

Annual Report 2008



Ludwig Boltzmann Institut
Health Technology Assessment

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Health Technology Assessment

Vienna, February 2009

Ludwig Boltzmann Institut for Health Technology Assessment

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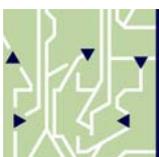
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MASTHEAD

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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 2008 was the 3rd year of the institute's operational activity. On May 7 and 8 2009 there will be an evaluation regarding its continuation until 2013. International experts will appraise on the basis of explicit criteria preassigned by the Ludwig Boltzmann Society.

**2008:
3rd year of existence
evaluation in 2009**

1.1 Budget

In the first two years (2006-2007) the budget of the Ludwig Boltzmann Institute for Health Technology Assessment averaged € 820.00 p.a., in 2008 it was increased to € 870.000. The annual budget is funded by the institutional partners and the Ludwig Boltzmann Society.

total budget

Additional third party funding has been acquired through participation in the EU EUnetHTA project "European Network for Health Technology Assessment" (2006-2008), Inno-HTA (2008-2009) and through further projects amounting to € 120.000, which account for 14% of third-party funds.

third-party funds

1.2 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.

**translational research:
partners apply results**

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

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>



AUVA/Allgemeine Unfallversicherungsanstalt

Adalbert-Stifterstraße 65, 1201 Wien

<http://www.auva.at>



BMGFJ/Bundesministerium für Gesundheit, Familie und Jugend

Radetzkystraße 2, 1030 Wien

<http://www.bmgfj.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>



**HVB/ Hauptverband der österreichischen Sozialversicherungsträger
(2008-2013)**

Kundmanngasse 21, 1030 Wien

<http://www.hauptverband.at>

**new partner
since 2008: HVB**

Since 2008, for a period of five years, a further cooperational agreement has been negotiated with the Austrian Federation of Social and Health Insurances (HVB).

1.3 Committees

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

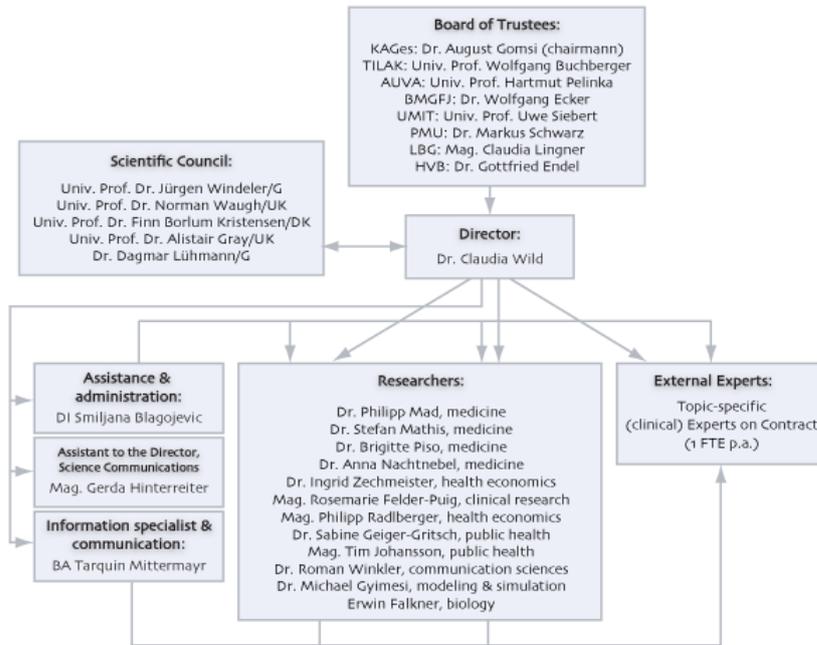


Figure 1.3-1: Organigram

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: Dr. August Goms (Chair)

TILAK: Univ. Prof. Dr. Wolfgang Buchberger

AUVA: Univ. Prof. Dr. Hartmut Pelinka

BMGFJ: Dr. Wolfgang Ecker

UMIT: Univ. Prof. Dr. Uwe Siebert

PMU: Dr. Markus Schwarz

LBG: Mag. Claudia Lingner

HVB: Dr. Gottfried Endel

members of the Board of Trustees

Board meetings 2008:

- ✿ 1st Board meeting: 03/06/2008
- ✿ 2nd Board meeting: 14/10/2008

- 1st board meeting 2008:**
03/06/ Besides the financial report of the LBI-HTA, the **first Board meeting in 2008** also dealt with the completed scientific work programme. Afterwards, focal research points were discussed, concrete projects topics for the period 2008 to 2010 were collected, prioritised and defined.
- 2nd board meeting 2008:**
14/10/ During the **second Board meeting** the director reported on the 2008 budget. Furthermore human resources development, methodological advancement and the status quo of project planning for 2008+ period were discussed, followed by a discussion on how institutional partners could contribute in this context.
- members of the Scientific Advisory Group** 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. Norman Waugh/UK
 - ❖ Univ. Prof. Dr. Alistair Gray/UK
 - ❖ Univ. Prof. Dr. Jürgen Windeler/D
 - ❖ Univ. Prof. Dr. Finn Borlum Kristensen/DK
 - ❖ Dr. Dagmar Lühman/D.
- 2nd meeting of the Scientific Advisory Group:**
30/04/ The second meeting of the Scientific Advisory Group took place at the LBI-HTA on April 30th 2008. On the one side, the meeting focused on discussing the scientific work programme for 2008. Furthermore, some LBI-HTA researchers presented selected projects which had a high level of political impact and relevance, and highlighted the need for more transparency. These were:
- ❖ „Economic evaluation of vaccination against human papillomavirus (HPV) - Ingrid Zechmeister
 - ❖ „MEL/ evaluation of individual medical services for DRG- catalogue & CAL/ catalogue of ambulatory services: shaping the process“ - Claudia Wild
- On the other hand, there were also presentations about selected projects with a special need for intensive international cooperation:
- ❖ „HPV vaccination“ – Ingrid Zechmeister
 - ❖ „Avastin“ - Claudia Wild
 - ❖ „Rational Vaccination Policies - Decision Support“ - Brigitte Piso
- The meeting of the Scientific Advisory Group was closed with the topic “Supporting the future of HTA in Austria” and a discussion of how this instrument could be further supported.

1.4 Staff & Human Resources Development

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.

The Ludwig Boltzmann Society has initiated regular director meetings in order to increase both management capacities and identity building. Furthermore, Claudia Wild attended a meeting on “Humour & Leadership” on January 24 2008.

All researchers took part in the following methodology development courses:

- ✿ „Endnote“ – Course (10/03/2008),
- ✿ „Scientific Writing in English“ (13/03/2008),
- ✿ „RefWorks“ - Course (31/03/2008),
- ✿ „Clinical Research – Study Protocols“ (28/10/2008)
- ✿ „Clinical Epidemiology“ (18/-19/11/2008, 15/12/2008, 17/12/2008) and
- ✿ „The Application of the GRADE tool“ (16/12/2008).

Several researchers attended the following courses:

- ✿ SPSS-Course, UMIT/Hall in Tirol, 12/-13/01/2008 (Bernhard Martin, Sabine Geiger-Gritsch, Stefan Mathis)
- ✿ Workshop „Systematic Reviews“, German Cochrane Centre, Freiburg, 03/-05/04/2008 (Brigitte Piso)
- ✿ Seminar “Methods of Modelling”, Drahtwarenhandlung, Technical University of Vienna, 21/04/2008 (Claudia Wild, Erwin Falkner, Philipp Radlberger, Sabine Geiger-Gritsch, Stefan Mathis)
- ✿ Seminar „Performance measuring in inpatient health care“, IHS - Institute for Advanced Studies, Vienna, 23/04/2008 (Philipp Radlberger)
- ✿ HTA course “Health Technology Assessment: From Theory to Evidence to Policy”, Toronto/Canada; 29/04/- 02/05/2008 (Sabine Geiger-Gritsch)
- ✿ HTA course of lectures, Danube University Krems, 07/05/2008 (Philipp Radlberger)
- ✿ HTA course of lectures, Danube University Krems, 05/-10/05/2008 (Falkner Erwin)
- ✿ Seminar „Experiences in psychosomatic care“, Otto-Wagner-Hospital, Vienna, 25/06/2008 (Roman Winkler)
- ✿ „Vienna Healthcare Lectures: Measuring Performance and Quality in Health Systems“, London School of Economics, HVB, 30/06/-04/07/2008 (Philipp Radlberger)
- ✿ Pre-conference workshop „Introduction to HTA“, HTAi conference, 5th annual meeting, Montreal/Canada, 06/07/2008 (Roman Winkler)

objectives:
professionalisation,
specialisation

leadership training for
director

increasing
methodological know-
how for researchers

- ❖ Pre-conference workshop „Horizon Scanning for Emerging Health Technologies“, HTAi conference, 5th annual meeting, Montreal/Canada, 06/07/2008 (Sabine Geiger-Gritsch)
- ❖ HTA methods seminar series, Department for Evidence-based Medicine and Clinical Epidemiology, Danube University Krems, 22/09/, 15/10/, 12/11/, 04/12/2008 (Michael Gyimesi, Roman Winkler)
- ❖ Seminar „Opportunities and Limits of therapeutic Groups in Psychiatry“, Otto-Wagner-Hospital, Vienna, 22/10/2008 (Roman Winkler)
- ❖ Continuing education course „LKF-Model 2009 - Business Circle“, Vienna, 04/11/08 (Claudia Wild)
- ❖ ISPOR pre-conference workshops “Cost Estimation and Assessing Budget Impact of new Health Care Technologies”, 08/11/2008, “Elements of Pharmaceutical Pricing – Introduction”, 08/11/2008, and “Reimbursement Systems in Europe”, 09/11/2008, Athens/Greek (Sabine Geiger-Gritsch)
- ❖ Seminar „Psychotraumatology: Actual state of scientific knowledge“, Otto-Wagner-Hospital, Vienna, 03/12/2008 (Roman Winkler)

rhetoric course & media training

On January 22 & 23 2008, **all LBI-HTA members** attended the „Powertalking II“ course (Part I took place on November 19 & 20 2007), which dealt with language patterns and communication behaviour. Furthermore, **Claudia Wild, Ingrid Zechmeister** and **Sabine Geiger-Gritsch** took part in the „IntoMedia – Rational arguments against the force of demand“ media training on February 2 2008 in Vienna.

university education

As a part of his doctoral studies in National Economic Policy at the Vienna University of Economics and Business Administration, **Philipp Radlberger** attended the classes (WS 07/08, SS 08 and WS 08/09) „Social Politics“, „Quantitative Research Methods“, „Scientific Theory“, „Qualitative Research Methods“, „European Integration“, „European Colloquium“, „Academic Writing/Research Proposal“ and „Increase in Efficiency in small and medium sized health companies“.

As part of her extra-occupational Health Sciences Studies at the UMIT/Hall in Tirol, **Sabine Geiger-Gritsch** attended the following courses: “Public Health & Epidemiology” (07/-11/01/2008 & 25/-29/02/2008) and “Law in the Health Care System (07/-12/04/2008). In 2008 she successfully completed her Masters thesis and graduated with the academic degree of „Master of Public Health“ (MPH).

In the WS 08/09 **Tim Johansson** started his doctoral studies at the PMU/Paracelsus Medical Private University in Salzburg.

Claudia Wild's habilitation procedure was initiated at the Medical University of Graz in November 2008.

project management

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

Director:

- ☞ **Claudia Wild**, Dr. Phil.
Research Background: Communication Science, Psychology, Political Science

team members

Deputy Director:

- ☞ **Ingrid Zechmeister**, Dr. rer.soc.oec., MA
Research Background: Health Economics (on maternity leave since 20/10/2008)

Office-Assistant:

- ☞ **Smiljana Blagojevic**, Dipl.-Ing.

Assistant-to-the-director & Science Communications:

- ☞ **Gerda Hinterreiter**, Mag. rer.soc.oec. (since 01/09/2008)
Research Background: Medical Sociology, Communication

Information Specialist:

- ☞ **Tarquin Mittermayr**, BA (Hons) (since 01/09/2008)

Information Specialist:

- ☞ **Beate Guba**, Mag. phil., MSc (until 30/06/2008)

Researchers:

- ☞ **Brigitte Piso**, Dr. med., MPH (since 01/02/2008)
Research Background: Medicine, Public Health
- ☞ **Erwin Falkner**
Research Background: Biology
- ☞ **Gerald Gartlehner**, Dr. med., MPH (until 28/02/2008)
Research Background: Medicine, Public Health
- ☞ **Michael Gyimesi**, Dr. tech. Dipl.-Ing. (since 01/10/2008)
Research Background: Modelling, Simulation
- ☞ **Philipp Mad**, Dr. med.
Research Background: Medicine
- ☞ **Philipp Radlberger**, Mag. rer.soc.oec.
Research Background: Health Economics
- ☞ **Rosemarie Felder-Puig**, Mag. rer.nat., MSc
Research Background: Psychology, Clinical research
- ☞ **Sabine Geiger-Gritsch**, MMag. pharm., Dr. scient. med.
Research Background: Pharmacy, Public Health
- ☞ **Tim Johansson**, Mag. phil., MSc (since 01/10/2008)
Research Background: Public Health
- ☞ **Stefan Mathis**, Dr. med., Dipl.-Ing.
Research Background: Medicine, Biomedical Informatics
- ☞ **Roman Winkler**, Dr. phil, MSc (since 15/05/2008)
Research Background: Communication Science

a total of 16 persons
= 14 FTE

many assistants

Layout & Graphic Design:

✚ **Darko Blagojevic**

Trainees:

✚ **Elisabeth Breyer**, MMag.

Research Background: Health Sciences

✚ **Ines Schuhmacher**, BA (21/08/ - 19/09/2008)

Research Background: Public Health

✚ **Katharina Hintringer** (01/10/2008 - 31/01/2009)

Research Background: Social- and Health Management

Junior Researchers:

✚ **Tessa Langley**, BSc (15/10/2007 - 22/02/2008)

Research Background: Economics

✚ **Elisabeth Breyer**, MMag.

