

# Annual Report 2010



Ludwig Boltzmann Institut  
Health Technology Assessment

Institut für Health Technology Assessment  
der Ludwig Boltzmann-Gesellschaft



# Annual Report 2010



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Health Technology Assessment

Vienna, February 2011

Ludwig Boltzmann Institut for Health Technology Assessment

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Vienna, February 2011

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Ludwig Boltzmann Gesellschaft GmbH  
Nußdorferstraße 64, 6. Stock, A-1090 Vienna  
<http://www.lbg.ac.at/gesellschaft/impressum.php>

##### **Für den Inhalt verantwortlich:**



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The annual reports are available on the Web page:  
<http://hta.lbg.ac.at/de/content.php?iMenuID=55>

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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 2010 was the 5<sup>th</sup> year of the institute's operational activity. Evaluation regarding its continuation until 2013 took place in spring 2009. The evaluation results were (fortunately) very positive.

2010:  
5<sup>th</sup> year of existence  
evaluation regarding  
continuation until 2013

In 2010 the annual budget of the Ludwig Boltzmann Institute for Health Technology Assessment - funded by the Ludwig Boltzmann Society and institutional partners – was € 820.000. Additional third party funding amounted to 12.4% of the budget.

total budget

## 1.1 Partners

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

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

institutional partners



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



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



**AUVA/ Allgemeine Unfallversicherungsanstalt**  
Adalbert-Stifterstraße 65, 1201 Wien  
<http://www.auva.at>  
(until May 2010)



**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.imit.at>



**PMU/ Paracelsus Medizinische Privatuniversität**  
Institut für Public Health  
Ignaz Harrer Straße 79, 5020 Salzburg  
<http://www.pmu.ac.at>  
(until May 2010)



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



## 1.2 Committees

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

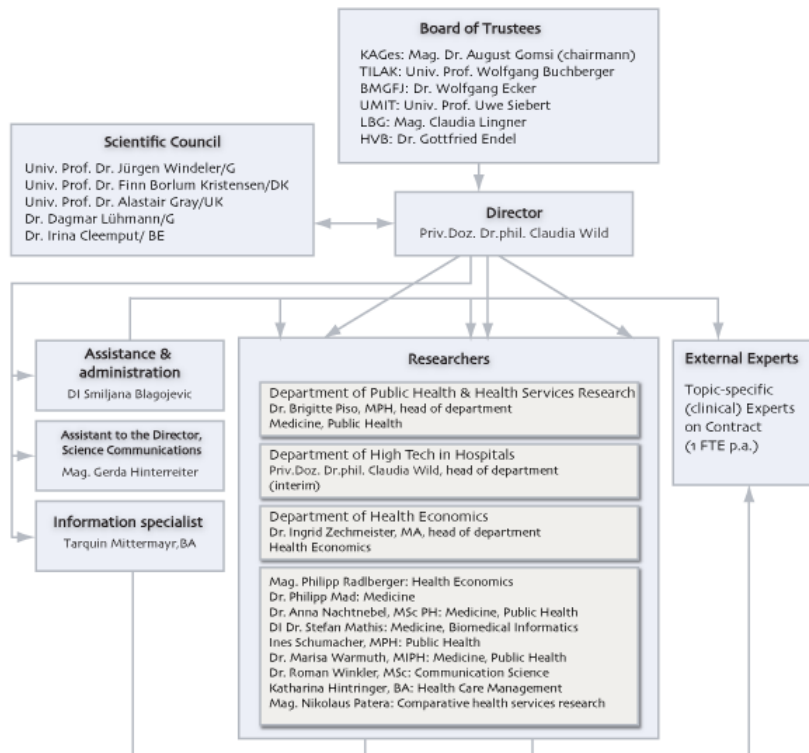


Figure 1.3-1: Organigramm

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:** Mag. Dr. August Gomsi (Chair)

6 board members

**TILAK:** Univ. Prof. Dr. Wolfgang Buchberger

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

**UMIT:** Univ. Prof. Dr. Uwe Siebert

**LBG:** Mag. Claudia Lingner

**HVB:** Dr. Gottfried Endel

### Board meetings 2010:

- ✧ 1<sup>st</sup> Board meeting: 23/03/2010
- ✧ 2<sup>nd</sup> Board meeting: 12/10/2010

- 1<sup>st</sup> board meeting**  
23/03/2010
- The **first board meeting** in 2010 dealt with the issues of contract extensions with partners, budget and current academic program, and the topic of identification and prioritization of the work program for 2010 to 2012.
- 2<sup>nd</sup> board meeting**  
12/10/2010
- The **second board meeting** in 2010 included reports from the Director and the Deputy as well as much discussion with and input from the Board. The following topics were discussed:
- ✿ Budget 2010/11
  - ✿ Current scientific programm 2010/11
  - ✿ Scoping und defining issues content: centralized care in oncology.
  - ✿ The future of the Institute - 2013+ : Presentation of LBI-HTA projects and its results: „Impact of HTA-research on the Austrian health care system” followed by a presentation of possible models for the maintenance and sustainable implementation of the Institute in Austria.
- 5 members of the Scientific Advisory Group**
- The **Scientific Advisory Group (SAG)** gives scientific support and is selected – with equal weighting – by the Ludwig Boltzmann Society and the members of the Board of Trustees. The SAG is composed of the following members:
- ✿ Univ. Prof. Dr. Finn Borlum Kristensen/ DK (Chair)
  - ✿ Univ. Prof. Dr. Alistair Gray/ UK
  - ✿ Univ. Prof. Dr. Jürgen Windeler/ D
  - ✿ Dr. Dagmar Lühman/ D
  - ✿ Dr. Irina Cleemput/ BE (since 2010)
- Following a four year of contribution, Univ. Prof. Norman Waugh/ UK left the academic Board of LBI-HTA in 2010. His successor is Dr. Irina Cleemput from the Belgian Health Care Knowledge Center/ KCE.
- 4<sup>th</sup> meeting of the Scientific Advisory Group:**  
23/11/2010
- The **fourth meeting of the Scientific Advisory Group** took place at the LBI-HTA on 23/11/2010.
- The morning began with the Institute’s Director’s brief summary of the results of the Evaluation in May 2009 and the research conducted in the subsequent year. Then four employees presented individual projects perceived to be particularly methodologically challenging. The aims of the Scientific Advisory Board meeting were to obtain expert opinions and, where necessary, suggestions for improvement and to explore potential cooperation opportunities. Projects in the field of health services research are particularly challenging:
- ✿ Outpatient cardiac rehabilitation: Retrospective cohort study (with/ without phase III rehabilitation) and, as a follow-up project in 2010/11, development of a study protocol for a prospective, controlled study to assess the effectiveness of phase III rehabilitation (Brigitte Piso)
  - ✿ Observational study of kypho- and vertebroplasty (Brigitte Piso)
  - ✿ Evaluations of child and adolescent psychiatry (Roman Winkler)

- ❖ Measuring disease – Patient-relevant outcomes versus surrogate outcomes – an international manual? (Anna Nachtnebel)

The afternoon was devoted to the future of LBI-HTA (2013+). First, the Director, Claudia Wild, presented the research profile and excerpts from the previously-developed strategy. This was followed by report from the Institute's Deputy, Ingrid Zechmeister on the results of the recent LBI-HTA project „The impact of HTA on the health care system in Austria“. By means of a discussion, the meeting's participants tried to identify the structural and procedural requirements for the LBI-HTA to become an independent HTA Institute in the future.

### 1.3 Staff & Human Resources Development

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.) proved to be essential and necessary for effective team communication at the LBI-HTA.

organisation of work

Director & Head of department 'High Tech in Hospitals':

team members

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

Deputy Director & Head of department 'Health Economics':

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

Head of department 'Public Health & Health Services Research':

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

Office-Assistant:

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

Assistant-to-the-director & Science Communications:

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

Information Specialist:

- ❖ **Tarquin Mittermayr**, BA (Hons)

Senior Researchers:

- ❖ **Roman Winkler**, Dr. phil, MSc  
Research Background: Communication Science
- ❖ **Anna Nachtnebel**, Dr. med., MSc PH  
Research Background: Medicine, Public Health
- ❖ **Stefan Mathis**, Dr. med., Dipl.-Ing.  
Research Background: Medicine, Biomedical Informatics

currently (Dec 2010)  
15 persons in total  
(=13 FTE)

and many cooperative  
research partners

- ✿ **Marisa Warmuth, Dr. med., MIPH**  
Research Background: Medicine, Public Health
- ✿ **Philipp Radlberger, Mag. rer. soc. oec.**  
Research Background: Health Economics
- ✿ **Katharina Hintringer, BA**  
Research Background: Social- and Health Management
- ✿ **Philipp Mad, Dr. med.**  
Wissenschaftsdisziplin: Medicine
- ✿ **Ines Schumacher, MPH (freelance research stuff)**  
Research Background: Public Health
- ✿ **Nikolaus Patera, Mag. rer. soc. oec. (freelance research stuff)**  
Research Background: Health policy/ health services research
- ✿ **Sabine Geiger-Gritsch, Mag. pharm., Dr. scient.med. (until 30/09/2010)**  
Research Background: Pharmacy, Public Health
- ✿ **Tim Johansson, Mag. phil., MSc (until 31/05/2010)**  
Research Background: Public Health
- ✿ **Michael Gyimesi, Dr. tech. Dipl.-Ing. (until 30.06.2010)**  
Research Background: Modelling, Simulation

Junior Researcher:

- ✿ **Muna Abuzahra, BCS**  
Research Background: Health Management

many assistants

Layout & Graphic Design:

- ✿ **Darko Blagojevic**

Trainees:

- ✿ **Imke Schall, Bakk (01/08/2010 – 30/09/2010)**  
Research Background: Health Management
- ✿ **Matthias Ristl (31/07/2010 – 31/08/2010)**  
Student

Literature Acquisition :

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

external experts

Furthermore, there are also external experts working on several projects for the LBI-HTA. In 2010 those were:

- ✿ **Christopher Adlbrecht, Dr. med.**  
Research Background: Medicine
- ✿ **Gisela Schott, Dr. med.**  
Research Background: Medicine
- ✿ **Tina Loibl, BA**  
Research Background: Health Management
- ✿ **Christoph Obermair, DI Dr.**  
Research Background: Computer science

Personnel who left the LBI-HTA in 2010:

**Tim Johansson** worked as a researcher at the LBI-HTA until 31/05/2010, working in the field of Public Health (40 hrs. /week); He has since worked at the Paracelsus Private Medical University Salzburg.

change to PMU

**Michael Gyimesi** worked as a researcher at the LBI-HTA until 30/06/2010. At the LBI-HTA he worked in the field of Modelling and Simulation (20 hrs/week); he has since worked at the Institute for Analysis and Scientific Computing at the Technical University of Vienna.

change to TU

**Sabine Geiger-Gritsch** worked as a researcher at the LBI-HTA until 30/09/2010. She was active in the field of Pharmacy and Health Sciences (20 hrs./week). Since 01/10/2010 Sabine Geiger-Gritsch has been employed exclusively at the UMIT.

only UMIT

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

objectives:  
professionalisation,  
specialisation

The LBG arranges regular CPD training for the leaders of its institutes, with the aim of the professionalisation of its management. Thus **Claudia Wild** completed a training course entitled „Successes and challenges for managers – Good Leadership“ at the Kothmuehle Relax Resort in Neuhofen an der Ybbs in Lower Austria, which took place from 28<sup>th</sup> to 30th June 2010.

All researchers took part in the following methodological training courses:

methodological training

- ❖ „Performance-oriented hospital financing, documentation and accounting“ LBI-HTA, Vienna (Lecturer: Dr. Christian Rous/KAGes), 15:00 – 17:00, 04/05/2010
- ❖ „Health care data/ Data sources: Health care planning in Austria“, LBI-HTA, Vienna (Lecturer: Dr. Gerhard Fülöp/ ÖBIG), 15:00 – 17:00, 02/06/2010
- ❖ „IVF – successes, failures“, LBI-HTA, Vienna (Lecturer: Univ.-Doz. DDr. Barbara Maier/ SALK), 16:00-17:30, 01/09/2010

Several researchers attended the following courses:

specific training for  
some researchers

- ❖ Round table discussion on „oncology versus economy“, Vienna, 19/05/2010 (**Anna Nachtnebel**)
- ❖ Elsevier Librarian-Forum 2010: "New approaches, innovative solutions and enhanced perspectives for academic libraries". Palais Auersperg, Vienna, 19/10/2010 (**Tarquin Mittermayr**)
- ❖ Training course on “Trials Registers, Trials Results Registers and Other Research Registers: Challenges and Opportunities”, University of York/ United Kingdom, 18/11/2010 (**Tarquin Mittermayr**)
- ❖ “Workshop and winter school on the use of health data, Work group collection and use of secondary data” (AGENS), UMIT/ Hall in Tirol, 15-18/03/2010 (**Michael Gyimesi**)
- ❖ Short course: „How-To-Workshop: Revise and improve your presentation for the meeting“ by M.G.M. Hunink (Netherlands) at the

