

Annual Report 2009



Ludwig Boltzmann Institut
Health Technology Assessment

Institut für Health Technology Assessment
der Ludwig Boltzmann-Gesellschaft

Annual Report 2009



Ludwig Boltzmann Institut
Health Technology Assessment

Vienna, January 2010

Ludwig Boltzmann Institut for Health Technology Assessment

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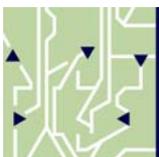
Vienna, January 2010

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 2009 was the 4th year of the institute's operational activity. Evaluation regarding its continuation until 2013 took place on May 7th and 8th 2009. Four international experts appraised the operation of the LBI-HTA on the basis of explicit criteria preassigned by the Ludwig Boltzmann Society.

2009:
4th year of existence
evaluation regarding
continuation until 2013

1.1 Budget

The annual budget of the Ludwig Boltzmann Institute for Health Technology Assessment - funded by the Ludwig Boltzmann Society and institutional partners – was € 870.000 in the year 2009. Additional third party amounted to additional 4,3% of the budget.

total budget

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>



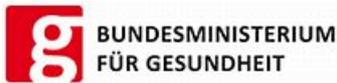
KAGES/ Steiermärkische Krankenanstalten GmbH
Stiftingtalstraße 4-6, 8010 Graz
<http://www.kages.at>



AUVA/ Allgemeine Unfallversicherungsanstalt

Adalbert-Stifterstraße 65, 1201 Wien

<http://www.auva.at>



BMG/ Bundesministerium für Gesundheit

Radetzkystraße 2, 1030 Wien

<http://www.bmg.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)**

Kundmannngasse 21, 1030 Wien

<http://www.hauptverband.at>

1.3 Committees

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

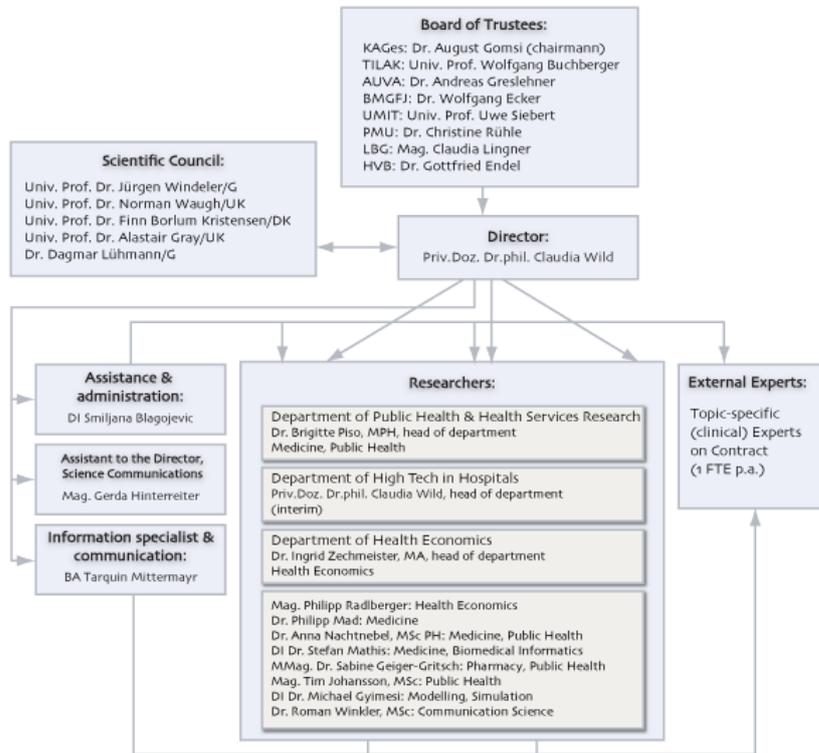


Figure 1.3-1: Organigramm

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

KAGES:

Dr. August Goms (Chair)

board members

TILAK:

Univ. Prof. Dr. Wolfgang Buchberger

AUVA:

Univ. Prof. Dr. Hartmut Pelinka (until 01/06/2009)

Dr. Andreas Greslehner (since 01/06/2009)

BMG:

Dr. Wolfgang Ecker

UMIT:

Univ. Prof. Dr. Uwe Siebert

PMU:

Dr. Markus Schwarz (until summer 2009)

Dr. Christine Rühle (since summer 2009)

LBG:

Mag. Claudia Lingner

HVB:

Dr. Gottfried Endel

Board meetings 2009:

✿ 1st Board meeting: 07/05/2009

✿ 2nd Board meeting: 06/10/2009

**1st board meeting
2009:
07/05**

The **first board meeting** in 2009 dealt with the financial report and the human resources development at the LBI-HTA in the year 2009/2010. Apart, fruitful and profitable discussions took place about the evaluation of the institute, the position of the LBI-HTA within the national context, internal re-organisation processes and the institute's future perspectives. Consequently, ongoing projects and the programme for the year 2009/2010 were presented to the board members.

Since the meeting was arranged - intentionally - at the same time as the evaluation took place, the evaluators had the opportunity to exchange (2-hours "hearing") with the board members on their perspectives on their specific benefits being institutional partners and on HTA implementation in Austria in general.

**2nd board meeting
2009:
06/10**

During the **second board meeting** in 2009 the director reported about the internal evaluation process, the prolongation of partners' contracts and the budget 2009. Furthermore, particular projects were discussed in detail.

**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 member:

✿ 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

**3rd meeting of the
Scientific Advisory
Group: 08/05**

The third meeting of the Scientific Advisory Group took place at the LBI-HTA on 08/05/2009, also at the same time as the evaluation took place. The director of the LBI-HTA gave a presentation on activities of the past three years. In addition, there was a discussion about the role of the Scientific Ad-

visory Group in the project-review process. Furthermore, some LBI-HTA researchers presented selected projects which had a high level of political impact and relevance, and highlighted the need for transparency in all the HTA-process. These were:

- ✿ “Development of an HPV decision aid” – Brigitte Piso
- ✿ “Rapid assessments of single medical services (MELs)”– Anna Nachtnebel
- ✿ “Tocolysis in preterm Labour” – Philipp Mad

As the board members the members of the Scientific Advisory Group had a discussion (2-hours “hearing”) with the evaluators on their perception of LBI-HTA’s quality of research and scientific output.

1.4 Staff & Human Resources Development

objectives: professionalisation, specialisation	<p>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.</p> <p>Due to the rapid growth of LBI-HTA a reorganisation took place in 2009. Three departments were formed. The two new “head of departments” Dr. Ingrid Zechmeister (health economics) and Dr. Brigitte Piso (Public Health and health services research) attended a leadership training on “personnel training” (Business Circle, Wien. 03.-04/12/2009).</p>
leadership training for director	<p>The Ludwig Boltzmann Society initiates regular director meetings in order to increase both management capacities and identity building. Claudia Wild attended on 23-24/02/2009 the leadership training seminars „Reorganisation of the workshop group, management, internal issues” (1st day) and „Leadership, conflict management, creativity“(2nd day) at the Vila Vita Hotel Pamhagen in the Burgenland.</p>
methodological training	<p>All researchers took part in the following methodology development courses:</p>
clinical epidemiology, EndNote	<ul style="list-style-type: none">✿ „Clinical Epidemiology“ (Part 1), LBI-HTA, Vienna (Lecturers: Philipp Radlberger, Stefan Mathis), 09/02/2009✿ „Clinical Epidemiology“ (Part 2), LBI-HTA, Vienna (Lecturers: Erwin Falkner, Kylie Thaler, Andrea Chapman), 10/02/2009✿ „Schlaganfall/Stroke“, LBI-HTA, Vienna (Lecturer: Peter Wipfler), 13/02/2009
specific training for some researchers: EBM, HTA	<p>Several researchers attended the following courses:</p> <ul style="list-style-type: none">✿ Course „Introduction to HTA“, UMIT/Hall in Tirol, 25.-28/02/2009 (Michael Gyimesi, Sabine Geiger-Gritsch)✿ Workshop „Systematische Übersichtsarbeiten in der Medizin-Grundkurs Evidenzbasierte Medizin“, Deutsches Cochrane Zentrum, Freiburg/Deutschland, 26.-28/03/2009 (Tim Johansson)✿ Young Gastein Brussels Study Visit der EU-Kommission (DG-SANCO & DG-Research) und European Health Management Association, Brussels, 30/03.-01/04/2009 (Philipp Radlberger)✿ Workshop „Herausforderungen bei der systematischen Qualitätsbewertung von Interventionsstudien im Bereich Public Health“, Hannover/Germany, 05/06/2009 (Anna Nachtnebel)

- ❖ Pre-conference workshop „ Information Searching for HTA – Globalisation, Localisation and Adaptation“, HTAi conference, 6th Annual Meeting, Singapore, 21/06/2009 (Anna Nachtnebel) **health services research,**
- ❖ Pre-conference workshop „Economic Evaluation for HTA“, HTAi conference, 6th Annual Meeting, Singapur, 06/2009 (Philipp Radlberger) **economics,**
- ❖ „Medizinische Entscheidungen aus gesundheitsökonomischer Perspektive. Welchen Stellenwert hat in diesem Zusammenhang die Labordiagnostik für Mensch und Gesellschaft?“ 17. Abbot Medical Circle. Vienna, 25/09/2009 (Anna Nachtnebel) **modelling,**
- ❖ Workshop „Health Technology Assessment“, Donau-University Krems, 05.-10/05/2009(Gerda Hinterreiter)
- ❖ Short Course „Discrete Event Simulation for Economic Analyses“, ISPOR 12th Annual European Congress, Paris, 24.-27/10/2009 (Michael Gyimesi) **science communication,**
- ❖ Short Course „Pharmacoeconomic Modeling – Advanced“, ISPOR 12th Annual European Congress, Paris, 24.-27/10/2009 (Michael Gyimesi) **pharmacoeconomics**
- ❖ “Using Utility Data in Cost-Effectiveness Models.” The University of Sheffield, Sheffield/UK, 08 – 09/ 11/2009 (Anna Nachtnebel) **PRO/ patient-reported-outcomes**
- ❖ Workshop „Die Qualitätsbewertung von Interventionsstudien - randomisierte und nicht-randomisierte Studien im Vergleich“ Institut für Epidemiologie, Sozialmedizin und Gesundheitssystemforschung, Medizinische Hochschule Hannover, 05/06./2009 (Brigitte Piso, Anna Nachtnebel)
- ❖ Workshop Systematische Reviews „Publikation der Ergebnisse“, Donau-Universität Krems, Department für Evidenzbasierte Medizin und Klinische Epidemiologie, Krems, 17/6/2009 (Brigitte Piso)
- ❖ UCL Summer School “Social Determinants of Health”, International Institute for Society and Health, University of London, 13.-17/07/2009 (Brigitte Piso)
- ❖ Advanced training „Telestroke in practice“, 6th Stroke Network with Telemedicine in North Bavaria (STENO), Erlangen/Germany, 12/10/2009 (Tim Johansson)
- ❖ PR Briefing „Science Communication“, APA-OTScampus. ‘Haus der Industrie’, Vienna, 11/11/2009 (Gerda Hinterreiter)
- ❖ Workshop „Communicating Science to the Media“, SciCom 09, Technical University Vienna, 17/11/2009 (Gerda Hinterreiter)
- ❖ Pharmacoeconomics Workshop; IPPR conference series, Vienna, 25.-27/11/2009 (Roman Winkler)
- ❖ Training “The leading of team members”. Business Circle, Vienna. 03.-04/12/2009 (Brigitte Piso)
- ❖ Workshop “Instrument development and Evaluation of Patient Reported Outcomes Assessment”. HTA Assessment World 2009, 08/12/2009 (Anna Nachtnebel)
- ❖ Workshop “Pricing Medicines: An Integrated Framework for Incorporating HTAs into P&R Strategy”. HTA Assessment World 2009, 11/12/2009 (Anna Nachtnebel)

presentation techniques
– seminar &
TV & media training

All **LBI-HTA team members** participated in the seminar workshop „Inspiring instead of Presenting“ held by Justin Haiböck from „Menschen in Bewegung“:

- ✦ **Group 1** (Philipp Radlberger, Sabine Geiger-Gritsch, Gerda Hinterreiter, Brigitte Piso): Donau-University Krems, 16.-17/04/2009
- ✦ **Group 2** (Smiljana Blagojevic, Stefan Mathis, Anna Nachtnebel, Tarquin Mittermayr, Roman Winkler, Michael Gyimesi, Tim Johansson): LBI-HTA, Vienna, 20.-21/04/2009

In addition, **Brigitte Piso, Anna Nachtnebel, Gerda Hinterreiter** and **Stefan Mathis** participated in a TV and media training on 21/03/2009 at “IntoMedia/ORF – Konrad Mitschka” in Vienna. After an introduction into media basics and the most important “do’s and don’t’s” regarding TV or radio interviews, the seminar members were interviewed by Fritz Dittlbacher (moderator) at a real media studio. The seminar participants had to prepare a particular topic and could train their skills in a “real world situation”.

Stefan Mathis participated in an advanced rhetoric training (“Rhetoric II”) on 09.-10/01/2009 at the BFI Vienna.

university education:
1 “habilitation”

In October 2009, the Medical University Graz (Department for Social Medicine) entitiled **Claudia Wild** to hold the position of a “Dozent” (“Habilitation”). The title of the public presentation she gave was on “Resource allocation in health care”.

ongoing:

2 doctorates

As a part of his doctoral studies in National Economic Policy at the Vienna University of Economics and Business Administration, **Philipp Radlberger** attended the following classes: Research Seminar „Raising efficiency in SME health enterprises“ (held by Prof. Chini during winter term 2008/09), the Research Seminar „Political Economics“ (held by Prof. Österle during summer term 2009) as well as the Research Seminar „Specialisation in qualitative research methods“ (held by Prof. Brandtweiner during winter term 2009/10).

As part of his doctoral studies in Health Sciences Studies at the PMU/Paracelsus Medical University in Salzburg, **Tim Johansson** attended in the summer term 2009 the courses „Anatomy“, „Physiology“, „Pathology“, „Clinical Studies and Evidence-Based Medicine“ as well as „Molecular Medicine“.

1 master

Katharina Hintringer attended in the course of her master studies in Health Sciences at the University of Health Sciences, Medical Informatics and Technology (UMIT) in Hall in the Tyrol during winter term 2009/10 the following courses: „Public Health/Health politics“, „Financial management“ and „Empirical Health Research“.

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

project management

Director & Department High Tech in Hospitals:

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

team members

Deputy Director & Department of Health Economics:

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

Department of Public Health & Health Services Research:

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

Office-Assistant:

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

Assistant-to-the-director & Science Communications:

- ✿ **Gerda Hinterreiter**, Mag. rer. soc. oec.
Research Background: Medical Sociology, Communication

Information Specialist:

- ✿ **Tarquin Mittermayr**, BA (Hons)

Senior Researchers:

- ✿ **Philipp Mad**, Dr. med.
Research Background: Medicine
- ✿ **Rosemarie Felder-Puig**, Mag. Dr. rer. nat., MSc (until 31/08/2009)
Research Background: Psychology, Clinical research
- ✿ **Philipp Radlberger**, Mag. rer. soc. oec.
Research Background: Health Economics
- ✿ **Sabine Geiger-Gritsch**, Mag. pharm., Dr. scient.med. (since 01/05/2009 on maternity leave)
Research Background: Pharmacy, Public Health
- ✿ **Stefan Mathis**, Dr. med., Dipl.-Ing.
Research Background: Medicine, Biomedical Informatics
- ✿ **Roman Winkler**, Dr. phil, MSc
Research Background: Communication Science
- ✿ **Tim Johansson**, Mag. phil., MSc
Research Background: Public Health
- ✿ **Michael Gyimesi**, Dr. tech. Dipl.-Ing.
Research Background: Modelling, Simulation
- ✿ **Anna Nachtnebel**, Dr. med., MSc PH (since 01/01/2009)
Research Background: Medicine, Public Health
- ✿ **Erwin Falkner** (until 30/04/2009)
Research Background: Biology

**a total of 16 persons =
11 FTE**

**and many cooperative
research partners**

many assistants

Layout & Graphic Design:

- ✿ **Darko Blagojevic**

Trainees:

- ✿ **Katharina Hintringer**, BA (01/10/2008 – 01/05/2009)
Research Background: Social- and Health Management

Junior Researchers:

- ✿ **Katharina Hintringer**, BA (01/05/2009 – End of maternity leave Geiger-Gritsch)
Research Background: Social- and Health Management
- ✿ **Muna Abuzahra**, BCS (since 01/06/2009)
Research Background: Health Management
- ✿ **Martin Künzl** (20/04/2009 – 16/11/2009)
Research Background: Biology

Literature Acquisition :

- ✿ **Johannes Setz**
- ✿ **Laura Brückner**
- ✿ **Mimoza Dulaj**
- ✿ **Thomas Stumpner**

Student Assistants:

- ✿ **Johannes Flandorfer**
- ✿ **Eva Salaberger**

external experts

Furthermore, there are also external experts working on several projects for the LBI-HTA. In 2009 those were

- ✿ **Anita Stergner**, Mag.
Research Background: Int.Economics and Business Administration
- ✿ **Bernhard Fleischner**
Research Background: Health Care Engineering
- ✿ **Christopher Adlbrecht**, Dr. med.
Research Background: Medicine
- ✿ **Ingrid Michl**, Mag.
Research Background: Pharmacy
- ✿ **Ines Schumacher**, BA
Research Background: Public Health
- ✿ **Irmgard Schiller-Frühwirth**, Dr. med.
Research Background: Medicine, Public Health
- ✿ **Marisa Warmuth**, Dr. med., MIPH (FTE follows on 01/01/2010)
Research Background: Medicine, Public Health
- ✿ **Martin Künzl**
Research Background: Biology
- ✿ **Nikolaus Patera**, Mag. rer. soc. oec.
Research Background: Economics

Personnel, who left the LBI-HTA in 2009:

Rosemarie Felder-Puig worked as a researcher at the LBI-HTA until 30/08/2009. She was active in the field of psychology (30 hrs./week); currently, she holds a position as a Senior Researcher at the new Ludwig Boltzmann Institute for Health Promotion Research (LBI-HPR).