Research Background: Health Sciences

Literature Acquisition:

✚ **Johannes Setz**

✚ **Laura Brückner**

✚ **Mimoza Dulaj**

Student Assistants:

✚ **Johannes Flandorfer**

✚ **Eva Salaberger**

external experts

Furthermore, there are also external experts working on several projects for the LBI-HTA. In 2008 those were:

✚ **Christopher Adlbrecht**, Dr. med.

Research Background: Medicine

✚ **Brigitte Freiesleben de Blasio**, Dr.

Research Background: Modelling

✚ **Manuela Göbl**, Mag.

Research Background: Health- and Nutrition Sciences

✚ **Anna Kis**, Dr.med.

Research Background: Medicine

✚ **Thomas Langer**, Dipl.-Soz.

Research Background: Social Science

✚ **Enzo Lauber**, Dr.

Research Background: Health Economics

✚ **Bernhard Martin**, Dr. Mag. rer.soc.oec.

Research Background: Sociology, Science Journalism

✚ **Ingrid Michl**, Mag.

Research Background: Pharmacy

✚ **Anna Nachtnebel**, Dr. med., MSc PH (since 01/01/2009 employed as researcher at the LBI-HTA)

Research Background: Medicine, Public Health

- ✚ **Christoph Pammer**, DSA, MPH
Research Background: Health management, Public Health
- ✚ **Claudia Pramesberger**, Dr. med.
Research Background: Medicine
- ✚ **Sonja Reiselhuber**, Mag.
Research Background: Nutrition Sciences
- ✚ **Irmgard Schiller-Frühwirth**, Dr. med.
Research Background: Medicine, Public Health

Personnel, who left the LBI-HTA in 2008:

Dr. Gerald Gartlehner, MPH was a member of the LBI-HTA research staff who worked in the domain of medicine and public health. After leaving the institute in the end of February 2008, he became director of the newly established “Department for Evidence-based Medicine and Clinical Epidemiology” at the Danube University Krems.

Mag. Beate Guba, MSc was the information specialist at the LBI-HTA until June 30 2008, where she was mainly responsible for literature search and -acquisition. Above all, her field of activity ranged from general knowledge management to various duties connected with the library, the document server and also the website (webmaster). Beate Guba is now living and working in Berlin.

The Ludwig Boltzmann Institute for Health Technology Assessment, resp. its staff, is a member of the following international and national organisations:

- ✚ HTAi (Health Technology Assessment international)
- ✚ INAHTA (International Network of Health Technology Assessment)
- ✚ EUPHA (European Public Health Association)
- ✚ DNEbM (German Network for Evidence-based Medicine)
- ✚ German Society for promoting HTA
- ✚ ÖGPH (Austrian Society for Public Health)
- ✚ EuroScan (International Information Network on New and Emerging Health Technologies)
- ✚ EUnetHTA (European network for Health Technology Assessment)

In 2005 **Claudia Wild** was appointed to the *Supreme Health Council* (advisory committee of the Health Minister) for the first time. She has now been called up for its second period (meetings on April 12 and November 15 2008). Additionally, Claudia Wild is a member of the *Viennese Council of Bioethics* and of the *Scientific Advisory Committee of the EBM-Working Group at the Austrian Federation of Social Insurances* (meeting on October 24 2008). She terminated her appointment as a member of the *Board of the Austrian Society for Public Health* (ÖGPH) at the end of 2008. Brigitte Piso was consequently called up to carry out this role. Since autumn 2008 Claudia Wild has also been a member of the *Scientific Advisory Group of DAHTA@DIMDI* as well as of the *International Advisory Board of the “German Journal for Evidence and Quality in Healthcare”* (ZEFQ).

Ingrid Zechmeister is a member of *International Health Economics Association* (IHEA) and of the “*Development Board of the University of Applied*

**institutional
memberships**

**individual
memberships**

Sciences for Biomedical Analytics (Fachhochschulentwicklungsrat für biomedizinische Analytik).

Since November 2008 **Brigitte Piso** has been a co-opted board member of the *Austrian Society for Public Health* (ÖGPH).

Erwin Falkner is a member of the *Tissue Engineering International & Regenerative Medicine Society* (TERMIS) and the *The Biomaterial Network* (BiomatNet).

Philipp Mad is a member of the *European Pathway Association* (EPA).

Sabine Geiger-Gritsch is a member of the *German Society of Medical Informatics, Biometrics and Epidemiology* (GMDS) and of the *International Society for Pharmacoeconomics and Outcomes Research* (ISPOR).

1.5 Infrastructure

office space and equipment

The office of the LBI-HTA (279 m² in total) possesses seven separate rooms and a 70 m² library/seminar room. At the end of 2008, the institute was equipped with 16 personal computer workstations. For 2009 no further additions are planned.

library

By the end of 2008 the LBI-HTA's library has expanded its stock to 360 monographs and many important bibliographic online database licences. In addition to the already existing databases *Medline* (Ovid) and *Scopus* (Elsevier), *Embase* (Elsevier) and *UpToDate* were licensed in 2008.

1.6 Highlights of the Year 2008

focus: staff expansion

In 2008 **six new team members** joined the LBI-HTA (four researchers, one scientific assistant/scientific communications and one information specialist). The staff expansion needed to be well planned in terms of organisation, content and infrastructure. A further office room was rented from October 2008. In order to facilitate familiarisation with work tasks and of rapid integration, every new team member was assigned a senior researcher as a supervisor and mentor. In addition, the weekly team meeting (Tue, 2pm) continued to be important and indispensable to communication and the working atmosphere within the LBI-HTA.

seminar series „decision support in health care “

The seminar series “**decision support in health care**” was also very popular and well-attended in 2008. On average between 20 and 50 persons visited these monthly lectures, as did many LBI-HTA researchers. As a result of receiving such a large number of applications, an alternative room at the neighbouring “Society of Physicians in Vienna” had to be rented for two of the seminar dates.

HTA newsletter- download: between 400 and 2.200 visits, a total number of: 12.478

Our electronic **HTA newsletter**, which is published 10 times p.a. and distributed to about 900 people in Austria and Germany, has received positive feedback. In 2008 the download website of the HTA newsletter (<http://hta.lbg.ac.at/de/newsletter.php?iMenuID=63>) counted between 406 (December 08) and 2.273 (November 08) visits, with a total annual number of 12.478 visits.

According to the **access statistics** of the LBI-HTA’s **website** and its numerous pages (<http://hta.lbg.ac.at>), about 1.4 million hits (1.399.565) were registered in the year 2008. In 2008, the number of hits was highest in November (161.192), and lowest in January (86.296).

LBI-HTA website: about 1,4 million hits in 2008

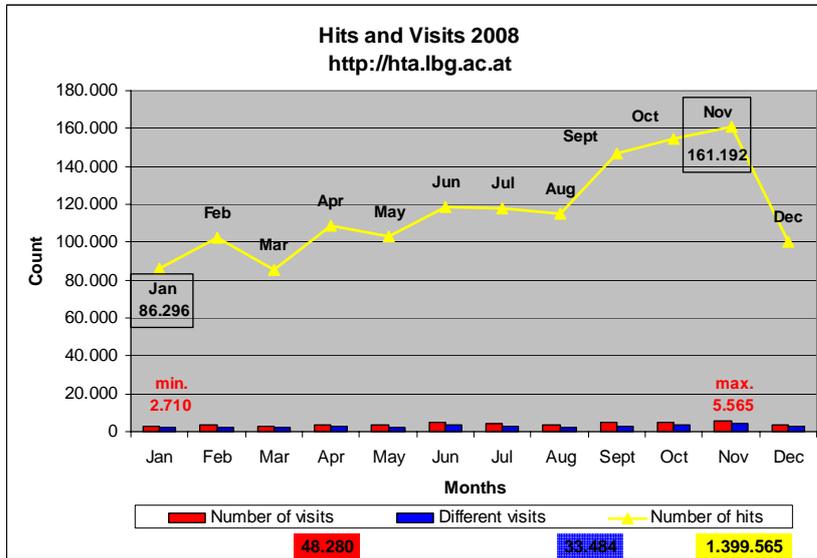


Figure 1.6.1: Website – Hits and visits 2008

In 2008 mainly print **media**, but also radio- and tv-stations published a total of 50 articles/reports/press notices reporting on the LBI-HTA or its team members. The LBI-HTA press review 2008 is available online at (German version only): <http://hta.lbg.ac.at/de/content.php?iMenuID=82>

press & media

After an overview of several international **Horizon Scanning Systems**, the development and piloting of a Horizon Scanning Programme in Oncology has been followed. The programme was presented to the public at the HTAi-conference (5th Annual Meeting) in Montreal/Canada (06/-10/07/2008). Since then the LBI-HTA has been one of 19 institutions to carry out independent horizon scanning. In November 2008 the LBI-HTA also became a member of the international “EuroScan” cooperation.

close international cooperation:

since November a member of EuroScan

Co-funding from the European Commission for the **EUnetHTA Project** ceased in 2008. Therefore, on June 16 2008 the EUnetHTA Steering Committee endorsed a proposal for a permanent collaboration, called the ‘*EUnetHTA Collaboration*’. To ensure the continuation of EUnetHTA in the interim period of 2009, a group of 25 partner organisations, so-called “founding partners”, from 13 EU Member States +Norway and Switzerland, met at the LBI-HTA in Vienna on September 20 2008 in order to develop a strategic concept of sustainable coordination of the network, and the careful involvement of partners in the EU Joint Action on HTA together with others.

„Founding Partner“ of EUnetHTA 2009+

Each year, the Austrian ministry of health receives numerous suggestions for **individual medical services (MELs)** to be included into the MEL catalogue, thereby making them reimbursable. An evaluation of such new medical services, related to efficacy and safety, was conducted for the first time in 2007/08. In order to be able to provide these rapid assessments in just a view weeks (from mid-January to the end of March) both a methodological and an organisational challenge had to be overcome. However, the LBI-HTA team

German-Austrian cooperation on new individual medical services

was successful and a number of publications have already resulted from these reports. In 2009 cooperation with the NUB-method (New diagnosis and treatment procedures), which is the German equivalent to the Austrian MEL, will be tested. Both methods lead to similar, largely identical results as regards medical techniques.

**close national
cooperation with
UMIT & DUK**

In order to continue exchange and strengthen cooperation with the Institute of Public Health, Medical Decision Making and HTA at the Private University for Health Sciences, Medical Informatics and Technology (**UMIT**) and the Department for Evidence-based Medicine and Clinical Epidemiology at the Danube-University Krems (**DUK**), a two-day network meeting (including a hiking tour) was been organisation in Ebensee/ Upper Austria (29/-30/09/2008).

**LBI-HTA
two-year anniversary
celebration**

On May 18 2008 a small round of friends and partners came together at the Villa Aurora/Vienna to celebrate the **two-year anniversary of the LBI-HTA**. In the course of this successful evening employees presented a newly created poster-template to the director (including the humoristic results of a study carried out the team: “How HTA changed our lives – a before and after study”).

LBG ceremony

During the **LBG-ceremony** at the Semper Depot on April 22 2008, already existing and recently founded Ludwig Boltzmann Institutes were officially presented to the public and celebrated.

**HTAi annual conference
in Montreal/Canada**

Nine team members of the LBI-HTA attended the **HTAi-conference** (5th Annual Meeting) in Montreal/Canada (06/-10/07/2008). In addition to professional participation, participants used the opportunity for private international networking.

1.7 Research Programme

The work program 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.

Comprehensive assessments of health interventions & evidence-based health services research

programme line 1

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 results and 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 nearly every 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 - on 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).

programme line 3 Public understanding and research transfer

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 newsletter, 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 increasingly 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.

International cooperation / HTA Best Practice

programme line 5

The EUnetHTA project started in January 2006 and for 3 years was financed by DG SANCO/Health & Consumers in the context of the „Community Action in the Field of Public Health programme”. 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. 64 institutions from 29 European 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.

By the end of 2008 the LBI -HTA was a co-initiator and leading partner in EUnetHTA and managed work package 7 in close cooperation with the French HAS/Haute Autorité de Santé.

Co-funding from the European Commission for the EUnetHTA Project ceased in 2008. The experience of collaboration among partners in EUnetHTA is positive and to ensure that communication, collaboration networks and activities are continued, the partners have decided to create a sustainable, permanent European HTA collaboration. This will involve HTA Agencies and other producers of HTA information, with support from European governments, the European Commission and international health organisations.

Therefore, on June 16 2008 the EUnetHTA Steering Committee endorsed a proposal for a permanent collaboration, called the ‘*EUnetHTA Collaboration*’. The mission of this collaboration is to support effective HTA collaboration in Europe that brings added value at the European, national and regional level.

To ensure the continuation of EUnetHTA in the interim period of 2009, a group of 25 partner organisations, so-called “founding partners”, from 13 EU Member States (+Norway and Switzerland) have developed a strategic concept with regards to a sustainable coordination of the network and the careful involvement of Partners in the EU Joint Action on HTA together with others.

2 Research

2.1 Projects and scientific advisory service

Clavicular fractures – A systematic review of efficacy and safety of different treatment options

programme line 1:
assessments

Project leader: Rosemarie Felder-Puig

Duration: 08/2008 – 12/2008

Background: Clavicular fractures are common injuries and represent 10-15% of fractures in adults and 20-25% of fractures in children. Midshaft fractures account for approximately 80% of all clavicular fractures. Conservative treatment with a sling or figure-of-eight bandage is generally acknowledged. Alternatively, there are operative treatment procedures available. However, the optimal treatment option for the various fracture types remains controversial.

Aims and research objectives: The objective of the HTA-report is to summarise and compare study results to provide more conclusive evidence for optimal therapy planning. What evidence exists on the efficacy and safety of different treatment options for the management of clavicular fractures given fracture type and other parameters? Is it possible to compile a clinically practicable algorithm on the basis of the available evidence?

Method: Systematic literature search in various electronic databases - period: 1998-2008; hand search via Scopus.

Publication: HTA Project Report 17 - <http://eprints.hta.lbg.ac.at/816/>

Reimbursement process – An analysis of international practice models for maintaining the health benefit baskets of solidly financed health care systems

programme line 1

Project leader: Elisabeth Breyer

Duration: 06/2008 – 12/2008

Background: In view of increasing health care costs and budgetary problems, a systematic reimbursement decision process for medical technologies becomes an important instrument of allocation. Coverage decisions have a monetary impact on patients and service providers, and at the same time they implicitly decide whether a technology is implemented and more evidence can be gained. In Austria an overall catalogue of outpatient medical care has been developed on and will require a consistent process for maintenance and further development. Within this context, international practice models of reimbursement processes and their features are analysed so that critical success factors can be derived.