	<p>Society for Medical Decision Making 13th European Meeting 2010 “Public Health Decision Making”, UMIT/ Hall in Tirol, 30/05-02/06/2010 (<b>Katharina Hintringer</b>)</p> <ul style="list-style-type: none"> <li>❖ 4th Summer School on "Methodological Foundations of Rehabilitation Research", Bielefeld, 02-04/09/2010 (<b>Brigitte Piso</b>)</li> <li>❖ 3-Day Certified Course “Modelling approaches for HTA”, UMIT/ Hall in Tirol, 27-29/05/2010 (<b>Ingrid Zechmeister</b>)</li> <li>❖ HTA-Workshop on „Pitfalls and misinformation in clinical trials“, Gesundheit Österreich GmbH, Vienna, 16-17/12/2010 (<b>Stefan Mathis</b>)</li> <li>❖ Pre-Conference-Workshop on „Risk communication between doctors and patients“, 11. Annual meeting of the German Network for Evidence Based Medicine „EbM – a gain for the doctor-patient relationship?“, Salzburg, 25/02/2010 (<b>Philipp Radlberger</b>)</li> </ul>
„Powertalking – the language of self-consciousness“	<p>Five LBI-HTA staff members (<b>Anna Nachtnebel, Katharina Hintringer, Marisa Warmuth, Ines Schumacher</b> and <b>Gerda Hinterreiter</b>) attended the „Powertalking – the language of self-consciousness“ seminar given by Mag. Christiane Miksch on 08 &amp; 09/11/2010.</p>
university education:	<p>In the summer semester of 2010 <b>Tim Johansson</b> attended the following teaching events as part of his postgraduate studies in medical sciences at the PMU/ Paracelsus private medical university in Salzburg: “Public Health”, “Introduction to Surgery”, “Medical ethics – principles of medical commerce” and “Foundation of radiology”. His dissertation was entitled “Telemedicine in acute stroke care – the TESSA model”. His final exam will take place in January 2011.</p>
1 doctorate in final stages	
1 doctorate ongoing	<p>As part of his doctoral studies in the field of economic policy at the Vienna University of Economics, <b>Philipp Radlberger</b> attended the following research seminars in the 09/10 and 10/11 winter semesters: „Social policy“, „Topics of international trade“ and „Further qualitative methods“.</p>
1 masters ongoing	<p>Since October 2009 <b>Katharina Hintringer</b> has been a student on the medical sciences Masters course at the UMIT (Health and Life Sciences University) in Hall in Tirol, with a focus on Public Health.</p>
institutional memberships	<p>The Ludwig Boltzmann Institute for Health Technology Assessment, its staff, is a member of the following international and national organisations:</p> <ul style="list-style-type: none"> <li>❖ HTAi (Health Technology Assessment international)</li> <li>❖ INAHTA (International Network of Health Technology Assessment)</li> <li>❖ EUPHA (European Public Health Association)</li> <li>❖ DNEbM (German Network for Evidence-based Medicine)</li> <li>❖ Society for the Promotion of Technology Assessment in Health Care (Health Technology Assessment)</li> <li>❖ ÖGPH (Austrian Society for Public Health)</li> <li>❖ EuroScan (International Information Network on New and Emerging Health Technologies)</li> <li>❖ EUnetHTA (European network for Health Technology Assessment)</li> </ul>

**Claudia Wild** is a member of:

- ✳ OSR/ Supreme Medical Council (Meetings on 26/06/2010 and 27/11/2010)
- ✳ Project advisory group of the EBM Working Group of the Association of Austrian social security companies
- ✳ Scientific Advisory Committee of DAHTA@DIMDI (Meetings on 26/05 und 10/11/2010)
- ✳ International Advisory Boards of the Magazine for Evidence, Continuing Education and Quality in Health Care (ZEFQ)
- ✳ Transparency International, Austrian Chapter, Workgroup Health Care
- ✳ Advisory Board „ Health Statistics“ by Statistic Austria
- ✳ Expert group of OECD
- ✳ Promotion of research advisory board for German Cancer Aid (charity)

individual memberships:

OSR,  
scientific council of  
bioethics,

scientific advisory  
committee:  
EBM-HVB,  
DAHTA, ZEFQ

advisory board:  
Statistik Austria,  
German Cancer Aid,  
OECD

Further to this, Claudia Wild carried out the following scientific advisory activities in 2010:

- ✳ Development of a model for the European Forum for Evidence Based Prevention (EUFEP), in cooperation with the Danube University Krems, Department for evidence based medicine and clinical epidemiology, 27/01/2010
- ✳ Participation in the „Caesarean Section“ round table at the Federal Ministry of Health, 26/01/2010
- ✳ Participation in the „Quality standards in early breast cancer diagnosis“ working group, Gesundheit Österreich GmbH, 12/01/2010

In 2010, as part of the „child health dialogue“ **Ingrid Zechmeister** took part in the „Health Promotion“ working group (29/06/2010 and 16/11/2010). Further to this, she represented the LBI-HTA at several meetings on the national HTA Strategy, the Methodological Handbook for Gesundheit Österreich GmbH (GÖG) (16/03/2010, 25/05/2010, 30/11/2010) and at the meeting about MEL-development at the Ministry of Health (13/10/2010). On 18/08/2010, 17/11/2010 and 29/11/2010 she took part at the project meetings of the Austrian IFEPH networking project.

Child health dialogue/  
Ministry of Health  
nat. HTA Strategy/ GÖG  
MEL/ BMG  
IFEDH Project

**Brigitte Piso** is a board member of the Austrian Society for Public Health (ÖGPH) and a member of the European Public Health Association (EUPHA). Since autumn 2010 she has been a member of the "Prevention" working group for the development of a national cancer plan at the Austrian Federal Ministry of Health (Meeting on 16/11/2010).

ÖGPH  
EUPHA  
WG Prevention –  
national cancer plan/  
BMG

Further to this, Brigitte Piso carried out the following scientific advisory activities in 2010:

- ✳ For the Austrian publication „Early diagnosis of cervical cancer, HPV vaccination – Information and Experience - Decision support“, collaboration with the scientific advisory board, organised by the Women’s Health Centre in Graz.

Scientific Council  
HPV-vaccine  
decision aid

A(H1N1) expert evaluation/ GÖG	<p>☞ Invited Expert – Evaluation of the A(H1N1) Influenza Pandemic 2009/2010 at the „Experience exchange: A(H1N1) influenza pandemic in Austria“, at the Gesundheit Österreich GmbH, representing Claudia Wild, 30/09/2010.</p>
WG Child health dialogue/ Ministry of Health	<p><b>Marisa Warmuth</b> is a member of the „Child health dialogue: High risk pregnancy and birth and their consequences“ working group at the Federal Ministry of Health.</p>
WG Child health dialogue/ Ministry of Health	<p><b>Roman Winkler</b> is a member of the „Child health dialogue: psychosocial health“ working group at the Federal Ministry of Health (Meetings on 08/06/2010; 05/07/2010; 20/09/2010 and 03/11/2010).</p>
WG Epidemiology – national cancer plan/ BMG EuroScan	<p><b>Anna Nachtnebel</b> is a member of the „Epidemiological portrayal, cancer statistics and documentation“ for the development of an Austrian cancer strategy working group at the Federal Ministry of Health. Since 2010 she has also been a member of the European Horizon Scanning Network „EuroScan“ (<a href="http://www.euroscan.org.uk">www.euroscan.org.uk</a>).</p>
GMDS & ISPOR	<p><b>Sabine Geiger-Gritsch</b> is a member of German Society for medical computer science, biometry and epidemiology e.V. (GMDS) and the International Society of Pharmacoeconomics and Outcomes Research (ISPOR).</p>
Senate UMIT	<p><b>Katharina Hintringer</b> is a regular student member of the Senate at the UMIT – University for Public Health, Information Systems &amp; Health Technology Assessment in Hall i.T.</p>
EPA	<p><b>Philipp Mad</b> is a member of the European Pathway Association (<a href="http://www.e-p-a.org">www.e-p-a.org</a>).</p>
EAHIL	<p><b>Tarquin Mittermayr</b> is a member of the European Association for Health Information and Libraries (EAHIL).</p>
ÖGPH	<p><b>Gerda Hinterreiter</b> is a member of the Austrian Society for Public Health (ÖGPH).</p>
Young Gasteiners Network	<p>As a member of the Young Gasteiners Network, in 2010 <b>Philipp Radlberger</b> was involved in the preparation of conference activities, follow-up and on-site coordination of the European Health Forum, as well as acting as an „assistant rapporteur“ for the EU Commission Forum 3 entitled „EU action and local partnerships for health“ and the „Health literacy“ forum.</p>
German Network for Health Services Research	<p><b>Stefan Mathis</b> is member of the Austrian Computer Society and the German Network for Health Services Research.</p>

## 1.4 Infrastructure

office space and equipment	<p>The office of the LBI-HTA (279 m<sup>2</sup> in total) consists of seven separate rooms and a 70 m<sup>2</sup> library/seminar room. At the end of 2010, the institute was equipped with 16 personal computer workstations. For 2011 no further additions are planned.</p>
library	<p>During the past year the LBI-HTA library has increased its holdings to 735 monographs. The Institute currently subscribes to eight print periodicals and has access to 16 electronic periodicals, as well as the important medical and scientific databases Ovid-Medline, Embase, Scopus and UpToDate.</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. As a result of this cooperation, 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/>

international  
distribution

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

## 1.5 Highlights of the Year

Following the end of the EU „EUnetHTA“ project (2006-2008)“ and the interim project („EUnetHTA Founding Partner Collaboration 2009“), this cooperative scheme has now, thanks to long-term funding from the EU cooperation network, developed into the „**Joint Action 2010-2012**“. In this Joint Action, the LBI-HTA is leading **Work package 7B**, with the aim of reducing overlaps in EU-wide HTA work. A web-based database of all planned and ongoing Assessments (**POP database**) is to be made available to all EUnetHTA partner organisations. To that end, since January 2010 the LBI-HTA has been collecting all planned and ongoing projects every three months. These projects are sorted according to topic and are made available to partners. The web-based POP database is currently being developed in cooperation with the Belgian HTA Institute KCE. It will be completed in June 2011 and subsequently made available to all contributing EUnetHTA partners. There has been further cooperation with other EUnetHTA partner organisations, such as during the LBI-HTA „Horizon Scanning in Oncology“ project. Further cooperation, for example in the 2011 MEL assessments, is planned.

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

reduction of overlaps

POP database

further cooperation  
planned

Following an initial test of the „**Horizon Scanning Systems for Oncology**“ in 2009, this programme has since been successfully implemented into routine LBI-HTA practice. 14 Decision Support Documents for Horizon Scanning in Oncology have been published since autumn 2009, including 9 in 2010. Following regular scanning of (a total of 27) different data sources and websites and an initial selection, a group of interdisciplinary experts decide for which of these drugs short and concise Assessments should be carried out to be passed on to decision makers (pharmaceutical commission). As these early assessments are made available around the same time as they are licensed by the EMA and are published (only) in English, they have aroused significant interest internationally, as well as in Austria. All Horizon Scanning in Oncology Decision Support Documents are available online at <http://hta.lbg.ac.at/de/content.php?iMenuID=96>

Horizon Scanning in  
Oncology:  
aroused significant in-  
terest

EU-wide cooperation:	Due to apparent EU-wide overlaps, the considerable financial implications and the increased demand for the evaluation of oncology drugs, a 2 day
onco-drugs Workshop	„ <b>Workshop on Onco-drugs</b> “ took place at the LBI-HTA at the end of September/beginning of October. 20 people from 12 European HTA Institutes took part, in order to - for the first time - develop options for future cooperation in the rapid evaluation of oncology drugs. This workshop was proposed and hosted by the LBI-HTA, as the lead partner of the EUnetHTA Joint Action WP 7B. The joint publication of two <b>Horizon Scanning in Oncology Assessments</b> with partner institutions ( <b>Universitätsklinikum Bremen</b> and the <b>Polish institute AHTAPol</b> ; early January 2011) is one of the first outcomes of this successful get-together.
HSS – cooperation with Universitätsklinikum Bremen & AHTAPol	
German-Austrian cooperation for individual medical services / MEL	The evaluation of <b>individual medical services (MEL)</b> before their inclusion in the benefit-catalogue, which was first carried out in 2007/08, is now being conducted annually. Completing this task in just a few weeks (mid-January to end of March) is not just a methodological challenge, but also as an organisational one; however, with increasing experience it is becoming increasingly routine. This year, for the second time, the LBI-HTA has cooperated with its German counterpart, “NUB/New diagnosis and treatment procedures“, which is often simultaneously faced with similar or identical new medical techniques. Again, these assessments have led to a number of scientific publications this year.
2011: MEL pilot cooperation as part of EUnetHTA WP 7B	As part of the „EUnetHTA Joint Action 2010-2012“ project (see above), <b>cooperation with other EUnetHTA partners</b> is planned for the 2011 MEL cycle. As part of this cooperation, joint bilingual (D/E) assessments of „new high tech interventions in hospitals“ will be conducted. This project is being led by the LBI-HTA within its capacity as co-lead partner of work package 7, „New Technologies“.
EBM conference Salzburg	11 members of the LBI-HTA team took part in the 11th Annual conference of the <b>German Network for Evidence-Based Medicine</b> , “EBM – a gain for the Doctor-Patient Relationship?”, which took place in Salzburg on 25th-27th July.
book project „Number games in medicine“	On the initiative of the ORAC publishing company, the Institute’s book “ <b>Zahlenspiele in der Medizin – Eine kritische Analyse</b> ” (“Number games in medicine – A critical analysis”) 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 16th chapter of the book attempts to demonstrate these “number 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. The book was published by ORAC on 08/03/2010. The two editors gave a **press conference** as part of the “Number games in medicine – A critical analysis” **book presentation** on 09/03/2010. The press conference was followed by a panel discussion together with Martin Sprenger, acting director of the Public Health course at the Med. Univ. Graz, Thomas Szekeres, vice-president of the Vienna medical association und Wolfgang Wagner, medical and health journalist/APA. The discussion was chaired by Birgit Dalheimer, scientific journalist/Ö1). All LBI-HTA co-authors attended the book presentation.

