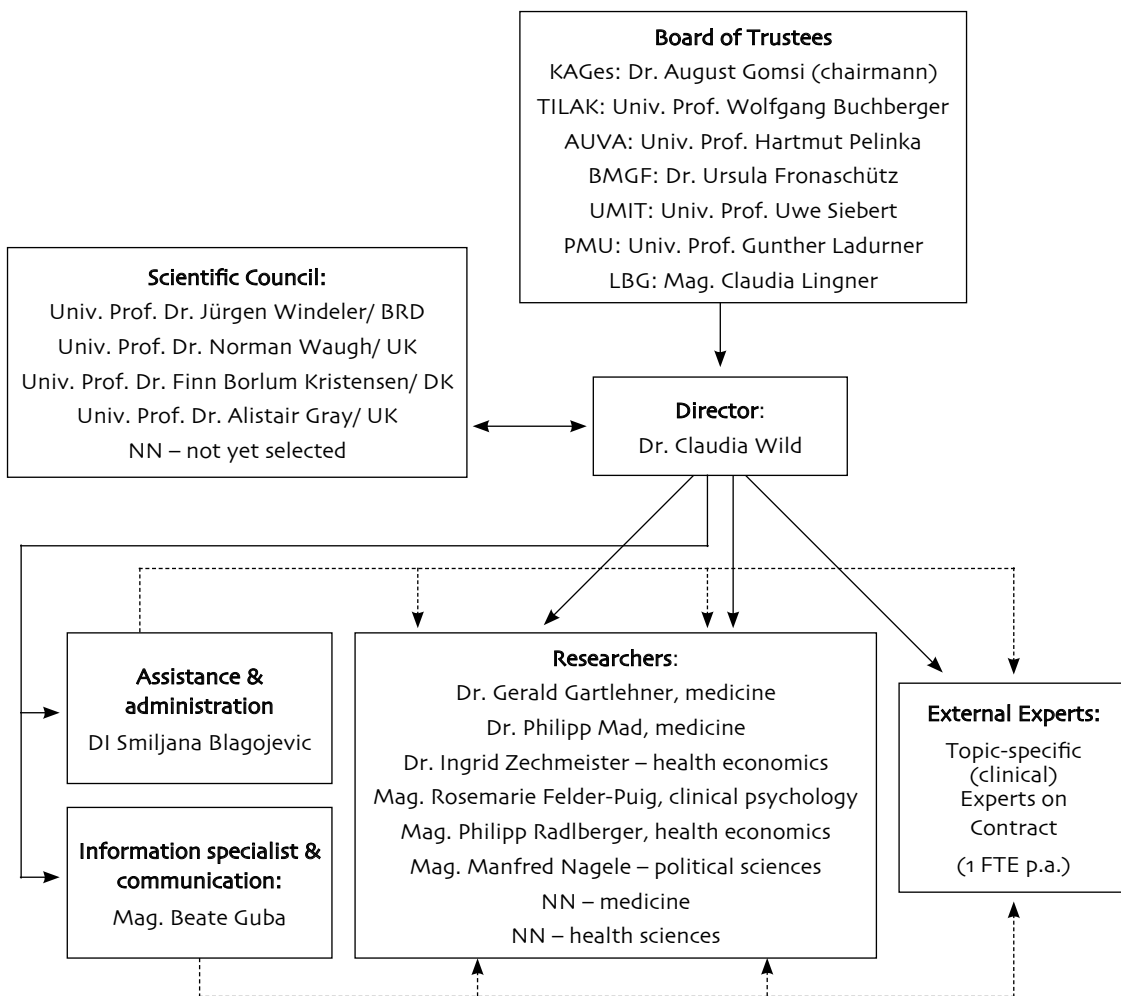


Figure 1.2-1: Organigram



While the research programme for the LBI-HTA has the function of an umbrella, the agenda setting for the actual projects is the task of the board of trustees. The board of trustees is composed of one representative of each partner-institution.

KAGES: Dr. August Goms (Chairman)

TILAK: Univ. -Prof. Dr. Wolfgang Buchberger

AUVA: Univ. -Prof. Dr. Harmut Pelinka

BMGF: Dr. Ursula Fronaschütz

UMIT: Univ.-Prof. Dr. Uwe Siebert

PMU: Univ. -Prof. Dr. Gunther Ladurner

LBG: Mag. Claudia Lingner.

**board of trustees**

Board meetings 2006:

1. Constitutional meeting with election of the chairman: August 31<sup>st</sup> 2006

2. Board meeting: “strategic planning”: November 30<sup>th</sup> 2006

The Scientific Advisory Group fulfils the task of scientific support and is selected – on equal terms – by the Ludwig Boltzmann society and the members of the board of trustees.

**scientific council**

Scientific Advisory Group members selected/invited by the Ludwig Boltzmann Society:

Univ. Prof. Dr. Norman Waugh/ UK

Univ. Prof. Dr. Alistair Gray/ UK.

Scientific Advisory Group members selected/invited by the partner-institutions:

Univ. Prof. Dr. Jürgen Windeler/ BRD

Univ. Prof. Dr. Finn Borlum Kristensen/ DK.

The fifth candidate for the Scientific Advisory Group will be elected by the 4 selected/invited members. This process takes place in 2007.

## 1.4 Staff

The first half year 2006 was not only devoted to setting up of the infrastructure but also to developing the team. On June 28<sup>th</sup> 2006 we conducted a 1-day seminar on team-building, focus: working-culture. From September 20<sup>th</sup> to 22<sup>nd</sup> 2006 a 3-day seminar (of which 1 day was hiking) in Gösing/ NÖ on the development of a mission statement was accomplished.

**team-building &  
mission statement**

„The LBI for HTA regards itself as an independent entity for scientific decision-making support in the health sector. We provide the scientific basis for decisions in favour of an efficient and appropriate use of resources. In this process, we adopt a broad socially-relevant view of medical interventions. We are committed to a qualitative concept of progress.

**result:  
mission statement**

We see ourselves as an innovative and creative interdisciplinary think tank which has also included the further development of HTA methodology within its objectives. We attach importance to the traceability of our results: systematic work and the disclosure of our methods makes our results open to scrutiny.

We work at a distance to interest groups, and refuse to fall within their influence, be they fund providers or market suppliers.

Intensive international networking allows us to avoid redundancies and to remain at the leading edge of knowledge.“

#### **work-organisation**

As an interdisciplinary institute the work-organization is guided by professional – assigned topic-specific - project-management.