Method: Hand search on websites and in databases, application processes for reimbursement of medical interventions and associated literature have been identified, systematic literature search and expert opinions.

The following processes have been analyzed: Australia (MSAC), Denmark (mini-HTA), Spain (GANT), Germany (G-BA, KBV innovation service), England (NICE single technology appraisal), France (HAS application form for medical procedures), Switzerland (BAG) and Austria (MEL, OÖGKK).

From the eight identified and specified country models, Germany, France and Switzerland, which are to some degree comparable to the Austrian health care system. Additionally, the Austrian pharmaceutical funding process, have been analysed according to the process phases and aspects.

Publication: HTA Project Report 22 - <http://eprints.hta.lbg.ac.at/817/>

programme line 1 **Statins: A comparison between predicted and actual effects on population health in Austria (Parts II + III)**

Project leader: Ingrid Zechmeister

Duration: 2007 – 2008

Background und Research objective: Since the 1990s, statins (cholesterol lowering drugs) have been increasingly used to prevent cardiovascular 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 hospitalisation. This should eventually guarantee favourable cost-effectiveness results. The question to be answered by the project 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 cardiovascular diseases was carried out. In part 2 a decision analysis model, which was initially developed for the UK, has been adapted with Austrian utilisation and cost data in order to be able to determine a realistic prognosis for cost-effectiveness of statins in Austria. For this purpose, a workshop was been conducted, where the UK model was adapted in cooperation with the University of Sheffield and the Federation of Austrian Social Security Institutions. Based on these results, part 3 of the project empirically analyses the impact of statin therapy on actual hospital interventions in Austria.

Publications:

[Part I: ITA Project Report 30 - <http://eprints.hta.lbg.ac.at/588/>]

Part II: HTA Project Report 18 - <http://eprints.hta.lbg.ac.at/803/>

Part III: HTA Project Report 19 - <http://eprints.hta.lbg.ac.at/804/>

programme line 1 **Clinical applications of tissue engineering: An outline of the field of research, Austrian aspects, and critical analysis of selected approaches**

Project leader: Erwin Falkner

Duration: 05/2007 – 08/2008

Background: Tissue Engineering (TE) is defined as the use of autologous or allogeneous cells, mostly in a matrix of proliferation and/or differentiation enhancing environment to stimulate tissue and organ regeneration in patients of varying clinical conditions. State of the art of TE projects vary from prevalent clinical usage of in vitro cultivated autologous chondrocytes for knee defects to future visions of whole organ systems. So far, benefits and risks for patients, advantages to common therapies as well as costs have only been evaluated for certain aspects of the field.

Aims and research objectives: The goal of the project is a review of the current international state of TE, with a focus on the analysis of structural ques-

tions on Tissue Banks in the Austrian theatre. A further aim is to critically evaluate selected fields of application in terms of patient value.

Method: Systematic investigation of TE applications and analysis of current evidence of its use; classification into six categories: conceptualised, experimental, animal testing, pre-clinical phases, rife clinical application, abjected onsets; assessment of selected TE approaches with clinical relevance in Austria; analysis of Austrian guidelines for tissue banks, structural conditions, assurance of quality.

Publication: HTA Project Report 13 - <http://eprints.hta.lbg.ac.at/807/>

Economic aspects of clinically effective and efficient models of health services in alcohol addiction treatment

programme line 1

Project leader: Philipp Radlberger

Duration: 10/2007 – 10/2009

Part I: International models and approaches of outcome measurement (completed)

Part II: Selected models of integrated care and their evaluation (completed)

Part III: Economic analysis of clinically and operationally effective models and transfer to the context of the region of Salzburg (Salzburger Landeskliniken)

Background: Increasingly, psychiatric and socio-medical therapeutic institutions have to deal with the discussion and measurement of their outcomes. Given this fact, the project, which is structured in three parts, aims to produce a synthesis of published knowledge and its analysis in order to gain new knowledge for concrete evaluations of therapeutic institutions. Several highly heterogeneous approaches exist in the organisation of the services: easily accessible outpatient therapies, day-care, as well as inpatient services. There is relatively little comparative evidence of clinical effectiveness of the different approaches, treatment results and costs.

Aims and research objectives: To give an overview of the different treatment models, to analyse some models of integrated care, to reach conclusions about the evaluation of cost-effectiveness analysis of in- and outpatient therapies for people suffering from alcohol addiction, to transfer the main features of a model of integrated care services to the region of Salzburg and to carry out an economic evaluation of the existing and a potential integrated care model.

Method: Part I: Systematic review, literature- and data analysis; Part II: Additional search of published and grey literature; hand search and internet research for chosen models of good practice; direct contact and expert interviews; systematic organisation analysis of the three examples of integrated care according to their procedural design, gateway communication structures; analysis of grey literature and cost data available; formulation of quality indicators which could be benchmarks for other models of service of integrated care in alcohol addiction treatment;

Publication (Part I & Part II): HTA Project Report 10 - <http://eprints.hta.lbg.ac.at/813/>

programme line 1 **Clinical pathways: Systematic review of outcome parameters and effectiveness**

Project leader: Philipp Mad

Duration: 07/2007 – 09/2008

Background: In recent years clinical pathways have been increasingly introduced in western countries as instruments for quality assurance. A survey among users of clinical pathways in 23 countries found that clinical pathways are mainly perceived as tools for improving multidisciplinary approaches to enhance quality and evidence based care. These days, clinical pathways are primarily applied in acute health care settings. Despite world-wide increased implementation of clinical pathways many questions remain as to their actual impact: on the one hand there are uncertainties about their exact definition, scope and profile in contrast to other instruments of quality assurance. On the other hand, their intention, value and measurable benefit are not entirely clear.

Aims and research objectives: The objective of this assessment is to look closely at the potential to for evaluating the impact of clinical pathways in general and to identify outcome indicators on the basis of previous evaluations, and to give an overview of the effectiveness of clinical pathways as measured by these outcome indicators.

Method: The appraisal orientates itself according to the methodology developed by the propositions of the Cochrane Effective Practice and Organisation of Care (EPOC) Group for measuring the impact of organisational, regulative, educative and financial interventions in health.

Publication: HTA Project Report 16 - <http://eprints.hta.lbg.ac.at/801/>

programme line 1 **Outpatient cardiac rehabilitation: Outcome measurement and evaluation**

Project leader: Brigitte Piso

Duration: 07/2007 – 09/2008

Background: Cardiac rehabilitation is an important therapeutic intervention to facilitate the reintegration of patients into society, family and work following acute cardiac events. Phase I of the cardiac rehabilitation consists of the early mobilization during the hospital stay after an acute cardiac event. Phase II consists of various other interventions, lasting 4 to 6 weeks, and administered in an outpatient or inpatient setting.

Aims and research objectives: The objective of this systematic review is to assess the comparative efficacy and safety of inpatient and outpatient cardiac rehabilitation in defined populations. Furthermore, the report will examine how health systems, compared to the Austrian one, have evaluated the quality of cardiac outpatient rehabilitation. Based on these findings, the report will discuss valid outcome parameters that could be used to evaluate cardiac outpatient facilities in Austria.

Method: Systematic review and analysis on outcome measurement and evaluation of outpatient cardiac rehabilitation.

Publication: HTA Project Report 15 - <http://eprints.hta.lbg.ac.at/800/>

Nonspecific acute and chronic back pain: Evidence based diagnosis and treatment in practice – options and limitations

programme line 1

Project leader: Rosemarie Felder-Puig

Duration: 06/2007 – 07/2008

Background: Nonspecific acute and chronic back pain, primarily in the lower back, are amongst the most frequent pain problems, although estimates of their prevalence and economic consequences vary greatly between studies. Since 2000 there has been increasing support in the literature for favouring proactive and educational therapies over passive and surgical procedures. Although a number of systematic reviews, HTAs and guidelines are available for diagnosis and treatment of back pain, it seems that the evidence often does not inform everyday clinical decisions of physicians and/or the acceptance and compliance of patients. Nevertheless, there is widespread agreement that adherence to evidence-based practice will help improve back pain patient outcomes and reduce costs.

Aims and research objectives: The aim of this HTA is to provide a systematic review of current best evidence of effective prevention strategies and diagnostic and therapeutic modalities. We will address discrepancies in recommendations across guidelines, their methodological quality and the fact that most of them are monodisciplinary rather than multidisciplinary. Furthermore, we will broach the issue of scarce availability of high quality information for patients.

Method: Evaluation of current German-language guidelines and comparison to results of recent meta-analyses, systematic reviews and HTAs; collection of Austrian epidemiological data; experts' opinions about practice and discrepancies.

Publication: HTA Project Report 12 - <http://eprints.hta.lbg.ac.at/794/>

Autologous chondrocyte implantation (ACI) for cartilage defects of the knee

programme line 1

Project leader: Erwin Falkner

Duration: 08/2008 – 01/2009

Background: The problem of treatment of cartilage defects of the knee has still not been completely solved. High incidence rates of such defects of articular cartilage of the knee currently lead to various innovative therapy options. The classic version of autologous chondrocyte implantation (transplantation) implements the targeted implantation of a chondrocyte cell suspension (cultivated in vitro from biopsies of the patients). There exist a number of ACI protocols, some also using biomaterials. Defects of articular cartilage of the knee have varying origins, caused by injuries as well as degenerative diseases like arthritis. Therapy of focal articular cartilage defects remains a complex problem for orthopaedic surgeons and patients. Injuries show a low healing capacity and can develop into osteoarthritis. Pain management is the first indication for surgical treatment, second comes the delay of cartilage degeneration. Therapy options include micro fracture (cartilage regeneration induced by tiny bone fractures next to the original injury), mosaicplasty, osteochondral autologous or allogenic transplantation of bone and cartilage and, of course, the ACI.

Aims and research objectives: Systematic review including literature analysis on effectiveness and safety of ACI methods for patients with cartilage defects

of the knee joint. Are the varying ACI methods compared to standard therapies (no intervention, micro fracture, autologous/allogenic cartilage transplantation, mosaicplasty) a sustainable effective and safe alternative for patients with cartilage defects of the knee joint?

Method: Systematic research in the databases: Medline, Embase, HTA Datenbank/ NHS EED des CRD York, INAHTA, CADTH, NCCHTA, NICE; hand search via Scopus; period 1985 – 2008;

programme line 1 Folic acid supplementation

Project leader: Irmgard Schiller-Frühwirth, Claudia Wild

Duration: 09/2008 – 12/2008

Background: Folic acid, as a water-soluble B-vitamin, is very important for women of childbearing age because of its key-role in many metabolic processes, particularly in cell growth and cell regeneration. A folic acid deficiency in the early stages of pregnancy could lead to defects of the spinal column, so-called neural tube defects. In contrast to adolescents and adults, who normally need about 400 microgram folate equivalents a day, pregnant and breastfeeding women are in need of 600 microgram. German-speaking countries document about 1 neural tube defect per 1000 births. In the case of recurrence, the risk is about 3% and after a second occurrence about 10%. On average, between 300.000 and 400.000 children are affected by these defects world-wide. In Austria the frequency ranges from 70 to 80 cases per year. Recent studies have shown that the prevalence of neural tube defects can be reduced by the administration of folic acid before conception. The natural source of folic acid is food (folate). Artificially produced folic acid is contained in dietary supplements and in enriched foods. Hence the possibilities of an obligatory folic acid fortification of staple foods (such as flour), the selective intake of foods which are rich in folic acid, as well as folic acid tablets have been discussed world-wide, and are currently being discussed in Austria.

Aims and research objectives: This review was requested by the Austrian Ministry of Health in order to provide a scientific basis for a decision for or against an obligatory folic acid enrichment of flour in Austria. The aim of the project is to describe the recent evidence on benefits and risks, as well as efficacy and safety of potential flour enrichment with folic acid. Efficacy was analysed with regard to the decrease of neural tube defects and other birth deformities, the risk of abortions and twin births, the prevalence of cardiovascular diseases, breast cancer, colorectal carcinoma, and also the safety regarding masking of a vitamin B 12-deficiency and anti-epileptic drug therapy. Further questions were: Which potential long-term effects of folic acid over-supply are predicted? Which ethical and social aspects have to be taken into consideration in case of a nationwide intervention such as the obligatory fortification of foods?

Method: Systematic research in relevant databases such as Ovid Medline, Embase, DARE ,NHS, EED, HTA, Cochrane, World of knowledge (Wok); period 1993 – 2008; systematic review.

Publication: Responsibility of the Austrian Health Ministry (BMGFJ)

Evidence based health service planning and evaluation

programme line 1

Project leader: Stefan Mathis

Duration: 10/2008 – 05/2009

Background: The delivery of health services should meet the population's needs and include an efficient use of health care resources. Recent nationwide surveys in Germany (Sachverständigenrat für Konzertierte Aktion im Gesundheitswesen), the USA (Institute of Medicine (IOM) of the National Academies) and Great Britain (Wessex Institute of Public Health Medicine) show substantial deficits in the information about the status of needs and the status of the current supply (unmet needs, ineffective health care, inefficient health care and inappropriate health care). Additionally, it is stated that insufficient use of health service research is made in important fields, and also that advanced methods in health service research need to be established.

This project addresses health services planning as a key factor for structuring the health system. Information about the status quo of care delivery as well as the status quo of the population's morbidity enters the process of planning. This information is considered for health governance plans. Scientific reflection is needed to utilise established technical knowledge about certain aspects and future approaches of health services planning. This includes evidence about the planning method itself as well as elements of evidence for planning. Elements include information gathering strategies, methods to measure the confirmed need, methods to calculate prospective developments and methods to assess the efficacy and efficiency of health technologies. The further development and consolidation of methods of evidence based health service planning may impact short and long term actions of health policy decision making, organisation, steering and financing the health system.

Aims and research objectives: The aim of the project is to identify health service research methods – especially methods of health service planning, to analyse them and to customise these methods for the utilisation for the internal health technology assessment agenda.