**book presentation and press conference**

On 07/04/2010 a whole day meeting to develop the research programme for the LBI-HTA in 2010/2011 took place at the Berghotel Tulbingerkogel in Mauerbach near Vienna. All team members were actively involved in the planning and brainstorming for the coming year.

**research programme planning at the Tulbingerkogel**



A further highlight of 2010 was the HTAi conference in Dublin (06.-09/06/2010), which was attended by 13 employees of the LBI-HTA. In addition to their professional participation, participants used the opportunity for international networking.

**international networking:  
HTAi Conference Dublin**



**Business Run** A small delegation of the LBI-HTA team (Smiljana & Darko Blagojevic, Ines Schumacher, Gerda Hinterreiter) took part in the 11th **Wien Energie Business Run** on 23/09/2010. At the finish they received their medals proud, somewhat relieved and happy.



**national networking**

In order to intensify exchange and cooperation with

- ❖ The Institute for Public Health, Medical Decision Making and HTA at the **UMIT** - The Health and Life Sciences University,
- ❖ The Department for Evidence-based Medicine and Clinical Epidemiology at the Danube-University Krems/ **DUK**,
- ❖ The Federal institute for quality and economy in health care/ **BIQG** and
- ❖ for the first time, with the **EbM Review Center at the MUG/** Medical University in Graz ,

a two day networking event, in which 3 LBI-HTA employees took part, took place in Melk/Lower Austria the end of September (27.-28/09/2010).

**50 years of the LBG:  
Meet Science!**

On 21/10/2010 the Ludwig Boltzmann Society held a large party to celebrate the 50th anniversary of the founding of the Society at the Semper Depot Wien. The theme of the party was „**LBG Meet Science!**“.

At the party, 24 Ludwig Boltzmann Institutes and clusters presented their research in short oral presentations. The 400 guests from the Science Community were provided with headphones and thus were able to select which of 4 simultaneous presentations to tune in to. Each presentation was recorded and they were later repeated on monitors. **Ingrid Zechmeister**, the deputy director of the LBI-HTA made the LBI-HTA presentation.

The director of the Institute, **Claudia Wild**, together with four other LBI directors, took part in a panel discussion on „Moral courage and research“. In her address Beatrix Karl, from the ministry for Science and Research, highlighted the great achievements of the LBG as a non-academic research organisation. Closing remarks were made by Christian Konrad, President of the LBG.



The LBI-HTA **Christmas party** took place on 01/12/2010. It began with a tour of the „Over the Roofs of Vienna“ exhibition at the Natural History Museum, and finished with a cosy meal at the „Roter Elefant“ restaurant.

Naturhistorisches Museum & „Roter Elefant“



*Maria Theresa Square, Vienna, 01/12/2010*

weddings &  
children

For two HTA employees the private highlight of the year was their respective weddings: **Ingrid Zechmeister** & Christoph (19/06/2010) and **Stefan Mathis** & Susanne (03/07/2010).

On 14/03/2010 **Philipp Mad** became a father to little Valentin Eugen Ferdinand. We celebrated these special occasions accordingly.

## 1.6 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.

programme line 1

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

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

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

Unlike traditional HTA, evidence-based health services are still young, but are based on the same basic research principles: systematic literature search and analysis, transparent presentation of sources, process and 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.

programme line 2

### **Scientific support of health policy and decision-maker networks**

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).

### **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**

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.

programme line 3

programme line 4

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

**programme line 5 International cooperation / HTA Best Practice**

International cooperation and collaboration, particularly within the European Union, is becoming increasingly important in order to avoid redundancies in the assessment of medical technologies prior to reimbursement or inclusion in public benefit catalogues. Drugs that have been approved by the European regulatory authority 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 is again be funded by the EU.

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



## 2 Research

### 2.1 Projects and Scientific Support of Decision-making

#### Classification of severity for neuro- and trauma rehab patients

programme line 1

*Project leader: Brigitte Piso*

*Researcher Part 1: Christoph Pammer, Muna Abuzahra*

*Researcher Part 2: Muna Abuzahra, Brigitte Piso*

*Researcher Part 3: Muna Abuzahra, Brigitte Piso*

*Duration: 09/2008 - 05/2010*

**Part 1:** Instruments used in classifying stroke and trauma patients

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

**Part 3:** Status quo in Austria

#### **Part 1:**

*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 to improve 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 and 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 to identify instruments for classifying disease severity in patients with neurologic or trauma rehabilitation and assess them according to test quality criteria. As an example, we 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. Based on test quality criteria, we recommend the National Institute 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). 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).

#### **part 1:**

**instruments used in classifying stroke and trauma patients**

*Conclusion:* Instrument selection is not only dependant on test quality (and feasibility and acceptability issues), but also on the purpose the measurements are to 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).

In order to choose measurement instruments for neurological and trauma rehabilitation in Austria, the aims of measurements have to be defined. Whether and in which way measurements for quality assurance and outcome evaluation will be implemented and whether they will be connected to reimbursement needs to be clarified.

part 2:  
international experience  
in quality and  
performance evaluation  
and 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.

**Part 3:**

*Background:* Based on the first parts of the project “classifying disease severity in patients with neurologic or trauma rehabilitation” (part 1: instruments for stroke and traumatic brain injury. HTA-Projektbericht 023a; part 2: International experiences with quality / performance assessments and reimbursement. HTA-Projektbericht 023b) we aimed to collect status quo data on the usage of generic and specific instruments and to identify pilot projects in Austrian rehabilitation institutions. Additionally, we wanted to assess opinions about the potential and constraints of generic instruments.

*Methods:* For data collection we developed a questionnaire and sent it to 20 Austrian rehabilitation centers via email (response rate 50%).

*Results:* Some instruments (the 10m walk test, the nine-hole-peg-test, the Barthel Index/BI, the 2min walk test, the Rankin Scale/RS, the Functional Ambulation Categories/FAC, the mini mental state examination/MMSE, the expanded disability status scale/EDSS) are being used in almost all of the centres, most commonly at admission and/or discharge. Most frequently, physicians, nurses, occupational therapists, physiotherapists, speech therapists and (neuro-) psychologists conduct the assessments. Individual goals are arranged with patients in all institutions, but goal attainment is evaluated in only about fifty percent of the institutions. Key objectives of data collection are the documentation of the rehabilitation process and documentation for internal quality management. Overall seven completed or ongoing pilot projects, which test the utilization of measuring instruments or quality assurance systems, were identified by the survey.

*Discussion:* The results show that recommendations of the ÖGNR lead to a homogenisation of the instruments used. However, a standardized guidance does not exist and a variety of measurement instruments continues to be used. Pilot projects indicate increasing interest in quality management and comparison between institutions.

*Publications (Part 1, 2 and 3):*

HTA Project report 23a (Part 1): <http://eprints.hta.lbg.ac.at/866/>

HTA Project report 23b (Part 2): <http://eprints.hta.lbg.ac.at/867/>

HTA Project report 23c (Part 3): <http://eprints.hta.lbg.ac.at/879/>

### **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.

*Aim and objectives:* The aim of this systematic review is to inform decision makers about the current evidence regarding the 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 su-

**part 3:**

**status quo in Austria**

**programme line 1**

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.

*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.

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

*Results:* The evidence for Hämocomplettan® P is of poor quality. Thresholds and dosages for the substitution of fibrinogen concentrate remain unclear. Furthermore, the inclusion of heterogeneous, highly selective and critically ill patient populations limits the generalisability of results. There is a lack of evidence regarding the efficacy and safety of Fibrogammin® P as only one study exploring these could be identified. No evidence for the combined use of Hämocomplettan® P and Fibrogammin® P could be found.

*Conclusion:* In Austria there is an urgent need for national, evidence-based transfusion guidelines. Existing guidelines, namely those of the Austrian Society for Anaesthesiology, Reanimation and Intensive Medicine, as well as the internal guidelines of an Austrian University Hospital are neither evidence-based nor conform with recent guidelines from Canada, the United Kingdom or Germany.

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

programme line 1 **Evaluation of diagnostic technologies – Background, challenges, methods**

*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 influence diagnostic or therapeutic decisions, resulting in improved patient-relevant outcomes. Because diagnostic tests can also be associated with adverse consequences, and because uncritical use has led to a considerable impact on health care expenditure, 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 merely their efficacy, taking the most important consequences for patients and for health systems into account, unique methodological challenges exist.

*Aims:* To give an overview of specific methodological challenges associated with the evaluation of diagnostic technologies, and to describe the methodologies used by selected institutions for the assessment of diagnostic technologies. Based on these findings, the aim is to develop a potential method for the evaluation of diagnostic technologies relevant to stakeholders.

*Methods:* Unsystematic hand-searches (manuals, guidelines, of selected institutions, Scopus, reference lists of relevant publications) and systematic litera-

ture 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. Categorisation of the identified challenges and the description of relevant methodological approaches of the selected institutions. Analysis and synthesis of these approaches to determine a method relevant to health systems.

*Results:* From the decision-makers’ perspective, the most important aspect of the evaluation of a diagnostic test is the assessment of the patient benefit associated with it. In order to obtain patient-relevant outcomes, the consequences of the subsequent treatment, as well as the test itself, must be taken into account. This may occur directly, in that studies compare the consequences of resulting treatment with those following a comparative test. Because these studies are rare, „linked evidence“ provides the possibility to link accuracy studies with efficacy studies. However, for „linked evidence“ a range of methodological characteristics must be taken into account, and several criteria fulfilled. Thus diagnostic accuracy studies may have specific methodological problems, such that the evaluation of their quality requires specific instruments. Furthermore, the population of efficacy studies and efficacy studies must be comparable and there must exist a recognised benchmark, which these studies can be linked with.

*Conclusions:* The institutions included in this study also assess diagnostic tests primarily based on their patient benefit and use similar evaluation methods. Favoured evaluation methods include systematic reviews; 3 institutions made reference to „linked evidence“. The most frequently mentioned instruments for assessing the methodological quality of diagnostic accuracy studies are QUADAS, the Cochrane checklist and the STARD Statement; the cost-benefit ratio is used by 3 organisations.

*Publication:* HTA Projekt report 36 – <http://eprints.hta.lbg.ac.at/898>

### **Radiosurgery: Gamma Knife versus adapted linear accelerator**

programme line 1

*Project leader:* Stefan Mathis

*Duration:* 05/2010 – 09/2010

*Background:* In a number of diseases of the brain and associated structures the methods of microsurgery are limited. In such situations, radiosurgery is an option. Radiosurgery is defined as the biological inactivation or destruction of intracranial 3D targets by high-precision ionising radiation during a single session. Radiosurgery is applicable to patients with primary brain/head tumours (meningioma, schwannoma, pituitary adenomas, glioma, melanoma), with brain metastases, vascular malformations and a number of functional diseases (for instance: trigeminal neuralgia). There are different forms of radiosurgery, including gamma knife, adapted linear accelerators and proton beam systems. For this assessment we compared two of these – gamma knife and adapted linear accelerator – with a focus on clinical effectiveness and cost. The gamma knife is a radiation device that bundles approximately 200 rays from radioactive sources (cobalt 60) by collimation. The resulting focus with a diameter of a few millimetres is called isocenter. A patient is treated by positioning his head in such a way, that the isocenter and the patient’s lesion overlap. In this position the patient remains fixed (by a stereotactic frame), until the therapeutic dose is reached according to the dose distribu-

tion plan. Because of the high dose gradient (high dose in the centre, low doses in the neighbourhood) the surrounding tissue can be protected from doses above their radiation tolerance level. The gamma knife is used for pathologies of the head with a diameter of less than 3 centimetres. The comparator in this assessment is an adapted linear accelerator (LINAC). LINAC is a radiation device which emits X-rays. In contrast to the gamma knife, the adapted linear accelerator has only one source of rays. This emitter head must therefore be moved around the patient, otherwise (with a single entrance point) the tolerance of the tissue in the pathway of the ray would be exceeded quickly and, consequently, the therapeutic target dose in the target lesion could not be reached. Moving parts (a complex feature of the LINAC system) require a vast amount of maintenance and quality control.

*Method:* A systematic search in medical databases was performed and completed using hand searching. The systematic search strategy included all studies written in English or German. The population inclusion criteria were defined as patients with primary brain tumours, brain metastases, arteriovenous malformations or trigeminal neuralgia. To be considered for inclusion, studies had to evaluate gamma knife or LINAC based radiosurgery. Only studies with a high level of quality in terms of their study design (RCTs, prospective cohort studies) were included. For the cost comparison the findings from economic literature were analysed and experts interviewed about the market situation and the cost components of the radiosurgery procedure.

*Results:* Out of a total of 742 records only few clinical studies made statements about the comparison of both methods. All of them were of low evidence quality (consequently not meeting the inclusion criteria), therefore no definite conclusions can be drawn. Three assessments (all from Germany) with a similar pool of study questions to this assessment were identified. Statements from those studies indicate that gamma knife and adapted LINACs have comparable clinical effects. From studies on the dose distribution a slight advantage in precision for gamma knife (especially with very small target volumes) and some advantages in homogeneity for the adapted LINAC (in bigger target volumes) are reported. The clinical relevance; however, remains unclear in terms of prospective controlled studies. A general lack of evidence was observed regarding most of the indications for radiosurgery.

An annual cost comparison was performed. The higher acquisition costs of the gamma knife (~4,000.000 €) are compensated by its longer life span (~20). However, gamma sources need to be replaced every 5-7 years, costing approximately 700.000 €. An adapted linear accelerator costs ~3,000.000 € and has a life span of ~10 years. Due to the complexity of a LINAC system, more maintenance, quality control and therefore personnel resources should be expected. On the other hand, a LINAC system can also be used for non-radiosurgical indications, such as fractionated (more than one session) radiation or extracranial indications. Other cost factors depend on variables that are determined by the local context (e.g.: intended indications, case numbers, existing equipment and experience).