#### **team members**

Director (strategy and coordination):

✧ Claudia Wild, Dr. Phil.

Scientific background: Communication Science, Psychology, Political Science

Office-administration:

✧ Smiljana Blagojevic, Dipl.-Ing.

Information specialist:

✧ Beate Guba, Mag. Phil., MSc

Senior researcher:

✧ Rosemarie Felder-Puig, Mag. rer. nat., MSc

Scientific background: Psychology, Clinical Research

✧ Ingrid Zechmeister, Dr. rer. soc. oec., MA

Scientific background: Health Economics, Biomedical Technology

✧ Gerald Gartlehner, Dr. med., MPH (in 2006 on contract, from May 2007 on permanent staff member)

Scientific background: Medicine

✧ Philipp Mad, Dr. med.

Scientific background: Medicine

✧ Manfred Nagele, Mag. Phil. (Since 01.10.2006)

Scientific background: Political Science, Radiotechnology

✧ Philipp Radelberger, Mag. Rer. Oec. (Since 01.10.2006)

Scientific background: Health Economics

✧ Roland Schlesinger, Dr. med. (From 01.05.2006 till 15.09.2006)

Scientific background: Medicine

Trainee & Junior Researcher:

✧ Thomas Langer, Dipl.-Soz.Wiss. (Trainee: 01.05. till 31.10.2006, junior: 01.11.2006-31.12.2006)

Scientific background: Social Sciences

External specialists were also engaged in projects:

- ✦ Erich Kvas, Dipl. Ing  
Scientific background: Biostatistics, epidemiology
- ✦ Wolfgang Schimetta, Dr.  
Scientific background: Biometrics, methodology
- ✦ Dieter Koller, Uni. Prof. Dr.  
Scientific background: Medicine
- ✦ Eva Turk, Mag:  
Scientific background: Economics, social medicine

**external specialists**

The Ludwig Boltzmann Institute for Health Technology Assessment (or more than one individual member of the team) is a member of the international and national organizations:

- ✦ HTAi (Health Technology Assessment international),
- ✦ INAHTA (International Network of Health Technology Assessment),
- ✦ EUPHA (European Public Health Association),
- ✦ German Network for Evidence Based Medicine,
- ✦ German Society for promoting HTA,
- ✦ Austrian Society for Public Health,
- ✦ Platform Health Economics.

**memberships and council activities**

In 2005 **Claudia Wild** was appointed to the Supreme Health Council (advisory committee of the Health Minister), the Viennese Council of Bioethics and the Scientific Advisory Committee of the EBM-Working Group at the Austrian Federation of Social Insurances. Since 2005 she has also been mentor at “Uptrain” - Women´s-coaching.

**Ingrid Zechmeister** is a member of International Health Economics Association/IHE and of the „Fachhochschulentwicklungsrat für biomedizinische Analytik“.

**Beate Guba** is a member of the „German Society of Medical Informatics, Biometrics and Epidemiology“, of the „European Association for Health Information and Libraries“, of the „Arbeitsgemeinschaft für medizinisches Bibliothekswesen“ and the „Forum österreichischer Medizinbibliothekarinnen und –bibliothekare“.

## 1.5 Infrastructure

For the institute newly renovated office space (150 m<sup>2</sup>) in the centre of Vienna (Garnisongasse 7) was rented and completely new equipped. The institute disposes over 6 individual office-rooms and a 70 m<sup>2</sup> library or seminar-room. Not only for internet, but also for telephone the decision was made in favour of the new technology of VOIP, provided by a private company (Silverserver). EDV-maintenance is also carried out by a private enterprise Netsense.

**office space & equipment**

The LBI of HTA library: The holdings were taken over from the former HTA-unit at the ITA/ Institute of Technology Assessment at the Austrian Academy of Sciences and amount to 208 monographs and 11 journals.

**library**

## 1.6 Highlights of the Year

<b>website</b>	The Website of the LBI of HTA which plays an important role as information medium and knowledge management tool – esp. in programme line 3 (public understanding and research transfer) is online since September 14 <sup>th</sup> . A German and English version is provided. The programming of the Content Management System was finished in November.
<b>opening celebration</b>	In the presence of about 140 invited guests the LBI of HTA was inaugurated by Dr. Ferdinand Maier, vice-president of the Ludwig Boltzmann Society, on October 13 <sup>th</sup> . Prof. Dr. Peter Sawicki, director of the IQWiG, took the audience along in his official speech on a travel through time that illustrated how difficult it is to accept research results which do not follow the current trends in science. Then the director of the LBI of HTA, Dr. Claudia Wild, presented the newly founded institute. The musical programme of the evening came from the Trio Kohelet that started with an ironic comment by performing the song “Wir leben ewig”, i. e. “We live eternally”.
<b>mission statement &amp; strategy</b>	The Mission Statement, developed in September by the team (see teambuilding) was a prerequisite for the discussion on „strategies“ in the board of trustees meeting in November. Both papers will shape the profile of the institute and will come into living in concrete projects and public presentations.

## 1.7 Programme

<b>programme line 1</b>	<p><b>Comprehensive assessments of health interventions &amp; evidence-based health services research</b></p> <p>HTA can now look back on 20 years of methodological developments and international harmonization. “Traditional” assessments answer questions on new/innovative or established medical interventions such as</p> <ul style="list-style-type: none"> <li>❖ Is the intervention effective, does it work?</li> <li>❖ For whom, which subgroup of patients?</li> <li>❖ At what cost?</li> <li>❖ How does the intervention compare with alternatives?</li> </ul> <p>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 results and interdisciplinary perspectives. Contrary to the results of the critical appraisal of medical interventions, the results of health services research are deeply anchored in the health systems concerned and cannot be transferred as easily 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.</p>
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For this reason, the LBI of HTA as an HTA institute in a small country is devoted to bringing international HTA into our 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 the evidence-based support of 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 in a transparent and readable format to decision-makers.

### 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 nearly all Austrian hospital co-operations. The network meets 3 times a year (October, February, June) in order to receive informational HTA input into 4 prevailing topics, to discuss them and to exchange ideas on regulatory and reimbursement issues.

The task of the LBI of HTA is to coordinate the meetings, to ask for and to collect current topics and to prepare the presentations. The format of the meetings is to present each topic from the HTA perspective, to have it presented by an invited clinical expert and to lead subsequently into a structured discussion.