Methods: Systematic literature review and analysis of the results (search in medical portals and hand search, including health service research institutions).

Classification of severity for neuro- and trauma rehab patients

programme line 1

Project leader: Christoph Pammer (Part I), NN (Part II)

Duration: 09/2008 – 12/2009

Background: While progress and innovations in modern medicine and ambulance systems have led to increased survival after acute disease and severe trauma, rehabilitative interventions have not developed accurately. Due to complexity, neurological rehabilitation is a field of specialized knowledge and interdisciplinary intervention, and demands a high level of integration from health professionals and their workforce organisation. In order to be able to evaluate rehabilitative interventions - or even optimise them – a series of instruments has been created in the field of research, which all orient themselves according to the International Classification of Functioning, Disability and Health (ICF) of the WHO.

Aims and research objectives: The aim of the assessment is to systematically analyse methods of severity classification and outcome measurement in neurological rehabilitation, not only considering its clinical relevance (test quality and prognosis), but also evaluating performance of care delivery depending on input, incentives and other measures that determine effectiveness. The goal of the report is to provide the knowledge needed for evidence based decision-making in supervising the system of neurological rehabilitation.

Method: Systematic literature review and analysis of the results in the online portal: Medline, Embase, Cochrane and HTA database; period: 1990-2008.

programme line 1 Child and adolescent psychiatry – Evaluation of therapy outcomes

Project leader: Roman Winkler

Duration: 10/2008 – 05/2009 (Part I)

Background: The treatment of mentally disordered children and adolescents largely uses extensive therapy concepts including medical, psychotherapeutic and socio-pedagogical interventions, which are adjusted to patients' individual needs. However, in the context of therapeutic evaluations and quality assurance, there is a lack of evidence regarding therapeutic outcomes (such as clinical improvements, quality of life) and satisfaction rates of patients and their relatives concerning therapy care. Additionally, there is a need for socio-economic long-term outcomes assessing parameters such as school success or working ability of mentally disordered children and adolescents. Research also needs to focus on economic evaluations, which relate therapy outcomes to resource management. This particularly holds true for German-speaking countries, while such comprehensive evaluations have already been set up in several Anglo-American countries. Furthermore, the small number of available studies makes it difficult to draw clear conclusions from available therapy outcome indicators and mental health care options for children and adolescents. Hence, meaningful evaluations of therapy programmes are essential for the further development and financing of child and adolescent psychiatric health care as well as for the practical psychiatric therapy.

Aims and research objectives: The project includes two main foci: In the first part of the report, it is envisaged to carry out a systematic review of existing methods to evaluate therapy programmes, to identify applied instruments and research tools, as well as to analyse therapy outcomes (published evaluations) regarding outcome parameters (e.g. clinical pathology, quality of life, satisfaction of patients and their relatives with therapy programmes, socio-economic long-term outcomes and cost-effectiveness), in order to identify possible benchmarks. In cooperation with the 'Christian-Doppler-Clinic' in Salzburg (and maybe with further Austrian hospitals), the second part of the proposed study will adopt and measure those outcome parameters that were extracted from the systematic review as being useful for an evaluation of psychiatric treatment of children and adolescents. Subsequently, this project attempts to contribute to the improvement of the empirical evidence, which is particularly insufficient in the field of child and adolescent psychiatric health care in Austria. Detailed aims and research objectives of part II will be developed after the completion of part I.

Method: Systematic literature search of studies/reports in medical portals (Ovid Medline, Embase, CRD databases, PsycINFO, EconLit, ISI Web of Science), period 1985-2009; hand search; systematic literature review (part I).

Strategies for preventing preterm labor

programme line 1

Project leader: Philipp Mad, Sabine Geiger-Gritsch

Duration: 10/2008 – 05/2009

Background: Preterm birth is associated with an increased risk of mortality and morbidity for the infant. Treatment strategies aim to delay labour to improve perinatal outcomes by allowing the foetus to mature further before birth, and to provide lung maturation by antenatal corticosteroid administration. Antenatal transfer of the mother to a tertiary care hospital may also be possible when preterm labour is delayed. Bed rest is widely recommended in a hospital or at home for the prevention of preterm birth as first step treatment, however, evidence on its effectiveness is lacking. The most common tocolytic agent to delay preterm birth in Austria is the Betamimetic *Hexoprenaline* (Gynipral®, Nycomed Austria). Over the last years a new tocolytic agent, the Ocytocin Receptor Antagonist *Atosiban* (Tractocile®, Ferring, Sweden) was introduced to medical practice. Cochrane reviews found similar effectiveness of both tocolytic agents. However, an increasing use of *Atosiban* causing additional costs has recently been seen in Austrian hospitals.

Aims and research objectives: Synthesis of evidence based guidelines on tocolysis and usage of *Atosiban* and *Hexoprenaline*; summary of evidence on effectiveness of *Atosiban*, *Hexoprenaline* and bed rest in women at risk of preterm labour; systematic review of cost-effectiveness of *Atosiban* and *Hexoprenaline*;

Methods: Systematic review of evidence-based guidelines on tocolysis in preventing preterm labour; update of Cochrane Reviews on *Atosiban*, Betamimetics and bed rest using a similar search strategy; systematic review of cost-effectiveness analyses including *Atosiban* and *Hexoprenalin*;

Outpatient cardiac rehabilitation – Part II: Evaluation of outcome and effectiveness of outpatient cardiac rehabilitation

programme line 1

Project leader: Michael Gyimesi

Duration: 10/2008 – spring 2010 (Part 2)

Background: Cardiac rehabilitation is an essential therapeutic step in ensuring patient reintegration into work-, social- and family life following acute cardiac incidents or cardiac surgical procedures. Phase I of the cardiac rehabilitation is conducted in inpatients in terms of early mobilisation after an acute incident. The phase II cardiac rehabilitation normally takes 4-6 weeks and in many countries this is performed on an outpatient basis. In Austria only a small number of cardiac patients participate in outpatient rehabilitation programs. However, the outpatient cardiac rehabilitation is assumed to be as effective and safe as inpatient rehabilitation care and in addition is more cost-effective. Phase III is always conducted on an outpatient basis and should support the sustainability of the rehabilitation.

Aims and research objectives: On the one hand, the objective of the first part of this report (HTA project report 15 – <http://eprints.hta.lbg.ac.at/800/>) was to identify indicators which are suitable for the formative and summative evaluation of outpatient cardiac rehabilitation, and on the other hand to analyse appropriate methods or instruments to measure the processes and results. The aim of the second part is a long-term effect evaluation of the phase III outpatient cardiac rehabilitation. Which sustainable effects does the additional phase III rehabilitation have following former in- and outpatient

cardiac rehabilitation (phase I+II), in contrast to no further outpatient aftercare?

Method: Data evaluation for measuring long-term effects of already existing outpatient rehabilitation programs on the basis of the following data: sick leave, number of hospital visits, medication, early retirement, socioeconomic status.

programme line 1

**New technologies in acute stroke management -
Telemedicine (telestroke) and interventional therapies**

Project leader: Tim Johansson

Duration: 11/2008 – 07/2009

Background: Acute stroke is the single biggest cause of major disability and is ranked as the second or third leading cause of death in most industrialised countries. Strokes often lead to disabilities of different type and severity, where in the majority of cases a cost-intensive long-term rehabilitation is needed. For more than a decade, two treatments for stroke patients have been shown to be effective: stroke-units (specialised centres) and systemic thrombolytic therapy for ischemic strokes. The problem is, however, that very few stroke patients have access to these therapeutic options. Reasons for this situation are the lack of experts and experience, especially in non-urban areas, as well as the very limited time available/left after onset for using a systemic thrombolytic therapy. Telemedicine methods can expand the knowledge and experiences from stroke units, and improve the delivery of systemic thrombolytic therapy for ischemic stroke patients. It is evident that the rehabilitation is most effective when it begins as soon as possible after stroke care. Different telemedicine methods have been described in the literature and also for the implementation in rehabilitation settings for stroke patients (e.g. home-based rehabilitation, Internet-based support to rural caregivers). Telemedicine methods may be important instruments in the organisation of rehabilitation services in order to improve the quality of stroke management.

Aims and research objectives: The aim of the project is twofold. On the one hand to explore the effectiveness, quality and cost (cost-effectiveness) of telemedicine technologies in stroke management, and on the other hand to explore the effectiveness, quality and cost-effectiveness of interventional therapies in acute stroke management.

Method: Systematic review and literature search of telemedicine technologies in stroke care management and interventional therapies in stroke.

programme line 2:
scientific support of
health policy and
decision-maker
networks

Individual medical services (MEL) 2008

Project leader: Gerald Gartlehner, Rosemarie Felder-Puig

Duration: 01/2008 – 04/2008

Research objective: Each year, the Austrian Ministry for Health, Family and Youth receives suggestions for numerous new medical interventions to get reimbursed. The aim of this project is to develop a standardised tool to evaluate the scientific evidence for these interventions. The project consisted of two parts. The objective and result of the first part (July - December 2007) was the development of an algorithm to systematically evaluate the efficacy and safety of interventions suggested for inclusion in the MEL (individual medical services) catalogue for 2008. During the second part of the project (January - April 2008), 10 interventions that were prioritised by the Ministry

of Health for inclusion into the MEL catalogue were systematically evaluated. The assessments were based on systematic reviews for each intervention and the respective summaries of the scientific evidence according to the GRADE scheme.

Method: Systematic reviews and summary of evidence according GRADE.

Publications: Decision Support Documents (cf. HTA in hospitals, topics) – <http://eprints.hta.lbg.ac.at/view/types/dsd.html>

On request of the OÖGKK and the OÖAK **several rapid assessments/ decision support documents** concerning alternative medicine therapies have been made:

programme line 2

Project leader: Tessa Langley, Gerald Gartlehner

Duration: 01/2008 – 2009

Background: In contrast to complementary medicine therapies like homeopathy, so-called “humbug”-methods are currently not allowed to be provided by a statutory health insurance-authorized physician, regardless of the private demands of the patient. In line with doctor’s fee negotiations in 1998, the safekeeping of the quality of medicine as an allowance in kind was re-arranged.

Aims and research objectives: Therapies which are proved to be ineffective or even dangerous for patients’ health are not allowed to be provided. For that reason, decision makers need evidence based data on approx. 20 “humbug”-methods in order to be able to ex- or include therapies from the catalogue of benefits. Two of them have already been analysed and evaluated by the LBI-HTA (and two more will follow in 2009) in the form of decision support documents.

2008:

- ✿ Bach flowers
- ✿ Aromatherapy

2009:

- ✿ Bioresonance therapy
- ✿ Colon hydrotherapy

Health Technology Assessment in hospitals

programme line 2:
HTA in hospitals

Project leader: Claudia Wild

Duration: 2 x p.a.

HTA in hospitals, 03/06/2008, topics:

- ✿ Enzyme replacement therapy (Olaf Bodamer/ MUW)
- ✿ Individual medical services (MEL) 2008: 10 short presentations
 1. Lipid apheresis (Stefan Mathis/ LBI-HTA)
 2. Kypho- and vertebroplasty (Rosemarie Felder-Puig/ LBI-HTA)
 3. Incontinence therapy (Erwin Falkner/ LBI-HTA)
 4. Percutaneous aortic valve replacement (Claudia Wild/ LBI-HTA)
 5. Percutaneous pulmonary valve implantation (Philipp Mad/ LBI-HTA)

6. Selective cell apheresis (Christopher Adlbrecht/ LBI-HTA)
 7. Rheopheresis® in patients with age-related macular degeneration (Claudia Wild/ LBI-HTA)
 8. Optical coherence tomography (Rosemarie Felder-Puig / LBI-HTA)
 9. Stent-grafting of the ascending aorta (Brigitte Piso/ LBI-HTA)
 10. Cardiac contractility modulation (Christopher Adlbrecht/ LBI-HTA)
- ❖ Individual medical services (MEL): transparency in evidence, transparency in processes? (general in-depth discussion)

Method: Presentations

HTA in hospitals, 14/10/2008, topics:

- ❖ Cooperation 2009: NUB/ New diagnosis and treatment procedures (GE) & MEL/ individual medical services (AT): Co-ordination & process (Claudia Wild & Dr. Annette Busley – MDS/ The Medical Service of the Central Association of Health Insurance Funds).
- ❖ Reimbursement process: An analysis of international practice models for maintaining the health benefit baskets of solidly financed health care systems (Elisabeth Breyer/ LBI-HTA)
- ❖ Horizon scanning in oncology: Presentation of the new Austrian alert system, followed by a discussion about the adequate time, profile and target group for such early information products (Sabine Geiger-Gritsch/ LBI-HTA)

Method: Presentations

**programme line 3:
public understanding &
research transfer**

In line with programme line 3 - “**public understanding and research transfer**” - the following activities take place on a regular basis: public seminar-series („decision support in health care”), semi-public training on methodology, HTA newsletter and website.

Project leader: Claudia Wild, Gerda Hinterreiter

**programme line 3:
public understanding**

Equity and resource allocation of medical interventions

Project leader: Roman Winkler

Duration: 05/2008 – 2009 (*Conference date:* March 2 2009; *Urania Vienna*)

Background: The precarious situation of health care systems is evident. On the one hand, scarce budgets and high debts threaten the long-term financing of medical interventions for citizens. On the other hand, more and more cost-intensive medical innovations, which are to be made accessible to the public, appear on the market.

Aims and research objectives: Apart from questions of use and efficiency of individual medical interventions, the FairHealth conference will deal with all those current problems and questions focusing on a fair distribution of medical performances. The need for such broad, public discussions primarily results from the socio-political, individual and economic meaning of ‘health’ as well as from recent debates concerning health care reforms.

Method: In the light of this, the LBI-HTA has organised the FairHealth conference on March 2 2009, in order to discuss issues of equity and resource al-

location of medical performances in a solidly financed health system. Besides theoretical analyses, the main conference foci will cover national and international practical examples, interdisciplinary approaches to research and HTA-perspectives, which stress different aspects of (in-)equity in health care. The conference is open to the public with free admission.

The conference program is available online at:

http://hta.lbg.ac.at/media/pdf/FairHealth_LBI_HTA_ENDPROGRAMM.pdf

Furthermore, the LBI-HTA is planning a **publication** (book) which shall include the articles of the conference speakers as well as contributions from other outstanding national and international experts dealing with (in-)equity issues and resource allocation in the context of health care.