*Conclusion:* There are statements from studies indicating a similar effect of both technologies. However, the strength of this evidence is low. If both technologies are available, the dose distribution characteristics indicate the use of gamma knife for small lesions (better conformity, efficient workflow), while the adapted LINAC has advantages with bigger volumes (faster, better coverage, homogeneity). Local variables (consented indications, case num-

bers, existing equipment, experience of personnel) should be carefully evaluated to allow a decision that meets criteria for efficient patient care. From a cost perspective, the LINAC system seems to be more versatile in its use and therefore recommended, when radiosurgery case numbers are small.

*Publication:* HTA Project report 47 - <http://eprints.hta.lbg.ac.at/901>

## **Screening for Colorectal Cancer. Part 1: Screening-Tests and Project Design**

programme line 1

*Project leader:* Claudia Wild

*Project author:* Nikolaus Patera

*Duration:* 12/2009 – 03/2010, Update December 2010

*Background:* Colorectal cancer (CRC) is a malignant tumor arising within the walls of the large intestine. Among both men and women CRC was the third most common non-skin cancer and also the third-highest cause of cancer deaths in the US in 2009. In terms of age-standardized incidence rates, there is little difference from one European country to another. CRC has a recognizable, protracted pre-malignant stage that is relatively easy to treat. If the disease is detected early, a person's chances of survival are considerably higher than if it is detected at a later stage. That is why various forms of screening for CRC have been introduced in a number of countries.

*Aims and research questions:* The Swiss cancer league (Krebsliga Schweiz) requested a review of the secondary literature (health technology assessments, systematic reviews, meta-analyses) on CRC-screening to inform policy options in this area in December 2009, and an update in November 2010.

*Research questions:* What screening-tests are available for colorectal cancer? What are the respective test characteristics and what are the respective tests' wider implications for a colorectal cancer-screening programme? What questions and central aspects are to be considered in the context of designing an organised population-based screening-program for colorectal cancer?

*Methods:* A systematic literature search limited to secondary literature (health technology assessments, systematic reviews of the literature, meta-analyses) published from 1999-2009 was performed in Dec. 2009. This was supplemented by a small unsystematic search for literature on recent developments in molecular screening-tests. An update search for secondary literature was performed in November 2010.

*Results:* Colonoscopy is the final common pathway of all screening for colorectal cancer (CRC). For a screening-test in the (healthy) general population, colonoscopy is invasive and prone to serious complications. Screening-yield and rates of complications are strongly dependent on the individual operator. No data is currently available on the impact of CRC-screening on all-cause mortality. When considering first-line screening-tests on which to base an organized program, the test's impact on participation is more important than its test-sensitivity.

*Conclusion:* CT-colonoscopy, capsule endoscopy and new molecular tests are not yet viable alternatives for use in population-based mass-screening.

*Publication:* HTA Project report 41a - <http://eprints.hta.lbg.ac.at/873>

programme line 1 **Screening for Colorectal Cancer. Part 2: Health economic evaluations and developments of costs**

*Project leader: Ingrid Zechmeister*

*Project author: Philipp Radlberger, Ingrid Zechmeister*

*Duration: 12/2009 – 03/2010*

*Background:* During the recent years, several countries have introduced colon cancer screening programs. Colon cancer is not only a very common cancer in terms of incidence, but several screening technologies exist in addition to colonoscopy, such as the flexible sigmoidoscopy and tests for identification of fecal occult blood.

*Aims and research questions:* Together with report 41a this study aims to give decision support on the question of introduction or/and planning of a colon cancer screening program. Therefore it analyses the available evidence on cost-effectiveness and cost planning.

The main research questions are: What health economic evaluations on colon cancer screening programs exist and which screening strategies are more cost effective than others/no screening? Which cost factors are most important in the planning of colon cancer screening programs?

*Methods:* Based on a systematic literature search in databases, the report includes a systematic review on existing health economic evaluations (systematic reviews and single studies). In addition, it answers the question of which cost factors are relevant in planning colon screening and to what extent they are dependent on each other.

*Results:* With costs of about €10.000,- to €20.000,- per life year gained, cost-effectiveness ratios of the included screening strategies (colonoscopy, flexible sigmoidoscopy and fecal occult blood tests) seem to be acceptable compared to no screening. However, there are some important limitations in terms of unrealistic assumptions about rates of adherence or sensitivity and specificity. The structure of cost plans for colon cancer screening usually include a preparatory phase, the actual screening and a period of re-testing and transfer into therapy. Depending on the screening method chosen, there are certain factors which particularly influence overall costs. They include the management of polyps, the need for additional colonoscopies to clarify diagnoses and the rate of adherence.

*Conclusion:* Based on the evidence available, the implementation of colon cancer screening for an average risk population older than 50 years seems justified in terms of cost-effectiveness, as long as quality assurance is guaranteed.

*Publication:* HTA Project report 41b - <http://eprints.hta.lbg.ac.at/874>

programme line 1 **Impact from HTA-research for the Austrian health care system**

*Project leader: Ingrid Zechmeister*

*Project team: Ines Schumacher, Ingrid Zechmeister*

*Duration: 01/2010 – 12/2010*

**Part 1:** Methodological overview –update

**Part 2:** Results of the empirical survey

*Background:* In Austria research in HTA has been conducted since the 1990s. Initially, this was lead by the Institute of Technology Assessment at the Austrian Academy of Sciences. Since the Ludwig Boltzmann Institute for HTA



was established in 2006, the importance of HTA research has increased considerably. Research in HTA aims to support an adequate and efficient use of health care resources in order to sustain a publicly financed and solitary health care system. Research results should provide independent information for decision makers. In the long run, HTA should improve the health care system (structures, processes, outcomes) and should result in improved population health in Austria. In order to legitimise further research resources and to prioritise future HTA research and guarantee the value of future research, HTA research itself needs to undergo evaluation.

*Aims and research questions:* To identify adequate methods for measuring the impact of HTA in Austria on the basis of existing literature (part 1) and to apply a mix of quantitative and qualitative measures in order to evaluate the impact of HTA in Austria (part 2).

*Methods part 1:* Summary of the existing methods for measuring HTA impact in terms of definition of HTA impact + indicators and evaluation methods. Expert workshop (LBI HTA, UMIT, DIMDI, and University of Bielefeld): defining an appropriate evaluation design for an empirical analysis in Austria. Definition of evaluation tools to be applied in the empirical analysis (which followed in part 2).

*Results part 1:* A literature review that addresses the methods of measuring impact from HTA research has been conducted. The report concludes with a framework for measuring the impact of HTA in Austria that is based on previous work by A. Gerhardus, which was a basis for structuring the empirical work as well as an analytical framework for data analysis. Within the framework, impact is classified into 7 categories: awareness, acceptance, policy process, policy decision, practice, final outcomes, and enlightenment. Furthermore, different levels of impact (micro, meso, macro) and different target groups are addressed.

*Methods part 2:* On the basis of the existing framework (part 1), the empirical analysis was conducted in part 2 of the project. A mixture of qualitative and quantitative research methods was applied to evaluate the impact within target groups at different levels of the health care system. Impact is evaluated in terms of seven categories (mentioned above). The latter means the general introduction of an 'HTA culture' in research processes, media reporting and decision making. To address these multiple categories we undertook semi-structured interviews among users, a download analysis, an economic analysis and a print-media analysis and we developed a questionnaire which was used among the LBI-HTA staff.

*Results part 2:* The impact regarding the categories awareness, acceptance, policy process, decision making, practice, final outcomes and "enlightenment" was analyzed using a combination of qualitative and quantitative methods. Due to the different methods employed, such as questionnaires, discourse analysis, economic analysis, interviews and download analysis, it was possible to detect both the impact within the different levels of the health system and the various effects arising from HTA research.

*Conclusion:* The impact of HTA can be detected in all levels of the health care system. Research results are mainly used for decisions at the meso (hospital associations) and microlevel (government) of the health care system. A multi-dimensional impact of HTA within all categories can be confirmed, which is still expandable. A lack of impact is strongly linked to external factors (e.g. lack of commitment among decision makers, counter-lobbies). Research that

is closely linked to the decision making process in terms of content and time frame, standardised inclusion of HTA in decision making processes and resource flexibility have been identified as the strongest drivers for future impact.

*Publications:*

Part 1: HTA Project report 37a - <http://eprints.hta.lbg.ac.at/877>

Part 2: HTA Project report 37b - <http://eprints.hta.lbg.ac.at/907>

programme line 1 **Economic aspects of clinically effective and efficient models of health services in alcohol addiction treatment**

*Project leader: Philipp Radlberger*

*Duration: 10/2007 – 04/2010*

**Part 1:** International models and approaches to 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 and Kalksburg (ongoing)

completed:  
part1: international care models and approaches to outcome measurement

part 2: selected „models of good practice“

ongoing:  
part 3: economic analysis of addiction treatment centres in Traun & Kalksburg

*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.

*Methods:*

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 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. In addition to evidence of clinical effectiveness, economic arguments can also influence the structures of health service supply. The fact that most countries are initiating screening programs indicates that the economic importance of prevention is increasingly recognised. From an organisational point of view, general practitioners as gatekeepers can be considered key actors.

**Part 2:** The comparison of three projects on integrated care (combination of in- and out-patient treatments) was conducted on three levels: 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. The UKATT, a big RCT with an economic piggyback-design, put the focus on clinical outcome parameters. However, all the study authors considered the retention rate to be highly relevant.

*Discussion:* Overall there are many well evaluated single interventions, but only very few coordinated models of integrated alcohol therapy. Those that do exist are mostly recent, which explains the 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 and 2):*

HTA Project report 10 - <http://eprints.hta.lbg.ac.at/823/>

### **Evaluations of child and adolescent psychiatry**

programme line 1

*Project leader: 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 long-term socio-economic outcomes assessing parameters such as school success or the working ability of mentally disordered children and adolescents. Research also needs to focus on economic evaluations, which relate therapy out-

comes to resource management. In Austria, applied evaluation research is still in its early stages. Hence, this co-operation shall inter alia contribute to improve the Austrian data on quality evaluations.

*Aims and research questions part 1:* The first part of the project aimed 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, long-term socio-economic 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:

- ❖ 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? (HTA project report number 27).
- ❖ Which therapy outcomes have been identified so far and which ones can be identified as benchmarks for the Austrian context? Which long-term socio-economic outcomes have been empirically analysed? (HTA project report number 27).
- ❖ Which costs, cost-effectiveness ratios and cost-benefit analyses have been documented in economic evaluations? (HTA project report number 28).

*Methods 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.

*Results part 1:*

*Clinical findings:* The systematic review showed the therapeutic outcome, treatment satisfaction and the health-related quality of life of the patients turned out to be the primary evaluation dimensions. 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 the 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 treating mentally disordered children and adolescents. Regarding the study results, study authors of the selected publications widely report significant improvements in terms of the clinical symptoms. Regarding the "success factors" related to improved clinical outcomes, the building of "sustainable relationships" during the course of treatment appears to be core for the initiation of "successful" treatments.

*Economic findings:* Over a period of 25 years, one systematic review and 25 single evaluations could be identified. Some indications, e.g. ADHD, have been more frequently studied than others. Regarding different interventions, there is disequilibrium in favour of family therapy interventions. Most of the evaluations are cost-effectiveness studies. Results suggest that the cost-

effectiveness of the interventions assessed is low, compared to interventions evaluated in somatic medicine. Most of the studies identified are inadequately transparent, especially with regard to information on cost data collection and modelling. The transferability of the evidence is limited because studies looked at context specific interventions. As for the collection of cost data, most studies take a public payers' or insurance company perspective. Further to this, there are instruments, such as the 'Client Service Receipt Inventory', which do not only cover expenses incurred within the public health system, but also other public or private costs.

*Aims and research questions part 2:* 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 can we understand the relation between treatment needs, costs and therapy outcomes?

*Methods 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.

*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, Ingrid Zechmeister) - <http://eprints.hta.lbg.ac.at/862>

## **Reshaping maternity and child care prevention programmes in Austria**

programme line 1

*Project leadere: Brigitte Piso*

*Project team: Marisa Warmuth, Roman Winkler, Ingrid Zechmeister, Philipp Mad, Ines Schumacher*

*Additional project contribution: Claudia Wild, Stefan Mathis, Tarquin Mittermayr, Imke Schall, Tina Loibl*

*Duration: 04/2010 – 03/2011*

**Part 1:** Epidemiology and assessment of risk-factors as well as diseases

**Part 2:** International instruments and "models of good practice" of mother-child health care services

**Part 3: Economic analysis**

**Part 4: Synthesis of parts 1-3, recommendations for actions**

*Background:* The mother-child-pass examination programme was launched in Austria in 1974. Since then, the spectrum of examinations has been steadily extended and the number of examinations has continuously increased. However, to date, neither the programme itself nor recently emerging needs have been systematically evaluated. An evaluation of the Austrian mother-child-pass examination programme primarily aims to analyse the specific needs of the target population in terms of the breadth and depth of both existing services and new/ different services required, as well as challenging the evidence base of existing examinations.

The mother-child-pass examination programme is a classical (epidemiological) screening programme among healthy individuals. However, WHO criteria for screening should be applied. Currently, the mother-child-pass examination programme comprises of examinations of both the pregnant mother, from the point of detection of pregnancy until delivery, and the child, from birth up to the 62nd month of life. The current mother-child-pass is predominantly “medicine-focussed” and more or less excludes diagnostic procedures/ care provided by health professionals other than doctors, such as midwives, nurses, physiotherapists, psychologists, social workers, besides others. However, this contrasts with more recent regional / national and international screening models targeting primarily at-risk populations (e.g. socially deprived women and children, women and children with a migration background etc.) that have special needs related to mother-child health care services.