### Scientific decision support of Health Ministry

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

- ❖ to support the Medical Advisory Group for 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)

**programme line 3    Public understanding and research transfer**

Quite often the demand for new/innovative health care interventions emerges - enforced by early media coverage - even before market approval or reimbursement. “Public understanding”, which is firstly the transfer of knowledge about market forces and about methods for critically questioning the evidence presented on effectiveness and cost-effectiveness, appropriateness and secondly methodological support for differentiating between new and innovative interventions, is meant to be a contribution 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 newsletter, user-friendly webpage and search support - a critical mass of patients, journalists, representatives of the health administration, academia etc. that question the information presented and asks for sound evidence before decision making

**programme line 4    Development of policy instruments for medical decision-making- application studies and registries**

Evidence for the effectiveness and cost-effectiveness of numerous technologies and interventions can often be presented only after market approval and use under real clinical conditions for some years. Then, even 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, it is increasingly considered to take new technologies under “surveillance” or “limited application” at specific medical centers. 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**

The EUnetHTA project started in January 2006 and is financed by DG SANCO/ Health & Consumer Protection in the context of the “Community Action in the Field of Public Health” programme for 3 years (till 2008). The overall aim of EUnetHTA is to establish an effective and sustainable European network for HTA that informs policy decisions. Since all western countries and increasingly some new EU member states use HTA as a policy-tool, cooperation and collaboration is of utmost importance in order to reduce redundancies. 60 institutions from 31 countries cooperate within EUnetHTA. The reduction of overlaps and duplication, the transferability of HTA-reports within Europe and the strengthening of links with healthcare policy are the objectives of EUnetHTA.

The LBI of HTA is co-initiator and leading partner in EUnetHTA and conducts work package 7 in close cooperation with the French HAS/Haute Autorité de Santé.

## 2 Research

### 2.1 Projects and Scientific Support

#### Effectiveness of intensified care for newborns by pediatricians

*Responsible for the project:* Ingrid Zechmeister

*Duration:* 06/2006 - 02/2007

**Research question/objective:** Postnatal care of healthy newborns is managed in western countries in quite different ways. With the high proportion of women delivering their babies in hospitals, the permanent postnatal medical care of pediatricians (with additional qualifications in neonatology and intensive medicine) alongside the traditional care by midwives and obstetrician is increasingly demanded, even in peripheral hospitals. It is the task of the project to research the evidence for the effectiveness of different models of care for healthy newborns. The research question is if postnatal care (within 1-3 days after delivery) leads to better clinical outcomes with an additional permanent pediatrician or with the traditional model of patient visits by residential pediatricians in peripheral hospitals.

*Method:* systematic review

*Content:* paediatric care in Austria; models of different roles of paediatricians in postnatal care of healthy newborns; international guidelines and recommendations; time-relevant diagnosis and therapies in postnatal care

**programme line 1:  
comprehensive  
assessments**

**paediatrics**

#### Needs assessment for out-patient services in university hospitals

*Responsible for the project:* Claudia Wild, Philipp Mad

*Duration:* 06/2006 – 03/2007

**Research question/objective:** University hospitals have to provide medical care and teaching functions: patients expect university hospitals to offer the latest medical achievements. Under increased budgetary and capacity constraints, out-patient services as well as in-patient care provision in university hospitals have to concentrate on specialized services not covered elsewhere. An assessment of the requirements (meeting the needs without accelerating the demand) of university out-patient services aims to investigate the question of additional services and trends and tendencies in the provision of services. The analysis of the data from 25 university hospital clinics offering outpatient services (University Hospital of Innsbruck) will support the planning of these services in the future.

**services planning**

*Method:* systematic review and (retrospective) data analysis

*Content:* systematic review of international approaches to planning and restructuring out-patient services at university hospitals; data analysis of out-patient services in the University Hospital Innsbruck: quantity frequencies of services delivered; description of care “environment”: provision of services by physicians and specialists in the surrounding area; data analysis of frequent services with low specialization for their need for vocational training and research

### **Statins: A comparison between predicted and actual effects on inpatient care in Austria - part 2**

*Responsible for the project:* Ingrid Zechmeister

*Duration:* 12/2006 – 07/2007

#### **pharmaceuticals**

*Research question/objective:* Since the 1990s statins have been increasingly applied for the prevention of cardio-vascular diseases. In clinical studies they have been shown to be effective. Compared to placebos, a relative risk reduction with respect to mortality and morbidity has been demonstrated. Apart from the clinical benefit, it has been expected that the use of statins will reduce the number of cardio-vascular interventions (such as coronary artery bypass grafting) and thus will result in decreasing hospitalization. This should eventually guarantee favorable cost-effectiveness results. The question to be answered is whether there is empirical evidence to support this hypothesis, not only on the basis of clinical studies but under real conditions of use in Austria.

*Method:* In part 1 of the project a systematic review of economic evaluations which addressed statin therapy for the secondary prevention of cardio-vascular diseases was carried out. The results can be downloaded from <http://epub.oeaw.ac.at/ita/ita-projektberichte/d2-2b30.pdf>. In part 2 a decision analysis model which was developed for the UK will be adapted with Austrian utilisation and cost data.

*Content:* Conducting a workshop and adapting the UK model in cooperation with the University of Sheffield and with the Federation of Austrian Social Security Institutions - Based on the results, in part 3 of the project the impact of statin therapy on actual hospital interventions in Austria will be analyzed empirically.

### **Development of determinants for a scientific monitoring and evaluation of the Mammography Screening Model Salzburg**

*Responsible for the project:* Philipp Radlberger

*Duration:* 11/2006 – 06/2007

#### **screening**

*Research question/objective:* During the last 20 years mammography screening programs for 50-69 years old women grew in importance and nowadays are even directed in their implementation by EU-Guidelines. Such mammography screening programs have important clinical and economic consequences: With high quality assurance one can expect an early detection of breast cancer and a relative reduction of breast cancer mortality of 20-30% which corresponds to an absolute reduction of 2-3%.



For evaluating cost effective implementation of such programs it needs a catalogue of determinants containing clinical as well as organizational and economic parameters of result evaluation. In view of performance, Salzburg's mammography screening model shall be scientifically supported by the development of a determinants catalogue, based on long term-experience of other countries such as Canada, Great Britain or Sweden.