The seminar series “**decision-support in health care**” addresses the health administration, journalists, academia in health care and the interested general public. Five to six presentations per year are offered, with free admission. Duration: two hours plus discussion.

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

Reform pool projects about integrated delivery of health care

31-01-2008 | 16:00 | LBI-HTA

Speaker: Mag. Michel Haas, CEO Geniaconsult

Blood consumption in Austria: Careless handling with a human resource?

06-03-2008 | 16:00 | LBI-HTA

Speaker: Prof. Dr. Hans Gombotz, General Hospital Linz (AKH)

Which medical interventions are innovative?

10-04-2008 | 16:00 | LBI-HTA

Speaker: Dr. Fabian Waechter, AGES PharmMed

Nasty or Nice? A perspective on health technology assessment in the United Kingdom

16-05-2008 | 18:00 | House of the “society for physicians in Vienna“

Speaker: Prof. Michael Drummond, University of York

IQWIG-Methods: Developments for cost benefit analyses

02-10-2008 | 17:00 | House of the “society for physicians in Vienna“

Speaker: PD Dr. Peter Kolominsky-Rabas, Director Health economics of IQWIG

Emerging technology assessment program in Australia

14-11-2008 | 15:00 | LBI-HTA

Speaker: Prof. Brendon Kearney, Deputy Chair of MSAc (Australian Government Department of Health and Ageing)

Limits of oncological treatment: expectations, hopes and reality

27-11-2008 | 16:00 | LBI-HTA

Speaker: OA Dr. Johann Zoidl, Executive palliative care, Hospital of the Merciful Sisters Linz

Two or three-times per year advanced **training sessions** - conducted by specialists - on methodological questions are offered to the LBI-HTA researchers. By invitation external colleagues are also very welcome.

**programme line 3:
education & training**

English used in scientific manuscripts and improving the chances of publishing by avoiding common mistakes and pitfalls

13-03-2008 | 15:00-17:00 | LBI-HTA

Speaker: Tim Skern

Equity and ethics related to resource allocation

27-05-2008 | 15:00-17:00 | LBI-HTA

Speaker: Dr. Claudia Wild

Clinical research – Study protocols

28-10-2008 | 15:00-17:00 | LBI-HTA

Speaker: Dr. Harald Herkner

The application of the GRADE tool for evaluating medical interventions of the Austrian CAL - catalogue of ambulatory services - Update

16-12-2008 | 09:00-13:00 | LBI-HTA

Speaker: Prof. Dr. Gerald Gartlehner, MPH

**programme line 3:
other events**

ÖGOR Conference “Operations Research in Health Care”

01-12-2008 | 13:00 | LBI-HTA

Speakers: Dr. Evrim Gunes (Koc University, Istanbul) & Dr. Michael Gyimesi (LBI-HTA)

**programme line 3:
HTA newsletter**

The aim of a periodical, electronic-only **HTA newsletter** is to transfer the results of international assessments into a German-language, easily readable journalistic format: each month four articles on 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 article, often written by an invited expert, deals with horizontal topics such as methodological aspects or questions of health policy. The newsletter has been published 10 times per year since May 2006.

Project leader: Claudia Wild, Gerda Hinterreiter (since 10-2008)

Duration: 10 x p. a.

**programme line 3:
website**

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.

Project leader/Webmaster: Gerda Hinterreiter (since 09/2008)

**programme line 4:
HTA implementation**

Horizon scanning in oncology: Concept development of a horizon scanning system in Austria

Project leader: Sabine Geiger-Gritsch

Duration: 07/2007 – 05/2008

Background: The scientific and medical progress in oncology quickly leads to the introduction of new medicines. In addition, the development of new therapy modalities, the so-called "targeted therapies" such as e.g. monoclonal antibodies or tyrosine kinase inhibitors ("small molecules"), results in a rapid increase in the medicine costs in oncology in hospitals. The fast and to some extent uncontrolled use of these expensive cancer medicines in clinical practice, as well as their increasing off-label use, has an effect on hospital drug budgets. The development of a "Horizon Scanning System" for the early identification and evaluation of new drug therapy concepts in oncology, i.e. before a routine introduction to cancer treatment, should purposefully prepare hospitals (respectable drug commissions) for new cancer medicines and should contribute to rational decision making as well as supporting the prospective budget planning.

Research objective: The aim of this project is to design a guideline, firstly for the systematic collection of information (sources for identification and crite-

ria for prioritisation) about new drugs in oncology (incl. existing drugs with extension of indication) relevant for hospitals, and secondly, for their early evaluation on the basis of defined parameters.

Methods: Database search; analysis of information sources, criteria for prioritisation and parameters for evaluation.

Publication: HTA Project Report 14 – <http://eprints.hta.lbg.ac.at/798/>

Horizon Scanning in Oncology - Part II: From pilot to routine

programme line 4

Project leader: Sabine Geiger-Gritsch

Duration: 10/2008 – 09/2009

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, 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.

Key factors in implementing, performing and analysing registries for cardiovascular, neurological and spine specific questions

programme line 4

Project leader: Stefan Mathis

Duration: 06/2007 – 06/2008

Background: While randomised controlled studies evaluate health technologies in selected patients, registries cover data from medical interventions in real life situations. Registries are expected to contribute additional information about clinical but also socio-political aspects. However, it is not clear for what kind of questions registries are the adequate methodical approach and what are the key factors for implementing, performing and analysing registries.

Aims and research objectives: The aim of this project is to give an overview of current registries in cardiovascular, neurological and spine specific fields, to analyse the kind of clinical and socio-political questions being addressed, and to identify practical and methodical models of best practice as well as key factors for implementing meaningful registries.

Method: Systematic search for registries and adequate methodological literature; systematic analysis of the registries' objectives.

Publication: HTA Project Report 11 - <http://eprints.hta.lbg.ac.at/788/>

programme line 4 **Procedures in evaluation – kyphoplasty and vertebroplasty**

Project leader: Rosemarie Felder-Puig

Duration: 2006 – 2009

Background: Conservative treatment of vertebral compression fractures (VCF) in older patients includes bed rest and analgesics followed by mobilisation and eventually, the use of a bodice. Alternatively, two minimally invasive procedures – percutaneous kyphoplasty (KP) and vertebroplasty (VP) – are available. Patients with osteoporotic VCF and chronic pain in particular may benefit from these techniques. VP, which is less costly than KP, induces quick pain relief. KP also leads to quick pain reduction. In addition, it is intended to be safer and to restore vertebral height, as well as guaranteeing a lower risk of refracture. However, there is insufficient evidence about these benefits for patients. In particular, long-term results and cost-effectiveness data are scarce.

Aims and research objectives: A study conducted at the Austrian AUVA hospitals should be able to provide data about the effectiveness of KP and VP under real-life conditions. The study will be performed in cooperation with other clinics (University Clinics of Orthopaedics at Vienna and Graz, Hanusch Hospital Vienna) and will collect data prospectively for a time interval which has yet to be defined.

Method: Empirical study, application study; co-ordination of participating institutions; production of study documents (protocol, CRF, patient consent form, application to Ethics Committee, registration); implementation, data entry and analysis; presentation of results and publication.

programme line 4 **Developing a decision aid on HPV-vaccination for young girls and women/mothers**

Project leader: Brigitte Piso

Duration: 09/2008 – 12/2008

Background: Epidemiological studies show that an infection with human papilloma virus (HPV) is a necessary factor in the development of cervical carcinoma and its early stages. In addition to the effective cervical screening programs (PAP-smear), two vaccines against the two most common cancer-causing strains of HPV have been licensed. Persuasive advertising by the companies does not provide reliable information about the disease, the vaccine or possible alternatives for young girls and women.

Aims and research objectives: To encourage shared decision making, the “Developing a decision aid on HPV-vaccination“ project aims to prepare evidence-based online and/or printed information on HPV according to the DISCERN criteria (www.discern.com).

Methods: A decision aid should be developed on the basis of standardised, evidence-based, qualitative analysis on the evidence on decision aids and target groups, unsystematic web research, and also of a systematic literature review. The project consists of three parts: first of all the content will be expressed in plain text, suggestions for the graphical conversion will be made and the readability and comprehensibility will be tested in an Austrian focus group. The subsequent evaluation of the final version is not part of this project. If new findings have been made public or complications have occurred, the content of the decision aid will be updated after one to two years.

EUnetHTA – Application studies and surveillance systems in the EU

Project leader: Rosemarie Felder-Puig

Duration: 2006 – 2008

Background: Since the 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-life 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 from this monitoring.

Aims and research objectives: Overview of existing monitoring tools (application studies, registries, etc.) within EU25 countries 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.

Method: Piloting of one monitoring tool and testing the feasibility of pooling data from different countries using a common monitoring tool.

Publications: Available at EUnetHTA/ WP 7 – <http://www.eunethta.net/>

As mentioned in chapter 1.7, the EUnetHTA Project was established in 2006 following the request of EU Member States in the High Level Group on Health Services, endorsed by the Council of Ministers of Health and the European Commission, to establish a sustainable network for health technology assessment (HTA). The Project was co-funded by the European Commission for three years and has established an effective European network for HTA that aims to inform policy decisions on the use of health technologies at the national or regional level.

A total of 64 partners (HTA institutions and organisations) from 29 European countries including 21 EU Member States have joined the EUnetHTA Project, which is organised as an open network with extensive communications facilities. EUnetHTA coordinates the efforts in the evaluation of health technology in Europe. The general strategic objective of the network is to connect public national/regional HTA agencies, research institutions and health ministries, enabling an effective exchange of information and support

programme line 5:
international
cooperation /
HTA best practice

**EUnetHTA
2006 - 2008**

to policy decision-making by the member states. During the first three years of existence (2006-2008) EUnetHTA aimed to develop an organisational framework for a sustainable European network for HTA along with practical tools to use within this framework to ensure timely and effective production, dissemination and transfer of HTA results into applicable policy advice for the Member States.

**EUnetHTA
collaboration
2009+**

Co-funding from the European Commission for the EUnetHTA Project ceased at the end of 2008. The experience of collaboration among partners in EUnetHTA is positive, and to ensure that communication, collaboration networks and activities are continued, the partners have decided to create a sustainable, permanent European HTA collaboration. This will involve HTA Agencies and other producers of HTA information, with support from European governments, the European Commission and international health organisations. Therefore, on June 16th 2008 the EUnetHTA Steering Committee endorsed a proposal for a permanent collaboration, called the '*EUnetHTA Collaboration*'. The mission of this collaboration is to support effective HTA collaboration in Europe that brings added value at the European, national and regional level.

To ensure the continuity of EUnetHTA in the interim period of 2009, a group of 25 partner organisations, so-called "founding partners", from 13 EU Member States (+Norway and Switzerland) developed a strategic concept with regard to a sustainable coordination of the network and the careful involvement of partners in the EU Joint Action on HTA.

programme line 5

Inno-HTA - HTA-methodology for innovative healthcare technologies

Project leader: Claudia Wild, Philipp Radlberger

Duration: 01/2007 – 12/2008

Background: At the beginning of 2007 DG SANCO commissioned a project for assessing (fields of) technologies in the earliest stages of development. The project leader is the *Fraunhofer Institute for Systems and Innovation Research (ISI)*. Other partner institutions are the *University of Luebeck*, the *University of Nottingham*, the *Danish National Board of Health, Health Statistics and Medical Technologies State Agency, Latvia*, and the *GSF - Forschungszentrum für Umwelt und Gesundheit GmbH, Germany*.

Aims and research objectives: The project is intended to lead to a set of realistic indicators. These indicators are seen as a tool for assessing the strengths and weaknesses of (fields of) technologies despite the high degree of uncertainty surrounding them. Inno-HTA will attempt to add a broad perspective of HTA-relevant aspects and potential actor groups. Questions related to the potential for obtaining valid data about the quality of technologies will be crucial in choosing the indicators.

Method: Design of three different case studies, comparison of the results with those of three other studies, and the testing of a set of indicators on the basis of these examples.

Publications: Available at Inno-HTA – <http://www.inno-hta.eu/>

2.2 Publications

Mad, P., Wild, C., Langer, T., Kvas, E., **Guba, B.,** Reichelt, C., Adlbrecht, C. (2008): Rolle und Positionierung der Ambulanzen von Universitätskliniken im Gesundheitswesen. Project Report No. 005

LBI-HTA
project reports

Radlberger, P., Johansson, T., Wild, C. (2008): Ökonomische Aspekte einer effektiven und effizienten alkoholtherapeutischen Versorgung; Teil I: Internationale Versorgungsmodelle und Ansätze für Ergebnismessung. Project Report No. 010

Mathis, S., Wild, C. (2008): Register für klinische und gesundheitsökonomische Fragestellungen. Einsatzbereiche von kardiovaskulären, wirbelsäulenspezifischen und neurologischen Registern und Good Practice Strategien für die Arbeit mit Registern. Project Report No. 011

Felder-Puig, R., Chwala, E. (2008): Rückenschmerzen. Diagnostik und Behandlung nach evidenzbasierten Leitlinien – Möglichkeiten und Grenzen. Project Report No. 012

Falkner, E., Wild, C. (2008): Klinische Anwendung von Tissue Engineering. Ein Überblick über internationale und österreichische Forschungsfelder mit einer kritischen Analyse selektierter Anwendungen. Project Report No. 013

Geiger-Gritsch, S. (2008): Horizon Scanning in Oncology. Concept Development for the Preparation of a Horizon Scanning System in Austria. Project Report No. 014

Piso, B. (2008): Ambulante Kardiologische Rehabilitation; Teil I - Evaluation und Indikatoren Teil II - Vergleichende Analyse unterschiedlicher Rehabilitationsmodelle und Phase III. Project Report No. 015

Mad, P., Johansson, T., Guba, B., Wild, C. (2008): Klinische Pfade. Systematischer Review zur Ergebnismessung der Wirksamkeit. Project Report No. 016

Felder-Puig, R., Mittermayr, T., Mathis, S. (2008): Klavikulafrakturen. Ein systematischer Review zu Wirksamkeit und Sicherheit verschiedener Therapiekonzepte. Project Report No. 017