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

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

*Objectives:*

- ❖ *Part 1:* A synthesis and analysis of epidemiological data concerning existing risk factors and diseases in defined target-groups aims to highlight the spectrum of risk factors and diseases, including their frequency. It should provide the basis for the assessment of services required.
- ❖ *Part 2:* The second part will cover a comparative analysis focussing on similar screening-instruments in the international context – on the one hand, this shall involve experiences relating to particular services provided for risk populations, as well as, on the other hand, other innovative services aspects for mother-child health.
- ❖ *Part 3:* Part three will describe the financing structures (payers, monetary flows, transfer of services), the inherent incentives as well as costs and expenditure of current services (mother-child-pass ex-

aminations and other preventive measures for pregnant women, newborns and children).

- ✿ *Part 4:* Based on the results of parts 1-3 we aim to assess the actual needs in terms of services required.

*Methods:*

- ✿ *Part 1:* Systematic literature search in the following databases: CRD-INAHTA, Embase, Ovid Medline, PsycINFO, PSYINDEX, The Cochrane Library, Web of Science und MedPilot; Hand search in databases, selected medical journals, committees of professional societies, HTA-institutions; Synthesis of statistical data from Austria (Statistik Austria, birth registry, health reports) concerning diseases/ risk-factors/ risky behaviour; Comparison of assessed statistical data with the current mother-child-pass examination programme concerning examinations/ missing examinations/ lacking data; Workshop with national experts
- ✿ *Part 2:* Internet search on public sector information; Systematic literature search and hand search in databases; Questionnaire; Comparative analysis of international screening-instruments and services; Workshop with national experts
- ✿ *Part 3:* Evaluation of public documents on financing structures and legal frameworks; Interviews with payer representatives to gain additional information; Analysis of costs and expenditure based on administrative data (e.g. from social security funds and hospitals, ministry) and on secondary literature
- ✿ *Part 4:* Synthesis of results of parts 1-3; Comparison of contents/ financial structure of the current maternity and child care programme with identified risks and international approaches

**Strengthening the knowledge base for a better health system in Austria: Inspirations from abroad for capacity building in health services and public health research**

programme line 1

*Project leader: Claudia Wild*  
*Project team: Nikolaus Patera*  
*Duration: 06/2010 – 01/2011*

*Background:* Important sectors of society require specific knowledge for goal oriented organisational activity. This is particularly relevant for the complex field of public health and health care. Health Services and Public Health research can develop such knowledge and offer it to policymakers and practice.

*Aims and research objectives:* This project strives to enable learning from good-practice examples of capacity building in the areas of health services and public health research. Specific organisations abroad which work in this field (e.g. Institutes of Public Health, Institutes for Health Services Research, Scientific Advisory Councils, Research-commissioning Institutions) and their interactions with policy makers and practice are to inspire the Austrian situation. The following research questions should be answered:

- ✿ *Theoretical questions:* What sort of knowledge base is necessary for developing health systems? What does the interaction between research and policy look like? What kind of institutions, which corre-

sponding organisational culture, which work processes, what sort of networks and which financial investments into additional resources can help facilitate this research – policy interaction?

- ❖ *International good practice:* How do selected countries with potential role model characteristics for Austria structure their relevant institutions?
- ❖ *Recommendations for Austria:* Taking clues from the literature on knowledge generation and transfer and integrating aspects of good practice institutions abroad, what profile results for an Austrian “Institute of Health Services and Public Health Research”? What should its organisational culture look like? According to which processes should it work? What resources are necessary? What can Austria do to aid capacity building in health services and public health research? Which processes for commissioning research, for inter-institutional networking and exchange in the debate over policy relevant research issues, which mechanisms for research evaluation and which steps towards bridging the research – policy divide are desirable?

*Methods:* Non-systematic hand search for literature on the relevant knowledge base for health care systems, on capacity building in health services and public health research and on the research – policy interaction; Internet search on homepages of institutions potentially representing good-practice (organizational structure, resources, work processes, research output); Semi structured expert interviews with institutions and stakeholders from the relevant organizational environment in selected countries via telephone.

programme line 1 **Measuring disease – Patient-relevant outcomes versus surrogate outcomes**

*Project leader:* Anna Nachtnebel

*Duration:* 09/2010 – 04/2011 (Part 1); 05/2011 – NN (Part 2)

*Background:* Health technologies should eventually lead to improvements in patient-relevant outcomes, defined as “a measure of how a patient feels, functions or survives”. Nevertheless, because surrogate outcomes are more readily available and often easier to measure they are increasingly used as substitutes for clinically relevant endpoints. Consensus exists that only validated surrogates should serve as substitutes for patient relevant outcomes, but despite this claim, the literature is somehow patchy regarding which surrogates are commonly accepted and valid endpoints and therefore constitute outcome measures eligible for licensing or reimbursement decisions. Accordingly, HTA agencies often face the problem, especially with regards to new technologies, that only sparse data on patient-relevant outcomes are available. This might result in either the incorporation of endpoints with unknown relevance to the technology’s actual benefits and risks into assessments, or in the exclusion of studies without patient-relevant outcomes, which might bear the risk of losing a great deal of information. This poses the question whether a catalogue of widely accepted and validated surrogate parameters can be formulated to facilitate incorporation of surrogate outcomes in HTA reports.



*Aims part 1:*

- ❖ To elicit methodological considerations and requirements necessary for the validation of surrogate outcomes.
- ❖ To clarify if the composition of a catalogue (preferably arranged according to groups of diseases) with validated surrogate parameters is possible and feasible.

*Research questions part 1:* Which instruments are available to measure disease (patient reported vs observer rated outcomes, generic vs disease specific instruments)? What are the definitions for patient-relevant outcomes and surrogate outcomes? Which criteria have a parameter to fulfil in order to serve as a valid surrogate? Which methods can be used to establish validity of surrogates? What do the methodological guidelines of HTA/licensing institutions (FDA, EMA) state on using surrogates to assess clinical benefit? What are the context specific circumstances which justify use of surrogates as primary outcomes in clinical trials? Can these circumstances be used to derive more general recommendations on when surrogates might be justified? Is the validation of surrogates disease-specific (including dependency on line of therapy as in cancer drugs), technology specific or can commonly accepted surrogates be established which are valid for broader groups of indications?

*Methods part 1:* Systematic literature search; Unsystematic search (Home-pages of licensing (FDA, EMA) and HTA institutions, reference lists of relevant articles, gray literature)

*Aims part 2 (dependent on findings of part 1):*

- ❖ To compile a catalogue of valid surrogates for indications most relevant to the LBI-HTA;
- ❖ In-depth discussion of underlying methodology/problems associated with measuring disease for these indications,, e.g. patient-reported outcomes versus observer reported, generic measures vs disease specific measures;

*Preliminary research questions part 2:* Which groups of diseases are most often subject to assessments conducted by the LBI-HTA? What are the methodological difficulties associated with measuring either surrogates or clinically relevant outcomes for these diseases? Which surrogates are commonly used as outcome measures for these diseases? Is there evidence available or can evidence be generated that these surrogates are valid?

*Preliminary methods part 2:* Analysis of LBI-HTA assessments according to disease group, indication, technology assessed, outcome parameters considered; Discussion of outcome parameters for interventions/diseases by individual researchers of the LBI-HTA, including consideration of patient-relevant outcomes versus surrogates, patient-reported versus observer rated outcomes, available instruments (generic vs disease specific instruments). Topics might include: (paediatric and juvenile) psychiatry interventions, rehabilitation programmes, back pain, cancer therapies and cardiovascular disease; Un-/systematic literature search (this might comprise systematic review on specific parameters and/or diseases/indications, unsystematic search in HTA databases).

programme line 2:  
policy advice/ Decision  
Support Documents

## **Hyperthermia**

*Project leader: Stefan Mathis*

*Duration: 12/2009 – 07/2010*

*Background:* Hyperthermia is an intervention that uses microwaves to heat target tissue up to 41-45° Celsius. In clinical studies hyperthermia is evaluated as supplementary tumour therapy in combination with radiation therapy or chemotherapy in certain tumour stadiums. A comprehensive German assessment from 2005 (commissioned by the Federal Joint Committee of the German Health Care System – GB-A) concluded from their summary of the evidence, that hyperthermia is not recommended for routine use. The current assessment summarises the evidence after the 2005 German review for 11 (promising) tumour indications and evaluates whether the status of evidence has changed since then.

*Method:* Medical databases and Health Technology Assessment databases were systematically searched for studies that evaluate hyperthermia. The selection process was based on predefined inclusion criteria and is documented using a PRISMA Flowchart. For all studies the quality of evidence was assessed. Finally the evidence from the studies was summarised based on particular outcomes (using the GRADE method). This was the basis for a recommendation for current use.

*Results:* 6 RCTs and a long-term follow up of an RCT were included. No other prospective controlled studies could be identified. The studies report the application of hyperthermia within the following indications: rectal carcinoma (1 study and 1 long term outcome), breast cancer (1 study), cervical carcinoma (1 study), melanoma/superficial (2 studies) tumours and anal tumours (1 study). The quality of the collective evidence is moderate to low, because there was predominantly only one study per indication and the majority of the studies had limitations. The majority of the studies do not show a benefit for the endpoints survival or quality of life. A few studies show an advantage in the endpoint local control, but this term was defined inconsistently and some criticisms exist as to whether the measurement of local control is convincing. Other studies show a clear negative effect of additional hyperthermia. The majority of studies report a high rate of acute toxicity.

*Discussion:* The results of studies assessing survival and quality of life do not show a benefit of hyperthermia. The result from local control based outcomes show a heterogeneous picture and their relevance for patients is partially unclear. Acute side effects are reported frequently where hyperthermia is applied. The collective evidence is too limited to conclude a beneficial effect for patients. Results of new Phase III studies are that may strengthen the evidence for hyperthermia are expected shortly.

*Conclusion:* The use of hyperthermia can not be generally recommended, because the strength of the evidence (on time of this assessment) is too weak to conclude a net benefit. Hyperthermia should therefore only be applied within clinical studies.

*Publication:* Decision Support Document 36 - <http://eprints.hta.lbg.ac.at/883>

**Evaluation of individual medical services (MELs)**

*Project leader: Claudia Wild, Philipp Mad*

*Duration: 01/2010 – 04/2010*

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

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

For the first time, international cooperation with other EUnetHTA partners is planned in the context of the EU project „EUnetHTA Joint Action 2010-2012“ (see Chapter 1.5) for the 2011 MEL cycle. Within this framework, bilingual (D/E) MEL Assessments will be jointly carried out.

**Results:** In 2010 a total of 5 Decision Support Documents as well as 5 Updates were written:

- ✿ **Laser angioplasty of coronary arteries**  
DSD 39: <http://eprints.hta.lbg.ac.at/885>
- ✿ **Mitral valve repair using a mitral clip** (in cooperation with MDS/ DE)  
DSD 41: <http://eprints.hta.lbg.ac.at/888>
- ✿ **High intensity focused ultrasound (HIFU) for the treatment of prostate cancer**  
DSD 37: <http://eprints.hta.lbg.ac.at/887>
- ✿ **Artificial disc replacement**  
DSD 38: <http://eprints.hta.lbg.ac.at/886>
- ✿ **Radionuclide therapy - 90Yttrium and 177Lutetium somatostatin analogues for the treatment of inoperable neuroendocrine tumors**  
DSD 40: <http://eprints.hta.lbg.ac.at/889>

5 MEL- interventions updates 2010:

- ✿ **Kyphoplasty and vertebroplasty for osteoporotic vertebral compression fractures**  
DSD 08/ Update 2010: <http://eprints.hta.lbg.ac.at/890>
- ✿ **Stent-grafting of the ascending aorta**  
DSD 14/ Addendum 2010: <http://eprints.hta.lbg.ac.at/892>
- ✿ **Cardiac contractility modulation for heart failure**  
DSD 15/ Update 2010: <http://eprints.hta.lbg.ac.at/893>
- ✿ **Percutaneous aortic valve replacement**  
DSD 18/ Update 2010: <http://eprints.hta.lbg.ac.at/894>
- ✿ **Endobronchial valve implantation for emphysema**  
DSD 20/ Update 2010: <http://eprints.hta.lbg.ac.at/891>

programme line 2:

BGK in the Ministry of Health

GRADE

int. cooperation with: MDS/ DE

further cooperation among EUnetHTA partners planned

MELs 2010

Updates 2010

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

*Publications (all):* <http://hta.lbg.ac.at/de/content.php?iMenuID=101>

programme line 2:  
HTA in Hospitals

## **HTA in Hospitals: Organisation and coordination of a decision-makers network**

*Programm leader: Claudia Wild*

The informal „HTA in hospitals” network consists of a group of about 20 high-ranking decision-makers (medical directors and quality managers) from almost exclusively Austrian hospital cooperation. The network meets twice a year (June and October) in order to obtain informative HTA input into 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.