Erwin Falkner worked as a researcher at the LBI-HTA until 30/04/2009. At the LBI-HTA, he was active in the field of biology (10 hrs./week); currently he is involved in applied research projects.

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

institutional memberships

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

In 2005 **Claudia Wild** was appointed to the *Supreme Health Council* (advisory committee of the Health Minister) for the first time. She is now in her second period. 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*. 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)*.

individual memberships

Brigitte PISO is a board member of the *Austrian Society for Public Health (ÖGPH)*.

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)*.

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

Michael Gyimesi is since 09/2009 member of *International Society for Pharmacoeconomics and Outcomes Research (ISPOR)*.

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

1.5 Infrastructure

office space and equipment	The office of the LBI-HTA (279 m ² in total) consists of seven separate rooms and a 70 m ² library/seminar room. At the end of 2008, the institute was equipped with 16 personal computer workstations. For 2010 no further additions are planned.
library	<p>During the summer of 2009 the Institute's library has undergone a major re-organisation. Project assistant Ms. Anita Stergner was engaged both in the stock-taking and re-cataloguing of the library's books, applying the National Library of Medicine's (NLM) method of classification. The books were subsequently re-shelved according to NLM-Classification categories. Simultaneously a new internal loan scheme was introduced to improve both the traceability and retrieval of books. An increase in acquisition requests in 2009 raised the number of books to 650. During the same period, the number of electronic journals rose to 16 titles, whilst - with currently eight titles - the number of subscriptions to print-journals remained constant.</p> <p>With Medline (via Ovid), Embase, Scopus and UpToDate, the LBI-HTA furthermore holds licences to four of the most important medical and scientific databases. In addition to these, Ovid's Transplant Library was tested during a trial period last autumn.</p>
international distribution	<p>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 its document server (http://eprints.hta.lbg.ac.at) which provides extensive search options in English and German. 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 co-operation, project reports and rapid assessments from the LBI-HTA have also been incorporated in the HTA-Database of the Centre for Reviews and Dissemination in York, and are accessible via http://www.crd.york.ac.uk/crdweb/.</p> <p>Tarquin Mittermayr is responsible for the institute's library and provides systematic literature searches for the LBI-HTA's scientific staff.</p>

1.6 Highlights of the Year

„FairHealth“ conference	On March 2nd 2009 the LBI-HTA hosted a scientific conference entitled ' FairHealth: Equity and Resource Allocation of Medical Interventions ' at the Urania in Vienna. Besides theoretical analyses, the conference focussed on national and international practical examples, interdisciplinary approaches to research and HTA-perspectives, all of which stressed different aspects of (in-)equity in health care. The conference was open to the public and admission was free. The significant interest in the conference and its subject-matter was reflected in the number of delegates (130) and their positive response.
evaluation of institute after 4 years	On May 7th and 8th 2009, three years after it was launched, the LBI-HTA was evaluated. The purpose of the evaluation was to decide, as was expected, whether the Institute would continue for a further four years; it was decided that it will do so. During the two day process the international evaluators (Prof. John GABBAY, University of Southampton; Prof. Andrew STEVENS,

University of Birmingham, Public Health, Epidemiology & Biostatistics; Prof. Stefan N. WILLICH, Charité Berlin, Institute for social medicine, epidemiology and health economics and evaluation expert Dr. Simon SOMMER, Jacobs Foundation Zürich) interviewed not only the HTA-Team and its leaders, but also spoke to the LBI-HTA's partners and Scientific Advisory Group about their experiences with the Institute. Both the Ludwig Boltzmann Society and the LBI-HTA team were delighted with the highly positive results of the evaluation, which clearly acknowledged the rapid development of the Institute and the dedicated, high quality and valuable work done within it.

A result of third-party-funded projects, such as those brought about by the demand for rapid policy advice, has been the growth of the Institute (16 employees and contributions from several external experts). In order to absorb this expansion without making sacrifices in the quality of its research, after its evaluation in May, the Institute underwent **organisational reform**. A restructuring workshop took place in Kritzensdorf, near Vienna, on 02.06.2009. This led to the work and administration of the Institute being separated into **three departments**: 1. High tech in hospitals (Head of Department: Claudia Wild), 2. Public Health and health services research (Head of Department: Brigitte Piso) and 3. Health economics (Head of Department: Ingrid Zechmeister).

Following the review of Horizon Scanning programmes in 2006, a **Horizon Scanning programme for oncology** was developed and piloted. In 2009 this programme was tested in routine practice for the first time. The first Decision Support Documents for Horizon Scanning in oncology were published in the autumn of 2009. A group of oncology drugs was selected by scanning various data sources and websites. A group of interdisciplinary experts then decided for which of these drugs short and concise Assessments should be carried out and passed on to decision makers. (DSD Horizon Scanning in Oncology are available online at <http://hta.lbg.ac.at/de/content.php?iMenuID=96>). As the Horizon Scanning in oncology documents have been published (only) in English, they have aroused significant interest internationally, as well as in Austria.

After the end of the EU **EUnetHTA project** (2006-2008), a group of 25 European HTA institutions met in September 2008 in order to make strategic and resource plans for the interim period in 2009. In 2009, the LBI-HTA was the only Austrian "founding partner" of the EUnetHTA network which, thanks to long-term EU funding, will become a "**Joint Action**" between **2010 and 2012**. In order to enable the EUnetHTA Joint Action partner organisations to reduce unnecessary overlaps and duplication in EU-wide HTA work, a web-based database of all planned and ongoing Assessments is being developed. Its development is being led by the LBI-HTA as part of **Work package 7/ Stream B**. Further projects in cooperation with other EUnetHTA partner organisations are planned and will be coordinated by the LBI-HTA from 2010.

The evaluation of **individual medical services (MEL)** supports the decision of their inclusion in the **benefit-catalogue**, which was first carried out in 2007/08, is now being regularly conducted. Completing this task in just a few weeks (mid-January to end of March) was not just a methodological challenge, but also an organisational one. The whole LBI-HTA team was involved in this project, which has already led to a number of publications. Furthermore, cooperation with the LBI-HTA's German counterpart, „NUB/

**restructuring of
Institute into 3
departments**

**Horizon Scanning in
Oncology:
aroused significant
interest**

**international
cooperation -
EUnetHTA:
LBI-HTA actively
involved in plans for
further cooperation**

**German-Austrian
cooperation in new
hospital services**

New diagnosis and treatment procedures“, which is often simultaneously faced with similar or identical new medical techniques, is increasing.

prevention of overlaps
in HTA work through
GRADE

Transparent and comprehensible processing of data, assessments based on the **GRADE tool**, as well as (since 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 overlap with HTA work around the EU.

mediahype:
swine flu

In 2009 the **swine flu pandemic** generated considerable media hype which reached its peak in the autumn. In order to help counter this mass hysteria boosted by the media, the LBI-HTA rapidly published an independent report on the new strain of flu, including data and facts intended to aid policy decisions. In an interview with the Institute’s director, Claudia Wild, on the Ö1 television channel’s morning news bulletin on 03/11/09, the press finally found a voice which warned against scaremongering about the pandemic, and publicly argued for a rational view of the problem. The LBI-HTA, represented by Claudia Wild, was featured in the media 35 times in relation to swine flu, in a combination of print, online, TV and radio contributions.

book project:
„Numbers games in
medicine“

On the initiative of the ORAC publishing company, the Institute’s book **“Zahlenspiele in der Medizin”** (**“Numbers games in medicine”**) was written in the second half of 2009. The book deals with the often highly suggestive and therefore potentially misleading ways in which figures can be presented in the field of medicine. The 16 chapter book attempts to demonstrate these “numbers games”, using numerous examples which are notable for their impact and/or timeliness. The aim of the book is to develop in its readers a certain awareness of these figures and statistics, and an understanding of how to interpret them. The book was compiled by 11 LBI-HTA employees and 3 external experts, and edited by Claudia Wild and Brigitte Piso. It will be published on 08.03.2010.

gaining knowledge,
networking and
celebrating: annual
EBM conference

Nine members of the LBI-HTA team took part in the 11th Annual **conference of the German Network for Evidence-Based Medicine**, which took place in Berlin on 5th-7th July. In addition to their professional participation, participants used the opportunity for international networking.

LBI-HPR launch

To mark the launch of the **Ludwig Boltzmann Institute for Health Promotion Research** (LBI-HPR) an opening party was held at the Ottakringer brewery in Vienna on 19.03.09. The employees of the LBI-HTA were invited, and many attended the event.

national networking
walking tour

At the end of September 2009 (28.09-29.09) a two-day networking event including a walking tour took place in Dorfgastein/Salzburg., in order to intensify exchange and cooperation with

- ✿ the **Institute for Public Health, Medical Decision Making and HTA** at the Private University for Health Sciences, Medical Informatics and Technology/UMIT,
- ✿ the Department for **evidence-based medicine and clinical epidemiology/ DUK** and
- ✿ for the first time the **Federal Institute for Quality and Cost-effectiveness in health care/BIQG**

The aim of the networking event was for each institution to identify and develop its profiling.

The **LBI-HTA Christmas party** took place on 16.12.2009. It began with a tour of the “Bodycheck” exhibition at Vienna’s Technical Museum and was followed by a pleasant trip to the “Roter Elefant” restaurant.

Christmas party

Finally, 3 employees of the LBI-HTA had children in 2009: Ingrid Zechmeister (**Paula**: 22.12.2008), Sabine Geiger-Gritsch (**Anna**: 18.06.2009) und Stefan Mathis (**Lorenz**: 16.06.2009). These births were also celebrated accordingly.

children and births

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 almost exclusively Austrian hospital cooperation. The network meets twice a year (June and October) in order to obtain informative HTA input into 4 key topics, to discuss them and to exchange ideas on regulation and reimbursement issues.

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

Scientific decision support of the Health Ministry

It is the task of the LBI-HTA to provide - 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.

HTA-implementation: Development and informing on effective policy instruments

programme line 4

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

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

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

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

2 Research

2.1 Projects and Scientific Support of Decision-making

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

programme line 1:
assessments

Project leader: Philipp Radlberger

Duration: 10/2007 – 04/2010

Part 1: International models and approaches of outcome measurement (completed)

Part 2: Selected models of integrated care and their evaluation (completed)

Part 3: Comparison of services and costs in practical context: economic analysis of therapeutic institutions in Traun (GESPAG) ND Kalksburg (ongoing)

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 out-patient therapies, day-care, as well as in-patient 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 out-patient 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 1: Systematic review, literature- and data analysis; Part 2: 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; Part 3: expert (group-) interviews, clinical and cost data description, cost-consequence analysis

- ✿ description of actual structure of financing
- ✿ definition of outcome parameters in clinical records
- ✿ description of cost data
- ✿ identification of successful treatment in clinical records
- ✿ cost-consequence analysis

Results Part 1: Typologies of diagnosis and treatment planning are internationally incoherent. Some systematisations of health services are more advanced than others. There is a wide spectrum of alternative treatments including medical interventions in short intervention withdrawal, psychotherapies, group-, family- and behavioural therapies as well as relapse prevention measures and labour market reintegration facilities. According to the model of service supply, in-patient, out-patient or day care settings are chosen. Case management approaches implying individual carers helping with organising and coordinating flexible treatment structures stand in opposition to treatment strategies where therapy plans are strictly fixed and scheduled immediately after diagnosis. Apart from evidence on clinical effectiveness, economic arguments can also influence the structures of health service supply. The fact that most countries are initiating screening programs is indicating that the economic importance of prevention is more and more recognised. General practitioners as gatekeepers can be considered key actors from an organisational point of view.

Results Part 2: The comparison of three projects of integrated care in terms of combination of in- and out-patient treatments was done on the three levels of structure, processes and results. The “addiction therapy in a linked system/EVS” centres the gateway management of institutional elements as a key quality indicator for the system by introducing a communication matrix. The evaluation of the Jellinek-model uses an adapted quality management tool for enterprises. Even though the UKATT as a big RCT with an economic piggyback-design put the focus on clinical outcome parameters, authors agree with the two other evaluations in considering the retention rate as highly relevant.

Discussion: Overall there are many well evaluated single interventions, but only very few coordinated models of integrated alcohol therapy. Those who exist are mostly young, which explains a lack of evidence in the field of quality measurement. The analysis of a few regional pilot projects shows the high explanatory relevance of gateway management and retention rate for the overall quality of a treatment system in alcohol addiction.

Publication (Part 1 & 2): HTA-Project report 10 - <http://eprints.hta.lbg.ac.at/813/>

programme line 1:
assessments

Evidence supported health service planning

Project leader: Stefan Mathis
Duration: 10/2008 – 08/2009

Background: Health services planning must consider aspects of demand (incidence/prevalence and distribution of illness and health conditions) and aspects of supply (hospital services, physicians’ services, location and payment of medical equipment, drugs or medical devices, nursing services). Additionally, social aspects which have an impact on health and disease must be taken into account. Economic pressures to enhance the efficiency and quality and lower the costs of health care are reasons to scrutinise traditional methods of health services planning. While it is not the aim of this work (which is based on the methodological literature on health services planning) to make general recommendations for health services planning, we aim to identify ways of increasing scientific support and evidence based practice in the process of planning.

Method: 1. Research questions were narrowed down by means of a scoping process. 2. A literature search was performed and (3.) publications containing detailed descriptions of applied planning methods (according to inclusion/exclusion criteria) were selected. 4. The methods were described and (5.) steps in planning compared. 6. The essential steps in the planning guidance analysed and the potential for using an evidence based approach to planning were discussed.

Results: Based on the 34 public health care planning documents identified, which included plans and planning methodologies, we selected 5 models for further analysis:

- ✿ The English method of „Health Care Needs Assessment“ (HCNA)
- ✿ The Australian „Community health needs assessment for health service planning“ (CHNAP)
- ✿ The American method of „Community Health Assessment and Action Planning“ (CHAAP),
- ✿ The Canadian „Population needs-based health-care resource allocation and planning“ (PoNHRAP), as well as
- ✿ The Austrian „Österreichische Strukturplan Gesundheit“ (ÖSG).

By using the analytical framework of „Health Services Planning“ (Thomas, 2003) – a strategic planning guide - core elements of the planning process can be compared. Obtaining information on the health of the population and the availability of services, as well as the evaluation of the benefit of the available health services, are important steps. The analysis also revealed that different planning methods focus on different areas (participation, prioritisation, needs assessment, public health aspects, indicator choice, and service density)

The comparative analysis also highlighted ways of intensifying the use of evidence and evidence based practice. The different planning methods use different types of evidence (knowledge of effects of implementation, analysis of policy, decision process analysis, knowledge of acceptability and values, knowledge of relative needs) and therefore require different methodological instruments.

Discussion: Published and unpublished studies are required to develop the evidence base required in planning. An objective consideration of the methods which can be used in health services planning is only possible if the planning steps are transparent. By using the core elements of planning identified in this review, one can analyse and – where required – optimise one's own planning.

Recommendations: We recommend evidence based planning. Health Technology Assessment/HTA may be applied in identifying objective need (by assessing net benefit) and may be of used in other aspects of planning

Publication: HTA-Project report 21 - <http://eprints.hta.lbg.ac.at/843>

programme line 1: **Classification of severity for neuro- and trauma rehab patients**
assessments

Project leader: Brigitte Piso

Duration: 09/2008 – 01/2010

Researcher (Part 1): Christoph Pammer, Muna Abuzahra, (Part 2): Muna Abuzahra, Brigitte Piso, (Part 3): Muna Abuzahra, Brigitte Piso.

Part 1: Classification of severity for neuro- and trauma rehab patients. Instruments used classifying stroke and trauma patients (completed)

Part 2: International experiences in applying classification of severity for quality-assurance, performance-assessment and reimbursement (completed)

Part 3: Applications of classification of severity for neuro- and trauma rehab patients in Austria (ongoing)

completed: **Part 1:**

Part 1:
instruments used
classifying neuro and
trauma patients

Background: The evidence, that the implementation of quality assurance systems in neurologic and trauma rehabilitation is able to improve patients' functional health status is low. Indicators for outcome measurement should be assessed- not only for quality assurance reasons. Neurologic rehabilitation aims at improving the functional health status of patients as well as reintegrating patients in social participation. Therefore a variety of instruments for assessing functional health outcomes, activity and participation of patients have been developed and validated. The comprehensive and multi-dimensional assessment of patients' health status is the basis of allocation decisions, standardised planning in rehabilitation as well as coming up to the patients' and the health care providers' expectations. The selection of appropriate measuring instruments makes significant contributions to improved patient care and its treatment outcomes.

The first part of this project aimed at identifying instruments for classifying disease severity in patients with neurologic or trauma rehabilitation and assessing them according to test quality criteria. As an example, chose two specific diagnostic groups (stroke and traumatic brain injury)

Method: We identified 2527 publications by systematic literature search and hand search. 167 full text articles met our inclusion criteria and were included in further analyses.

Results: In stroke patients, specific instruments for classifying the severity of the disease show better test quality than generic instruments. We recommend the National Institut of Health Stroke Scale (NIHSS), the Beck Depression Inventory (BDI), the Frenchay Activities Index (FAI), the Stroke Impact Scale (SIS) and the Stroke Specific Quality of Life Scale (SSQOL) according to test quality criteria. In patients with traumatic brain injury specific instruments do not necessarily perform better than generic instruments. We recommend the Disability Rating Scale (DRS) and the Community Integration Questionnaire (CIQ).

Conclusion: Instrument selection is not only dependant of test quality (and feasibility and acceptability issues), but also of the purpose the measurements should serve in the system. Generic instruments can be used across different diseases, while additionally other criteria have to be assessed disease specific (modular composition of generic and disease specific instruments).