Zechmeister, I., Stollenwerk, B., Ara, R., Ward, S. (2008): Statins for the Secondary Prevention of Cardiovascular Diseases: An Analysis of Expected Population Health Gains and Cost-Utility in Austria. Project Report No. 018

Zechmeister, I., Stollenwerk, B., Langley, T. (2008): Have Statins met our Expectations? A Comparison of Expected Health Gains from Statins with Epidemiological Trends in Austria. Project Report No. 019

Breyer, E. (2008): Aktualisierung von Leistungskatalogen. Eine vergleichende Analyse von Refundierungsprozessen für ärztliche Leistungen in ausgewählten Ländern. Project Report No. 022

Piso, B., Wild, C. (2008): Rational Vaccination Policies – decision support. Review of International Literature for „Rational“ Vaccination Policies. Rapid Assessment No. 003

LBI-HTA
rapid assessments

**LBI- HTA
decision support
documents**

Pramesberger, C., Adlbrecht, C., **Guba, B., Felder-Puig, R.** (2008): Neue minimal-invasive Methoden bei Belastungsinkontinenz. Systematic review. Decision Support Document No. 006

Zechmeister, I., Mathis, S., Guba, B., Gartlehner, G. (2008): LDL-Apherese. Systematic review. Decision Support Document No. 007

Felder-Puig, R., Piso, B., Guba, B., Gartlehner, G. (2008): Kyphoplastie und Vertebroplastie bei osteoporotischen Wirbelkörperkompressionsfrakturen. Systematic review. Decision Support Document No. 008

Mad, P., Falkner, E., Guba, B., Felder-Puig, R. (2008): Perkutan implantierbare Pulmonalklappen bei angeborenen Herzfehlern des rechtsventrikulären Ausflusstraktes. Systematic review. Decision Support Document No. 010

Adlbrecht, C., Breyer, E., **Gartlehner, G., Guba, B.** (2008): Selektive Zellsorption bei entzündlichen Darmerkrankungen. Decision Support Document No. 011

Wild, C., Mathis, S., Guba, B., Gartlehner, G. (2008): Rheopherese® bei Altersbedingter Makuladegeneration, Hörsturz & Tinnitus, Diabetesspätfolgen. Systematic review. Decision Support Document No. 012

Gartlehner, G., Falkner, E., Guba, B., Felder-Puig, R. (2008): Optical Coherence Tomography. Systematic review. Decision Support Document No. 013

Geiger-Gritsch, S., Piso, B., Guba, B., Felder-Puig, R. (2008): Stentgraftimplantation bei Erkrankungen der Aorta ascendens. Systematic review. Decision Support Document No. 014

Adlbrecht, C., **Radlberger, P., Guba, B., Felder-Puig, R.** (2008): Kardiale Kontraktilitätsmodulation bei medikamentös therapierefraktärer Herzinsuffizienz. Systematic review. Decision Support Document No. 015

Langley, T., Geiger, W., **Gartlehner, G.** (2008): Aromatherapy for pain relief and psychological problems. Systematic review. Decision Support Document No. 016

Langley, T., Geiger, W., **Gartlehner, G.** (2008): Bach Flower Remedies for pain relief and psychological problems. Systematic review. Decision Support Document No. 017

Wild, C., Langley, T., Guba, B., Gartlehner, G. (2008): Minimal-invasiver perkutaner Aortenklappenersatz. Systematic review. Decision Support Document No. 018

Kis, A., **Wild, C.,** Bodamer, O. (2008): Enzyme Replacement Therapy for Lysosomal Storage Diseases. Decision Support Document No. 019

**LBI-HTA
scoping document**

Mad, P., Geiger-Gritsch, S. (2008): Wehenhemmung bei drohender Frühgeburt. Scoping Dokument

Felder-Puig, R., Topf, R., Gadner, H., Formann, A.K. (2008): Measuring health-related quality of life in children from different perspectives using the Pediatric Quality of Life Inventory™ (PedsQL™) and teachers' ratings. *Journal of Public Health*, 16: 317-325

Felder-Puig, R., Baumgartner, M., Topf, R., Gadner, H., Formann A.K. (2008): Health related quality of life in Austrian elementary schoolchildren. *Medical Care*, 46: 432-439

Paya, K., Wurm, J., Fakhari, M., **Felder-Puig, R.**, Puig S. (2008): Trocar-site hernia as a typical postoperative complication of minimally invasive surgery among preschool children. *Surg Endosc*, 22: 2724-2727

Puig, S., Staudenherz, A., **Felder-Puig, R.**, Paya, K. (2008): Imaging of appendicitis in children and adolescents: Useful or useless? A comparison of imaging techniques and a critical review of the current literature. *Seminars in Roentgenology*, 43: 22-28

Krebs, E.E., Gaynes, B.N., **Gartlehner, G.**, Hansen, R.A., Thieda, P., Morgan, L.C., de Veugh-Geiss, A., Lohr, K.N. (2008): Treating the physical symptoms of depression with second-generation antidepressants: A systematic review and metaanalysis. *Psychosomatics: The Journal of Consultation and Liaison Psychiatry*, 49 (3): 191-198

Gartlehner, G., **Wild, C.**, **Mad, P.** (2008): Systematische Übersichtsarbeiten und Meta-Analysen. *Wiener Medizinische Wochenschrift*, 158/3-4: 127-133

Guba, B. (2008): Systematische Literaturrecherche. *Wiener Medizinische Wochenschrift*, 158/1-2: 62-69

Mad, P., **Felder-Puig, R.**, **Gartlehner, G.** (2008): Randomisiert kontrollierte Studien. *Wiener Medizinische Wochenschrift*, 158/7-8: 234-239

Mathis, S., **Gartlehner, G.** (2008): Kohortenstudien. *Wiener Medizinische Wochenschrift*, 158/05-06: 174-179

Siebenhofer, A., Rakovac, I., Kleespies, C., **Piso, B.**, Didjurgeit, U. for the SPOG 60+ Study Group (2008): Self-management of oral anticoagulation reduces major outcomes in the elderly - A randomized controlled trial. *Thrombosis and Haemostasis* 2008, 100 6: 1089-1098

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Wild, C., **Mathis, S.**, **Guba, B.**, **Gartlehner, G.** (2008): Rheopherese® bei Altersbedingter Makuladegeneration. *Der Ophthalmologe*, online first 10/1007 / s00347-008-1768-1

Wild, C., **Gartlehner, G.** (2008): Health Technology Assessment. *Wiener Medizinische Wochenschrift*, 158/ 17-18; 522-29

Wild, C., Langer, T. (2008): Emerging health technologies: Informing and supporting health policy early. *Health Policy*, 2008 (87): 160 - 171

Zechmeister, I., Kilian R., McDaid, D. (2008): Is it worth investing in mental health promotion and prevention of mental illness? A systematic review of the evidence from economic evaluations. *BMC Public Health*, 8:20

- submitted articles**
- Felder-Puig, R., Piso, B., Guba, B., Gartlehner, G.:** Kyphoplastie und Vertebroplastie bei osteoporotischen Wirbelkörperkompressionsfrakturen. Systematischer Review. *Der Orthopäde*, submitted in summer 2008, in review
- Geiger-Gritsch, S.,** Stollenwerk, B., Miksad, R., **Guba, B., Wild, C.,** Siebert, U. (2008): Safety of Bevacizumab, an Antibody against Vascular Endothelial Growth Factor: A Meta-Analysis of Randomized Controlled Trials in Patients with Advanced Cancer. *Lancet Oncology*, submitted in December 2008 (former rejected from ‚JAMA‘ and ‚Archives of Internal Medicine‘)
- Mathis, S., Guba, B.,** Pramesberger, C., Adlbrecht, C.: Systematische Übersichtsarbeit: Minimal-invasive Methoden bei Belastungsinkontinenz. *Der Urologe*, submitted in August 2008
- Piso, B., Mathis, S.:** Effektivitätsanalyse der kardiologischen Phase III Rehabilitation / Analysis of the efficacy of cardiac Phase III rehabilitation programs. *Wiener Klinische Wochenschrift*, submitted in November 2008
- Piso, B., Wild, C.:** Decision Support in Vaccination Policies. *Vaccine*, submitted in April 2008
- Radlberger, P.:** Effektivität und Effizienz in der alkoholtherapeutischen Versorgung: Internationale Versorgungsmodelle und Ansätze für Ergebnismessung. *Medizinische Klinik*, submitted in December 2008
- Zechmeister, I.,** Freiesleben de Blasio, B., Garnett, G.: HPV-vaccination for the prevention of cervical cancer in Austria: A model based long-term prognosis on cancer epidemiology. *Journal of Public Health*, submitted in August 2008
- Zechmeister, I.,** Freiesleben de Blasio, B., Garnett, G., Neilson, A., Siebert, U. Cost-effectiveness analysis of human papillomavirus vaccination programs to prevent cervical cancer in Austria. *Value in Health*, submitted in November 2008, in review
- accepted or in print**
- Felder-Puig, R., Mad, P., Gartlehner, G.:** Diagnostische Studien. *Wiener Medizinische Wochenschrift*, in print
- Felder-Puig, R.,** Topf, R., Maderthaner, R., Gadner, H., Formann, A.K.: Das Konzept der „gesundheitsbezogenen Lebensqualität“: Welchen Nutzen bringt es für die Gesundheitsfürsorge, – forschung und –planung? *Monatsschrift Kinderheilkunde*, in print
- Geiger-Gritsch, S., Piso, B., Guba, B., Felder-Puig, R.:** Stentgraftimplantation bei Erkrankungen der Aorta Ascendens – Eine Systematische Übersichtsarbeit zu Wirksamkeit und Sicherheit. *Der Chirurg*, in print
- Haschke-Becher, E., Totzke, U., Afazel, S., **Johansson, T.,** Schwarz, M., Lardner, G., **Wild, C.:** Clinical decision rules for the use of liquor diagnostics in hospitalized neurology patients reduced costs without affecting clinical outcomes. *International Journal of Technology Assessment in Health Care/Int J TAHC*, in print
- Paya, K., Wurm, J., Treitl, C., **Felder-Puig, R.,** Puig, S.: Appendicolith and appendectomy in the pediatric population. *European Surgery Acta Chirurgica Austriaca*, in print
- Radlberger, P., Guba, B.,** Adlbrecht, C.: Kardiale Kontraktilitätsmodulation bei medikamentös therapierefraktärer Herzinsuffizienz. *Der Kardiologe*, in print

Wild, C., Langley, T., **Guba, B., Gartlehner, G.:** Minimal-invasiver perkutaner Aortenklappenersatz. *Der Kardiologe*, in print

Wild, C., Simpson, S., Douw K., **Geiger-Gritsch, S.,** Langer, T.: Information service on new and emerging technologies – identification and prioritisation processes for EU-wide newsletter. *International Journal of Technology Assessment in Health Care/Int J TAHC*, in print

Wild, C.: Implementierung von HTA in Österreich. *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen/ZEFQ*, accepted

Wild, C.: Austria: History of HTA since 20 years. *International Journal of Technology Assessment in Health Care/ Int J TAHC*, invited for Special edition, in print

Zechmeister, I., Mathis, S., Guba, B., Gartlehner, G.: Low-Density Lipoprotein-Apherese bei familiärer Hypercholesterinämie: Eine systematische Übersicht. *Medizinische Klinik*, accepted

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Falkner E., Eder C. (2008): „Gewebe material für Klinische Studien: Tissue Engineering & Advanced Therapy Products. Neues Gewebesicherheitsgesetz und Advanced Therapy Regulations“, Konferenz, Institute for International Research, NH Danube City, Vienna, 13/-14/10/2008

Felder-Puig, R. (2008): „Counseling – Probleme des ärztlichen Gesprächs“, Tagung „Ist Vorsorgen immer besser als Heilen“, Ein Evidenz-basiertes Symposium über Gesundheitsförderung und gesundheitliche Prävention. Danube University Krems, 20/02/2008

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Mad, P. (2008): „Klinische Pfade zur Optimierung der Gesundheitsversorgung“, Tagung „Ist vorsorgen immer besser als heilen?“ Ein Evidenzbasiertes Symposium über Gesundheitsförderung und gesundheitliche Prävention, Danube University Krems, 20/02/2008

Mad, P. (2008): „Perkutan implantierbare Pulmonalklappen bei angeborenen Herzfehlern des rechtsventrikulären Ausflusstraktes“, Vortragsreihe „HTA in Krankenanstalten“, LBI-HTA, Vienna, 03/06/2008

Mad, P. (2008): „UpToDate gezielt verwenden“, Jahrestagung der Österreichischen Gesellschaft für Innere Medizin ÖGIM, Vienna, 18/09/2008

Mathis, S. (2008): „Anwendungsbeobachtung und Register“, HTA teaching at the Danube University Krems, 08/05/2008

Mathis, S. (2008): „Patientenorientierung in Registerprojekten“, eHealth2008, Vösendorf, 30/05/2008

Mathis, S., Mad, P. (2008): “Challenges for register projects: A systematic review of good practice strategies for the work with registries”, HTAi Conference, 5th Annual Meeting, Montreal/Canada, 07/-09/07/2008

Mathis, S. (2008): “Characterisation of register projects by using category systems”, Final Workshop of the EUPHORIC Project funded by the European Commission, Rome/Italy, 11/12/2008

Piso, B. (2008): „Rational Vaccination Policies“, Meeting of the Scientific Advisory Group of the LBI-HTA, Vienna, 30/04/2008

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Wild, C. (2008): „Die Bewertung neuer Methoden in der Medizin“ im Rahmen des Seminars „Praxisnahe Medizinethik“, Medizinische Gesellschaft für OÖ, Linz, 11/01/2008

Wild, C. (2008): „Health Technology Assessment zur Politikberatung“, Tagung „Ist Vorsorgen immer besser als Heilen“ Ein Evidenz-basiertes Symposium über Gesundheitsförderung und gesundheitliche Prävention, Danube University Krems, 21/02/2008

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Wild, C. (2008): "Evidence, fairness & access: A broader HTA-perspective – Avastin as example", HTAi Conference, 5th Annual Meeting, Montreal/Canada, 08/07/2008

Wild, C. (2008): „Wirtschaftliche Beurteilung von Arzneimitteln im Krankenhaus“, Baxter-Innovationsabend, Vienna, 23/09/2008