*Methods:* overview and systematic analysis of best practice models and performance determinants

*Content:* systematic review of international performance determinants, guidelines for clinical and organizational quality assurance and for certification of breast cancer assessment centres; catalogue of performance determinants and cost analysis

### **Therapeutic conversation: Expectations and results with regard to intensified physician-patient communication**

*Responsible for the project:* Rosemarie Felder-Puig

*Duration:* 06/2006 -10/2006 (completed)

Research question: Intensified physician-patient communication, which is reimbursed in Austria as "therapeutic conversation", may lead to higher patient compliance (understanding of and adherence to physician's instructions) and a better health outcome. In this project, the question whether these expectations can be met and proven by empiric data is to be answered. Aim: A systematic review of literature addressing the effectiveness of intensified physician-patient communication should not primarily address theoretical knowledge (e.g., the expectation of higher compliance), but should focus on the summary of empirical data. The report will also include a description of how intensified physician-patient communication is established and reimbursed in comparable health care systems.

**physician's  
communication**

*Method:* systematic review

*Content:* systematic review of empirical studies of the effects of intensified physician-patient communication; review of reimbursement issues and frequencies of intensified physician-patient communication in a number of other health care systems in Central Europe in a comparison with Austria

*Project report available (German):*

[http://hta.lbg.ac.at/media/pdf/HTA-Projektbericht\\_001.pdf](http://hta.lbg.ac.at/media/pdf/HTA-Projektbericht_001.pdf)

**programme line 2:  
support for decision-  
makers**

### **Manual on methodology**

*Responsible for the project:* Gerald Gartlehner

*Duration:* 08/2006-02/2007

**methods:  
comprehensive vs. rapid  
assessments**

*Research objective:* HTA promotes 3 principles: Systematic literature search, analysis and appraisal, transparent presentation of the HTA process and methods, interdisciplinary perspective. New medical interventions in particular are often explosive since different interest groups - naturally - assess them differently in terms of innovation/medical advance and “stage of maturity” (still experimental or qualified for broader diffusion). Since HTA is an instrument of critical health policy support, it is not free of conflicts. A manual is intended to facilitate the understanding of our work processes. The intention of an external manual is to present an overview of research methods and tools for collecting, selecting and interpreting the materials and literature for systematic reviews. The manual is intended to make the routes to the results reproducible. The intention of the internal manual is the standardization of processes and of terminology, and of supporting research with toolkits such as templates for the external and internal validity of studies, evidence tables, classification schemes etc. a special focus on methodological questions concerning rapid assessments of new/innovative technologies.

*Method:* systematic synopsis of HTA methods and processes

*Content:* Definitions, methods for literature search and classification, selection criteria, data abstraction, appraisal, synthesis and peer review

**hospital-networking**

### **Network-Meeting: HTA in Hospitals**

*Responsible for the project:* Claudia Wild

*Duration:* 3 x p.a.

13. June 2006 - Topics

- ❖ Antibiotica-strategy
- ❖ 64-liner CT vs. diagnostic coronary angiography
- ❖ Regional planning of laboratory services
- ❖ Presentation of LBI-HTA

*Method:* presentations

### **Network-Meeting: HTA in Hospitals**

30. November 2006 - Topics

✦ Drug-eluting Stents

*Method:* Rapid Assessment (Duration: 10-11/ 2006)

In programme line 3 the following activities take place on a regular basis: public seminar-series (“decision support in health care“), semi-public trainings on methodology, HTA Newsletter and Website.

*Responsible for the project:* Beate Guba

**programme line 3:  
research transfer**

### **Approval of generics – reasons to be afraid?**

10-17-2006 | 16:00-18:00

Ludwig Boltzmann Institute of Health Technology Assessment  
Dr. Doris Tschabitscher.

**seminar series  
„decision-support in  
health care“**

### **Does critical awareness exist among ethics commissions?**

11-30-2006 | 16:00-18:00

Ludwig Boltzmann Institute of Health Technology Assessment  
Univ.-Prof. Dr. Holger Baumgartner

### **Clinical epidemiology**

09-19-2006 | 09:00-16:00

Ludwig Boltzmann Institut für Health Technology Assessment  
Gerald Gartlehner, MD, MPH

**education and training**

### **Medical statistics**

10-25-2006 | 09:00-16:00

Ludwig Boltzmann Institute of Health Technology Assessment  
Erich Kvas, DI

### **Qualitative methods in social sciences**

29.11.2006 | 14:30-16:30

Ludwig Boltzmann Institut für Health Technology Assessment  
Alexander Bogner, Dr. dipl. Soz.

### **First Austrian Guideline Symposium (cooperation with GIN-Austria)**

10-09-2006 | 10:00-16:00

Gesellschaft der Ärzte in Wien (Billrothhaus)

**other events**

### **4<sup>th</sup> Meeting of the Forum of Austrian medical Librarians**

12-11-2006 | 10.00-16.00

Ludwig Boltzmann Institute of Health Technology Assessment

<b>HTA-Newsletter</b>	<p>The monthly HTA-Newsletter continued with Nr 47 in May 2006 – in different lay-out - , but of the same name with the series from the former HTA-unit at the ITA/ Institute of Technology Assessment at the Austrian Academy of Sciences</p> <p><i>Responsible for the project:</i> Claudia Wild</p> <p><i>Duration:</i> 10 x p.a.</p>
<b>website</b>	<p>The website was launched on September 14<sup>th</sup> and is being held up-to-date on a daily basis.</p> <p><i>Responsible for the project/ webmaster:</i> Beate Guba</p>
<b>programme line 4: application monitoring</b>	<p><b>Procedures in evaluation – kyphoplasty and vertebroplasty</b></p> <p><i>Responsible for the project:</i> Rosemarie Felder-Puig</p> <p><i>Duration:</i> 2006-2009</p>
<b>minimal-invasive intervention</b>	<p><i>Research question/objective:</i> Conservative treatment of vertebral compression fractures (VCF) in older patients includes bed rest and analgetics followed by mobilisation and eventually the use of a bodice. Alternatively, two minimally invasive procedures – percutaneous kyphoplasty (KP) and vertebroplasty (VP) – are available. Especially patients with osteoporotic VCF and chronic pain may benefit from these techniques. VP, which is less costly than KP, induces quick pain relief. KP also leads to a quick pain reduction and, in addition, is meant to be safer, to restore vertebral height and to guarantee a lower risk of refractures. However, there is insufficient evidence about these benefits for patients. Specifically, long-term results and cost-effectiveness data are scarce or altogether absent. A study conducted at the Austrian AUVA hospitals should provide data about the effectiveness of KP and VP under real conditions. The study will be performed in co-operation with other clinics (University Clinics of Orthopaedics at Vienna and Graz, Hanusch Hospital Vienna) and collect data prospectively for a time interval which still has to be defined.</p> <p><i>Method:</i> empirical study, application study</p> <p><i>Content:</i> co-ordination of participating institutions; production of study documents (protocol, CRF, patient consent form, application to Ethics Committee, registration); implementation, data insertion and analysis; presentation of results and publication</p>