### **HTA in hospitals, 23/03/2010:**

*Topics and presentations:*

- ⊗ Haemocomplettan® P and Fibrogammin® P in acquired hypofibrinogenemia (Marisa Warmuth, LBI-HTA)
- ⊗ Head-to-Head Studies: Avastin vs. Lucentis (Susanne Binder, KAV-Vienna)
- ⊗ Evidence-based planning of PET (Markus Narath, KAGes-Stmk)
- ⊗ Horizon Scanning: New Onkology drugs (Anna Nachtnebel, LBI-HTA)

*4 short presentations on 2010 MELs:*

- ⊗ Mitral valve repair using a mitral clip (Philipp Mad, LBI-HTA)
- ⊗ HIFU - High intensity focused ultrasound for the treatment of prostate cancer (Marisa Warmuth, LBI-HTA)
- ⊗ Artificial disc replacement (Ingrid Zechmeister, LBI-HTA)
- ⊗ Radionuclide therapy - <sup>90</sup>Yttrium and <sup>177</sup>Lutetium somatostatin analogues for the treatment of inoperable neuroendocrine tumors (Christopher Adlbrecht, MUW/ LBI-HTA)

*4 short presentations on „old MELs“:*

- ⊗ Hyperthermia as an adjuvant in the therapy of designated tumor diseases (Stefan Mathis, LBI-HTA)
- ⊗ ACI/ Autologous Chondrocyte Implantation (Claudia Wild, LBI-HTA)

*5 short presentations on MEL-Updates 2010:*

- ✚ PAK - Percutaneous aortic valve replacement (Claudia Wild, LBI-HTA)
- ✚ CCM - Cardiac contractility modulation for heart failure (Philipp Radlberger, LBI-HTA)
- ✚ Endobronchial valve implantation for emphysema (Anna Nachtnebel, LBI-HTA)
- ✚ Stent-grafting of the ascending aorta (Brigitte Piso, LBI-HTA)
- ✚ Kyphoplasty and vertebroplasty for osteoporotic vertebral compression fractures (Brigitte Piso, LBI-HTA)

**HTA in hospitals, 12/10/2010:**

*Topics and presentations:*

- ✚ Evaluation of diagnostic technologies – background, challenges, methods (Anna Nachtnebel, LBI-HTA)
- ✚ Diagnostic pathways with quality and economic impact (Dir. Dr. Franz Harnoncourt, KH der Elisabethinen Linz)
- ✚ PROP/ Preoperative appraisal (Dr. Gerhard Fritsch, SALK)
- ✚ PROP/ Preoperative appraisal (Dr. Vinzenz Huber, BVA)
- ✚ Approaches to the reduction of diagnostics (Dr. Tilman Königswieser, GESPAG)
- ✚ Diagnostic (and therapeutical) pathways in heart attacks in Carinthia (Prim. Univ.-Prof. DDr. Georg Grimm, KABEG)
- ✚ Approaches to the reduction of diagnostic costs (Dir. Mag. Gebhard Falzberger, KAGES, LKH-Univ. Klinikum Graz)

*Methods: Presentations, Discussions*

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

*Project leader: Claudia Wild, Gerda Hinterreiter*

The seminar series "**decision-support in health care**" addresses the health administration, journalists, academia in health care and the interested general public. Two to six presentations are offered per year, with free admission. Duration: about two hours including scientific discussions. In 2010 three seminars were organized and attended by 15 to 25 persons.

**Expensive 'innovations'- rational and safe use of new agents in oncology"**

25/01/2010 | 15:30-17:30 | Gesellschaft der Ärzte, Vienna

Lecturer: Univ.Prof. Dr. Wolf-Dieter Ludwig

*Chair of the pharmacy commission of the German medical fraternity and chief physician at the Clinic for Haematology, Oncology and tTumour Immunology at the Helios Clinic Berlin*

programme line 3:  
public understanding

programme line 3:  
seminar series  
"decision support in  
health care"

**Number games in reproductive medicine: The calculation of success**

15/12/2010 | 16:00-17:00 | LBI-HTA

Lecturer: Univ.-Doz. DDr. Barbara Maier

*Director of the clinic for gynaecological endocrinology and assisted reproduction at the University Clinic for Gynaecology and Obstetrics, Salzburg*

**IVF, premature birth and neonatology - Resource utilisation**

15/12/2010 | 17:00-18:00 | LBI-HTA

Lecturer: Univ.-Prof. Dr. Angelika Berger

*Interim director of the department for neonatology, paediatric intensive care and neuropaediatrics at the University Clinic for Paediatrics, Vienna*

programme line 3:  
training seminars

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

**Performance-oriented hospital financing, documentation and accounting**

04/05/2010 | 15:00-17:00 | LBI-HTA

Lecturer: Dr. Christian Rous (KAGes)

**Health care data/ Data sources: Health care planning in Austria**

02/06/2010 | 15:00-17:00 | LBI-HTA

Lecturer: Dr. Gerhard Fülöp (ÖBIG)

**IVF – Successes, failures**

01/09/2010 | 16:00-17:30 | LBI-HTA

Lecturer: Univ.-Doz. DDr. Barbara Maier (SALK)

programme line 3:  
HTA Newsletter

The aim of the **HTA Newsletter**, which is regularly published online, is to summarise international HTA results in the form of short, easy to read articles. For each Newsletter, four articles about relevant technologies/interventions are selected. Often, but not always, topics which at least two different HTA institutions have worked on and published independently are chosen. An editorial, often penned by an invited expert, deals with interdisciplinary topics: methodological issues, health policy issues etc. The HTA-Newsletter (which was published by the Austrian Academy of Sciences between 2001 and 2006 and has since been published by the LBI-HTA) is published 10 times per year; November 2010 saw the publication of its 92<sup>nd</sup> edition.

2010: monthly average  
of 1.161 Newsletter  
downloads

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

The HTA-Newsletter download page of the LBI-HTA (<http://hta.lbg.ac.at/de/newsletter.php?iMenuID=63>) received between 641 (July) und 1.533 (November) hits per month in 2010, with a total number of **13.937 hits**.

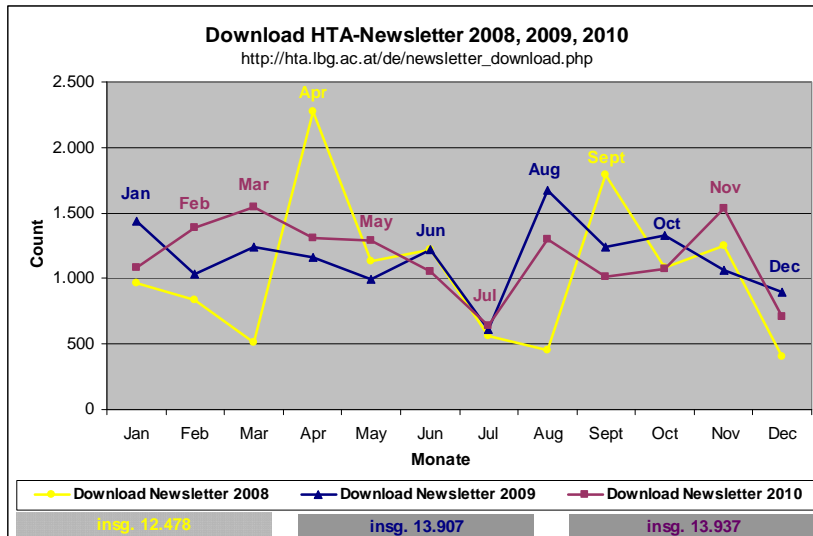


Figure 2.1-1: Download HTA-Newsletter 2008, 2009 & 2010

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

The work of the LBI-HTA or its employees featured in 42 articles, press releases, radio and TV interviews in 2010. These were:

press review 2010:  
 42 articles/  
 contributions

**Die Umstrukturierung, die niemand mitbekommen hat**

Date: 22/12/2010  
 Medium: Wiener Zeitung  
 Article

**Zahlenspiele in der Medizin**

Date: 16/12/2010  
 Medium: ZEFQ - 104 (2010) S. 743  
 Book review

**Junge Hausärzte sind Mangelware**

Date: 02/12/2010  
 Medium: Die Furche  
 Article

**Die Gesundheitsversorgung in Österreich ist teuer und extrem ungerecht**

Date: 27/11/2010  
 Medium: Profil (print & online)  
 Article

**Im Zentrum: Krankes System - Wird Gesundheit unbezahlbar?**

Date: 21/11/2010  
 Medium: Im Zentrum (ORF 2)  
 Live TV discussion

**Die Medien sind ja nur Instrumente**

Date: 04/11/2010

Medium: Netdoktor.at (Sprechstunde)

Interview

**Das LBI-HTA kurz vorgestellt von Dr. Ingrid Zechmeister, MA**

Date: 21/10/2010

Medium: LBG Meet Science! (50 Jahre LBG, Seper Depot Wien)

Short presentation (Video online)

**Claudia Wild direkt gefragt: Unfallopfer in die Gremien berufen**

Date: 09/2010

Medium: VCÖ-Magazin 04/2010 (print + online)

Article

**ein'gSCHENKt mit Claudia Wild, Direktorin des Ludwig Boltzmann Instituts für Health Technology Assessment - Zahlenspiele in der Medizin**

Date: 19/08/2010

Medium: Okto

TV review + Webtext

**Geht's uns zu gut?**

Date: 06/08/2010

Medium: Die Presse (print & online)

Article

**Auf dem Holzweg in die Sackgasse**

Date: 06/2010

Medium: Hausarzt, 6/10, S. 36

Article

**Die Medikamente sind viel zu teuer**

Datum: 30.05.2010

Medium: Blick.ch (online) + Sonntagsblick (print)

Textsorte: Artikel

**Hausärzte sollen kritischer sein**

Date: 26/05/2010

Medium: Medical Tribune , 42. Jg. Nr. 21

Article

**Erschütternde Medizinstudie enthüllt: Tausende Patienten könnten noch leben**

Date: 23/05/2010

Medium: Kronen Zeitung

Article

**Hausärzte-Diskussion**

Date: 21/05/2010

Medium: Format

Follow-up report



**Erforscht oder erkauf?**

Date: 20/05/2010

Medium: Ärztemagazin 20/2010, S. 6

Article

**Medizin hält Studien zurück**

Date: 19/05/2010

Medium: Wiener Zeitung (print & online)

Article

**Schlicht obszön**

Date: 17/05/2010

Medium: Der Spiegel 20/2010, S. 166

Article

**Wie Pharmafirmen Stimmung machen**

Date: 14/05/2010

Medium: Wiener Zeitung (print & online)

Article

**Auf dem Holzweg in die Sackgasse: Medizinische Erkenntnisse - erforscht oder erkauf?**

Date: 11/05/2010

Medium: Radiokulturhaus, ORF Kulturcafé - Ö1

Radio review & announcement text

**Störfaktor Patient**

Date: 04/2010

Medium: CliniCum 04/2010, S. 6

Article

**Zahlenspiele in der Medizin**

Date: 30/04/2010

Medium: Hausarzt 04/2010, S. 37

Review

**EBM in Salzburg: Machen wir's doch in Salzburg!**

Date: 21/04/2010

Medium: Qualitas 01/2010

Article

**Ein Plädoyer für mehr Selbstvertrauen**

Date: 19/04/2010

Medium: Der Standard (Online- und Print-Ausgabe)

Article

**Mammographie-Screening: Der Streit um den Nutzen geht in die nächste Runde**

Date: 16/04/2010

Medium: Deutsches Ärzteblatt (Jg. 107, Heft 15, A698-700)

Article

**Warum Zahlen in der Medizin eine große Rolle spielen und warum nicht alles nur schwarz oder weiß ist**

Date: 04/2010  
Medium: NÖ PPA - Laut Gedacht  
Expertsletter(online)

**Erkrankt. Ermutigt. Entwürdigt. Neue Diskussionen über Pflicht, Ethik und Recht in der Medizin**

Date: 07/04/2010  
Medium: Ö1 - Salzburger Nachtstudio  
Radio review & announcement text

**Zahlenspiele in der Medizin**

Date: 03/2010  
Medium: Newsletter des Universitätslehrgangs Public Health, Graz

**Label gegen Off-label-Use: AMD Update**

Date: 29/03/2010  
Medium: ÖAZ  
Article

**Kontroverse Diskussion bei Buchpräsentation: Medizinische Zahlenspiele**

Date: 24.03.2010  
Medium: Medical Tribune (42. Jg, Nr. 12)  
Article

**Das Spiel mit den großen Zahlen**

Date: 16/03/2010  
Medium: Ärzte Woche 11/2010 (Online- und Print-Ausgabe)  
Article

**Bittere Pillen für Patienten**

Date: 12/03/2010  
Medium: Kleine Zeitung (Online- und Print-Ausgabe)  
Article

**Nicht nur auf die Kosten achten!**

Date: 12/03/2010  
Medium: Kronenzeitung (paid advertisement!)  
Advertisement

**Demokratisierung von Expertenwissen**

Date: 12/03/2010  
Medium: Medianet - health: economy  
Article

**Patienten sollten rechnen können**

Date: 11/03/2010  
Medium: Kurier (Online & Print-Ausgabe)  
Article

**Neues Buch über Medizin und Kosten**

Date: 09/03/2010

Medium: APA Journal Gesundheit

Article

**Zahlenspiele in der Pharmaindustrie**

Date: 08/03/2010

Medium: Ö1 Mittagsjournal

Radio review & announcement text

**Zahlenspiele in der Medizin: Keine falschen Hoffnungen machen**

Date: 08/03/2010

Medium: Der Standard (Online & Print-Ausgabe)

Article

**Schlussbilanz: Nützen teure Behandlungen den Krebspatienten oder der Pharmaindustrie?**

Date: 08/02/2010

Medium: Profil (Nr. 6)

Article

**Krebstherapien: Qualitätsverlust**

Date: 05/02/2010

Medium: Medianet - health: economy

Article

**Neue Grippe: Für nichts gefürchtet oder Schwein gehabt?**

Date: 17/01/2010

Medium: Die Presse am Sonntag

Article

**Neue Grippe: Impfstoff günstig abzugeben**

Date: 10/01/2010

Medium: Kurier am Sonntag

Article

Two media highlights in 2010 were the following live TV and radio broadcasts:

- ✿ Live TV political discussion „**Im Zentrum**“ (ORF 2) on „Sick system – Is health becoming unaffordable?“, Haas-Haus Vienna, 21/11/2010 (Claudia Wild)
- ✿ Interview about the LBI-HTA „Number games in medicine“ book presentation, **Ö1 Mittagsjournal**, 04/03/2010 (Claudia Wild and Brigitte Piso)

The LBI-HTA press review 2010 is also available at:

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

*Project leader/ Press contact: Gerda Hinterreiter*

programme line 3:  
website  
2010: more than  
1,53 Mio hits  
about. 127.820 hits per  
month

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

According to the **website statistics** the Institute's homepage and webpages had **1,533,849 hits** in 2010. Comparing months shows that the fewest hits were received in **December** (69.295), and that **January** saw the highest number of hits (173.021).