For a choice of measurement instruments in neurological and trauma rehabilitation in Austria, aims of measurements have to be defined. It has to be clarified, whether and in which way measurements for quality assurance and outcome evaluation will be implemented and if it will be connected to reimbursement.

Part 2:

Background: Neurologic and traumatologic rehabilitation are highly complex. The evaluation of quality and performance is important in order to meet the requirements of patients, care providers and funders of health care. Increased efficiency can be achieved by using outcome-oriented payment models. Differentiation by severity of disease using generic (overall diagnosis) assessment instruments could be used in quality measurement and linked to reimbursement systems.

Method: This report considers whether and which generic assessment instruments are used in quality and performance measurement, or in determining levels of reimbursement, in neuro and trauma rehabilitation. In particular, it explores international experiences with such instruments. A systematic literature review and a selective internet search were conducted in order to answer these questions.

Results: In Germany and in Switzerland pilot studies of generic instruments for quality and performance measurement are being conducted. In Australia the AROC (Australasian Rehabilitation Outcome Centre) carries out quality measurement in rehabilitation almost nationwide, and uses the FIM (Functional Independency Measure). The application of generic instruments in outcome orientated payment systems has been tested in Germany using the FIM and the SINGER (Selbstständigkeitsindex für die neurologische und geriatrische Rehabilitation). In Switzerland, the LTR (leistungsorientiertes Tarifmodell, performance-oriented tariff model) is currently being tested. In Great Britain the RCS (Rehabilitation Complexity Scale), the NPDS (Northwick Park nursing Dependency Scale), and the NPTDA (Northwick Park Therapy Dependency Assessment) have been developed and are currently being piloted. In Australia the AN-SNAP-Classification (Australian National Sub-acute and Non-acute Patient Classification System), in which the differentiation of severity is based on the FIM, has been developed. In the USA the FIM has been in use for the differentiation of severity in the PPS (Prospective Payment System) since 2002.

Most of the studies reviewed which discuss the use of generic instruments in reimbursement are from the USA. For the most part, they evaluate the PPS. The costs of neuro and trauma rehabilitation are higher than the level of reimbursement designated by the PPS. Since the implementation of the PPS, the average length of stay has decreased and rate of discharges to home has increased.

Conclusion: Generic Instruments can be used for various purposes. In Austria, pilot projects of the use of generic instruments for the measurement of quality and/or reimbursement, which take into consideration previous international experiences and projects, are recommended.

Publication (Part 1 & 2):

HTA Project report 23a: <http://eprints.hta.lbg.ac.at/866/>

HTA Project report 23b <http://eprints.hta.lbg.ac.at/867/>

completed:

**Part 2:
International
experiences in
classification of severity
for quality-assurance,
performance-
assessment and
reimbursement**

ongoing:

**Part 3:
applications of
classification of severity
for neuro- and trauma
rehab patients in
Austria**

Part 3:

Following the two literature reviews, part 3 will empirically analyse the status quo of classification the severity for neuro- and trauma rehabilitation patients in Austria. To this effect several neuro- and trauma rehabilitation centres will be surveyed by using a questionnaire that will include at least the following questions:

- ❖ Which instruments are used for classifying the severity for patients in neuro- and trauma rehabilitation centres in Austria?
- ❖ Which purpose are they used for?
- ❖ Are there already pilot projects existing in classifying of severity for neuro- and trauma rehabilitation patients?

**programme line 1:
assessments**

Coverage with Evidence Development - Experiences from selected countries

Project leader: Anna Nachtnebel

Duration: 10/2008 – 01/2009

Background: In order to allocate scarce resources effectively, reimbursement decisions for health technologies should be evidence-based. However, decision-makers are often confronted with the problem that study results are either not applicable to clinical routine or that high quality data is not available at all. Possible consequences of decisions under uncertainty could be high opportunity costs in terms of wasting limited resources or increased risks for patients.

Methods: This project was based on information available in the public domain, primarily on the websites of the included institutions CMS, MSAC and NICE. Additional data was identified by conducting a literature search on PubMed Central and the HTA database. Remaining ambiguity was sought to be clarified by personal contact with experts.

Results: The concept of Coverage with Evidence Development has already been employed in the USA, England and Australia. Despite differences in the terms used, the underlying principle is identical: Reimbursement of technologies is tied to the condition of further evidence generation. While providing an opportunity to influence study-designs and outcomes, decision-makers should be enabled to obtain data specifically tailored to meet their needs without restricting access to promising technologies.

Although the three countries investigated show substantial differences, similarities exist in terms of the appliance of Coverage with Evidence Development mostly for new or emerging technologies, the inclusion of evidence generated through a variety of study designs, as well as in the basic refusal of service providers to fund additional research. Further similarities include that several unresolved issues that seem to impact on the successful implementation of Coverage with Evidence Development. Some of the most important ones are questions concerning choice of the best study-design, identification of suitable technologies and of the best point in the life-cycle, consequences for industry and patients and foremost, assurance of funding for additional studies.

Conclusions: Although some differences can be found in the use of Coverage with Evidence Development in the USA, England and Australia, several common factors seem to determine the success of this decision-making tool.

Suitable technologies and adequate study-designs should be identified in a clear and transparent process which includes all relevant stakeholders. If, additionally, appropriate funding mechanisms for further evidence generation are in place, Coverage with Evidence Development will prove a valuable means for reimbursement decisions.

Publikation: HTA-Project report 24 - <http://eprints.hta.lbg.ac.at/818/>

Evaluations of child and adolescent psychiatry

Project leaders: Roman Winkler (overall project, clinical evaluations of project part 1 and applied evaluation research of project part 2), Philipp Radlberger (economic evaluation of project part 1), Ingrid Zechmeister (economic evaluation of project part 2).

Part 1: Clinical and economic evaluations of child and adolescent psychiatry (completed).

Duration: 10/2008 – 11/2009

Part 2: Evaluation study at the University Department of Child and Adolescent Psychiatry (Christian-Doppler-Klinik) in Salzburg (ongoing).

Duration: 01/2010 – 12/2011

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 longterm 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. In Austria, applied evaluation research is still at the beginning. Hence, this co-operation shall inter alia contribute to improve the Austrian data basis on quality evaluations.

Aims and research questions: The first project part pursued the goal to provide a systematic literature review regarding evaluation methods, to identify applied evaluation instruments and to analyse systematically therapy outcomes such as clinical symptomatology, health-related life quality, patients' satisfaction rates, socio-economic longterm outcomes and the cost effectiveness of treatments. The overall aim was to identify adequate benchmarks for the Austrian context. Hence, project part 1 was based on the following research questions:

1. Which evaluation indicators and which methods and instruments have been used to evaluate treatment programmes for mentally disordered children and adolescents within the international context?
2. Which therapy outcomes have been identified so far and which ones can be identified as benchmarks for the Austrian context? Which socio-economic longterm outcomes have been empirically analysed? (HTA project report number 27).
3. Which costs, cost-effectiveness ratios and cost-benefit analyses have been documented in economic evaluations? (HTA project report number 28).

programme line 1:
assessments

On the basis of these “theoretical reflections” on clinical and economic evaluation studies, further research activities will take place in co-operation with the University Department of Child and Adolescent Psychiatry at the Christian-Doppler-Clinic (Salzburg) from March 2010 onwards. This forthcoming project part 2 pursues the aim to make use of those therapy outcomes that turned out to be adequate and useful (according to the systematic reviews) in order to evaluate treatment programmes in Salzburg. The following research questions will guide the research in project part 2:

- ❖ Which clinically relevant changes and developments show children and adolescents who make use of the treatment programmes offered by the University Department of Child and Adolescent Psychiatry at the Christian-Doppler-Clinic (Salzburg)?
- ❖ Which resources have been used before and during the hospital stay? How to understand the relation between treatment needs, costs and therapy outcomes?

Methods project part 1: 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; analysis; systematic literature review.

Methods project part 2: Primary data surveys at the University Department of Child and Adolescent Psychiatry at the Christian-Doppler-Clinic (Salzburg); Quantitative (e.g. “MARSYS” questionnaires) and qualitative (interviews with patients, parents) instruments of Social Sciences Research.

Project part 1 – Clinical findings: The therapeutic outcome, treatment satisfaction and the health-related quality of life of the patients turned out to be the primary evaluation dimensions in the course of the systematic review. Evaluation indicators have been developed for the purpose of defining these dimensions. In this context, the clinical symptomatology was identified as a core indicator for medical, psychotherapeutic and psycho-social treatment programmes. The quality of the treatment process as well as the “communication culture” among the involved actors, were proposed as adequate evaluation aspects. This also linked to health-related quality of life issues focusing even more strongly on the assessment of patient’s own human resources. In most cases, standardised empirical instruments were used to measure the evaluation indicators. The “MARSYS” system was of particular interest because of its comprehensive view of aspects relevant to be considered when treating mentally disordered children and adolescents. Regarding the study results, study authors of the selected publications widely report about significant improvements in terms of the clinical symptoms. Concerning the “success factors” related to improved clinical pictures, the building of “sustainable relationships” during the course of treatment appears to be core for the initiation of “successful” treatments.

Project part 1 - Economic findings: Over a period of 25 years, one systematic review and 25 single evaluations could be identified. Some indications, e.g. ADHD, are better examined than others. Regarding different interventions, there is disequilibrium in favour of family therapy interventions. Most of the evaluations are cost-effectiveness studies. Cost-effectiveness results of the interventions assessed are low, compared to interventions evaluated in somatic medicine. Most of the studies identified are inadequately transparent, especially with regards to information on cost data collection and modelling. The transferability of the evidence is limited because of context-specific interven-

tions. As to the collection of cost-data, most studies are taking a public payers or insurances perspective. Besides there are instruments, such as the 'Client Service Receipt Inventory' which is not only covering expenses occurring inside the public health system, but also other public or private costs.

Publications:

HTA-Project report 27: Evaluations of child and adolescent psychiatry. Theory and practice about measurement dimensions, indicators and instruments (Roman Winkler) - <http://eprints.hta.lbg.ac.at/846>

HTA-Project report 28: Child and adolescent psychiatry part 2: A systematic review of health economic evaluations (Philipp Radlberger) - <http://eprints.hta.lbg.ac.at/862>

Tocolysis in preterm labour - A systematic review of evidence-based guidelines, effectiveness and health economic evaluations

programme line 1:
assessments

Project leader: Philipp Mad

Duration: 10/2008 – 05/2009

Background: Premature birth before the end of the 37th week of gestation is associated with an increased risk of morbidity and mortality in newborns. The most frequent causes of early labour are infections, diseases of the uterus and the placenta, as well as fetal causes such as malformation. Using drugs to suppress labour (tocolysis) does not prevent the causes of imminent premature birth; in most cases the birth can merely be temporarily delayed.

In Austria, the drugs used in tocolysis are the betamimetic Hexoprenalin, a low cost drug which often leads to cardiovascular side effects, and the oxytocin receptor blocker Atosiban, which has fewer side effects but is more costly.

Aims: The aims of the systematic review were to summarise (1) existing evidence-based guidelines for the treatment of imminent premature birth, (2) existing studies on the effectiveness and safety of tocolysis and, (3) health economic evaluations of the tocolysis drugs currently authorised in Austria.

Methods: Separate literature searches were carried out to answer each of the research questions. The 456 references identified were independently reviewed by two people according to predefined in- and exclusion criteria. 14 papers were selected for inclusion in the review.

Results: Evidence-based guidelines for tocolysis make the following recommendations:

- ❖ Tocolysis is only indicated before the end of the 34th week of pregnancy.
- ❖ In routine practice only one cycle of tocolysis should be carried out in a 48 hour period. Neither a repetition of the treatment nor maintenance therapy is recommended. Using a combination of several tocolysis drugs is also not recommended.
- ❖ When tocolysis is required, corticosteroids should be administered to help lung maturation, and, if necessary, the patient should be transferred to a neonatological centre.
- ❖ Contraindications for tocolysis are increasing intrauterine infections, and fetuses that are unviable due to malformations.

- ✿ Accompanying measures such as strict bed rest, hydration or sedation are not recommended in routine practice.

Betamimetics were effective in delaying birth by 2 to 7 days compared to placebo. However, they did not change neonatal mortality and morbidity. No significant differences in effectiveness and safety were found between the different betamimetics.

Publication: HTA Project report 30 - <http://eprints.hta.lbg.ac.at/825>

programme line 1:
assessments

Outpatient cardiac rehabilitation - Part 2: Evaluation of outcome and effectiveness of outpatient cardiac rehabilitation

Project leaders: Michael Gyimesi, Brigitte Piso

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:
assessments

Telemedicine in Stroke Management

Project leader: Tim Johansson

Duration: 11/2008 – 08/2009

Background: Stroke is the third largest cause of death after cardiovascular disease and cancer in industrial countries and a major factor in permanent disability. Acute stroke care requires rapid assessment, including patients 'medical history and accurate diagnostics: "time is brain".

Patients who receive organised stroke unit care are more likely to survive, return home and make a good recovery compared to patients treated with

conventional care in general medical wards. Systemic tissue plasminogen activator (tPA) delivered within 3 hours after the onset of stroke symptoms for acute ischemic stroke patients has been shown to reduce subsequent morbidity and mortality. tPA dissolves the obstructing blood clot restoring blood flow before major brain damage has occurred. Telemedicine in stroke care allows a direct specialist consultation with a patient, patient monitoring and medical education. The putative advantages of telemedicine are improvements in the quality of stroke care and increased use of tPA, which is associated with better health outcomes.

Objective: the objective of this report is to assess the feasibility, acceptability, and treatment delivery reliability of telemedicine systems in acute stroke management. A secondary aim is to explore the feasibility and acceptability of telerehabilitation interventions in stroke management.

Methods: A systematic literature search and evaluation of peer-reviewed literature was performed in Ovid Medline, Embase, DARE-NHSEED-HTA (INAHTA) and The Cochrane Library. The search was limited to the years 1995-2008. 144 references remained after the removal of duplicates. A further 8 articles were identified through handsearching, yielding a total of 152 references.

Results: In total 26 studies were included in this systematic review. 19 studies assessed telemedicine technologies in acute stroke care. 7 studies used telemedicine technologies in stroke rehabilitation settings. There was wide variety in study designs, including randomized controlled trials, controlled clinical trials, qualitative analysis, and observational studies. Most studies on acute stroke care included data on tPA. In some cases the time from patient's admission in hospital to the start of thrombolysis, also called "door-to-needle time", was documented. "Onset-to-needle time" and "onset to admission" were other indicators that were measured. Transfer rate after consultation was commonly reported. Patients treated with tPA via telemedicine were often transferred to a stroke center for continuing monitoring and surveillance. Long term follow up at 6, 12 and 30 months of telestroke services demonstrated better functional health outcomes including reduced dependency and mortality, compared with conventional care. Patients and health care providers reported high levels of satisfaction, although no study had the assessment of this outcome as its main objective. There was limited evidence regarding the impact on resource utilization and cost-effectiveness.

7 telerehabilitation studies were identified in the literature. It appears that telerehabilitation interventions involving stroke patients and/or caregivers improve patient satisfaction and caregivers' mental health.

16 telestroke programs worldwide were identified, with more than half of them in North America. Programs had different objectives and approaches regarding staffing, technology, and catchment areas. A wide range of total numbers of consultations was identified in the literature when comparing the interventions.

Conclusion: Although there is limited reliable evidence, observational studies indicated that telemedicine systems can be safe, feasible, and acceptable in acute stroke management. Telestroke interventions can bring therapeutic benefits, which are currently mainly available in specialized stroke centers. Telemedicine associations were associated with an increased delivery of systemic tPA, which improved patients' health outcomes.

Economic studies on telemedicine interventions in stroke management are lacking. Some studies reported investment costs for technologies and education for health personnel and only one study reported cost-effectiveness. Studies of higher methodological quality are needed to explore the potential cost-effectiveness of telemedicine technologies in stroke management.

It is difficult to draw conclusions from the small sample of telerehabilitation studies included in this report. The few identified articles show promising results in terms of improving stroke patients' and/or caregivers' well-being. More research is necessary to determine the impact of telerehabilitation services.

Several programs have been identified as being at the forefront of telestroke. The lack of standardized measuring and reporting of resources and health outcomes constrain comparisons between telestroke networks and the determination of best practices. More research is needed to accurately measure the clinical and economic impact of telemedicine technologies in stroke management to support policy makers in making informed decisions.

Publication: HTA- Project report 29 - <http://eprints.hta.lbg.ac.at/844>

**programme line 1:
assessments**

**Status quo mammography screening:
evaluation results from organised programs**

Project leaders: Nikolaus Patera, Claudia Wild
Duration: 08/2009 – 12/2009

Background: Breast cancer diagnosed at an early stage tends to have a better prognosis. Moreover, breast cancer in earlier stages can often be treated less aggressively. This influences the patient's quality of life positively. Through detecting breast cancer as early as possible, mammography screening aims to reduce mortality from breast cancer.

Aim: Providing an overview of evaluation results from organised screening programs, this report informs quality management of new programs and supports benchmarking efforts.

Method: Internet search for evaluation reports of organised screening programs in published in German or English. Evaluation results were extracted, analysed and compared.

Results: Evaluation reports from six countries were identified. Those (Germany, Australia, Ireland, Italy, Canada, New Zealand, United Kingdom) are presented in detail. Other countries – e.g. The Netherlands or Sweden – could not be included since the evaluation reports were not accessible in German or English.

- ⊗ All programs are successful in detecting small invasive cancer.
- ⊗ Aimed for participation rates are not met by programs – except for Ireland and the United Kingdom.

Program specific process results show considerable variation:

- ⊗ Recall rates influencing detection and false positives vary widely.
- ⊗ E.g. tumors in the UK are more often operated on without prior verification of diagnosis than in Germany.