## EU newsletter on emerging technologies

*Responsible for the project:* Claudia Wild

*Duration:* 2006-2008

*Objective:* Work package 7 of EUnetHTA is subdivided into two strands: The development of a structured information service relevant to policy makers on high-volume, costly and rapidly developing emerging technologies is the task of WP 7/strand B. The work will be carried out in close cooperation with EUROSCAN. On the basis and experiences of existing "emerging tech"-programmes, structures and processes for setting priorities in the selection of technologies as well as a first pilot newsletter will be developed, which after critical evaluation by the WP partners will be distributed on a regular basis after 2008.

*Method:* systematic Review and design of content and graphics

*Content:* systematic review of emerging tech programmes; design of content and graphics; synthesis and specification of priority setting criteria for topic selection; specification of processes (editorial board, frequency etc.); piloting; revision and finalization; regular production and distribution

*Project report available:*

[http://hta.lbg.ac.at/media/pdf/HTA-Projektbericht\\_002.pdf](http://hta.lbg.ac.at/media/pdf/HTA-Projektbericht_002.pdf)

## Application studies and surveillance systems in the EU

*Responsible for the Project:* Rosemarie Felder-Puig

*Duration:* 2006-2008

*Objective:* Since the actual effectiveness and cost-effectiveness of many of the health technologies that are introduced in health care systems cannot be evaluated before broader application under real conditions, many countries either release technologies that are not fully assessed or require post-marketing follow-up studies. An alternative is the requirement to monitor the use and the outcome of a technology. For this reason, some countries have started to set up "registries" or "application protocols" in order to keep some health technologies (often surgical or costly interventions) under surveillance before broader diffusion takes place and until decisive evidence is available. The objective of Strand A of Work Package 7 of EUnetHTA is to provide tools that enable countries to monitor the development of emerging, new or established health technologies and to share data and results of this monitoring.

*Method and content:* overview of existing monitoring tools (application studies, registries, etc.) and of technologies that are currently being monitored with these tools; development of commonly shared monitoring tools that are relevant to the different technologies considered and adapted to the resources available in institutions in charge of technology assessment; piloting of one monitoring tool and testing the feasibility of pooling data from different countries using a common monitoring tool

programme line 5:  
international  
cooperation

horizon scanning

EU: surveillance  
systems

## 2.2 Publications

- HTA project reports**
- Felder-Puig R.**, Turk E., Guba B., Wild C. (2006): Das ärztlich-therapeutische Gespräch: Die Effektivität verstärkter Arzt-Patienten-Kommunikation [The therapeutic conversation: effectiveness of intensified physician-patient communication]: LBI-HTA project report 001
- Langer T.**, Wild C., Douw C. (2006): Horizon Scanning System (HSS). LBI-HTA project report 002.
- peer-reviewed original works in journals**
- Puig S., **Felder-Puig R.** (2006): Evidenzbasierte Radiologie: Ein neuer Ansatz zur Bewertung von klinisch angewandter radiologischer Diagnostik und Therapie [Evidence-Based Radiology: A New Approach to Evaluate the Clinical Practice of Radiology]. *RöFo – Fortschritte auf dem Gebiet der Röntgenstrahlen und der bildgebenden Verfahren* 178: 671-679.
- Wild C.** (2006): Health Technology Assessment – Kritische Wissenschaftsmethode zur Evaluation der Wirksamkeit medizinischer Interventionen. [Health Technology Assessment - critical methodology for the evaluation of the effectiveness of health interventions]. *Der Anaesthesist* 55: 568-77.
- Zechmeister I.**, Österle A. (2006): Distributional Impacts of Mental Health Care Financing Arrangements: A Comparison of the UK, Germany and Austria. *Journal of Mental Health Policy and Economics* 9: 34-44.
- publications: submitted, accepted or in print**
- Wild C.**, (2006): Polymorphismen-Screening: genetic testing for predisposition. Background materials for assessment. Submitted in *International Journal of Technology Assessment in Health Care*.
- Zechmeister I.** (2006): Frauen, denkt ökonomisch?! Ambivalenzen des gegenwärtigen ökonomischen Denkens am Beispiel der Gesundheitsökonomie. [Women, think economically?! Ambivalences of current economic thinking. The case of health economics]. *Feministische Theorie und Praxis*, in print.
- Zechmeister I.** (2006): Einsatz von Statinen zur Sekundärprävention kardio-vaskulärer Erkrankungen: Ein systematischer Review gesundheitsökonomischer Analysen. [Use of statins in the secondary prevention of coronary diseases. A systematic review of health-economic analyses]. Submitted in *Das Gesundheitswesen*.
- Zechmeister I.**, Österle A. (2007): Informelle Betreuung psychisch erkrankter Menschen: Schafft das österreichische Pflegevorsorgesystem adäquate Voraussetzungen? [Informal care of mental ill. Does the Austrian care system create adequate requirements?] Accepted for *Neuropsychiatrie* in Heft 21 (2).
- Knapp M., McDaid D., Amaddeo F., Constantopoulos A., Oliveira M., Salvador L., **Zechmeister I.** and the MHEEN Group (2006): Financing Mental Health Care in Europe. Accepted in *Journal of Mental Health*.
- non peer-reviewed articles**
- Guba B.** (2006): Portale und Bibliotheken - ein Überblick. *Medizin Bibliothek Information*. [Portals and libraries – a survey.] *GMS Medizin - Bibliothek - Information* 6(2): Doc15. Available at: <http://www.egms.de/en/journals/mbi/2006-6/mbi000033.shtml>.
- Wild C.** (2006): Protonentherapie. Lokale, schonende Tumortherapie. [Protontherapy for local tumour therapy.] *HTA-Serie in ÖKZ – Österreichische Krankenhauszeitung* 3: 19.

**Wild C.** (2006): Multidisziplinäre Versorgung in der Akutgeriatrie. [Multidisciplinary services in geriatric care.] HTA-Serie in ÖKZ – Österreichische Krankenhauszeitung 4: 15.