Wild, C. (2008): „Kann der Verzicht auf Impfungen teuer werden? Kosten und Nutzen von nationalen Impfprogrammen“, Podiumsstatement und -diskussion, Vienna, 02/10/2008

Wild, C. (2008): "Positionierung von HTA in Gesundheitssystemen“, EBM-Days, HVB, Vienna, 23/10/2008

Wild, C. (2008): „Emerging Technologies“, EUnetHTA Abschlusskonferenz „HTA's Future in Europe“, Paris/France, 20/11/2008

Wild, C. (2008): „HTA als Instrument für Sozialversicherungen“, OÖGKK, Linz, 15/12/2008

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Zechmeister, I. (2008): „Modellbasierte Gesundheitsökonomische Evaluation im Kontext von Health Technology Assessment: Beispiele aus Österreich“, Tagung der Österreichischen Gesellschaft für Operations Research, Vienna, 22/02/2008

Zechmeister, I. (2008): “Economic evaluation of a vaccination against the human papillomavirus (HPV) in Austria”, Scientific Council, Vienna, 30/04/2008

Zechmeister I. Freiesleben de Blasio, B., Garnett, G., Neilson, R., Radlberger, Ph. (2008): “Should the HPV-vaccination be reimbursed in Austria? A cost-effectiveness analysis of vaccination programmes compared to current screening.” HTAi Conference, 5th Annual Meeting, Montreal/Canada, 07/07/2008

Zechmeister, I., Stollenwerk, B. (2008): “Have statins met our expectations? A method to verify health economic modelling results with real-life data in Austria”, European conference on health economics (ECHE), Rome/Italy, 23/-26/07/2008

Zechmeister, I. (2008): “HTA aus der Perspektive der Gesundheitsökonomie”. EBM Days, HVB, Vienna, 23/-24/10/2008

Falkner, E., Eder, C., Wild, C. (2008): “Health Technology Assessment and Evidence Based Medicine: Spine Tissue Engineering”, World Forum for Spine Research – The Invertebral Disc, Kyoto 23/-26/01/2008

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Eder, C., **Falkner, E.**, Mickel, M., Ogon, M. (2008): “Cell Transplantation from Bench to Bedside: Implant Evaluation for Clinical Tissue Engineering”, TERMIS-EU 2008, Tissue Engineering & Regenerative Medicine International Society, Porto/ Portugal 2008 published in Tissue Engineering, 22/-26/06/2008

Falkner, E., Eder, C. (2008): “Serum Free Stem Cell Culture 2008”, Fraunhofer Life Science Symposium Leipzig 2008: Ischemia and Regeneration, Leipzig 24/-25/10/ 2008

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Gartlehner, G., Felder-Puig, R., Guba, B. (2008): “Incorporating Decision-Makers in the Format Design of Health Technology Assessments to Improve Usability”, HTAi Conference, 5th Annual Meeting, Montreal/Canada, 06/-09/07/2008

Weisser A., Endel G., **Gyimesi M.**, Filzmoser P (2008): „ATC -> ICD – Evaluating the reliability of prognoses for diagnoses derivating the ICD-10 Code from the ATC-Code”, PCSI 2008

Mathis, S. (2008): “Patientenorientierung in Registerprojekten”, eHealth2008, Vösendorf, 30/05/2008

Mathis, S., Falkner, E. (2008): “Registries - what for?” HTAi Conference, 5th Annual Meeting, Montreal/Canada, 07/-09/07/2008

Piso, B., Zechmeister, I. (2008): "Rational Vaccination Policies - Results of an immunization experts", DELPHI discussion, EUPHA conference, Lisbon, 06/-08/11/2008

Zechmeister, I., Stollenwerk, B. (2008): "A comparison of expected health gains with epidemiological trends in Austria", HTAi Conference, 5th Annual Meeting, Montreal/Canada, 07/-09/07/2008

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Falkner, E. [Coauthor] (2008): "Tissue Engineering & Scoliosis: Influence of Scoliotic Deformities on Cell Characteristics In Vitro", Science Award - Scoliosis Research Society Worldwide Programme on "Spinal Deformity: Current Concepts", New Dehli, 02/-05/10/2008

Falkner, E. [Coauthor] (2008): "Tissue Engineering from Bench to Bedside – Transplantsimulation via HET-CAM Test", Poster Award of the Society for Basic Research (DGOC e.V.) and the German Society for Trauma Surgery, German Congress for Orthopaedics and Trauma Surgery, Berlin, 24/-27/10/2008

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Breyer, E. (2008): Refluxösophagitis: Minimalinvasiver Eingriff vs. Langzeitmedikation. HTA-Newsletter November 2008: 4

Falkner E., Wild C.: Kognitive Verhaltenstherapien – Depressionen und Angststörungen. HTA-Newsletter January 2008: 2

Falkner E. (2008): Biomarker. HTA-Newsletter March 2008: 3-4

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- Langley, T.** (2008): Adipositas: Screening zur Früherkennung? HTA-Newsletter January 2008: 3
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- Mad, P.** (2008): Interventionelle Kardiologie: Perkutan implantierbare Pulmonalklappen. HTA-Newsletter June 2008: 6
- Mad, P.** (2008): Versorgungsforschung: Ergebnismessung und Wirksamkeit klinischer Pfade. HTA-Newsletter July/August 2008: 7-8
- Martin, B.** (2008): Masern-Mumps-Röteln-Impfung: Ökonomische Analyse. HTA-Newsletter February 2008: 2
- Martin, B.** (2008): Extrakorporale Stoßwellentherapie: Tennisellbogen, Fersensporn und Kalkschulter. HTA-Newsletter February 2008: 3
- Mathis, S.** (2008): Register für klinische & gesundheitsökonomische Fragestellungen. HTA-Newsletter May 2008: 3
- Mathis, S.** (2008): Selektive Zelladsorption bei entzündlichen Darmerkrankungen. HTA-Newsletter June 2008: 8
- Mathis, S.** (2008): Optical Coherence Tomography bei akutem Koronarsyndrom. HTA-Newsletter June 2008: 11
- Mathis, S.** (2008): Kleinchirurgische Eingriffe in unterschiedlichen „Settings“. HTA-Newsletter October 2008: 4
- Nachtnebel, A.** (2008): Bedingte Erstattung als Steuerungsinstrument: Ein erfolgversprechendes Konzept zur Evidenzgenerierung. HTA-Newsletter November 2008: 1
- Piso, B.** (2008): Rationale Impfpolitiken: Verfügbarkeit, Anwendbarkeit und Stellenwert von Entscheidungshilfen. HTA-Newsletter February 2008: 1
- Piso, B.** (2008): Sleeve-Gastrektomie - Bariatrische Operation gegen morbid Adipositas. HTA-Newsletter February 2008: 4
- Piso, B.** (2008): Ambulante Kardiologische Rehabilitation: Indikatoren zur Evaluation. HTA-Newsletter July/August 2008: 2
- Radlberger, P.** (2008): Biomarker in der Alkoholtherapie: Eignung für ambulanten Einsatz. HTA-Newsletter March 2008: 2
- Radlberger, P.** (2008): Kardiale Kontraktilitätsmodulation bei Herzinsuffizienz. HTA-Newsletter June 2008: 4
- Radlberger, P.** (2008): Versorgung bei Alkoholsucht: Ansätze der Programmevaluation. HTA-Newsletter September 2008: 3
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- Schumacher, I.** (2008): Adipositas: Verhaltenstherapie. HTA-Newsletter September 2008: 2

- Winkler, R.** (2008): Hautkrebscreening. HTA-Newsletter May 2008: 2
- Winkler, R.** (2008): Therapeutische Kommunikation. HTA-Newsletter October 2008: 2
- Wild, C** (2008): Verhaltensstörungen: Schulungsprogramme für Eltern. HTA-Newsletter January 2008: 2
- Wild, C** (2008): Zahnspangen: Mundgesundheit. HTA-Newsletter April 2008: 4
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- Wild, C** (2008): Bewertung Medizinischer Einzelleistungen für LKF: Evaluation von 10 für den MEL-Katalog vorgeschlagenen Leistungen. HTA-Newsletter June 2008: 1
- Wild, C** (2008): Rheopherese® bei altersbedingter Makuladegeneration. HTA-Newsletter June 2008: 2
- Wild, C** (2008): Perkutaner Aortenklappenersatz bei inoperablen PatientInnen. HTA-Newsletter June 2008: 3
- Auersperg, V., **Wild, C** (2008): Diskurs: Kliniker mit/gegen HTA - Wissenschaftlerin: ESWT/Extrakorporale Stosswellentherapie als Beispiel. HTA-Newsletter July/August 2008: 1
- Zechmeister, I.** (2008): HPV-Impfung in Österreich. HTA-Newsletter February 2008: 2
- Zechmeister, I.** (2008): Gebärmutterhalskrebs-Früherkennung: Verbesserung der Teilnahme. HTA-Newsletter April 2008: 2
- Zechmeister, I.** (2008): Lipidapherese bei Hypercholesterinämie. HTA-Newsletter June 2008: 3
- Zechmeister, I.** (2008): Deutschland: Methoden zur ökonomischen Evaluation. Für und Wider der deutschen Methoden zur Kosten-Nutzen Bewertung. HTA-Newsletter October 2008: 1
- Zechmeister, I.** (2008): Halten Statine was sie versprechen? Erwartete und tatsächliche Erfolge in Österreich. HTA-Newsletter October 2008: 2-3

research applications

- Johansson, T.:** COMET Application K-Project (FFG). Application of modern information and communication technologies (ICT) to an integrated care concept for stroke patients. Applicant: Institute of Public Health, Paracelsus Medical University, Salzburg
- Johansson, T.:** FWF Der Wissenschaftsfond. Application for funding of the stand alone project. Integrated Stroke System in the State of Salzburg.

2.3 Participation in Scientific Meetings and Conferences

„Gesundheitsökonomie und Finanzierung - Motor oder Hemmschuh?“, Donauspital, Vienna, 15/01/2008 (Claudia Wild)

conferences and congresses

Nationale Bioethikkommission „Stammzellforschung – Ethische und Rechtliche Aspekte“, Bundeskanzleramt, Vienna, 17/-18/1/2008 (Claudia Wild)

World Forum for Spine Research “The Invertebral Disc”, Kyoto/Japan, 23/-26/01/2008 (Erwin Falkner)

Ein Evidenz-basiertes Symposium über Gesundheitsförderung und gesundheitliche Prävention „Ist Vorsorgen immer besser als Heilen?“, Krems, 20/-21/02/2008 (Claudia Wild, Ingrid Zechmeister, Philipp Mad, Rosemarie Felder-Puig, Stefan Mathis, Erwin Falkner)

Tagung der ÖGOR - Österreichischen Gesellschaft für Operations Research, Vienna, 22/02/2008 (Ingrid Zechmeister)

International Conference on the Occasion of Simone de Beauvoir´s 100th Birthday “Age/Aging: On Simone de Beauvoir´s `The Coming of Age´”, University of Vienna, 22/-23/02/2008 (Erwin Falkner)

9. Jahrestagung des DNEbM - Deutschen Netzwerks für Evidenzbasierte Medizin „Evidenzbasierte Primärversorgung und Pflege“, Witten-Herdecke/Germany, 22/-23/02/2008 (Claudia Wild, Rosemarie Felder-Puig)

Biotraining 2008 „Home Monitoring Essentials“, Vienna Hilton Plaza, 12/03/2008 (Erwin Falkner)

10. Jahrestagung der AG Pädiatrische Endokrinologie und Diabetologie, Maria Alm, 15/03/2008 (Claudia Wild)

“Wieviele Medikamente verträgt der Mensch“, HVB, Vienna 09/04/2008 (Claudia Wild)

Seminar des Ludwig Boltzmann Instituts für Traumatologie, Vienna, 15/04/2008 (Erwin Falkner)

Business Circle „Konfrontation Gesundheit“, Vienna, 24/-25/04/2008 (Claudia Wild)

Open: QM, Graz, 19/05/2008 (Michael Gyimesi)

eHealth2008 „Medical Informatics meets eHealth“, Vösendorf, 29/05/2008 (Stefan Mathis)

Vorlesung des Ludwig Boltzmann Clusters für Kardiovaskuläre Forschung “Cardiovascular Tissue Engineering”, General hospital (AKH) Vienna, 09/06/2008 (Erwin Falkner)

AETMIS - Agence d’évaluation des technologies et des modes d’intervention en santé, “Conditional coverage”, Montreal/Canada, 10/06/2008 (Claudia Wild)

WINEG – Wissenschaftliches Institut der TK für Nutzen und Effizienz im Gesundheitswesen, Symposium „Kosten-Nutzen Bewertung“, Berlin/Germany, 17/06/2008 (Claudia Wild)

Fachtagung „Gesellschaftsbezogene Forschung – Relevanz und Qualität des außeruniversitären Sektors“, Vienna, 19/06/2008 (Roman Winkler)

„(Un)gleich? – Gesundheitliche Versorgung und Gesundheitsförderung – eine Frage der sozialen Gerechtigkeit?“, Linz, 24/06/2008 (Roman Winkler)

HTAi – Health Technology Assessment International, 5th Annual Meeting, Montreal/Canada, 05/-09/07/2008 (Brigitte Piso, Claudia Wild, Ingrid Zechmeister, Philipp Mad, Philipp Radlberger, Roman Winkler, Sabine Geiger-Gritsch, Smiljana Blagojevic, Stefan Mathis)

ECHE – European Conference on Health Economics, Rome/Italy, 23/-26/07/2008 (Ingrid Zechmeister)

Patientenentscheidungen, Frankfurt/Germany, 09/09/2008 (Claudia Wild)

11. Wissenschaftliche Tagung der Österreichische Gesellschaft für Public Health, Johannes Kepler University Linz, 11/09/2008 (Claudia Wild, Gerda Hinterreiter)

GMDS Tagung, Stuttgart/Germany, 15/-18/09/2008 (Sabine Geiger-Gritsch)

Jahrestagung der ÖGIM – Österreichischen Gesellschaft für Innere Medizin, Vienna, 18/09/2008 (Philipp Mad)

„Transparenz und Beteiligung von Patienten im Gesundheitswesen?!“, HVB, Vienna, 23/09/2008 (Claudia Wild)