- ⌘ Time to diagnosis of screening-mammography and waiting time for recall appointment differ. These are shorter e. g. in Germany than in New Zealand.
- ⌘ Information provided to invited women for the decision to take part in screening or not is not given independently of program institutions (funders, service providers, management). Program evaluation is only rarely conducted independently of program institutions. Both fields require action.

Conclusion: As a public health measure mammography screening addresses healthy women. Hoped for benefits and possible harms have to be balanced based on available evidence to justify program funding from the public purse. Long standing screening programs provide more and more data for evaluation and research. Younger programs only start to establish data collection infrastructure. This data plays a key role in the evaluation of screening.

Publikation: HTA-Project report 35 - <http://eprints.hta.lbg.ac.at/863>

Artificial food colours and Hyperactivity

Project leaders: Ines Schumacher, Claudia Wild

Duration: 03/2009 – 11/2009

Background: Hyperactivity describes an overactive, exaggerated, and uncontrolled behaviour in children. Permanent restlessness has negative effects on the social environment (parents, siblings, and friends) but furthermore on learning abilities in school or kindergarten. Hyperactivity is one part of the attention-deficit hyperactivity disorder (ADHD). Further symptoms of ADHD are inattention and impulsivity; these symptoms are the most common diagnosed psychiatric disorder in children. A numerous range of advanced diagnostic instruments and psychological assessments exist to get a reliable diagnosis of ADHD.

An ultimate explanation of the specific reasons for ADHD is still missing. Several factors as diet, especially artificial food colours, are discussed to contribute to hyperactive behaviour in children since the early 70's and are still being discussed. Artificial food colours are part of food additives. The admission is regulated by the European Food Safety Authority (EFSA) since 2002. Within the EU there are 40 different kinds of permitted dyes, most of them belonging to the chemically produced group called Azo-dye. These dyes are used to create the bright colours in sweets, lemonade and ice cream as well as cosmetics and drugs. Their effects on human health are verified by the EFSA – nevertheless these artificial food colours are under suspicion to promote hyperactive behaviour and allergy. The following report is focuses particular on children as the target group.

Methods: The aim of this HTA is to find evidence whether there is a correlation between Azo-dyes and hyperactivity in children. The search included all published systematic reviews and controlled trials. Two systematic reviews and eleven controlled trials could be identified, respectively. Two randomised control trials were focussed on a general population the others selected children who were already suspected as hyperactive.

Results: The majority of the studies suggested a correlation between artificial food colours and increased hyperactivity in children. However, the de-

**programme line 1:
assessments**

sign and methods varied extremely between studies which complicates the comparison and drawn conclusions. The hypothesis of a correlation can neither be affirmed nor be abolished.

Conclusion: Methodical problems like the inappropriateness of study designs and applied methods need to be tackled. To achieve evidence for the impact of several Azo-dyes further research is needed.

Publication: HTA-Project report 34 - <http://eprints.hta.lbg.ac.at/848>

**programme line 1:
assessments** **Acquisition processes of certain product groups in hospitals -
orthopaedic and cardiac implants**

Project leaders: Bernhard Fleischner, Claudia Wild

Duration: 03/2009 – 12/2009

Background: Increasing cost pressure due to demographic change of society as well as new and innovative developments also affect Austrian hospitals. It is essential to utilize resources in a humane and economic efficiently way. Especially the product group ‘implants’ tends to challenge the supply management. The thesis presents a cross section of procurement of orthopaedic and cardiac implants in Austrian hospitals. Furthermore, several aspects strongly connected to the overall concept of efficient supply management are surveyed.

Methods: Used methods were a literature review on procurement of implants as well as guideline-based expert interviews. The interviewed experts were key players of selected organisations who were asked about organization, product choice and procurement strategies.

Results: The results showed that procurement strategies in Austrian hospitals are changing right now. However there is no common strategy which is implemented in all of the surveyed hospitals and networks. Processes, grown over the years are only slowly being refined and so the optimization potential is not yet utilized. Already by EU-wide tendering, price reductions of about a double-digit percentage for implants seem to be achievable.

Conclusion: This thesis could be a basis for further improvement of implant procurement. Subsequently, the several surveyed sub areas should be analyzed to identify optimization opportunities in procurement

Publication: HTA Project report 38 – <http://eprints.hta.lbg.ac.at/864>

**programme line 1:
assessments** **Haemocomplettan® P and Fibrogammin® P
in acquired hypofibrinogenemia**

Project leader: Marisa Warmuth

Duration: 10/2009 – 01/2010

Background: Haemocomplettan® P and Fibrogammin® P are being increasingly used in the treatment of acquired hypofibrinogenemia to prevent or stop particularly perioperative bleeding within Austrian hospitals. Furthermore, decisions regarding the substitution of clotting factor concentrates are driven by measuring fibrinogen levels by thrombelastometry (ROTEM®) as a point-of-care device.

Aims and research objectives: The aim of this systematic review is to inform decision makers about the current evidence regarding efficacy and safety of

fibrinogen- and FXIII- substitution with clotting factor concentrates in acquired hypofibrinogenemia. The objectives are firstly, to evaluate whether the administration of Haemocomplettan® P and/or Fibrogammin® P is superior to the substitution of fresh frozen plasma/Octaplas® and/or cryoprecipitate in acquired hypofibrinogenemia; secondly, to explore the safety of Haemocomplettan® P and Fibrogammin® P; thirdly, to assess whether thrombelastometry (ROTEM®) is superior in providing information about transfusion requirements compared to standard laboratory hemostasis tests, such as the Clauss assay.

Method: Systematic Review as outlined in the Internal Manual of the LBI-HTA.

PICO question: Efficacy and safety of Haemocomplettan® P and Fibrogammin® P in acquired hypofibrinogenemia in children and adults compared to FFP and Octaplas® with special consideration of ROTEM® point-of-care testing.

Publication: HTA Project report 39 - <http://eprints.hta.lbg.ac.at/870>

Evaluation of diagnostic technologies – Background, challenges, methods

**programme line 1:
assessments**

Project leader: Anna Nachtnebel

Duration: 11/2009 – 08/2010

Background: Diagnostic technologies are used to confirm or exclude the presence of disease or to classify disease. Ultimately, test results should impact on diagnostic or therapeutic decisions, finally resulting in improved patient-relevant outcomes. For reasons that diagnostic tests can also be associated with adverse consequences, and uncritical use has led to a considerable impact on expenditures for health care, the identification of efficient and effective technologies is crucial. In order to ensure a reasonable allocation of resources, evidence-based principles, as for the evaluation of interventions, have to be applied. In the HTA context, where diagnostics are assessed beyond their mere efficacy taking the most important consequences for patients and for health systems into account, unique methodological challenges occur.

Aims and research objectives:

1. To give an overview of specific methodological challenges associated with the evaluation of diagnostic technologies.
2. To describe the methodologies used by selected institutions for the assessment of diagnostic technologies.
3. Based on these findings, to develop a potential method for the evaluation of diagnostic technologies relevant to stakeholders.

Research questions

- ❖ Which parameters are used to describe diagnostic test accuracy (e.g. sensitivity, specificity, positive predictive value, pre-test probability)?
- ❖ On which levels can the effectiveness of diagnostic tests be evaluated (e.g. test accuracy, patient relevant outcomes, implications for the health system)?

- ❖ Which methodological challenges are associated with the evidence-based evaluation of the clinical effectiveness of a diagnostic test (appraising studies of diagnostic tests, linked evidence, missing reference tests)?
- ❖ Which methods are used by selected institutions to evaluate diagnostic technologies; is there a common pattern which allows the drawing of a general valid approach relevant to decision-makers?

Methods: Unsystematic hand-searches (manuals, guidelines, of selected institutions, Scopus, reference lists of relevant publications) and systematic literature searches of electronic databases (MEDLINE, EMBASE, HTA-database) using Boolean operators, MESH terms (e.g. “diagnostics”, “evidence-based medicine”) and free text search (e.g. “diagnostic test”, “methodology”, “evaluation”) to identify problems and methods used for the evaluation of diagnostic technologies.

Categorization of the identified challenges and the description of relevant methodological approaches of the selected institutions, as well as the analysis and synthesis of these approaches to determine a method relevant to health systems is the aim of the study.

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

Evaluation of individual medical services 2009 before their inclusion into the hospital benefit catalogue

Project leaders: Claudia Wild, Sabine Geiger-Gritsch
Duration: 01/2009 – 04/2009

Objective: Each year, the Austrian Ministry of Health, Family and Youth receives suggestions for numerous new medical interventions to get reimbursed. The aim of this project is to develop a standardized tool to evaluate the scientific evidence for these interventions. The assessments are based on systematic reviews for each intervention and a summary of the scientific evidence according to the GRADE scheme.

Methods: Systematic reviews and summary of evidence according GRADE

Publications: 9 Decision Support Documents + 4 Updates (see below)

MELs 2009

- ❖ **Chemo-nucleolysis and intradiscal electrotherapy. Systematic Review.**

Decision Support Document 21a - <http://eprints.hta.lbg.ac.at/828>

- ❖ **Percutaneous nucleotomy and percutaneous laser disk decompression. Systematic Review.**

Decision Support Document 21b - <http://eprints.hta.lbg.ac.at/830>

- ❖ **Injektion therapies and radiofrequency for the treatment of chronic back pain. Systematic Review.**

Decision Support Document 22 - <http://eprints.hta.lbg.ac.at/831>

- ❖ **Intraoperative radiotherapy for primary breast cancer. Systematic Review.**

Decision Support Document 23 - <http://eprints.hta.lbg.ac.at/832>

❖ **Drug coated balloon catheter**

Decision Support Document 24 - <http://eprints.hta.lbg.ac.at/833>

❖ **Selective IgG Apheresis for ABO-incompatible kidney transplantation**

Decision Support Document 25 - <http://eprints.hta.lbg.ac.at/834>

❖ **Image guided radiotherapy using cone-beam computed tomography**

Decision Support Document 26 - <http://eprints.hta.lbg.ac.at/835>

❖ **Pumpless extracorporeal lung assist (PECLA)**

Decision Support Document 27 - <http://eprints.hta.lbg.ac.at/836>

❖ **Retroluminal transobturatoric reposition sling for the treatment of stress urinary incontinence in men**

Decision Support Document 30 - <http://eprints.hta.lbg.ac.at/837>

4 MEL- Interventions/ Updates 2009:

❖ Stent-grafting of the ascending aorta.

DSD 14/ Update 2009: <http://eprints.hta.lbg.ac.at/762/>

❖ Cardiac contractility modulation for heart failure. Systematic review

DSD 15/ Update 2009: <http://eprints.hta.lbg.ac.at/769>

❖ Percutaneous aortic valve replacement.

DSD 18/ Update 2009: <http://eprints.hta.lbg.ac.at/766/>

❖ Endobronchial valve implantation for emphysema.

DSD 20/ Update 2009 (not published).

International comparison of antenatal care in pregnant women

Project leaders: Muna Abuzahra, Ingrid Zechmeister

Duration: 05/2009 – 06/2009

Background: Antenatal care has been offered by national programmes in Austria since the 1970s. Subsequently, the number of examinations has been increased continuously. However, medical progress requires constant adaptation of the programme.

Aims and research objectives: The report wants to present those antenatal care examinations mainly, which aims at an early detection of previous diseases of the mother, and furthermore oppose them to examinations offered in national programmes of other countries.

Results: The international comparison of antenatal care has shown that it's organised very heterogeneously in different countries. Type and number of examinations are only partly evidence based. One specific examination in Austria – the internal examination – is not offered elsewhere and such a programme is also not addressed in evaluations of antenatal programmes. Hence, the additional benefit from this examination is unknown. There is a need for further research, especially concerning the effectiveness of examinations in antenatal care according to morbidity and mortality of mother and child.

**Programme line 2:
further Decision
Support Documents**

Publication:

Decision Support Document 33 - <http://eprints.hta.lbg.ac.at/826/>

programme line 2 New influenza (swine flu) – Data & facts for decision support

Project leader: Claudia Wild

Duration: 07/2009 – 08/2009

Background: Decisions for extensive public health interventions must be made based on information without any influence by lobbies, mainly because those decisions are affecting many (also healthy) people and normally require a huge amount of public funding.

Aims and research objectives: The current estival swine flu scare therefore prompted the LBI-HTA to help decision makers currently working on the national pandemic plan make objective decisions, by providing key data and facts about the „new influenza“.

Results: Concerning the classification of the World Health Organization (WHO), the dimension of the „new influenza“ spread has been set at level 6 (of 8). In contrast, the Center for Disease Control (CDC), who assesses the risk using the „Pandemic Severity Index (PSI) - which refers to lethality (the number of deaths in relation to the number of infected people) – rates the disease at level 2 (of 5). The WHO classification is a life cycle model, based on the global dispersion of the virus. According to the CDC's calculations, the annual seasonal influenza causes up to 1 death per 1000 patients (0,10%), which equals a PSI of 1. In the United Kingdom (the country registering the most „new influenza“ cases in Europe at present) the lethality of the „new flu“ is about 0,14% (PSI 2 = 0,11-0,5%). Due to many harmless and unapparent courses of the „new influenza“, the real dimension of its expansion is at risk of being UNDERestimated and thus the actual mortality rate in danger of being OVERvalued.

Publication:

Decision Support Document 35 - <http://eprints.hta.lbg.ac.at/845>

programme line 2 Autologous Chondrocyte Implantation

Project leader: Martin Künzl

Duration: 04/2009 – 12/2009

Background: Since 1987, when (M)ACI was first mentioned, the technique has been used all over the world to treat osteochondral lesions in the knee. Nevertheless, the actual effectiveness of this relatively new treatment option is under question: clinical evidence based on controlled trials and long-term follow-up is still missing. For these reasons (M)ACI is being reimbursed in most countries only under research conditions.

Methods: Systematic literature search in Medline via Ovid, Embase, Cochrane Library, NHS-CRD-HTA (INAHTA), ISI WEB of Science, WHO Health Evidence Network and Clinicaltrials.gov was complemented by a hand search. Inclusion criteria: Controlled clinical studies with more than 20 patients and a follow-up period of at least one year.

Results: The effectiveness analysis is based on 9 comparative clinical trials and 6 systematic reviews. Within the trials all together 566 patients were treated with mosaicplasty vs. ACI, microfracture vs. ACI, and ACI vs. ACI.

The results show consistency and confirm earlier (international) reviews. There is no evidence that ACI or MACI leads to better outcomes in the treatment of osteochondral lesions than any of the alternative treatments. ACI is not superior; at best equal, at much higher cost. The short term (1-2 years) and mid-term (5 years) non-inferiority in highly selected active patients is proven. Long-term data are lacking.

Publication: Decision Support Document 34- <http://eprints.hta.lbg.ac.at/865>

Hyperthermia as an adjuvant in the therapy of designated tumor diseases

programme line 2

Project leader: Stefan Mathis

Duration: 12/2009 – 04/2010

Background: Recent studies show advances for the clinical use of hyperthermia (heating target tissue by microwaves) a adjuvant therapy to conventional tumortherapy. Additionally precision and quality control of the technology have improved over the past 5 years. Therefore we perform a systematic review on the clinical benefits of hyperthermia as a curative and as a palliative treatment option.

Aims and objectives: Aim is to summarise the evidence profile of hyperthermia studies and to identify indications where hyperthermia has a beneficial effect on patients.

Method: Systematic review on patient relevant outcomes and recommendation for the use of hyperthermia.

On request of the Upper Austrian health insurance and Chamber of Physicians two rapid assessments/ Decision Support Documents on alternative medicine interventions were carried out.

programme line 2:
„Humbug“- Methods

Project leader: Katharina Hintringer

Duration: 03/2009 – 06/2009

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 of 20 listed) “Humbug” methods were evaluated:

- ❁ Bioresonance
- ❁ Colon Hydrotherapy

Publications:

- ☼ *Decision Support Document 31:* Bioresonance for allergiges, atopic dermatitis, non-organic gastrointestinal complaints, pain and rheumatic diseases - <http://eprints.hta.lbg.ac.at/842/>
- ☼ *Decision Support Document 32:* Colon Hydrotherapy for defecation disorders- <http://eprints.hta.lbg.ac.at/827/>

**programme line 2:
HTA in hospitals**

HTA in hospitals: Organisation and coordination of a network of decision-makers of Austrian hospitals and hospital-cooperations in the form of bi-annual meetings.

Project leader: Claudia Wild

HTA in hospitals, 16/06/2009, topics:

- ☼ **Acquisition and procurement of medical products and orthopaedic and cardiac implants: Processes, experiences, chances and challenges.**

Speakers:

1. Univ.-Prof. DDr. Thomas Klestil: Geschäftsführer der Implantatkommission des LKH-Innsbruck
2. DI Franz Laback, MBA: ehem. KAGES, jetzt NÖ-Holding, kaufm. Direktor LK Krems:
3. Mag. pharm. Dr. Wolfgang Gerold, aHPh, Leiter der Stabsstelle Medizinökonomie und Pharmazie im KAV
4. Mag. (FH) Barbara Pinter, Bundesbeschaffung

- ☼ **Individual medical services (MEL) 2009: 7 short presentations**

1. Injektion therapies and radiofrequency for the treatment of chronic back pain (Anna Nachtnebel)
2. Intraoperative radiotherapy for primary breast cancer (Claudia Wild)
3. Drug coated balloon catheter (Philipp Radlberger)
4. Selective IgG Apherese for ABO-incompatible kidney transplantation (Stefan Mathis)
5. Image guided radiotherapy using cone-beam computed tomography (Anna Nachtnebel)
6. Pumpless extracorporeal lung assist/PECLA (Brigitte Piso)
7. MEL-Updates 2008 (Claudia Wild)

- ☼ **Herceptin-Update (Claudia Wild)**

Methods: Presentations, Discussions

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 &
research transfer**

Equity and resource allocation of medical interventions

Project leader: Roman Winkler

Duration: 05/2008 – 2009 (conference on 02/03/2009, 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 allocation 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.