**Wild C.** (2006): HTA in Österreich institutionalisiert. [HTA institutionalized in Austria.] HTA-Serie in ÖKZ – Österreichische Krankenhauszeitung 6: 16.

**Wild C.** (2006): Rationalisierungspotential Röntgenkontrastmittel. [Potentials for rationalization: contrast media.] HTA-Serie in ÖKZ – Österreichische Krankenhauszeitung 7/8: 16.

**Wild C.** (2006): Originalpräparate und Generika: Der Kampf nach dem Patentablauf. [Originals vs. generics: the fight after patent-expiration.] HTA-Serie in ÖKZ – Österreichische Krankenhauszeitung 10: 16.

**Wild, C.** (2006): EUnetHTA: Europaweite Vernetzung von HTA, [EUnetHTA: Europeanwide networking.] In: ÖKZ/Österreichische Krankenhauszeitung 11: 17.

**Wild, C.** (2006): Österreichisches HTA-Institut gegründet Ludwig Boltzmann Institut beginnt seine Arbeit. [Austrian HTA institute founded. Ludwig Boltzmann Institute starts working.] In: Technikfolgen-Abschätzung – Theorie & Praxis 3(15): 77-79.

**Wild, C.** (2006): Mit allen Mitteln – Märkte und Strategien. [With all means: markets and strategies.] BGKK - Im Blickpunkt: Therapien, Medikamente, Kosten 2: 6-8.

**Wild C.** (2006): Visionen: Spitals- und Gesundheitswesen der Zukunft? Solidarische Mittel effektiver einsetzen! CliniCum 09: 54.

**Zechmeister, I.** (2006). Die Gesundheitspolitik der vergangenen vier Jahre – Was meinen die Experten? [Health policy between 2002 and 2006 – what is the experts' opinion?] ÖKZ – Österreichische Krankenhauszeitung 9: 8.

**Wild C.** (2006): Health Technology Assessment in Österreich. [Health Technology Assessment in Austria.] In: Perleth M. et al. (Hrsg): Health Technology Assessment. Ein Lehrbuch. Medizinisch Wissenschaftliche Verlagsgesellschaft, in Druck.

**book contributions**

**Zechmeister, I.** (2007): Psychische Gesundheit zahlt sich aus!? Evidenz zur Wirtschaftlichkeit von ‚Mental Health‘ Förderungs- und Präventionsmaßnahmen. [Is it worth investing in mental health promotion and prevention of mental illness? A review of the evidence on economic evaluations.] To be published in the Conference publication of the Austrian Public Health Association.

**Guba B.** (2006): Das LBI für HTA – ein Überblick. [The LBI of HTA – a survey.] 4<sup>th</sup> Workshop of the „Forum der österreichischen Medizinbibliothekarinnen und -bibliothekare“. Wien, December 12<sup>th</sup> 2006.

**conference contributions**

**Puig S., Felder-Puig R.:** Availability of Evidence Based Level 1 Pediatric Radiological Studies from the Medline. The International Pediatric Radiology 5<sup>th</sup> Conjoint Meeting. Montreal, May 16-20<sup>th</sup> 2006.

**Puig S., Felder-Puig R.:** “Evidence-based Practice”: A New Section in “Radiology” – Development, Percentage, and Impact of Articles since 2001. 92<sup>nd</sup> Scientific Assembly of the Radiological Society of North America. Chicago, November 26<sup>th</sup> - December 1<sup>st</sup> 2006.

**Puig S., Felder-Puig R.:** Evidence-based Radiology: A new Approach to Evaluate the Clinical Practice of Radiology. 92<sup>nd</sup> Scientific Assembly of the Radiological Society of North America. Chicago, November 26<sup>th</sup> - December 1<sup>st</sup> 2006.

**Wild, C.** (2006): „Neue Krebstherapien - Studien und Daten/Fakten, HTA Perspektive“, [New cancer therapies - research and data.] HTA in Krankenanstalten-Workshop, 28.2.2006.

**Wild, C.** (2006): „Gen-Diagnostik auf Erkrankungswahrscheinlichkeiten: methodische Reflexionen zur Evaluation“. [Genetic testing for predisposition: methodological reflections for evaluation.] Bochum 6.-bis 9. 3.2006.

**Wild, C.** (2006): „Kritische Wissenschaftsmethode HTA“, [Research Method HTA.] lecture, Klinische Pharmakologie, Innsbruck 23.3 2006

**Wild C.** (2006): Komplexe Interventionen, prozessbedingte Ergebnisbewertung. [Complex interventions, process-guided outcome evaluation.] Konferenz Pfade. Steyr, 04.05.2006.

**Wild C.** (2006): Technologien im Alter: Gerontechnologie. [ Technologies for the elderly - gerontechnologies.] 1. Österreichische Geriatrietagung. 09.05.2006.

**Wild, C.** (2006): „Health Technology Assessment“. [Health Technology Assessment.] Fachtagung 2006 Nachhaltigkeit, Gesundheit, Lebensstil. Wien. 15. 12. 2006.

**Wild, C.** (2006) „Evaluation medizinischer Interventionen: HTA im nationalen Kontext, Trends und Tendenzen“. [Health Technology Assessment: HTA in the national context, trends & tendencies.] LBI für MGS, Jour fixe in Wien 24. 11. 2006

**Zechmeister I.** (2006): Statins for the secondary prevention of cardio-vascular diseases: A systematic review of economic evaluations. HTAi Conference. Adelaide, July 3<sup>rd</sup> -5<sup>th</sup> 2006.

**Zechmeister I.** (2006): Psychische Gesundheit zahlt sich aus?! Evidenz zur Wirtschaftlichkeit von ‚Mental Health‘ Förderungs- und Präventionsmaßnahmen. [Is it worth investing in mental health promotion and prevention of mental illness? A review of the evidence on economic evaluations.] 9<sup>th</sup> conference of the Austrian Public Health Association. Linz, September 28<sup>th</sup> – 29<sup>th</sup> 2006.

**Zechmeister, I.** (2006): Alternative Finanzierungsmöglichkeiten im Gesundheitswesen. [Alternative options for financing health care.] Meeting ‚Policy Meets Science‘ of the Austrian Public Health Association. Graz, September 14<sup>th</sup> 2006.