*Projectleader/Webmaster: Gerda Hinterreiter*

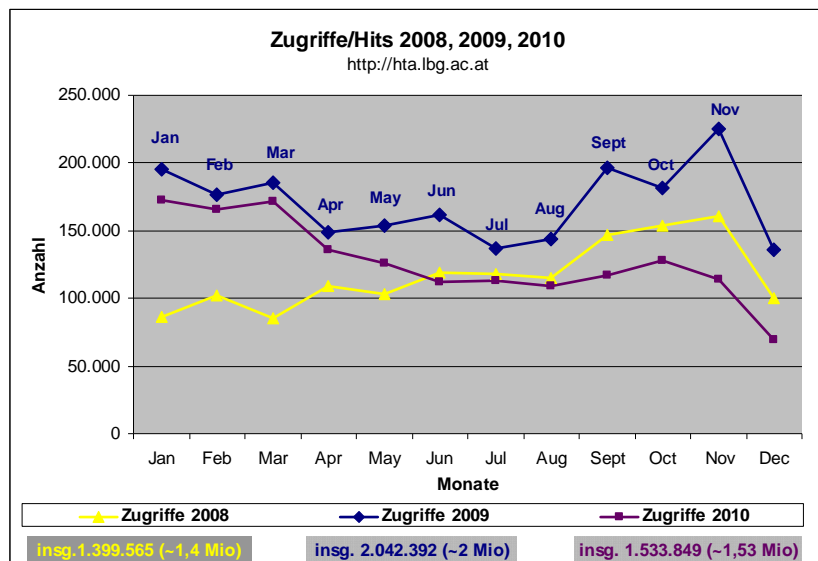


Figure 2.1-2: Website hits 2008, 2009 & 2010

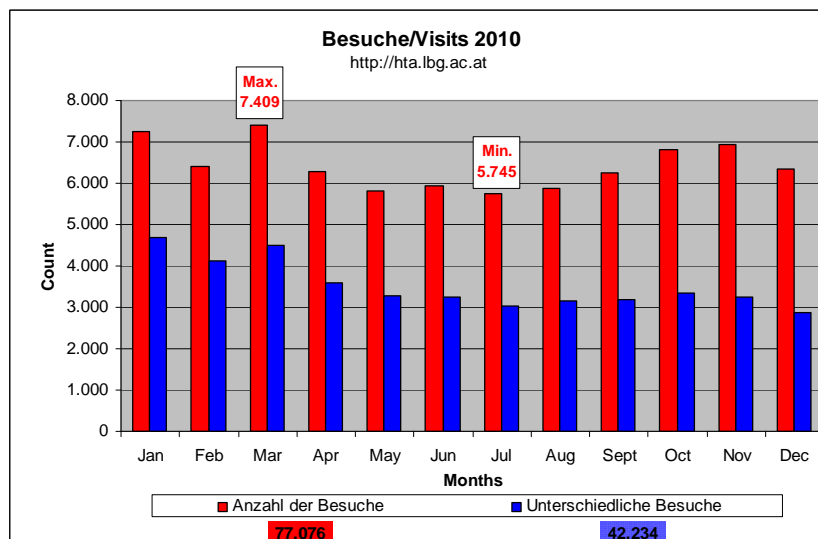


Figure 2.1-3: Website visits 2008, 2009 & 2010

## Procedures in evaluation – kyphoplasty and vertebroplasty

programme line 4

*Project leader: Brigitte Piso (since 2009)*

*Duration: 2006 – 09/2010*

*Background:* Kyphoplasty (KP) and vertebroplasty (VP) are minimal invasive procedures for the treatment of painful osteoporotic vertebral compression fractures (VCFs). Evidence for the effectiveness of KP and VP under routine care conditions is low. Predictive factors for a clinically relevant outcome have not been identified yet.

*Aims & methods:* Aim of the study was to identify predictive factors for the longterm success of both procedures. Additionally safety data (e.g. subsequent, adjacent fractures, cement leakages) were collected. Moreover it should be examined, if the interventions were able to reduce the kyphotic angle and if this reduction was related to clinical outcome parameters. A prospective cohort study was chosen as study design. The expected sample size was not reached. Because of low data quality (sample at the beginning n = 88, at the second medical examination n = 38 and heterogeneous observation periods) and between groups differences in baseline characteristics we conducted a descriptive analysis.

*Results:* The groups (KP, VP) differed in baseline characteristics (e.g. spontaneous vs. traumatic fracture, osteoporosis, Oswestry Disability Index). We observed cement leakages in both groups, but none of them required further intervention. Oswestry Disability Index improved by an average of 50 points after KP and by 37 points after VP. Pain was reduced by 67 VAS points in the KP-group and 61 VAS points in the VP-group. The pain reduction and the improvement in the ODI score was sustained with minimal losses until the end of the observation period after two years.

*Discussion:* This observational study shows that KP and VP were able to improve functionality and to reduce pain under routine care conditions. Because of between group differences in baseline characteristics direct comparison of outcomes was not feasible. Because of study limitations not all research questions could be fully answered.

*Conclusion:* Results of currently conducted randomised controlled trials should be followed. Patients should be included in registries and informed about expected benefits and harms prior to both interventions.

*Publication:* HTA Project report 25 - <http://eprints.hta.lbg.ac.at/900/>

## Outpatient Cardiac Rehabilitation –

programme line 4

### Part 3: Retrospective cohort study (with/without phase III rehabilitation)

*Project leader: Brigitte Piso*

*Project team: Michael Gyimesi, Brigitte Piso, Heinz Tüchler*

*Duration: 10/2008 – 04/2010*

**Part 3a:** Explorative analysis and developing of an evaluation plan

**Part 3b:** Application of the evaluation plan

*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.

In 2008, the first two parts of this project (“outpatient cardiac rehabilitation”) were finished. The objective, on the one hand, was to identify indicators and methods which are suitable for the formative and summative evaluation of outpatient cardiac rehabilitation, and on the other hand, to conduct a comparative analysis of various rehabilitation models of Phase II as well as an analysis of the efficacy of phase III interventions.

*Aims and research objectives:* Because of the observed great heterogeneity of the programs in regard to the contents and models of rehabilitation we suggested the evaluation of Austrian phase III rehabilitation programs to prove their effectiveness. Therefore a retrospective cohort study based on clinical data from patients who attended cardiac rehabilitation centres and account data from health insurance institutions was planned.

The first objective was the estimation of the effectiveness of outpatient cardiac phase III rehabilitation. The second objective was to give decision guidance for the Association of Austrian Health Insurance Providers for negotiations concerning the prolongation of contacts between them and outpatient rehabilitation centers.

*Methods:* In a first step we developed an evaluation concept based on the analysis of the centre for outpatient rehabilitation (ZAR) owned by the Pension Insurance institution (HTA Project report No. 31a). In a second step we applied the concept to the centers of the working group on outpatient cardiac prevention and rehabilitation (AGAKAR) - (HTA Project report No. 31b).

*Publications (Part 1, 2, 3a, 3b):*

HTA Project report 15 (Part 1 + 2/2008): <http://eprints.hta.lbg.ac.at/800/>

HTA Project report 31a (Part 3a/2010): <http://eprints.hta.lbg.ac.at/875/>

HTA Project report 31b (Part 3b/2010): <http://eprints.hta.lbg.ac.at/876/>

#### programme line 4

#### **Outpatient cardiac rehabilitation -**

#### **Part 4: Development of a study protocol for a prospective, controlled study to assess the effectiveness of phase III rehabilitation**

*Project leader: Brigitte Piso*

*Project team: Brigitte Piso, Heinz Tüchler*

*Duration: 04/2010 – 06/2010*

*Background:* The current project is based on three already completed parts of the project “Outpatient cardiac rehabilitation”: The objective of the first parts was to identify indicators as well as appropriate methods or instruments which are suitable for the formative and summative evaluation of outpatient cardiac rehabilitation (HTA Project report No. 15). Further objectives were to to conduct a comparative analysis of various rehabilitation models of phase II as well as an analysis of the efficacy of phase III interventions (HTA Project report No. 31a and HTA Project report No. 31b). We observed a great heterogeneity regarding the contents and models of rehabilitation. Beyond that, the results of published phase III cardiac rehabilitation trials or international field reports could not be transferred to the national

health care system directly. Therefore we conducted a retrospective cohort study, based on clinical data from patients who attended cardiac rehabilitation centres, and account data from health insurance institutions. Because of the non-randomised retrospective study design, which could not safeguard against systematic differences between groups, the limited data quality and the considerable proportion of missing data, the estimation of effectiveness of outpatient cardiac phase III rehabilitation was not feasible. A spin-off effect of the project was that it highlighted possibilities and pitfalls of evaluating routine data. These results will be used for planning a prospective study evaluating the effectiveness of cardiac rehabilitation.

*Objectives - Planning phase:* Agreement between all partners on study objectives (research questions, study design, endpoints...); Considerations concerning feasibility (especially: data availability and quality)

*Objectives – Study:* To assess the effectiveness of Austrian outpatient cardiac phase III rehabilitation; to provide decision-making guidance to the Association of Austrian Health Insurance Providers for negotiations concerning the prolongation of contacts between them and outpatient rehabilitation centres of the working group on outpatient cardiac prevention and rehabilitation (AGAKAR)

*Methods:* Development of the study protocol; Draft of the protocol, which outlines different options (e.g. different research questions, study endpoints) will be discussed (and finally approved) by a project group, consisting of LBI-HTA-members, members of the HVB and the pension insurance institution as well as the AGAKAR; Prospective study (starting in autumn 2010), study options to be discussed

### **Horizon Scanning in Oncology – From pilot to routine**

programme line 4

*Project leader:* Anna Nachtnebel

*Project team:* Anna Nachtnebel, Katharina Hintringer

*Duration:* regularly from 10/2008

*Background:* The first part of our project "Horizon Scanning in Oncology", which was carried out between July 2007 and May 2008 focused on the development of a concept for a Horizon Scanning System in oncology and the testing of two important steps (i.e., "identification" and "prioritisation") in the context of a short pilot. On the whole our initial experiences with the Horizon Scanning System from the feasibility study were acceptable but several changes, especially regarding the collection of data on anticancer drugs and the priority setting process, were proposed by the experts involved. Based on these findings, an optimised final concept has been developed with various stakeholders (e.g. hospital administrators, clinical experts, drug commissions).

*Aims and research objectives:* Since the development of an optimised and final concept in autumn 2009, the Horizon Scanning System has made standard practice at the LBI-HTA to regularly provide Austrian hospitals (hospital management and drug commissions) with information (assessments) about new/ emerging anticancer drugs to support their financial drug budget planning and rational decision making.

*Methods:* Weekly scanning of information sources with data extraction, quarterly prioritization process through an interdisciplinary oncology team of experts, writing assessments for relevant cancer drugs under development

("emerging anti-cancer drugs), dissemination of these reports and the evaluation of the Horizon Scanning Programme after a certain start-up phase.

*Members of the interdisciplinary oncology team of experts are:*

- ✿ Dr. Anna **BUCSICS**, Hauptverband der Österr. Sozialversicherungsträger, Department for Evidence Based Economic Healthcare, Vienna;
- ✿ Dr. Michael **POBER**, KH St. Pölten, Haematology and oncology, NÖ Landeskliniken Holding;
- ✿ Dr. Johannes **ANDEL**, LKH Steyr, Oncology and Public Health, GESPAG, OÖ;
- ✿ Mag. Andreas **SEIRINGER**, LKH Vöcklabruck, Deputy director of hospital pharmacy, pharmacist, GESPAG, OÖ;
- ✿ Prim. Dr. Peter **KRIPPL**, LKH Fürstenfeld, Haematology and oncology, KAGES, Styria;
- ✿ Dr. Wolfgang **WILLENBACHER**, LKH Innsbruck University hospital, Haematology and oncology, TILAK, Tyrol;

*Results:* As these early assessments are promptly made available and are published in English, they have aroused significant interest internationally, as well as in Austria. Due to apparent EU-wide overlaps, the considerable financial implications and the increased demand for the evaluation of oncology drugs, a two day „Workshop on Onco-drugs“ took place at the LBI-HTA at the end of September/beginning of October. 20 people from 12 European HTA Institutes took part, in order to - for the first time - develop options for future cooperation in the rapid evaluation of oncology drugs. This workshop was proposed and hosted by the LBI-HTA, as the lead partner of the EUnetHTA Joint Action WP 7B. The joint publication of two Horizon Scanning in Oncology Assessments with partner institutions (Universitätsklinikum Bremen and the Polish HTA institute AHTAPol; early January 2011) is one of the first outcomes of this successful get-together.