Lecturers:

Dr. Christiane Druml (Österreichische Bioethikkommission beim Bundeskanzleramt)

Dr. Claudia Wild (LBI-HTA)

Univ. Prof. Dr. Olaf von dem Knesebeck (Universitätsklinikum Hamburg Eppendorf)

Univ. Prof. Dr. Friedrich Breyer (Universität Konstanz)

Univ. Prof. DDr. Michaela Strasser (Universität Salzburg)

Dr. Lilly Damm (Medizinische Universität Wien)

Univ. Prof. Dr. Georg Marckmann, MPH (Universität Tübingen)

The conference program is available online at: at:

http://hta.lbg.ac.at/media/pdf/FairHealth_LBI-HTA_ENDPROGRAMM.pdf

The seminar series "**decision-support in health care**" addresses the health administration, journalists, academia in health care and the interested general public. Four to six presentations, often advanced **training sessions** - conducted by specialists - on methodological questions are offered, with free admission. Duration: two hours plus discussion.

In 2009 four seminars were organized and attended by 20 to 30 persons.

LBI-HTA congress

**programme line 3:
seminar series „decision
support in health care",
advanced education &
training**

QALY – Ökonomische und ethische Aspekte

08/06/2009 | 11:00-14:00 | LBI-HTA

Lecturers: Prof. Dr. Uwe Siebert (UMIT)

PD Dr. Dipl. Soz. Tanja Krones (Universitätsklinikum Marburg)

Workshop „Causal Inference in Modeling“

08.06.2009 | 14:30-16:00 | LBI-HTA

Lecturer: Prof. Dr. Uwe Siebert (UMIT)

**programme line 3:
other events**

Workshop “Horizon Scanning in Oncology”

12.02.2009 | 13:00-17:00 | LBI-HTA

Lecturer: Dr. Sabine Geiger-Gritsch (LBI-HTA)

Symposium and workshop “Qualitätssicherung und Ergebnismessung in der Rehabilitation: Erfahrungsberichte aus Deutschland und ausgewählte österreichische Pilotprojekte“

15.10.2009 | 11:00-16:30 | LBI-HTA

Lecturers: Dr. Brigitte Piso, MPH (LBI-HTA)

PD Dr. Dipl. Psych. Erik Farin (Universitätsklinikum Freiburg)

Dr. Ute Polak (AOK Bundesverband Berlin)

Dr. Gottfried Endel (HVB)

**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.

**2009:
1.159 average monthly
newsletter downloads**

Our electronic **HTA newsletter** is distributed to about 900 people in Austria and Germany has received positive feedback. In 2009 the download website of the HTA newsletter (<http://hta.lbg.ac.at/de/newsletter.php?iMenuID=63>) counted between 613 (July) and 1.670 (August) visits, with a total annual number of **13.907 visits**.

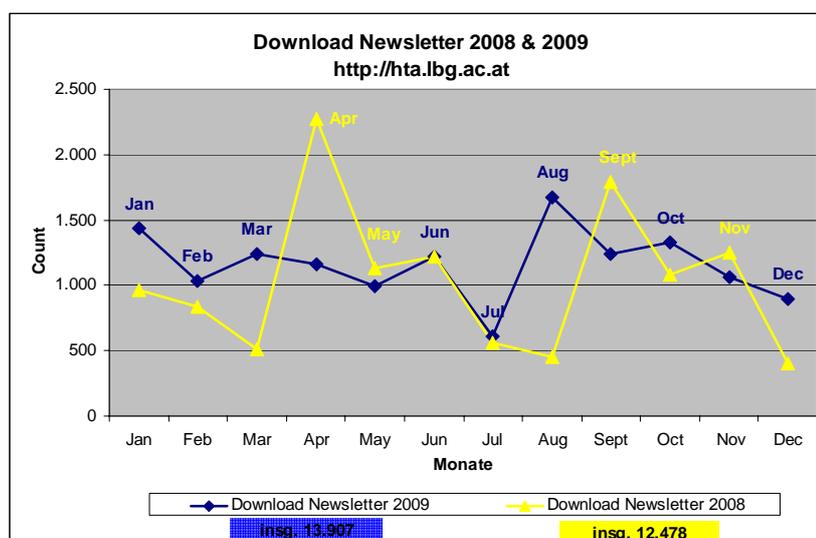


Figure 2.1-1: Download HTA newsletter 2008 & 2009

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

In 2009 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. Especially the **swine flu pandemic** generated considerable media hype, so in relation to swine flu the LBI-HTA, represented by Claudia Wild, was featured in the media 35 times (print, online, TV and radio contributions).

LBI-HTA in the media:

2009:
50 articles or media contributions

most on "swine flu"

Der Clou mit Tamiflu

Date: 14/12/2009

Medium: Der Standard

Article

Verschwörungstheorien: Der Schweine-Wahn im Internet

Date: 19/11/2009

Medium: Kurier

Article

H1N1-Virus hat eine soziale Komponente

Date: 16/11/2009

Medium: Der Standard

Article

Neue Grippe: Die Pandemie im Kopf

Date: 15/11/2009

Medium: Die Presse

Article

Strategien gegen die Grippe

Date: 10/11/2009, 21:05

Medium: ORF 2 / Report

TV reportage & text

Diskussion zur Schweinegrippe-Impfung

Date: 10/11/2009, 18:05

Medium: Radio Steiermark

Radio & text

Schweinegrippe: Echte Gefahr oder Hysterie?

Date: 04/11/2009

Medium: Ö1 Journal Panorama

Radio & text

Keine Grippe wie jede andere

Date: 04/11/2009

Medium: Die Presse

Article

Neue Grippe: Kinder stecken sich leichter an

Date: 04/11/2009

Medium: Kurier

Article

Kritik an Diskussion: Dasselbe wie jede andere Wintergrippe auch

Date: 03/11/2009

Medium: derStandard.at
Article

Expertin sieht keinen Grund zur Panik

Date: 03.11.2009
Medium: news.orf.at
Article

Schweinegrippe wie normale Grippe?

Date: 03/11/2009
Medium: ORF Teletext
Article

Schweinegrippe - Expertin kritisiert überzogene Diskussion

Date: 03/11/2009
Medium: Ö1 Morgenjournal
Radio & text

Seuchen-Suche: Ist die Aufregung ein Coup der Pharmaindustrie?

Date: 02/11/2009
Medium: Profil
Article

Schwindel mit der Schweinegrippe: Ist die Aufregung ein Coup der Pharmaindustrie?

Date: 31/10/2009
Medium: profil online
Article

Vernünftiger und kosteneffektiver Umgang mit der Influenza

Date: 28/10/2009
Medium: Medical Tribune
Article

Impfung gegen A(H1N1) startet - Kritische Betrachtung

Date: 28/10/2009
Medium: Medical Tribune
Article

Grippe: Viel Lärm um ein Virus

Date: 10/2009
Medium: Treffpunkt AKNÖ
Article

Der Impfkampf

Date: 10/2009
Medium: Datum
Article

Milliarden-Erreger

Date: 09/10/2009
Medium: Format
Article

Willfähige Ärzte

Date: 18/09/2009
Medium: Medianet

Article

Fatale Personalunion von Einkäufern und Nutzern

Date: 09/09/2009

Medium: Beschaffung Austria

Article

Neue Grippe: Was Tamiflu wirklich bringt

Date: 09/09/2009

Medium: Kurier

Article

Thema: Schweinegrippe - "Milde Grippe" in Österreich

Date: 07/09/2009

Medium: Der Standard

Article

Impfung: Die Wirkung sollte nicht überschätzt werden

Date: 04/09/2009

Medium: Kurier

Article

Nachrichten u.a. zur "Schweinegrippe"

Date: 03/09/2009

Medium: RTV Radio Arabella

Radio

Aktueller Bericht zur "Schweinegrippe"

Date: 03/09/2009

Medium: Der Standard Online

Article

Neue Grippe maßlos übertrieben? Studie kritisiert unsinnigen Aktionismus

Date: 03/09/2009

Medium: Die Presse

Article

Geld effizient einsetzen

Date: 03/09/2009

Medium: Die Presse

Article

Neue Grippe: Neue Studie gibt Entwarnung

Date: 03/09/2009

Medium: Die Presse

Article

Minister niest uns was vor

Date: 02/09/2009

Medium: Österreich/ Wien

Article

Schweineteuer

Date: 31/08/2009

Medium: trend

Article

**Erstellung einer evidenz-basierten Entscheidungshilfe zur HPV
Impfung**

Date: 08/2009

Medium: ÖGPH- Public Health Newsletter 3/2009

Article

Ein Virus als Geldspritze für die Pharmaindustrie

Date: 21/08/2009

Medium: Medianet Online

Article

Moderne Medizin: Wirkung, Nutzen und Kosten

Date: 21/06/2009

Medium: Der Standard

Article

Kongress: Eine e-mail als Feedback eines Kollegen aus der Steiermark

Date: 05/2009

Medium: Der Salzburger Arzt 5/09

Article

Schwein gehabt

Date: 28/05/2009

Medium: Pharma-Time 5/09

Article

"Gefahrenquelle Weiß". Ethische, philosophische und medizinische Überlegungen über das Geschäft mit der Gesundheit.

Date: 13/05/2009

Medium: Ö1 - Salzburger Nachtstudio

Radio

Gute Geschäfte mit der Angst

Date: 29/04/2009

Medium: Der Standard

article

Medizin im Kepler-Salon

Date: 11/04/2009

Medium: OÖ Nachrichten

Article

Verteilungsgerechtigkeit von Gesundheitsleistungen

Date: 05/03/2009

Medium: Ärzte Woche

article

Grenzgang sanfter Druck zur Teilnahme an klinischen Studien

Date: 05/03/2009

Medium: Ärzte Woche

Article

Gesundheit gerecht verteilen

Date: 05/03/2009

Medium: Ärzte Woche

Article

Fairhealth: Knapper werdende Ressourcen verlangen nach Strategien zur Erreichung von Verteilungsgerechtigkeit

Date: 03/04/2009

Medium: Ö1 - Dimensionen

Radio

Wie gerecht ist das Gesundheitswesen?

Date: 02/03/2009

Medium: science.orf.at

Article

Initiative - Ein Schutzengel für die Heimfahrt

Date: 20/02/2009

Medium: Kurier

Article

Zwischen Vorsorge und Früherkennung differenzieren

Date: 19/02/2009

Medium: Ärzte Woche

Article

1 Jury & 300 Projekte

Date: 02/02/2009

Medium: NÖ Nachrichten

Article

Krebsimpfung: Expertenstreit ist noch lange nicht beendet

Date: 25/01/2009

Medium: Die Presse

Article

Das Geschäft mit der Grippe

Date: 15/01/2009

Medium: Die Presse

Article

The LBI-HTA press review 2009 is also available at:

<http://hta.lbg.ac.at/de/content.php?iMenuID=82>

Project leader/Press: Gerda Hinterreiter

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

According to **access statistics** of the LBI-HTA's **website** and its numerous pages (<http://hta.lbg.ac.at>), about **2 million hits** (2.042.392) were registered in 2009. This corresponds to an **increase of 642.828 hits** compared to 2008. In 2009, the number of hits was highest in November (224.997), and lowest in December (135.960).

Project leader/ Webmaster: Gerda Hinterreiter

**programme line 3:
website**

**about 170.000 hits
per months**

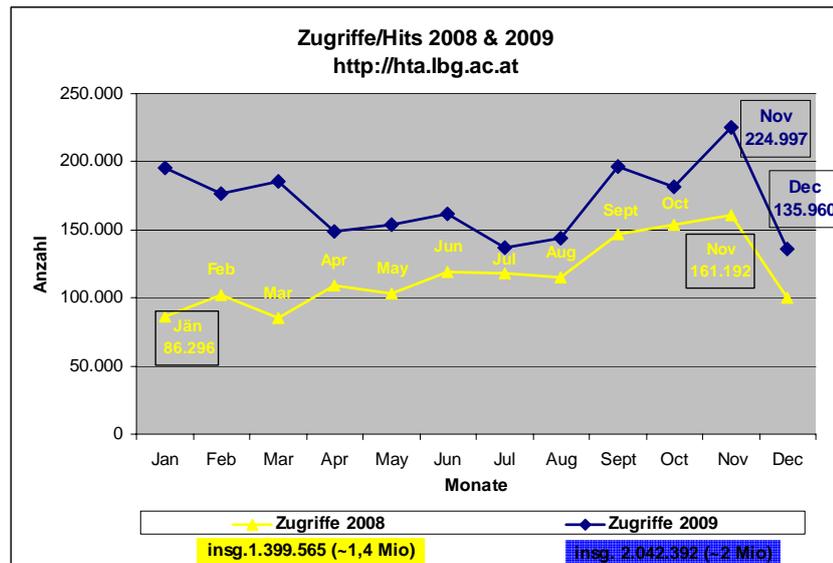


Figure 2.1-2: Website hits 2008 & 2009

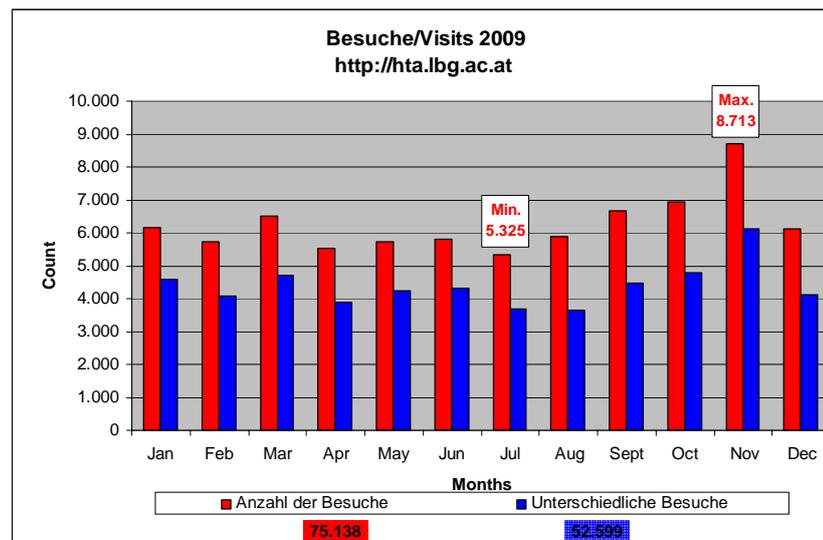


Figure 2.1-3: Website visits 2009

Horizon scanning in oncology - Part II: routine operation

Project leader: Sabine Geiger-Gritsch, Anna Nachtnebel

Duration: since 10/2008

Background: The establishment of a Horizon Scanning System for anticancer drugs is an important tool to prepare Austrian hospitals for new/ emerging medicines. The first part of the 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.

In 2009 the routine operation started.

Aims and research objectives: Based on the feasibility and pilot phase, the second part of the project aimed at the routine operation of the HSS. An optimised final concept with various stakeholders (e.g. hospital administrators, clinical experts, drug commissions) was worked out, taking into consideration the results of the feasibility study. In addition, the Horizon Scanning System was made standard practice at the LBI-HTA in order 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.

Members of the interdisciplinary oncological expert team:

Dr. Anna BUCSICS, Hauptverband der Österr. Sozialversicherungsträger, Abteilung Evidence Based Economic Healthcare, Wien;

Dr. Michael POBER, KH St. Pölten, Hämato-Onkologie, NÖ Landeskliniken Holding;

Dr. Johannes ANDEL, LKH Steyr, Onkologie und Public Health, GESPAG, OÖ;

Mag. Andreas SEIRINGER, LKH Vöcklabruck, Leiter Krankenhausapotheke – Pharmazeut, GESPAG, OÖ;

Prim. Dr. Peter KRIPPL, LKH Fürstenfeld – Hämatologie und Onkologie, KAGES, Steiermark;

Dr. Wolfgang WILLENBACHER, LKH Innsbruck Universitätsklinik, Hämato-Onkologie, TILAK, Tirol;

Mag. Sigrid KIENDLER, LKH Innsbruck – Stellv. Leiterin Krankenhausapotheke – Pharmazeutin, TILAK, Tirol;

Dr. Clemens LEITGEB, Wilhelminenspital - Onkologie und Hämatologie, KAV, Wien – Alle im Rahmen des Projektes „Horizon Scanning in Oncology“

Publications:

Decision Support Documents Horizon Scanning in Oncology Nr.1-5 - <http://hta.lbg.ac.at/de/content.php?iMenuID=96>

- ❖ Azacitidine (Vidaza®) for the treatment of myelodysplastic syndromes
- ❖ Cetuximab (Erbix®) in EGFR-expressing Non-Small Cell Lung Cancer
- ❖ Everolimus (Afinitor®) for the treatment of advanced/metastatic kidney cancer
- ❖ Rituximab (Rituxan®/MabThera®) for the first- and second-line treatment of chronic lymphocytic leukaemia

programme line 4:
HTA implementation

- ✿ Ibritumomab tiuxetan (Zevalin®) as consolidation therapy after first remission in patients with follicular lymphoma

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

Project leader: Rosemarie Felder-Puig (until 31/08/2009), Brigitte Piso
Duration: 2006 – 2010

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.

Publication: Procedures in evaluation – kyphoplasty and vertebroplasty, Interim Report, July 2009 (not released to the public)

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

Project leader: Brigitte Piso
Duration: 09/2008 – 06/2009

Background: Epidemiological studies show that an infection with human papilloma virus (HPV) is an essential 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.

Methods and result: A decision aid was 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 consisted of three parts: first of all the content was expressed in plain text, suggestions for the graphical conversion were made and the readability and comprehensibility was tested in an Aus-

trian focus group. 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.