#### articles published in the HTA newsletter

**Felder-Puig R.** (2006): Diskusprothesen. Dynamische Fixation der Wirbelsäule [Prosthetic Intervertebral Disc Replacement]. HTA newsletter June 2006, Nr. 48.

**Felder-Puig R.** (2006): Antidementiva. Restriktiver Einsatz bei M. Alzheimer [Restrictive Use of Alzheimer’s Drugs]. HTA newsletter July/August 2006, Nr. 49.

**Felder-Puig R.** (2006): Endoprothesenregister. Instrument zur Kontrolle der Ergebnisqualität [Arthroplasty Register – a Quality Assurance Instrument]. HTA newsletter September 2006, Nr. 50.

**Felder-Puig R.** (2006): Radiologie in Österreich. Patientennutzen und Kosteneffizienz [Radiology in Austria. Patients’ Benefit and Cost-Effectiveness]. HTA newsletter October 2006, Nr. 51.

**Felder-Puig R.** (2006): Koronarchirurgische Eingriffe, insbs. PTCA. Qualität und Menge [Coronary Surgery, specif. PTCA. Quality and Frequencies.] HTA newsletter November 2006, Nr. 52.

**Guba B.** (2006): Anti-Aging-Medizin – Was steckt dahinter? [Anti-Aging Medicine – what’s behind it?] HTA newsletter November 2006, Nr. 52.

**Langer T.** (2006): Bypassmaterialien in der Gefäßchirurgie. [Bypass-materials in vascular surgery.] HTA newsletter June 2006, Nr. 48.



**Langer T.** (2006): Hüftprotektoren. Schutz vor Frakturen [Hip Protectors for Preventing Hip Fractures.] HTA Newsletter July/August 2006, Nr. 49.

**Langer T.** (2006): Cochlea Implantate. [Cochlear Implants.] HTA newsletter September 2006, Nr. 50.

**Langer T.** (2006): Kopfschmerzen. Die Rolle der Bildgebung. [Role of Neuroimaging for Headache.] HTA newsletter October 2006, Nr. 51.

**Langer T.** (2006): Stammzellentransplantationen bei akuten Leukämien. [Stem-Cell Transplantation for Acute Leukemia.] HTA newsletter November 2006, Nr. 52.

**Mad P.** (2006): Koronare Herzkrankheit. Koronardiagnostik mittels Computertomographie. [CT for coronary diagnostics.] HTA newsletter June 2006, Nr. 48.

**Radlberger P.** (2006): Prädiktive Gendiagnostik. Humangenetische Untersuchung bei Brustkrebs. [Predictive genetic diagnostics. testing for breast cancer. ] HTA newsletter November 2006, Nr. 52.

**Radlberger P.** (2006): Koronarchirurgische Eingriffe, insb. PTCA. Qualität und Menge. [Invasive coronary intervention, esp. PTCA. Volume & quality. ] HTA newsletter November 2006, Nr. 52.

**Wild C.** (2006): Österreichisches HTA-Institut gegründet. Ludwig Boltzmann Institut beginnt seine Arbeit. [Austrian HTA-institute founded. Ludwig Boltzmann Institute starts working.] HTA newsletter May 2006, Nr. 47.

**Wild C.** (2006): Künstliche Ernährung. Trink- und Sondernahrung in der Geriatrie. [Artificial nutrition in geriatric care.] HTA newsletter July/August 2006, Nr. 49.

**Zechmeister I.** (2006): Aktuelle Guidelines zur gesundheitsökonomischen Evaluation. [Current Guidelines for economic evaluations in health care: A comparison between Canada and Austria.] HTA newsletter June 2006, Nr. 48.

**Zechmeister I.** (2006): Statine. Ökonomische Bewertung. [Statins. Economic evaluation.] HTA newsletter June 2006, Nr. 48.

**Zechmeister, I.** (2006): HPV Impfung. Unterschiedliche Strategien. [HPV immunisation. Different strategies.] HTA newsletter September 2006, Nr. 50.

**Zechmeister, I.** (2006): Rückenschmerzen: Bildgebung häufig überflüssig. [Back Pain. Radiology often unnecessary.] HTA newsletter October 2006, Nr. 51.

**Zechmeister, I., Sroczynski, G., Rafetseder, O., Jonas, S., Siebert, U.** (2006): Antivirale Kombinationstherapie bei Patienten mit chronischer Hepatitis C in Österreich. Gesundheitsökonomische Evaluation der Kombinationstherapie mit Interferon/Peginterferon und Ribavirin. [Economic evaluation of the combined therapy with interferon/peginterferon plus ribavirin for the treatment of patients with chronic hepatitis C]. Vienna: Institute for technology assessment.

**publications completed  
at the LBI of HTA**

## 2.3 Participation in Scientific Meetings

- conferences**
- 6. Österreichisch TA Konferenz. Vermessen, codiert, entschlüsselt? Potenziale und Risiken der zunehmenden Datenverfügbarkeit: 29.05.2006, Wien (Ingrid Zechmeister, Claudia Wild)
  - EUnetHTA WP5 Workshop: 05.06.-06.06.2006, London (Ingrid Zechmeister)
  - Hochschulmedizin der Zukunft: Ziele und Visionen für die klinische Spitzenforschung. Gemeinsamer Workshop von BMBF, DFG und Wissenschaftsrat: 09.06.-10.06.2006, Berlin (Philipp Mad)
  - 3. Treffen des Forums österreichischer Medizinbibliothekarinnen und -bibliothekare: 22.06.2006, Wien (Beate Guba)
  - 3. Annual meeting of Health Technology Assessment international. Linking HTA to Health Policy und INAHTA meeting: 02.07.-07.07.2006, Adelaide ( Ingrid Zechmeister)
  - Diskussionsveranstaltung Policy meets Science. Solidarität auf dem Prüfstand: Die zukünftige Finanzierung des Gesundheitswesens: 14. September 2006, Graz (Ingrid Zechmeister)
  - 26. Hochschulkurs aus Gesundheitsökonomik. Das DRG Finanzierungssystem, seine Anwendung in ausgewählten EU-Ländern und die Implementierung des medizinischen Fortschritts: 25.09.-27.09.2006, Seefeld i. Tirol (Ingrid Zechmeister)
  - 9. Wissenschaftlichen Tagung der Österreichischen Gesellschaft für Public Health. Volkswirtschaft und Gesundheit. Investitionen in Gesundheit – Nutzen aus Gesundheit: 28.09.-29.09.2006, Linz (Ingrid Zechmeister, Thomas Langer, Claudia Wild)
  - European Health Forum Gastein. Schwerpunkt: Health sans frontières. 4.10-5.10.2006 (Claudia Wild)
  - 7. HTA Symposium. Schwerpunkt: Medizinische Versorgung: 19.10.-20. 10.2006, Köln (Claudia Wild, Thomas Langer)
  - EUnetHTA WP7 Workshop: 14.11.-15.11.2006, Sevilla (Claudia Wild, Rosemarie Felder-Puig)
  - Mental Health Economics European Network (MHEEN) Workshop: 16.11.-18.11.2006, Berlin (Ingrid Zechmeister)
  - Konferenz 'Funding & Reimbursement for Medical Devices': 05.12.-07. 12.2006, Brüssel (Ingrid Zechmeister)
  - 4. Treffen des Forums österreichischer Medizinbibliothekarinnen und -bibliothekare: 11.12.2006, Wien (Beate Guba): Vortrag Guba B., Wandl H: Medizinbibliothekarische Expertendatenbank.