EMSS 2008 – 20th European Modeling and Simulation Symposium, Amantea/Italy, 09/2008 (Michael Gyimesi)

European Health Forum Gastein “Values in Health – From Visions to Reality”, Bad Hofgastein, 01/-03/10/2008 (Roman Winkler, Tim Johansson)

Tagung „Entscheidungen in der Psychiatrie“, UMIT, Hall in Tirol, 03/-05/10/2008 (Sabine Geiger-Gritsch)

EAAT Conference 2008 – Annual Meeting of the European Association for Addiction Treatment, Florence/Italy, 13/-14/10/2008 (Philipp Radlberger)

Konferenz des IIR - Institute for International Research, NH Danube City, Vienna, 13/-14/10/2008 (Erwin Falkner)

Auftaktveranstaltung „Armutsminderung durch Menschenrechtsansatz? Europäische und globale Perspektive“ der Austrian Development Agency (ADA) in der Reihe “DialogEntwicklung”, Vienna, 15/10/2008 (Ingrid Zechmeister)

7. Deutscher Kongress für Versorgungsforschung „Innovationstransfer: Von der Forschung zum Patienten“, Cologne/Germany, 16/10/2008 (Stefan Mathis)

9. Symposium Health Technology Assessment „Patienten im Niemandsland“, Cologne/Germany, 17/10/2008 (Brigitte Piso, Rosemarie Felder-Puig)

EBM-Days, HVB, Vienna, 23/-24/10/2008 (Claudia Wild, Ingrid Zechmeister)

Linzer Forum 08 „Gesundheit und Gesellschaftspolitik“, General Hospital Linz (AKH), 23/10/2008 (Gerda Hinterreiter, Roman Winkler)

Puls 2008 „Spannungsfeld Versorgungsauftrag und Wirtschaftlichkeit. Kooperationen im Gesundheitswesen – Wie extra- und intramuraler Bereich profitieren“, Vienna, 23/10/2008 (Stefan Mathis)

Politische Kindermedizin „Chronisch arm, chronisch krank?“, Salzburg, 24/-25/10/2008 (Roman Winkler)

Frauenhofer Life Science Symposium “Ischemia and Regeneration”, Leipzig/Germany, 24/-25/10/2008 (Erwin Falkner)

„Soziale Lage – Gender – Gesundheit“, BM für Soziales, Vienna, 28/10/2008 (Roman Winkler)

EUPHA Conference 2008 - 16th Annual Meeting of the European Public Health Association „I-Health: health and innovation in Europe“, Lisbon/Portugal, 04/-08/11/2008 (Brigitte Piso, Claudia Wild, Philipp Radlberger)

3. Wiener Symposium Integrierter Versorgung „Gesteigerte Qualität durch Integrierte Versorgung – Realität oder Mythos?“, Vienna, 06/11/2008 (Rosmarie Felder-Puig)

BoneTec 2008, Hanover/Germany, 07/-09/11/2008 (Erwin Falkner)

ISPOR Conference 2008 - 11th Annual European Meeting, Athens/Greek, 08/-11/11/2008 (Sabine Geiger-Gritsch)

„Verletzte Kinderseele“, HVB, Vienna, 12/11/2008 (Roman Winkler)

Vortrag der Österreichischen Gesellschaft für Public Health (ÖGPH) und der Ärztekammer für Wien „Rationale Impfpolitik- eine Entscheidungsunterstützung - Ein Stufenmodell zur Impfentscheidung für EntscheidungsträgerInnen, ÄrztInnen und PatientInnen“ (von Brigitte Piso), Vienna, 13/11/2008 (Erwin Falkner, Gerda Hinterreiter)

10. Tagung der Österreichischen Gesellschaft für Neuropsychopharmakologie und Biologische Psychiatrie, Vienna, 20/-21/11/2008 (Roman Winkler)

EUnetHTA Abschlusskonferenz „HTA’s Future in Europe“, Paris/France, 20/11/2008 (Claudia Wild, Gerda Hinterreiter, Philipp Radlberger)

SciCom 08 – Möglichkeiten und Grenzen der Wissenschaftskommunikation, Internationale Fachtagung, Technical University of Vienna, 21/-22/11/2008 (Gerda Hinterreiter)

AOSPINE Network Symposium “The Intervertebral Disc – From Basic Science to Clinical Application”, University of Zurich/Switzerland, 22/11/2008 (Erwin Falkner)

Tagung der ÖGOR - Österreichischen Gesellschaft für Operations Research, Vienna, 01/12/2008 (Michael Gyimesi, Stefan Mathis)

HPV – ExpertInnentagung, Hanover/Germany, 09/12/2008 (Brigitte Piso)

3 Scientific Cooperation

EUnetHTA, WP1 Meeting, Paris/France, 17/-18/04/2008 (Claudia Wild)	EUnetHTA cooperation meetings
EUnetHTA, WP1 Executive Meeting, Copenhagen/Denmark, 29/04/2008 (Claudia Wild)	
EUnetHTA Final Conference „HTA’s Future in Europe“, Paris/France, 20/11/2008 (Claudia Wild, Gerda Hinterreiter, Philipp Radlberger)	
EuroScan Meeting, Zurich/Switzerland, 17/-18/11/2008 (Sabine Geiger-Gritsch, Projekt Horizon Scanning in Oncology)	EuroScan meeting
Inno-HTA Workshop, Karlsruhe/Germany, 18/-19/06/2008 (Claudia Wild)	Inno-HTA cooperation meetings
Inno-HTA Final Conference, Copenhagen/Denmark, 03/-04/10/2008 (Claudia Wild)	
EUPHORIC - European Public Health Outcome Research and Indicators Collection, 5 th Meeting, Innsbruck, 26/03/2008 (Stefan Mathis)	EUPHORIC cooperation meetings
EUPHORIC Final Workshop, Rome/Italy, 11/12/2008 (Stefan Mathis)	
DNEbM Working Group Meeting „Ethik und Evidenz-basierte Medizin“, Network Ethics and EBM, Berlin/Germany, 13/11/2008 (Claudia Wild, Roman Winkler)	other cooperation or annual meetings
Preparation of the MEL/NUB cooperation with the Medical Service of the Central Association of Health Insurance Funds (MDS), Dr. Annette Busley, Germany (Claudia Wild)	other international cooperation
Network Ethik und EBM, „Ethik und Evidenz-basierte Medizin“, Berlin/Germany, 13/11/2008 (Claudia Wild, Roman Winkler)	
Organisation and realisation of an international expert-DELPHI on rational vaccination policies, 03/-07/2008 (Brigitte Piso)	
Private University for Health Sciences, Medical Informatics and Technology (UMIT) - Institute of Public Health, Medical Decision Making and HTA: organisation and preparation of the network meeting (methodical and functional exchange), Ebensee, 29/-30/09/2008	national cooperation
Institute for Epidemiology at the TILAK Ges.m.b.H. (within the „registry project“, Stefan Mathis)	
Dr. Gerold Labek, European Arthroplasty Register Coordinator EFORT at the Medical University of Innsbruck (within the „registry project“, Stefan Mathis)	
AGES PharmMed, cooperation with Dr. Eberl and Dr. Pilacek in the field of quality assurance and tissue repositories; as well as with Dr. Fabian Waechter who gave the speech „Which medical interventions are innovative?“ on April 10, 2008 at the LBI-HTA.	
Federal Council of Swizerland, Prof. Slembeck, catalogue of outpatient medical care (KAL)	
Cooperations with SchARR (School of Health and Related Research), the University of Sheffield, the Institute for Public Health, Medical Decision Making and	

HTA/ UMIT, and with the “Drahtwarenhandlung- Simulation Services’ for adapting a decision analysis model for evaluating the impact of statin therapy on actual hospital interventions in Austria (Ingrid Zechmeister)

**cooperation within
publication projects**

Zechmeister, I., Freiesleben de Blasio, B., Garnett, G. (2008): HPV-vaccination for the prevention of cervical cancer in Austria: A model based long-term prognosis on cancer epidemiology. Submitted to the ‘Journal of Public Health’ in August 2008: Cooperation with the University of Oslo and Imperial College London

Zechmeister, I., Freiesleben de Blasio, B., Garnett, G., Neilson, A., Siebert, U. (2008): Cost-effectiveness of human papillomavirus vaccination programs to prevent cervical cancer in Austria. Submitted to the journal ‘Value in Health’ in November 2008: Cooperation with the University of Oslo, Norwegian Centre for the Health Service, Imperial College London and UMIT (Private University for Health Sciences, Medical Informatics and Technology)

**HTA newsletter
editorials: authors**

In 2008, the following authors contributed to the HTA newsletter in the form of an editorial:

- ✿ Univ.-Prof. Dr. Franz Waldhauser, Paediatric clinic, General Hospital Vienna (AKH)
- ✿ Univ.-Prof. Dr. Hans Gombotz & Dr. Axel Hofmann, Dept. for anaesthesiology and intensive care, General Hospital Linz (AKH)
- ✿ Dr. Wolfgang Schimetta, Johannes Kepler University Linz
- ✿ Dr. Christina Lammer, Medical sociologist and artist
- ✿ Dr. Vinzenz Auersperg, GfO
- ✿ Mag. Andrea Fried, ÖKZ/ Austrian hospital newspaper, Transparency International – Austrian Chapter
- ✿ Dr. Ansgar Gerhardus, M.A., MPH, University of Bielefeld

staff exchange

Residence at the Institute of Public Health, Medical Decision Making and HTA at the Private University for Health Sciences, Medical Informatics and Technology (UMIT) in line with a cooperation for the development of a decision analytic model in the treatment with statins. Models for the treatment with statins in Austria, 31/03/-03/04/2008 (Ingrid Zechmeister).

Residence at the Health Technology Assessment Group/University of Aberdeen for the purpose of exchanging efficient information management methods (literature search), 20/-24/10/2008 (Tarquin Mittermayr).

4 Other Activities

Since 2007 **Claudia Wild** has been a lecturer for the postgraduate course “Master of Management in Health Care” at the Danube-University Krems. Besides leading a workshop on HTA (05/-10/05/2008), she also gave a lecture on “HTA in health care management“ there (21/06/2008). Claudia Wild taught at the Institute of Public Health, Medical Decision Making and HTA at the Private University for Health Sciences, Medical Informatics and Technology (UMIT) in Hall/Tirol, on March 11 2008. She held a course on „Pharmaceutical economics” at the University of Vienna on June 6 2008. During the social medicine HTA days she lectured in Linz (30/05/2008), as well as in Dornbirn (07/06/2008).

teaching

Ingrid Zechmeister is an assistant lecturer for the Masters’ Course for Public Health at the Medical University of Graz; she has also taught in Graz (16/05/2008) and in Dornbirn (22/-23/05/2008). Additionally she gave a lecture on “Economic evaluation in health care” both at the Danube-University Krems (09/05/ 2008) and at the University of Applied Sciences in Krems (17/-18/10/2008).

Within the context of a HTA workshop at the Danube-University Krems, **Stefan Mathis** gave a visiting lecture on „Observational studies and registries“ (08/05/2008).

In 2008 **Claudia Wild** reviewed manuscripts for the „European Journal of Public Health“ as well as the “German Journal for Evidence and Quality in Healthcare“ (ZEFQ). Furthermore, she was requested to provide external expert opinion for the project „Correct eating from the very first time“ (project cooperation between HVB, BMGFJ and AGES).

expert & referee activities

In 2008 **Ingrid Zechmeister** carried out review activity for the project „The Netherlands Organisation for Health Research and Development“.

The following diploma and doctoral theses were supervised by senior researchers, and supported by library services in 2008:

supervision of diploma and doctoral theses

- ✿ Marc Krenn (Alpen-Adria-University Klagenfurt): Telemonitoring for cardiovascular diseases – **Claudia Wild**
- ✿ Mag. Petra Petz (Postgraduate course at the University of Graz, Institute for Social Medicine): Recombinant growth hormone - **Claudia Wild**
- ✿ Michael Pohl (Master’s course for Public Health at the Medical University of Graz): Economic evaluation of health promotion measures – **Ingrid Zechmeister**

Because the LBI-HTA intends to enable long-term and free access to its publications, strong emphasis has been placed on the (further) development of the **document server** (<http://eprints.hta.lbg.ac.at>) which provides extensive search options in English and German.

library information

In addition to this channel of distribution, which is important for the transfer of knowledge, the delivery of publications to the Library of the Medical University of Vienna and the legal deposit of copies ensure that scientists and students in Austria become familiar with the Institute’s publications. In

order to raise awareness of the Institute's research results internationally, summaries and other relevant information are regularly sent to the INAHTA office. Due to this cooperation, project reports and rapid assessments from the LBI-HTA have also been accepted into the HTA-Database of the Centre for Reviews and Dissemination in York, and are accessible via <http://www.crd.york.ac.uk/crdweb/>.

Since September 2008 **Tarquin Mittermayr** has been in charge of the library and supports the LBI-HTA's scientific staff in the field of literature research.

5 Prospects

There are various challenges for **2009**:

On the one hand the growth of the institute (16 LBI-HTA team members and many external experts), the result of third party funded projects and rapid policy advising (reports), needs to be managed while maintaining high quality standards of research. A change in the structure of the organisation is therefore being considered.

**management
of growth**

On the other hand, methods to evaluate individual medical services (MEL) for the DRG catalogue which were developed in 2007 will now (2009) be field-tested in cooperation with the German equivalent - “NUB/ New diagnosis and treatment procedures”. Transparent and comprehensible processing of data, assessments based on the GRADE tool, as well as (from January 2009) extraction tables written exclusively in English, all attract a great deal of international attention. As far as „globalisation of evidence, localisation of decision-making“ is concerned, these methods help to reduce duplication in HTA work in the EU. Further cooperation with other EUnetHTA partner organisations is planned.

**avoidance of
redundancies**

In May 2009, after three years of operational activity, the LBI-HTA will be evaluated, and a decision made with regard to its continuation until 2013. International experts will appraise the institute’s work on the basis of explicit evaluation criteria predefined by the Ludwig Boltzmann Society. During this two-day on-site visit, there will be several discussions with team members as well as with institutional partners, and also with the Scientific Advisory Group of the LBI-HTA.

**evaluation for
LBI-HTA’s continuity**