Publication: The decision aid on HPV-vaccination is online available at: www.aok.de/hpv-entscheidungshilfe or www.hpv-entscheidungshilfe.de

EUnetHTA Collaboration 2009

Programmlinie 5

Project leaders: Claudia Wild, Gerda Hinterreiter
Duration: 2006-2008; 2009; 2010-2012;

Background: In the course of termination of the EU-project EUnetHTA 2006-2008 the partner organisations aimed at developing a strategic concept in order to ensure the continuity of EUnetHTA in the interim period of 2009. Overall, a group of 25 partner organisations, so-called “founding partners”, from 13 EU member states (+Norway and Switzerland) were actively working on the sustainability of this project.

Aim and Methods: During 2009 the EUnetHTA “founding partner” were structuring and formulating a project proposal for a consecutive EU-supported project “EUnetHTA Joint Action”. As in EUnetHTA 2006-2008, LBI-HTA is again co-leader of the **workpackage 7**. In 2010 to 2012 **WP 7/ B** will develop a webbased database containing all ongoing and planned assessments of the EUnetHTA Joint Action partner organisations in order to avoid redundancies in the HTA-production across the EU.

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

2.2 Publications

LBI-HTA
project reports:
12 reports

Pammer, Ch., **Wild, C.** (2009): Schweregraddifferenzierung in der Neuro- und Traumarehabilitation. Messinstrumente bei Schlaganfall und Schädel-Hirn-Trauma. HTA-Projektbericht 23a.

Abuzahra, M., **Piso, B.** (2009): Schweregraddifferenzierung in der neurologischen und Trauma-Rehabilitation. Internationale Erfahrungen zur Qualitäts-, Performancemessung und Vergütung. HTA-Projektbericht 23b.

Gyimesi M, Tüchler H, **Piso. B.** (2009): Ambulante Kardiologische Rehabilitation Teil III. Retrospektive Kohortenstudie mit/ ohne Phase III Rehabilitation. 1. Teilbericht des HTA-Projektberichts 2010 (unreleased).

Johansson, T., Wild, C. (2009): Telemedicine in Stroke Management- systematic review. HTA- Projektbericht 29.

Mad, P., Geiger-Gritsch, S., Mittermayr, T., Wild, C. (2009): Medikamentöse Wehenhemmung bei drohender Frühgeburt. Systematischer Review zu Leitlinien, Wirksamkeit und Gesundheitsökonomischen Evaluationen der Tokolyse. HTA-Projektbericht 30.

Mathis S., Wild C., Piso B., Piribauer F. (2009): Evidenzgestützte Versorgungsplanung. HTA Projektbericht 21.

Nachtnebel, A. (2009): Bedingte Erstattung - Erfahrungen aus ausgewählten Ländern. HTA-Projektbericht 24.

Piso, B., Zechmeister, I. et al. (2009): HPV Impfung- Eine persönliche Entscheidungshilfe, verfügbar unter www.hpv-entscheidungshilfe.de

Radlberger, P., Johanson, T., Wild, C. (2009): Ökonomische Aspekte einer effektiven und effizienten alkoholtherapeutischen Versorgung Teil 1: Internationale Versorgungsmodelle und Ansätze für Ergebnismessung Teil 2: Ausgewählte „models of good practice“/ Praxisbeispiele integrierter Versorgungsmodelle und deren Evaluation. HTA-Projektbericht 10.

Radlberger, P., Zechmeister, I., Mittermayr, T. (2009): Kinder- und Jugendpsychiatrie Teil 2: Gesundheitsökonomische Evaluationen Systematische Übersichtsarbeit. HTA-Projektbericht 28.

Schiller-Frühwirth, I., **Johansson, T., Göbl, M., Reiselhuber, S., Wild, C.** (2009): Risiko und Nutzen von Folsäure-Anreicherung im Mehl in Österreich. HTA-Projektbericht 20.

Winkler, R. (2009): Evaluierungen in der Kinder- und Jugendpsychiatrie. Theorie und Praxisbeispiele zu Bewertungsdimensionen, Indikatoren und Instrumenten. Projektbericht 27.

LBI- HTA Decision
Support Documents:
16 DSD

Abuzahra, M., **Zechmeister, I. und Wild, C.** (2009): Mutter-Kind-Pass - Ein internationaler Vergleich zu den Untersuchungen an schwangeren Frauen. Decision Support Document 33.

Adlbrecht, C., **Radlberger, P., Reiner-Theisen, I., Geiger-Gritsch, S., Mittermayr, T.** (2009): Medikamentenbeschichteter Ballonkatheter. Systematischer Review. Decision Support Document 24.

Adlbrecht, C., **Radlberger, P., Geiger-Gritsch, S., Mittermayr, T.** (2009): Kardiale Kontraktilitätsmodulation bei medikamentös therapierefraktärer

Herzinsuffizienz – Update 2009. Systematischer Review. Decision Support Document 15/Update 2009.

Felder-Puig, R., Falkner, E., Geiger-Gritsch, S., Mittermayr, T. (2009): Perkutane Nukleotomie und perkutane Laserdiskus-dekompression. Systematischer Review. Decision Support Document 21b.

Felder-Puig, R., Gyimesi, M., Geiger-Gritsch, S., Mittermayr, T. (2009): Chemonukleolyse und intradiskale Elektrotherapie (IDET). Systematischer Review. Decision Support Document 21a.

Hintringer, K., Wild, C. (2009): Bioresonance therapy for the treatment of patients with allergies, atopic dermatitis, non-organic gastrointestinal complaints, pain and rheumatic diseases. Decision Support Document 31.

Hintringer, K., Wild, C. (2009): Colonhydro therapy for defecation disorders. Decision Support Document 32.

Nachtnebel, A., Felder-Puig, R., Geiger-Gritsch, S., Mittermayr, T. (2009): Injektionstherapien und Radiofrequenztherapie bei chronischen Rückenschmerzen. Systematischer Review. Decision Support Document 22.

Nachtnebel, A., Mathis, S., Geiger-Gritsch, S., Mittermayr, T. (2009): Bildgesteuerte Strahlentherapie mittels Cone-beam Computertomographie. Systematischer Review. Decision Support Document 26.

Mathis, S., Winkler, R., Geiger-Gritsch, S., Mittermayr, T. (2009): IgG-Apherese bei ABO-inkompatibler Nierentransplantation. Systematischer Review. Decision Support Document 25.

Piso, B., Mathis, S., Geiger-Gritsch, S., Mittermayr, T. (2009): Pumpless extracorporeal lung assist (PECLA). Systematischer Review. Decision Support Document 27.

Piso, B., Geiger-Gritsch, S. (2009): Stentgraftimplantation bei Erkrankungen der Aorta ascendens. Systematischer Review. Decision Support Document 14/Update 2009.

Wild, C., Geiger-Gritsch, G. (2009): Minimal-invasiver perkutaner Aortenklappenersatz. Systematischer Review. Decision Support Document 18/Update 2009.

Wild, C., Falkner, E., Geiger-Gritsch, S. (2009): Endobronchiale Ventilimplantation beim Lungenemphysem. Systematischer Review. Decision Support Document 20/Update 2009.

Schiller-Frühwirth, I., **Wild, C., Geiger-Gritsch, S., Mittermayr, T.** (2009): Intraoperative Radiotherapie bei frühem Brustkrebs. Systematischer Review. Decision Support Document 23.

Thomas, S., Janatzek, S., **Geiger-Gritsch, S.**, Preuß, C. (2009): Retroluminale Transobturatorische Repositionsschlinge bei Belastungsinkontinenz des Mannes. Systematischer Review. Decision Support Document 30.

Hintringer, K. (2009): Cetuximab (Erbix®) in EGFR-expressing Non-Small Cell Lung Cancer. DSD: Horizon Scanning in Oncology Nr. 02.

Nachtnebel, A. (2009): Azacitidine (Vidaza®) for the treatment of myelodysplastic syndromes. DSD: Horizon Scanning in Oncology 01.

Nachtnebel, A. (2009): Everolimus (Afinitor®) for advanced/metastatic kid-

Decision Support Documents: Horizon Scanning in Oncology: 5 HSS

ney cancer. DSD: Horizon Scanning in Oncology 03.

Nachtnebel, A. (2009): Ibritumomab tiuxetan (Zevalin®) as consolidation therapy after first remission in patients with follicular lymphoma. DSD: Horizon Scanning in Oncology 05.

Warmuth, M. (2009): Rituximab (Rituxan®/MabThera®) for the first- and second-line treatment of chronic lymphocytic leukaemia. DSD: Horizon Scanning in Oncology 04.

articles in peer-
reviewed journals:
15 articles

Felder-Puig, R., Gyimesi, M., Mittermayr, T., Geiger-Gritsch, S. (2009): Chemonukleolyse und intradiskale Elektrotherapie: was ist die gegenwärtige Evidenz?, RôFo - Fortschritte auf dem Gebiet der Röntgenstrahlen und der bildgebenden Verfahren. 2009 Oct;181(10):936-44.

Felder-Puig, R., Mad, P., Gartlehner, G. (2009): Diagnostische Studien. Wiener Medizinische Wochenschrift, 159:13-14:359-366.

Felder-Puig, R., Piso, B., Guba, B., Gartlehner, G. (2009): Kyphoplastie und Vertebroplastie bei osteoporotischen Wirbelkörperkompressionsfrakturen. Systematischer Review. Der Orthopäde; 38: 606-615.

Felder-Puig, R., Topf, R., Maderthaner, R., Gadner, H., Formann, A.K. (2009): Das Konzept der „gesundheitsbezogenen Lebensqualität“: Welchen Nutzen bringt es für die Gesundheitsfürsorge, – forschung und –planung? Monatsschrift Kinderheilkunde, 157:675-682

Geiger-Gritsch, S., Piso, B., Guba, B. und Felder-Puig, R. (2009): Stentgraf-
timplantation bei Erkrankungen der Aorta Ascendens – Eine Systematische
Übersichtsarbeit zu Wirksamkeit und Sicherheit, Der Chirurg, 2009
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Haschke-Becher, E., Totzke, U., Afazel, S., **Johansson, T., Schwarz, M., La-**
durner, G., Wild, C. (2009) Clinical decision rules for the use of liquor diag-
nostics in hospitalized neurology patients reduced costs without affecting
clinical outcomes. International Journal of Technology Assessment in
Health Care/ Int J TAHC, 25 (2): 208-213.

Piso, B., Wild, C. (2009) Decision support in vaccination policies. Vaccine.
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bei medikamentös therapierefraktärer Herzinsuffizienz. Der Kardiologe
3(1):51-54.

Wild, C. (2009) Implementierung von HTA in Österreich. In: Zeitschrift für
Evidenz, Fortbildung und Qualität im Gesundheitswesen/ZEFQ, 103 (6):
341-42.

Wild, C., Langley, T., Guba, B., Gartlehner, G. (2009): Minimal-invasiver
perkutaner Aortenklappenersatz, In: Der Kardiologe, 3 (2):164-170.

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past 20 years. In: International Journal of Technology Assessment in Health
Care/Int J TAHC, 25:1, 1-8.

**Zechmeister, I., Freiesleben de Blasio, B., Garnett, G., Neilson A., Siebert,
U.** (2009): Cost-effectiveness analysis of human papillomavirus vaccination
programs to prevent cervical cancer in Austria. Vaccine 27(37):5133-41.

Zechmeister, I., Freiesleben de Blasio, B., Garnett, G. (2009): HPV-vaccination for the prevention of cervical cancer in Austria: A model based long-term prognosis on cancer epidemiology. *Journal of Public Health* Online first Publication, 11/08/2009
<http://www.springerlink.com/content/n46275377p88w256/?p=555c2259b16f431cb36118009b326439&pi=0>

Zechmeister, I., Mathis, S., Guba, B., Gartlehner, G. (2009): Low-Density Lipoprotein-Apherese bei familiärer Hypercholesterinämie: Eine systematische Übersicht. *Medizinische Klinik* 104:1-9.

Zechmeister, I., Radlberger, P. (2009): Gesundheitsökonomische Evaluation. *Wiener Medizinische Wochenschrift* 159(5-6):160-8.

Adlbrecht, C., **Radlberger, P.,** Reiner-Theisen, I., **Geiger-Gritsch, S.:** Drug coated balloon catheters. *Clinical Cardiology*, submitted November 2009.

Adlbrecht, C., **Radlberger, P.,** Adlbrecht, C., I., **Geiger-Gritsch, S.:** Cardiac contractility modulation. *Europace*, Submitted December 2009.

Geiger-Gritsch, S., Stollenwerk, B., Miksad, R., Guba, B., **Wild, C.,** Siebert, U.: Safety of Bevacizumab, an Antibody against Vascular Endothelial Growth Factor: A Meta-Analysis of Randomized Controlled Trials in Patients with Advanced Cancer. *The Oncologist*, submitted July 2009.

Hintringer, K., Wild, C.: Bioresonance therapy for the treatment of patients with allergies, atopic dermatitis, non-organic gastrointestinal complaints, pain and rheumatic diseases. *Alternative Therapies in Health and Medicine*, submitted October 2009.

Johansson, T., Wild, C.: Telerehabilitation in stroke care- systematic review. *Journal of Telemedicine and Telecare*, submitted November 2009.

Mad, P., Johanson, T.: Evaluierung Klinischer Pfade: eine systematische Literaturübersicht zu Outcomeparametern und Wirksamkeit. *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen (ZEFQ)*, submitted October 2009.

Mathis, S., Piso, B., Wild, C.: Evidenzbasierung in der Versorgungsplanung. *Bundesgesundheitsblatt*, submitted October 2009.

Piso, B., Mathis, M., Mittermayr, T., Geiger-Gritsch, S.: Evaluating benefits and harms of pumpless extracorporeal lung assist in adults with severe lung failure: systematic review. *Minerva Anesthesiologica*, submitted September 2009 and revised.

Piso, B., Mathis, S.: Unterschiede in Deutschen und Amerikanischen Zugängen in der Prozessevaluation ambulanter kardiologischer Rehabilitation. *Die Rehabilitation*, submitted and revised.

Radlberger, P., Johansson T., Wild, C.: Ökonomische Aspekte einer effektiven und effizienten alkoholtherapeutischen Versorgung – Internationale Versorgungsmodelle und Ansätze für Ergebnismessung. *Psychiatrische Praxis*, submitted December 2009.

submitted articles:
10 articles

accepted or in print:

8 articles already
accepted

Johansson, T., Wild, C.: Telemedicine in acute stroke management - systematic review. International Journal of Technology Assessment in Health Care, accepted.

Mathis, S., Winkler, R., Mittermayer, T., Geiger-Gritsch, S.: IgG Apherese bei ABO-inkompatibler Nierentransplantation – ein systematischer Review ergab mangelnde Evidenz zu Wirksamkeit und Sicherheit. Transplantationsmedizin, accepted.

Mathis, S. , Guba B, Pramesberger C, Adlbrecht: Belastungsinkontinenz - Evidenz zu 4 minimal-invasiven Behandlungsmethoden mit fragwürdigem Nutzen - systematische Übersichtsarbeit. Der Urologe, DOI: 10.1007/s00120-009-2058-5, in Print.

Schiller-Frühwirth, I, **Mittermayer, T., Wild, C.:** Neuralrohrdefekte in Österreich, Annahmen und Berechnungen zum Verhinderungspotenzial durch Folsäureanreicherung und –supplemente. Das Gesundheitswesen, accepted.

Wild, C., Simpson, S., Douw, K., Geiger-Gritsch, S., Mathis, St., Langer, T.: Information service on new and emerging health technologies – identification and prioritisation processes for an EU-wide newsletter [Short Title: Emerging technology newsletter], IntJTAHC, accepted.

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Kristensen, F.B., Mäkelä, M., Allgurin Neikter, S., Rehnqvist, N., Lund Håheim, L., Morland, B., Milne, R., Palmhøj Nielsen, C., Busse, R., Lee Robin, S.H., **Wild, C.,** Espallargues, M., Chamova, J.: Practical tools and methods for health technology assessment in Europe. Structures, methodologies, and tools developed by the European Network for HTA, EUnetHTA. International Journal of Technology Assessment in Health Care/Int J TAHC, accepted.

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2 non peer-reviewed
articles

Geiger-Gritsch, S., Nachtnebel A. (2009): Member profile – The Austrian Ludwig Boltzmann Institute for Health Technology Assessment. Euroscan Newsletter June 2009.

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2 contributions in
books, monographs,
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Hellmann, W., Eble, S. (Hg.): **Mad, P.** (2009): Ergebnismessung und Wirkungspotential stationärer klinischer Pfade - Folgerungen eines systematischen Reviews des Ludwig Boltzmann Instituts für HTA. Ambulante und Sektoren übergreifende Behandlungspfade. Berlin: Med. wiss. Verlagsgesellschaft WMV

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„Numbers games in medicine – a critical analysis“

14 chapters

(11 by LBI-HTA authors)

Geiger-Gritsch, S.: Zielgerichtete Krebstherapie - Über Wirkungen und möglicherweise unerwünschte Nebenwirkungen. In: Wild, C., Piso, B. (Hg.): Zahlenspiele in der Medizin. ORAC Verlag, Vienna.

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Nachtnebel, A.: Wie Studien gemacht werden – Wunsch und Wirklichkeit. In: Wild, C., Piso, B. (Hg.): Zahlenspiele in der Medizin. ORAC Verlag, Vienna.

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Sprenger, M., **Piso, B.**: Bluthochdruckmedikamente: Großer Nutzen für einen kleinen Markt – kleiner Nutzen für einen großen Markt. In: Wild, C., Piso, B. (Hg.): Zahlenspiele in der Medizin. ORAC Verlag, Vienna.