### 3 Scientific Co-operations

EUnetHTA Steering Committee meeting May 11th 2006, in Copenhagen (Claudia Wild): Presentation of EUnetHTA and Workpackages by WP 1 Lead Partners.

**workshops in  
international networks**

EUnetHTA WP5 Workshop; 5.-6. June, London (Ingrid Zechmeister): In the workshop we defined criteria for developing a toolkit for the adaptation of HTAs into a national context. Furthermore, important terms for a glossary were discussed.

EUnetHTA WP 7 Lead Partner meeting: June 19th (Claudia Wild and Rosemarie Felder-Puig). Planning of WP-structure and responsibilities.

Blended-Learning meeting at June 22-23<sup>rd</sup>: planning of HTA e-learning course at the TU-Berlin: structure, organization, modules and responsibilities. In cooperation with German society for promoting HTA.

Mental Health Economics European Network (MHEEN) workshop, 16.-18. November, Berlin (Ingrid Zechmeister): In the workshop a questionnaire for network partners was developed aiming at analyzing activities in the area of economic evaluation of mental health promotion and prevention of mental illness. Furthermore, results from previous work undertaken by the network partners was presented.

Two work meetings took place with the Austrian pharmaceutical approval agency (AGES) on the topic of “relative effectiveness” and application monitoring (Marcus Müllner, Fabian Wächter, Andrea Laslop, Claudia Pramesberger).

**national co-operation**

The following authors contributed articles to the HTA newsletter:

**HTA newsletter**

- ✧ Thomas Frühwald, MD, Department for geriatric medicine, Neurologisches Zentrum Rosenhügel
- ✧ Dr. Bärbel Klepp, project-manager health/medicine consumers (Verein für Konsumenteninformationen)
- ✧ Prof. Andrea Siebenhofer-Kroitzsch, MD, EBM-Review-Center, Medical University Graz

Beate Guba spent a week in June at the Centre for Reviews and Dissemination in York in order to become acquainted with the information management at this famous research institute and to make use of this knowledge in establishing information processes at t

**scholarly exchange**

## 4 Other Activities

<b>teaching</b>	<p><b>Claudia Wild</b> teaches ‚Health Technology Assessment‘ at the Master’s Course for Public Health at the Medical University of Graz &amp; at Master’s Course for „Public Health Hospital Management“ at the Institute of Economics in Linz.</p> <p><b>Claudia Wild</b> is responsible for – in close cooperation Victor Meyer/ Köln – the module „priority setting“ in the online “Blended Learning” (e-learning) Course (in the process of being set up) at the TU-Berlin in cooperation with the German HTA-society. Piloting SS 2007, Realization WS 2007.</p> <p><b>Ingrid Zechmeister</b> teaches ‚Economic evaluation in health care‘ at the Master’s Course for Public Health at the Medical University of Graz</p>
<b>review activities</b>	<p><b>Claudia Wild</b> carries out review activities for the journal ‚Health Policy‘, ‚European Journal for Public Health‘ und ‚Healthcare Policy—Politiques de Santé‘.</p> <p>In 2006 Ingrid Zechmeister carried out review activities for the journal ‚Health Policy‘ and the ‚British Journal of Psychiatry‘. Additionally she is editor of the 2<sup>nd</sup> issue of the journal ‚Kurswechsel‘ to be published in the year 2007.</p>
<b>supervision of diploma and doctoral theses</b>	<p><b>Ingrid Zechmeister</b></p> <p><i>Primary supervisor for:</i></p> <p>Bencic, W. (2006): Rapid Assessment Kosteneffektivität. [Rapid assessment of cost-effectiveness](Universtätslehrgang Public Health Graz)</p> <p>Matzenberger, D. (2006): New Public Management in der Sozialarbeit. Auswirkungen der Verwaltungsreform auf die berufliche Situation von SozialarbeiterInnen. [Implication of new public management for social workers.] (Fachhochschule für Sozialarbeit Wien)</p> <p><i>Secondary supervisor for</i></p> <p>Wilfling, S. (2006): Planung eines Familiencafés mit sozialarbeiterischem Schwerpunkt unter besonderer Berücksichtigung der Finanzierungsmöglichkeiten. [Planning of a family café with focus on social work.] (Fachhochschule für Sozialarbeit Wien)</p>
<b>library information</b>	<p>Library information was given to external persons: junior researchers of the Vienna General Hospital, students of the Vienna University of Economics and Business Administration and journalists visited the library to maintain help in searching for literature.</p>

## 5 Prospects

The challenge of the first half year of the institute's existence was – next to setting up the institute, to organize the infrastructure and to recruit the staff - to start and accomplish already the full research programme. This was not an easy task, since naturally organizational and communicational procedures and with it the institute's culture had to be shaped and set up from the scratch as well. Since the acquisition of the personnel and their work instructions as well as the early support of new and young researchers in structuring their projects as much as the website construction needed adequate shares of time.

All this came into being only with the enormously engaged commitment of all members of the staff.

By mid 2007 we expect/hope to have finally achieved the full engagement of personnel, which proved to be the most difficult part. Then, a redistribution of the manifold institute's agenda items, beside mere project-management and research activities, will take place. Those energies, bound in 2006 solely with setting up the institute will be freed and re-directed towards concerted publication projects.

**challenges 2006:  
simultaneous setting up  
the institute and launch  
of research activities**

**aim for 2007:  
full personnel  
engagement &  
concerted publications**