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contributions at
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26 contributions

Breyer, E. (2009): „Wartung von Leistungskatalogen: Analyse von eingeführten Refundierungsprozessen für ärztliche Leistungen“, 10. Jahrestagung des Deutschen Netzwerk Evidenzbasierte Medizin, Evidenz & Entscheidung: System unter Druck, EBM Kongress 2009, Berlin/Germany, 06/03/2009

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Piribauer, F., Gartlehner, G., **Mad, P.**, Waechter, F. (2009): Buchvorstellung: Screening, Durchführung und Nutzen von Vorsorgeuntersuchungen (Übersetzung aus dem Englischen) EUFEP Kongress, Baden bei Wien, 24.-26/06/2009

- Piso, B.** (2009): Erstellung einer evidenz-basierten Entscheidungshilfe zur HPV Impfung für Mädchen, junge Frauen und deren Eltern. 10. Jahrestagung des Deutschen Netzwerk Evidenzbasierte Medizin, Evidenz & Entscheidung: System unter Druck, EBM Kongress 2009, Berlin/Germany, 06/03/2009
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- Piso, B.** (2009): Outcome Evaluation realer Versorgung am Beispiel Rehabilitation. HTA-Vernetzungstreffen, Dorfgastein, 28/09/2009
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- Wild, C.** (2009): FairHealth- Tagungseröffnungsvortrag, LBI-Tagung zu Fairhealth, Vienna, 02/03/2009
- Wild, C.** (2009): Health Technology Assessment: Einsatzgebiete, Impact & Perspektiven; VFI7 Verband Forschender Industrie, Berlin/Germany, 05/03/2009
- Wild, C.** (2009): Sharing resources in the process of HTA development/ Barriers and hurdles, 10. Jahrestagung des Deutschen Netzwerk Evidenzbasierte Medizin, Evidenz & Entscheidung: System unter Druck, EBM Kongress 2009, Berlin/Germany, 06/03/2009
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- Wild, C.** (2009): Genug ist nie genug- oder kann ein immer mehr an Medizin auch zuviel sein? Keplersalon, Linz, 13/04/2009
- Wild, C.** (2009): Sparen ohne Ende? Health Technology Assessment in Österreich zur Gesundheitspolitikberatung, SAGAM Jahrestagung „Medizin ohne Ende“, Salzburg, 25/04/2009
- Wild, C.** (2009): Ludwig Boltzmann Institut Health Technology Assessment; Seminar zur HTA-Strategie in Österreich, GÖG/ Vienna, 15/05/2009
- Wild, C.** (2009): Korruption (& HTA) = Investigation & Offenlegung; Vortrag und ExpertInnengespräch "Korruption im Gesundheitswesen - Ein Diskurs über Transparenz und Werte", 19/05/2009
- Wild, C.** (2009): Arzneimittel im Krankenhaus: Health Technology Assessment und wirtschaftliche Beurteilung, Österreichische Gesellschaft für Krankenhauspharmazie und MSD Fortbildung für Krankenhausapotheker, Vienna, 05/06/2009
- Wild, C.** (2009):HTA am Beispiel der Neuen Influenza „Schweinegrippe“: Wissenschaftliche Unterstützung zur Ressourcenallokation, Habilitationskolloquium, Graz, 02/10/2009

Wild, C. (2009): Health Technology Assessment (Bewertung medizinischer Methoden) zur Gesundheitspolitikberatung, Seminar zur HTA-Strategie in Österreich, GÖG/ Vienna, 03/11/2009

Wild, C. (2009): Internationale Trends und Tendenzen bei wissenschaftlicher Unterstützung in österreichischen Refundierungsfragen, IIR Tagung zu Pharmakoökonomie, Vienna, 06/11/2009

Wild, C. (2009): Funding and Reimbursement of new MedTech and HTA activities, Synergus Local Reimbursement and Funding in Austria, Vienna, 13/11/2009

Wild, C. (2009): Ethik in der Ressourcenallokation, 4. Kärntner Ethiktag, Velden, 20/11/2009

Shemer, J., Aizpurua, I., Cleemput, I., Aparecida de Melo, V., Douw, K., Fernandes Alexandre, R., Geiger-Gritsch, S., Hakak, N., Jackevicius, C., Jacob Serruya, S., Jallow, A., Lo, P., Pontes, U., Tal, O., Tavares Silva Elias, F., Tarn, Y., **Wild, C.**, Züllig, M. (2009): "International Comparison of Publicly Funded New Technologies – Is It Necessary?", HTAi Singapore, 24/06/2009

**LBI-HTA intern lessons:
21 intern workshops**

Johansson, T. (2009): Telemedicine in Stroke Management. LBI-HTA, Vienna, 15/12/2009

Mad, P., Mathis S., Mittermayr, T. (2009): Endnote-, LBI-HTA, 13/01/2009

Mad, P. (2009): Tocolysis in preterm labour. A Systematic Review. HTA-Boardmeeting. LBI-HTA, Vienna, 08/05/2009

Mad, P. (2009): Vorstellung der Ergebnisse des AutorInnenarbeitskreises. LBI-HTA. Vienna, 24/11/2009

Mathis, S. (2009): Zufall. Das Spiel des Zufalls und dessen Rolle für Studienergebnisse. LBI-HTA, Vienna, 03/02/2009

Mathis, S. (2009): Evidence based Health Services Planning. Presentation of project results. LBI-HTA, Vienna, 22/09/2009

Mathis, S. (2009): QUORUM becomes PRISMA. LBI-HTA, Vienna, 13/10/2009

Mathis, S. (2009): Software zum HTA-Management. LBI-HTA, Vienna, 03/11/2009

Mittermayr, T. (2009): The institute's library. LBI-HTA, Vienna, 27/10/2009

Nachtnebel, A. (2009): Health Technology Assessments at Ludwig Boltzmann Institute. Wissenschaftlicher Beirat des LBI-HTA. Vienna, 08/05/2009

Nachtnebel, A. (2009): Bildgesteuerte Strahlentherapie mittels Cone-Beam CT. HTA in Krankenanstalten. Vienna, 16/06/2009

Nachtnebel, A. (2009): Injektionstherapien und Radiofrequenztherapien bei chronischen Rückenschmerzen. HTA in Krankenanstalten. LBI-HTA, Vienna, 16/06/2009

Nachtnebel, A. (2009): MELs and Grade. LBI-HTA, Vienna, 17/11/2009

Piso, B. (2009): Development of an evidence-based decision-aid on HPV vaccination. Wissenschaftlicher Beirat des LBI-HTA, Vienna, 07/05/2009

Piso, B., Mathis, S., Mittermayr, T., Geiger-Gritsch, S. (2009): Pumpless extracorporeal lung assist (PECLA): Systematischer Review. HTA in Krankenanstalten. LBI-HTA; Vienna, 16/06/2009

Piso, B., Geiger-Gritsch, S. (2009): Stentgraftimplantation bei Erkrankungen der Aorta ascendens. Update 2009. HTA in Krankenanstalten. LBI-HTA; Vienna, 16/06/2009

Piso, B. (2009): Publikation systematischer Reviews. LBI-HTA, Vienna, 28/07/2009

Piso, B. (2009): Social determinants of health. LBI-HTA, Vienna, 22/12/2009

Radlberger, P. (2009): Child psychiatry – economic evaluations. LBI-HTA, Vienna, 10/11/2009

Wild, C. (2009): EUnetHTA, LBI-HTA, Vienna, 08/09/2009

Winkler, R. (2009): Child psychiatry. LBI-HTA, Vienna, 13/10/2009

Gyimesi M., Piso B.: Versorgungsplanung der kardiologischen Rehabilitation unter Berücksichtigung von Sekundärdaten des österreichischen Gesundheitssystems. 11. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, „EbM - ein Gewinn für die Arzt-Patient-Beziehung?“ Salzburg, 25.-27/02/2010, as lecture accepted

Johansson, T.: Akutes Schlaganfallmanagement mittels Telemedizin: eine systematische Übersicht. 11. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, „EbM - ein Gewinn für die Arzt-Patient-Beziehung?“ Salzburg, 25.-27/02/2010, submitted

Mathis, S.: Evidenzbasierung in der Versorgungsplanung, 11. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, „EbM - ein Gewinn für die Arzt-Patient-Beziehung?“ Salzburg, 25-27/02/2010, as lecture accepted

Geiger-Gritsch, S., **Nachtnebel, A.**, Hintringer, K.: Horizon Scanning in der Onkologie – Konzeptentwicklung und Implementierung eines Früherkennungssystems für Krebsmedikamente in Österreich, 11. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, „EbM - ein Gewinn für die Arzt-Patient-Beziehung?“ Salzburg, 25-27/02/2010, as lecture accepted

Piso, B.: Outcomemessung in der Regelversorgung- Herausforderungen und Potenziale, eingereicht und als Poster angenommen für die 11. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, „EbM - ein Gewinn für die Arzt-Patient-Beziehung?“ Salzburg, 25-27/02/2010, submitted

Piso, B.: Health Technology Assessment based outcome research in routine care – challenges and opportunities, Health Services Research Working Conference, The Hague, 08.-09/04/2010, submitted

Radlberger, P.: Kinder- und Jugendpsychiatrie – Gesundheitsökonomische Evaluation und Möglichkeiten der Kostenaschätzung. 27. Jahrestagung der Österr. Gesellschaft für Kinder- und Jugendpsychiatrie, Klagenfurt, 25-27/02/2010, submitted

Radlberger, P.: Kinder- und Jugendpsychiatrie – Gesundheitsökonomische Bewertung. 11. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, „EbM - ein Gewinn für die Arzt-Patient-Beziehung?“ Salzburg, 25.-27/02/2010, as lecture accepted

submitted and accepted lectures and contributions at conferences:

13 already accepted

Radlberger, P., Zechmeister I., Wild. C.: Economic aspects of health services in alcohol addiction treatment- Health Services Research Working Conference, The Hague, 08-09/04/2010, submitted

Winkler, R.: Multimodales Evaluierungsdesign an der Salzburg Universitätsklinik für Kinder- und Jugendpsychiatrie. 27. Jahrestagung der Österr. Gesellschaft für Kinder- und Jugendpsychiatrie, Klagenfurt, 25-27/02/2010, submitted

Winkler, R.: Evaluierungen in der Kinder- und Jugendpsychiatrie. Theorie und Praxisbeispiele zur Qualitätssicherung. 11. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, „EbM - ein Gewinn für die Arzt-Patient-Beziehung?“ Salzburg, 25-27/02/2010, submitted

Winkler, R.: Evaluation within the field of child and adolescent psychiatry, Health Services Research Working Conference, The Hague, 08-09/04//2010, submitted

Winkler, R.: Fehl- und Unterversorgungen in der Kinder- und Jugendpsychiatrie. Tagung "Ungleich 2010", OÖGKK, Linz, 10/06/2009, submitted

**poster presentations:
4 posters**

Felder-Puig, R. (2009): Optimierung der gesundheitlichen Versorgung von RückenschmerzpatientInnen in Österreich. 10. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, Evidenz und Entscheidung: System unter Druck. Berlin/ Germany, 05-07/03/2009

Mathis, S. (2009): "Characterising registries for reviewing purposes: Three perspectives", 10. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, Evidenz und Entscheidung: System unter Druck. Berlin/ Germany, 05-07/03/2009

Nachtnebel, A. (2009): „Bedingte Erstattung – Erfahrungen aus ausgewählten Ländern“, 10. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin, Evidenz und Entscheidung: System unter Druck. Berlin/ Germany, 05-07/03/2009

Radlberger, P. (2009): "Quality measurement in integrated alcoholism treatment models", HTAi – Health Technology Assessment international Conference, 6th Annual meeting, Singapore, 21-24/ 06/2009

research applications

Gyimesi, M. (2009): Application für FFG-Modsim "Mathematical Hybrid Modelling and Dynamic Simulation in Health Care/Healthmod", 03/2009

**articles published in
HTA newsletters**

Falkner, E. (2009): Autologe Knorpelzelltransplantation (ACI)- Behandlung von Kniedefekten. HTA-Newsletter 74: 4

Geiger-Gritsch, S. (2009): Medikamente bei Brustkrebs - Zeitliche Verzögerung bis zur Volltextpublikation von Studienergebnissen. HTA-Newsletter 74: 2

Geiger-Gritsch, S., Nachtnebel, A. (2009): Horizon Scanning in der Onkologie - Evaluation neuer oder in Entwicklung befindlicher Krebstherapien. HTA-Newsletter 81: 1 (Editorial)

Gyimesi, M. (2009): Methode Modellierung – Rolle in klinischen Studien. HTA-Newsletter 74: 3

- Gymesi, M.** (2009): Kognitive Rehabilitation bei Schädel-Hirn-Trauma. HTA-Newsletter 77: 3
- Gymesi, M.** (2009): Chemonukleolyse & intradiskale Elektrotherapie (IDET) zur Behandlung von diskogenen Schmerzen. HTA-Newsletter 79: 2
- Hinterreiter, G., Nachtnebel, A.** (2009): CT Kolonoskopie – Screeningmethode für Kolorektalkrebs. HTA-Newsletter 74: 2
- Hinterreiter, G.** (2009): Chronische Rückenschmerzen – Erfolgreiche Implementierung eines Therapieangebots in Deutschland. HTA-Newsletter March 2009, 75: 1 (Editorial)
- Hinterreiter, G.** (2009): Harninkontinenz - Verhaltenstherapie von älteren Menschen. HTA-Newsletter May 2009, 77: 4
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- Hinterreiter, G.** (2009): Perkutane Nukleotomie & Laserdiskusdekompression. HTA-Newsletter June 2009, 78: 4
- Hinterreiter, G.** (2009): Individualisierte Medizin - Neue Entwicklungen in den Biowissenschaften. HTA-Newsletter October 2009, 81: 3
- Hintringer, K.** (2009): Orphan Drugs-Politiken. Regelungen zu Arzneimitteln für seltene Krankheiten. HTA-Newsletter 80: 2
- Johansson, T., Hinterreiter, G.** (2009): Telemedizin bei Schlaganfall. HTA-Newsletter 79: 3
- Johansson, T., Hinterreiter, G.** (2009): C-reaktives Protein als Risikomarker für Herzinfarktgefährdung. HTA-Newsletter 80: 3
- Johansson, T., Hinterreiter, G.** (2009): Telehealth In-home Management von chronischen Krankheiten. HTA-Newsletter 76: 4
- Johansson, T.** (2009): Antipsychotika bei Demenz. HTA-Newsletter 83: 2
- Johansson, T.** (2009): Nichtmedikamentöse Behandlung bei Demenz. HTA-Newsletter 83: 3
- Mad, P.** (2009): Wehenhemmung bei drohender Frühgeburt. HTA-Newsletter 77: 2
- Mad, P.** (2009): Screening zur Vermeidung von Frühgeburten. HTA-Newsletter 82: 4
- Mad, P.** (2009): Rheumatoide- und Psoriasis-Arthritis – Relative Effektivität: Substanzgruppenvergleiche. HTA-Newsletter 83: 4
- Mathis, S.** (2009): Neue Biomarker und Prognosemodelle für das Prostatakarzinom. HTA-Newsletter 75: 4
- Mathis, S.** (2009): EUPHORIC - Ein EU-Projekt zur (Selbst-)Evaluation von Leistungen in Krankenanstalten. HTA-Newsletter 77: 1 (Editorial)
- Mathis, S.** (2009): IgG-Apherese bei ABO-inkompatibler Nierentransplantation. HTA-Newsletter 78:3
- Mathis, S.** (2009): Evidenzbasierte Versorgung - Methoden der öffentlichen Versorgungsplanung. HTA-Newsletter 79: 4
- Mathis, S.** (2009): Da Vinci™ - System - Roboter-assistierte Chirurgie (RAC). HTA-Newsletter 80: 4

- Mathis, S.** (2009): Antidepressiva der 2. Generation – Relative Effektivität: Substanzgruppenvergleiche. HTA-Newsletter 83:2
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- Nachtnebel, A.** (2009): Neuropathische Schmerzen – Wirksamkeit und Kosteneffektivität gängiger Therapien. HTA-Newsletter 76: 3
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- Nachtnebel, A.** (2009): Injektions- und Radiofrequenztherapien bei chronischen Rückenschmerzen. HTA-Newsletter 78: 2
- Nachtnebel, A.** (2009): Bildgesteuerte Strahlentherapie mittels Cone-Beam CT. HTA-Newsletter 78: 3
- Patera, N.** (2009): Mammographie-Screening Benchmarks- Evaluationsergebnisse organisierter Programme. HTA-Newsletter 81: 2
- Piso, B.** (2009): Soll ich oder soll ich nicht? Resümee des Entwicklungsprozesses einer HPV-Entscheidungshilfe. HTA-Newsletter 76: 1 (Editorial)
- Piso, B.** (2009): PECLA - Pumpless extracorporeal lung assist. HTA-Newsletter 78: 2
- Radlberger, P.** (2009): Alkoholtherapie – Evaluierung integrierter Versorgungsmodelle. HTA-Newsletter 75: 2
- Radlberger, P.** (2009): Medikamentenbeschichtete Ballonkatheter bei koronaren Herzerkrankungen. HTA-Newsletter 78: 2
- Radlberger, P.** (2009): Kinder- und Jugendpsychiatrie - Gesundheitsökonomische Bewertung. HTA-Newsletter 82: 3
- Schumacher, I.** (2009): Lebensmittelfarbstoffe und Hyperaktivität – Besteht ein Zusammenhang? HTA-Newsletter 81: 2
- Warmuth, M.** (2009): Gendoping: Leistungssteigerung, Gesellschaftstrend & Anti-Aging. HTA-Newsletter 80: 3
- Warmuth, M.** (2009): Sprachscreening: Diagnostik und Therapie bei Entwicklungsstörungen. HTA-Newsletter 82:2
- Wild, C.** (2009): Influenza – Impfung und kausale Therapie. HTA-Newsletter 75. 1 (Editorial)
- Wild, C., Busley, A.** (2009): Deutsch-Österreichische Kooperation in der Bewertung Medizinischer Einzelleistungen. HTA-Newsletter 78: 1 (Editorial)
- Wild, C.** (2009): Intraoperative Radiotherapie bei primären Brustkrebs. HTA-Newsletter 78: 3
- Wild, C.** (2009): Pandemie: Vogelgrippe, Schweinegrippe, Menschengrippe. HTA-Newsletter 79: 1 (Editorial)
- Wild, C.** (2009): Dis-Investment: Ausschluss von Interventionen aus Leistungskatalogen. HTA-Newsletter 80: 1 (Editorial)
- Wild, C.** (2009): Surrogatparameter und PatientInnenrelevante Endpunkte – Annahmen oder Validierung? HTA-Newsletter 81: 3

Winkler, R. (2009): Verteilungsgerechtigkeit von Gesundheitsleistungen. HTA-Newsletter 74: 1 (Editorial).

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Zechmeister, I. (2009): Demenzerkrankung: Was können pflegerische Versorgungskonzepte. HTA-Newsletter 75: 3

Zechmeister, I. (2009): Leitlinien zur entscheidungsanalytischen Modellierung: Qualitätssicherung für die Forschung. HTA-Newsletter 76: 2

Zechmeister, I. (2009): Mutter-Kind-Pass: Betreuung von Schwangeren im internationalen Vergleich. HTA-Newsletter 79: 2

2.3 Participation in Scientific Meetings

February:

„Gewalt an Kindern und ihre Darstellung in den Medien“; Fachkonferenz an der Sigmund-Freud Privatuniversität Vienna, 16/02/2009 (Roman Winkler)

„Verstehen wir einander noch? Kinder- und Jugendpsychiatrie unter Beschleunigungsbedingungen. 26. Jahrestagung der Österr. Gesellschaft für Kinder- und Jugendpsychiatrie. Krems a.d. Donau, 26-28/02/2009 (Roman Winkler)

March:

LBI-HTA Tagung 'FairHealth: Verteilungsgerechtigkeit und Ressourcenallokation von öffentlichen Gesundheitsleistungen', Urania Vienna, 02/03/2009 (Smiljana Blagojevic, Michael Gyimesi, Katharina Hintringer, Gerda Hinterreiter, Stefan Mathis, Tarquin Mittermayr, Anna Nachtnebel, Philipp Radlberger, Brigitte Piso, Roman Winkler, Claudia Wild, Ingrid Zechmeister)

11. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin. Evidenz und Entscheidung: System unter Druck. Berlin/ Germany, 05.-07/03/2009 (Smiljana Blagojevic, Rosemarie Felder-Puig, Gerda Hinterreiter, Stefan Mathis, Tarquin Mittermayr, Brigitte Piso, Philipp Radlberger, Claudia Wild, Roman Winkler)

6. Forum Hospital Management. "Das Patienten-Krankenhaus - Eine Reise in die Zukunft". Forum Alpbach, 19/03/2009 (Claudia Wild)

April:

Hot doc: Schutz oder Schaden? Die Wirkung von Impfungen auf den menschlichen Körper; Ärztekammer für Wien; Vienna, 01/04/2009 (Brigitte Piso)

GesundheitsPiazza Bodensee, GesundheitsPiazzaZwei, Bregenz, 02-03/04/2009 (Claudia Wild)

Symposium „Sprechen Sie Gesundheit“ Kommunikation im Gesundheitswesen- Planung oder Zufall? Österreichische Akademie für Präventivmedizin und Gesundheitskommunikation; Vienna, 23-24/04/2009 (Brigitte Piso)

conferences and congresses

May:

Jahresforum „Konfrontation Gesundheit“ Business Circle; Vienna, 14-15/05/2009 (Brigitte Piso, Claudia Wild)

June:

Press conference „Hormonersatztherapie“, Presseclub Concordia, Vienna, 19/06/2009 (Gerda Hinterreiter)

HTAi – Health Technology Assessment international Conference, 6th Annual meeting, Singapore, 21-24/06/2009 (Anna Nachtnebel, Philipp Radlberger)

Europäische Kongress für evidenzbasierte Prävention; Baden bei Wien, 24-26/6/2009 (Gerda Hinterreiter, Tim Johansson, Philipp Mad, Brigitte Piso, Claudia Wild, Roman Winkler)

September:

Jahrestagung der Arbeitsgemeinschaft für Medizinisches Bibliothekswesen (AGMB) e.V. „Medizinbibliotheken: Leuchttürme im Meer elektronischer Informationen“, Hamburg/Germany 07-09/09/2009 (Tarquin Mittermayr)

JournalistInnenseminar „Pandemieimpfung 2009 – eine europäische Herausforderung“, Ethik-Kommission der Medizinischen Universität Wien, Vienna, 22/09/2009 (Gerda Hinterreiter)

11. Wissenschaftliche Tagung der Österreichischen Gesellschaft für Public Health „Migration, Kultur und Gesundheit: Chancen, Herausforderungen und Lösungen“, Linz/Austria, 24-25/09/2009 (Brigitte Piso, Katharina Hintinger, Marisa Warmuth)

12. European Health Forum Gastein “Financial Crisis and Health Policy”, Bad Hofgastein/Austria, 29/09 -03/10/2009 (Philipp Radlberger)

8. Deutscher Kongress für Versorgungsforschung des Deutschen Netzwerks Versorgungsforschung e.V. (DNVF) und 43. Kongress der Deutschen Gesellschaft für Allgemeinmedizin und Familienmedizin e.V. (DEGAM), Heidelberg/ Germany, 30/09 - 02/10/2009 (Stefan Mathis)

October:

KKSN (Koordinierungszentren für Klinische Studien - Netzwerk) Symposium. Versorgungsnahe klinische Studien nach der Zulassung, Freiburg/ Germany, 08-09/10/2009 (Stefan Mathis)

Politische Kindermedizin; Salzburg, 16.-17.10. 2009 (Roman Winkler)

Symposium der Österreichischen Ärztekammer und des Europäischen Forums Alpbach „Herausforderung Humanität: Medizin und Ethik“, Vienna, 23/10/2009 (Philipp Radlberger)

ISPOR - 12th Annual European Congress, Paris, 24-27/10/2009 (Michael Gyimesi)

Linzer Forum 09 „[In]transparenz – Ein-Blick in das Gesundheitswesen“, MED Ausbildungszentrum, AKH Linz, 29/10/2009 (Gerda Hinterreiter, Roman Winkler)

Ernst Strüngmann Forum: „Better Doctors, Better Patients, Better Decisions

Envisioning Health Care 2020“. FIAS/ Universität Frankfurt, 25.-31./10/2009 (Claudia Wild)

November:

Internationale Fachtagung SciCom 09 “Aufklärung, Dialog oder Event? Anforderungen an eine zielgruppenorientierte Wissenschaftskommunikation“, Technische Universität Wien, Vienna 16.-17/11/2009 (Gerda Hinterreiter)

1. Erlanger Telemedizin Symposium. SchlaganfallNetzwerk mit Telemedizin in Nordbayern (STENO), Erlangen/Germany, 22/11/2009 (Tim Johansson)

Pharmaökonomie Workshop; IPPR Konferenzreihe, Vienna, 25-27/11/2009 (Claudia Wild, Roman Winkler)

Pressegespräch Gesundheit Österreich GmbH, Vienna, 25/11/2009 (Gerda Hinterreiter, Marisa Warmuth)

Neue Entwicklungsmöglichkeiten der Telemedizin an den Salzburger Landeskliniken (Produktpräsentationen), Salzburg, 30/11/2009 (Tim Johansson)

December:

team up! -1. eHealth Day Salzburg, eHealth Salzburg 2014 - Potenziale, Trends & Strategien, Salzburg, 02/12/2009 (Tim Johansson)

EUnetHTA “HTA Methodology Conference“, Stockholm/Schweden, 03/12/2009 (Claudia Wild)

Policy Makers Forum: PharamacoEconomics. Karolinska Universität. Stockholm/Schweden, 04/12/2009 (Claudia Wild)

Health Technology Assessment World - Europe 2009. London/ UK, 08-11/12/2009 (Anna Nachtnebel)

ExpertInnentagung des Fonds Gesundes Österreich „Gesundheitsförderungsforschung in Österreich. Aktuelle Entwicklungen und Zukunftsthemen“, Wien, 14/12/2009

3 Scientific Co-operations

EUnetHTA Founding Partners face-to-face meeting, Copenhagen/Denmark, 24/03/2009 (Claudia Wild)	EUnetHTA face-to-face meetings
EUnetHTA face-to-face meeting, Brussels/Belgium, 20/02/2009 (Claudia Wild)	
EUnetHTA Plenary Assembly face-to-face meeting, Sevilla/Spain, 28.-29/09/2009 (Gerda Hinterreiter)	
EUnetHTA Executive Committee face-to-face meeting, Stockholm/ Sweden, 02/12/2009 (Gerda Hinterreiter)	
EUnetHTA Founding Partners e-meeting, 05/02/2009, 10:00–11:30 (Claudia Wild, Gerda Hinterreiter)	EUnetHTA e-meetings
EUnetHTA Founding Partners e-meeting, 03/03/2009, 10:00–11:30 (Claudia Wild)	
EUnetHTA e-meeting, 05/03/2009, 10:00–12:00 (Claudia Wild)	
EUnetHTA Collaboration e-meeting, 21/04/2009, 10:00–12:30 (Gerda Hinterreiter)	
EUnetHTA Joint Action e-meeting, 12/05/2009, 10:00–12:00 (Claudia Wild, Gerda Hinterreiter)	
EUnetHTA Collaboration e-meeting, 09/06/2009, 10:00–12:30 (Claudia Wild, Gerda Hinterreiter)	
EUnetHTA Executive Committee e-meeting, 08/09/2009, 14:00–16:00 (Claudia Wild, Gerda Hinterreiter)	
EUnetHTA Executive Committee e-meeting, 06/10/2009, 14:00–15:30 (Claudia Wild)	
EUnetHTA e-meeting, 10/11/2009, 13:00–15:00 (Gerda Hinterreiter)	
EUnetHTA WP6/A & WP7/B e-meeting, 10/12/2009, 10:00–11:00 (Claudia Wild, Gerda Hinterreiter, Marisa Warmuth, Stefan Mathis)	
EUnetHTA Founding Partners e-meeting, 15/12/2009, 13:00–14:30 (Claudia Wild, Gerda Hinterreiter)	
EuroScan meeting, Helsinki/Finland, 23-24/03/2009 (Anna Nachtnebel)	EuroScan meeting
EuroScan meeting, Madrid/Spain, 23-24/11/2009 (Anna Nachtnebel)	
2nd session of the working group regarding registers of the DNVF, „Medizinische Register“, Cologne, 24/06/2009 (Stefan Mathis)	other cooperation meetings
3rd session of the working group regarding registers of the DNVF, Heidelberg, within the German Kongress for Health Services research of the German Network for Health Services Research (DNVF e.V.) and the 43rd Kongress of the German Society for General and Family Medicine (DEGAM e.V.), Heidelberg, 30/09 -02/10/2009 (Stefan Mathis)	
MEL/NUB cooperation with the „Medizinischen Dienst des Spitzenverbandes Bund der Krankenkassen (MDS)“, Dr. Annette Busley, Germany (Claudia Wild)	other international cooperations

dia Wild)

Dr. Ilse Reiner-Theisen within the MEL/NUB cooperation with the „Medizinischer Dienst der Spitzenverbände (MDS)“, „Medikamentenbeschichtete Ballonkatheter“ (Philipp Radlberger)

national cooperation

Dr. Anna BUCSICS, Hauptverband der Österr. Sozialversicherungsträger, Department of Evidence Based Economic Healthcare, Vienna; Dr. Michael POBER, Hospital St. Pölten, Hemato-Oncology, NÖ Landeskliniken Holding; Dr. Johannes ANDEL, State Hospital Steyr, Oncology and Public Health, GESPAG, OÖ; Mag. Andreas SEIRINGER, State Hospital Vöcklabruck, Head of the Hospital Pharmacy – Pharmacist, GESPAG, OÖ; Prim. Dr. Peter KRIPPL, State Hospital Fürstenfeld – Hematology and Oncology, KAGES, Steiermark; Dr. Wolfgang WILLENBACHER, State Hospital Innsbruck University Hospital, Hemato-Oncology, TILAK, Tirol; Mag. Sigrid KIENDLER, State Hospital Innsbruck – Deputy Head of the Hospital Pharmacy – Pharmacist, TILAK, Tirol; Dr. Clemens LEITGEB, Wilhelminenspital - Oncology and Hematology, KAV, Wien – all of them within the project „Horizon Scanning in Oncology“ (Sabine Geiger-Gritsch, Anna Nachtnebel, Katharina Hintringer)

Dr. Felix Fischer, senior consultant at the therapy center Traun of the Wagner-Jauregg psychiatric clinic Linz, as well as Dr. Oliver Scheibenbogen, senior physician at the Anton Proksch Institute Kalksburg, within the project „Alkoholtherapeutische Versorgung III“ (Philipp Radlberger)

Prim. PD Dr. Leonhard Thun-Hohenstein, leader of the University Department of Child and Adolescent Psychiatry in Salzburg, within the context of the evaluation project „Child and Adolescent Psychiatry Salzburg“ (Roman Winkler)

UMIT – University for Health Sciences, Medical Informatics and Technology, Hall i. T.1; Organisation of the annual collaboration meeting (exchange of methodology and content) from 28 -29/09/2009 in Dorfgastein/Sbg.

DUK – Danube University Krems, Department Clinical and Evidence based Medicine (exchange of methodology and content).

cooperation within publication projects

Cooperation with the University of Oslo, Imperial College London, Norwegian Knowledge Centre for the Health Services and UMIT – University for Health Sciences, Medical Informatics and Technology:

Zechmeister, I., Freiesleben de Blasio, B., Garnett, G., Neilson A., Siebert, U. (2009): Cost-effectiveness analysis of human papillomavirus vaccination programs to prevent cervical cancer in Austria. *Vaccine* 27(37):5133-41

Zechmeister, I., Freiesleben de Blasio, B., Garnett, G. (2009): HPV-vaccination for the prevention of cervical cancer in Austria: A model based long-term prognosis on cancer epidemiology. *Journal of Public Health* 'Online first Publication', 11/08/2009
<http://www.springerlink.com/content/n46275377p88w256/?p=555c2259b16f431cb36118009b326439&pi=0>

other cooperations

In 2009, the following external authors could be encouraged to contribute (e.g. Editorials) to our HTA-Newsletter:

- ❖ Dr. Annette Busley, Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen/Germany (HTA-Newsletter 78: 1)
- ❖ Ao.Univ.-Prof. Dr.med. Christian Popow, Department of Child and Adolescent Psychiatry, Medical University of Vienna, University Hospital Vienna (HTA-Newsletter 82: 1)
- ❖ Dagmar Lühmann, MD, Department of Social Medicine, University hospital Schleswig-Holstein/Germany (HTA-Newsletter 83: 1)

Research and project activities at the University Department of Child and Adolescent Psychiatry at the Christian-Doppler-Clinic in Salzburg, 13-24/07/2009 (Roman Winkler).

academic exchange

4 Other Activities

Claudia Wild was teaching at

teaching

- ✦ the Masters' course „Public Health“ at the Medical University of Graz (campuses Graz and Dornbirn),
- ✦ the postgraduate course „Public Health & Health Care Management“ at the Johannes Kepler University Linz ,
- ✦ the Masters' course „Health Sciences“ at the Private University for Health Sciences, Medical Informatics and Technology (UMIT) in Hall/Tyrol,
- ✦ the Masters' course „Health Care Management“ at the Carinthia University of Applied Sciences,
- ✦ the HTA postgraduate course at the Department for Evidence-based Medicine and Clinical Epidemiology at the Danube-University and also at
- ✦ the medical advanced training academy (MedAK) in Linz.

Ingrid Zechmeister gave a lecture on „Economic evaluation in health care“ at the Danube-University Krems (07.10.2009).

Since 2009, **Michael Gyimesi** has been teaching „Modelling & Simulation within Health Technology Assessment (HTA)“ as a guest lecturer at the Technical University of Vienna.

In 2009 **Claudia Wild** reviewed manuscripts for the “German Journal for Evidence and Quality in Healthcare“ (ZEFQ), “Health Policy” and International Journal of Technology Assessment in Health Care (Int J TAHC).

expert & referee activities

Ingrid Zechmeister was engaged in reviewing for the „Journal of Public Health“.

The following diploma- and master theses were supervised by senior researchers, and supported by library services in 2009:

supervision of diploma and doctoral theses

- ✦ **Bernhard Fleischner** (Institute for Health Care Engineering, Technical University Graz): „Beschaffungsprozesse ausgewählter Produktgruppen in Krankenanstalten“ – **Claudia Wild**
- ✦ **Ines Schumacher B.A.** (Masters' cours for Public Health and Nursing Sciences, Universityt Bremen): „Machen Farbstoffe in Nahrungsmitteln hyperaktiv?“ - **Claudia Wild**

Ongoing supervision of master theses:

- ✦ **Mag. Harald Keckeis** (Masters' cours for Public Health, University Graz): „HTA als Controlling–Instrument“ - **Claudia Wild**
- ✦ **Muna Abuzahra** (Masters' course Health Care Management, Carinthia University of Applied Sciences): “Der Einsatz von Messinstrumenten zur Schweregraddifferenzierung in der Neuro- und Traumarehabilitation in Österreich” - **Brigitte Piso**

5 Prospects

2009 was largely shaped by preparations for the interim evaluation and the follow-up work required by the extension of contracts with partners. Furthermore, the reorganisation of the Institute by means of the introduction of a middle management level and corresponding heads of department alleviated the Institute's management of some of its operational activities. At the same time, the maternity leave of two researchers required the redistribution of tasks in individual areas of work.

The "National HTA Strategy" envisaged by the ministry for health and commissioned from the GÖG/ Gesundheit Österreich GesmbH is likely to heighten the profile of the LBI-HTA.

The challenges for 2010 will be the focus of the Institute's management on strategic tasks and the preparation for an application for a second cycle of the LBI-HTA within the Ludwig Boltzmann Association framework.

challenges in 2010