*Publications:* 14 Decision Support Documents for Horizon Scanning in Oncology have been published since autumn 2009, including 9 in 2010:

- ✿ Gefitinib (Iressa®) for the first-line treatment of non-small cell lung cancer. DSD: Horizon Scanning in Oncology 06. <http://eprints.hta.lbg.ac.at/868/>
- ✿ Trabectedin (Yondelis®) for second-line recurrent platinum-sensitive ovarian cancer. DSD: Horizon Scanning in Oncology 07. <http://eprints.hta.lbg.ac.at/869/>
- ✿ Plerixafor (Mozobil®) for autologous stem cell transplantation in patients with lymphoma and multiple myeloma. DSD: Horizon Scanning in Oncology 08. <http://eprints.hta.lbg.ac.at/878/>
- ✿ Lapatinib (Tyverb®/Tykerb®) for the first-line therapy of advanced/metastatic breast cancer. DSD: Horizon Scanning in Oncology 09. <http://eprints.hta.lbg.ac.at/882/>
- ✿ Bendamustine (Ribomustin®/Treanda®/ Levact®) for indolent non-Hodgkin's lymphoma (NHL), chronic lymphocytic leukaemia (CLL) and multiple myeloma. DSD: Horizon Scanning in Oncology 10. <http://eprints.hta.lbg.ac.at/884/>



- ❖ Panitumumab (Vectibix®) for the first-line treatment of metastatic colorectal cancer. DSD: Horizon Scanning in Oncology 11. <http://eprints.hta.lbg.ac.at/880/>
- ❖ Trastuzumab (Herceptin®) in addition to standard chemotherapy as first-line therapy for advanced gastric cancer. DSD: Horizon Scanning in Oncology 12. <http://eprints.hta.lbg.ac.at/881/>
- ❖ Pazopanib (Votrient®) for the treatment of locally advanced and/or metastatic renal cell carcinoma. DSD: Horizon Scanning in Oncology 13. <http://eprints.hta.lbg.ac.at/902/>
- ❖ Ipilimumab for pretreated patients with advanced/metastatic melanoma. DSD: Horizon Scanning in Oncology 14. <http://eprints.hta.lbg.ac.at/905/>

All Decision Support Documents - Horizon Scanning Series in are available at: <http://hta.lbg.ac.at/de/content.php?iMenuID=96>

### **IFEDH - Innovative Framework for Evidence Based Decision Making in Health Care**

programme line 5

*Project leader: Ingrid Zechmeister*

*Project team: Philipp Radlberger*

*Duration: 10/2010 – 03/2011*

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

*Aims of project:* The main aim of the IFEDH project is to support evidence based decision making in health care using a tool which helps to make the most of the potential of HTA, modelling, simulation, statistics and data analysis. Therefore, common standards will be defined in order to facilitate cooperation and interdisciplinary work. Three practical examples will be used to test the applicability of the tool.

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

*Research objectives WP1.2:* What are general principles of standardised work in HTA? Which standards exist to examine data validity in primary studies? Which standards exist to examine data validity in systematic reviews? Which standards exist to examine economic studies? Which standards exist in

HTA-manuals to examine modelling? Which standards explicitly refer to evaluating vaccination programmes? What are the limitations that HTA is subject to, regardless of quality standards?

*Research objectives WP2.1:* According to HTA criteria, what are the German and English linguistic standards in matters of definitions and terminology in modelling and simulation?

*Methods WP1.2 & WP2.1:* Hand search based on methodological manuals of leading international institutions as well as hand search in other relevant literature. WP1.2: Description of sources, list of standards and critical synthesis of results in English language; WP2.1: Table of identified terms in the form of a glossary.

programme line 5 **EUnetHTA Joint Action 2010-2012**

*Project leader:* Claudia Wild

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

*Duration:* 2006-2008; 2009; 2010-2012;

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

*Aims und Methods:* In this Joint Action, the LBI-HTA is leading Work package 7B, with the aim of reducing overlaps in EU-wide HTA work. 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 overlaps in HTA-work across the EU. A web-based database of all Planned and Ongoing Projects (POP database) is to be made available to all EUnetHTA partner organisations.

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

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

*Publications:* available at EUnetHTA website -<http://www.eunethta.eu>

## 2.2 Publications

**Abuzahra, M., Piso, B.** (2010): Anwendungsbeobachtung der Kyphoplastie und Vertebroplastie bei osteoporotischen Wirbelkörperkompressionsfrakturen. HTA-Projektbericht 25.

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**Abuzahra, M., Piso, B.** (2010): Schweregraddifferenzierung in der Neuro- und Traumarehabilitation. Teil 3: Status quo in Österreich.. HTA-Projektbericht 23c.

**Gyimesi, M., Piso, B., Tüchler, H.** (2010): Ambulante Kardiologische Rehabilitation. Teil 3a: Retrospektive Kohortenstudie (mit/ohne Phase III Rehabilitation)- explorative Analyse und Entwicklung eines Auswertungskonzepts. HTA-Projektbericht 31a.

**Nachtnebel, A.** (2010): Evaluation diagnostischer Technologien – Hintergrund, Probleme, Methoden. HTA Projektbericht Nr. 36.

**Mathis, S., Eisner, W.** (2010): Gamma Knife und radiochirurgisch eingesetzte („stereotaktische“) Linearbeschleuniger: Zwei Applikationsformen von Radiochirurgie im Vergleich. HTA-Projektbericht 47.

**Patera, N.** (2010): Screening for Colorectal Cancer. Part 1: Screening-Tests and Project Design. HTA-Projektbericht 41a.

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**Radlberger, P., Zechmeister, I.** (2010): Kolonkrebsscreening. Teil 2: Gesundheitsökonomische Evaluationen und Aspekte der Kostenentwicklung. HTA-Projektbericht 41b.

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**Nachtnebel, A.** (2010): Endobronchiale Ventilimplantation bei Lungenemphysem. Decision Support Document 020/Update 2010.

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**Mathis, S., Johansson, T.** (2010): Hyperthermie. Decision Support Document 36.

**Piso, B., Mathis, S.** (2010): Kyphoplastie und Vertebroplastie bei osteoporotischen Wirbelkörperkompressionsfrakturen. Decision Support Document 08/Update 2010.

Adlbrecht, C., **Radlberger, P.** (2010): Kardiale Kontraktilitätsmodulation (CCM) bei PatientInnen mit schwerer Herzinsuffizienz. Decision Support Document 15/Update 2010.

**Warmuth, M., Johansson, T.** (2010): Hochintensiver fokussierter Ultraschall (HIFU) zur Behandlung des Prostatakarzinoms. Systematischer Review. Decision Support Document 37.

Adlbrecht, C., **Wild, C.** (2010): Radiopeptidtherapie - <sup>90</sup>Yttrium und <sup>177</sup>Lutetium Somatostatinanaloga zur Behandlung von inoperablen neuroendokrinen Tumoren. Decision Support Document 40.

**Wild, C.** (2010): Minimal-invasiver perkutaner Aortenklappenersatz. Decision Support Document 18/Update 2010.

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**Hintringer, K.** (2010): Pazopanib (Votrient®) for the treatment of locally advanced and/or metastatic renal cell carcinoma. DSD: Horizon Scanning in Oncology 13.

**Nachtnebel, A.** (2010): Gefitinib (Iressa®) for the first-line treatment of non-small cell lung cancer. DSD: Horizon Scanning in Oncology 06.

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**Wild, C.** (2010): Buchpräsentation „Zahlenspiele in der Medizin“ mit anschließender Podiumsdiskussion, Presseklub Concordia Vienna, 09/03/2010

**Wild, C.** (2010): Evaluation and Innovation: Health Technology Assessment and Innovation in hospitals – a European perspective, Hospital Management Symposium, Austria Center Vienna, 06/03/2010

**Wild, C.** (2010): Beschaffungsprozesse ausgewählter Produktgruppen in Krankenanstalten; orthopädische und Kardiologische Implantate, BBG/Bundesbeschaffung Infotag, Vienna, 15/03/2010

**Wild, C.** (2010): HTA in/für die Onkologie, Fortbildung für Onkologen an der Nö-Landesklinik, Krems, 08/04/2010

**Wild, C.** (2010): Aura von Exaktheit oder Zahlenspiele in der Medizin, Deloitte Business Lunch, Vienna, 12/04/2010

**Wild, C.** (2010): Health Technology Assessment in Oncology: Horizon scanning or early warning? Oncology Market Access Europe 2010, London, 13.-14/04/2010

**Wild, C.** (2010): Der Wiener Kontrollamtbericht, Podiumsdiskussion, 14/04/2010

**Wild, C.** (2010): HTA in Österreich: Anwendungsspektrum, 1. Österreichische HTA-Tagung, BMG, Vienna, 03/05/2010

**Wild, C.** (2010): Medizinische Erkenntnisse – erforscht oder erkaufte? -Wie frei ist die medizinische Wissenschaft? Auf dem Holzweg in die Sackgasse; Österreichischer Hausärzterverband, Radiokulturhaus Vienna, 11/05/2010

**Wild, C.** (2010): EUnetHTA - Cooperative Efforts for Coverage with Evidence Development, EURORDIS, Krakau, 04/05/2010

**Wild, C.** (2010): HTA in Hospitals. HTAi Conference, 7th Annual Meeting, Dublin, 06.-09/06/2010

**Wild, C.** (2010): Frühe Nutzenbewertung und Entscheidungsfindung: Vortrag & Diskussion beim VFA/ Verband Forschender Arzneimittelhersteller, Berlin, 07/07/2010

**Wild, C.** (2010): HTA am Ludwig Boltzmann Institut für HTA, EMKI, Budapest, 31/08/2010

**Wild, C.** (2010): Lernen im Gesundheitssystem, 13. Wiss. Tagung der Österr. Gesellschaft für Public Health/ ÖHGP, Linz, 17/09/2010

**Wild, C.** (2010): HTA im Kontext Patientensicherheit, 9. Deutscher Versorgungsforschungskongress, Bonn, 02/10/2010

**Wild, C.** (2010): Horizon Scanning in der Onkologie: erste Erfahrungen des LBI-HTA, Jahrestagung der deutschen, österreichischen und schweizerischen Gesellschaften für Hämatologie und Onkologie, Berlin, 03/10/2010

**Wild, C.** (2010): Früherkennung oder Frühwarnung, IIR-Tagung zu HTA & Pharmaökonomie, Wien, 18.-19/10/2010

**Wild, C.** (2010): Conceptual and Methodological Challenges: Early assessment of costly drugs & new high-tech interventions, WHO-Workshop: The role of health technology assessment agencies in national rationing policies, Careum Ethik Zentrum, Universität Zürich, 25.-26/10/2010

**Wild, C.** (2010): Zwischen den Zahlen: Daten – Fakten – Strategien. Zahlen-spiele in der Medizin. 9. Int. Symposium Qualität im Gesundheitswesen, Vienna, 04/11/2010

**Wild, C.** (2010): Was kann Health Technology Assessment/ HTA?, 21. Jah-restagung der AG Urogynäkologie, Steyr, 05/11/2010

**Wild, C.** (2010): Wissenschaftspolitik. Grünewald, 25/11/2010

**Wild, C.** (2010): Frühbewertung und/oder -frühwarnung? am Beispiel neuer Onkologika: Methode und Erfahrungen aus Österreich, Mitgliederversamm-lung der Arzneimittelkommission der deutschen Ärzteschaft, Berlin, 17/12/2010

**Zechmeister, I.** (2010): Nutzenbewertung nationaler Impfprogramme am Beispiel der HPV-Impfung in Österreich. 1. nationale Konferenz für diffe-renziertes Impfen, Wuppertal, 01.-02/10/2010

**Zechmeister, I.** (2010): HTA in Österreich. Reale Anwendung in der ge-sundheitspolitischen Entscheidungsunterstützung, Meet Science Veranstat-tung der Ludwig Boltzmann Gesellschaft; Vienna, 21/10/2010

**Zechmeister, I.** (2010): HTA Basics. Warum, Was, Wie? Treffen der Pro-jektpartner des IFEDH-Projektes, Vienna, 29/11/2010

**Zechmeister, I.** (2010): Ökonomische Evaluation am Beispiel HPV-Impfung. Gastvortrag im Rahmen des WU-Masterprogramms in Volkswirt-schaftslehre, Vienna, 01/12/2010

#### 9 LBI-HTA internal lessons

**Nachtnebel, A.** (2010): Horizon Scanning in Oncology - Methodik. Gesell-schaft der Ärzte, Vienna, 25/01/2010

**Nachtnebel, A.** (2010): Horizon Scanning in Oncology – Ergebnisse. HTA in KA, LBI-HTA, Vienna, 23/03/2010

**Nachtnebel, A.** (2010): Update: endobronchiale Ventilimplantation bei Lungenemphysem. HTA in KA, LBI-HTA, Vienna, 23/03/2010

**Nachtnebel, A.** (2010): Methodische Ansätze in der Bewertung von Di-agnostika. HTA in KA, LBI-HTA, Vienna, 12/10/2010

**Piso, B.** (2010): Kyphoplastie und Vertebroplastie bei osteoporotischen Wir-belkörperkompressionsfrakturen, Systematischer Review, 1. Update 2010. HTA in KA, LBI-HTA; Vienna, 23/03/2010

**Piso, B.** (2010): Long-term outpatient cardiac rehabilitation - pay for per-formance or for selection? Wissenschaftlicher Beirat des LBI-HTA; Vienna, 23/11/2010

**Piso, B.** (2010): „Real life evaluation“ in Kypho-/Vertebroplasty. Wissenschaftlicher Beirat des LBI-HTA; Vienna, 23/11/2010

**Warmuth, M.** (2010): Hämocompletan® P alleine oder in Kombination mit Fibrogammin® P bei erworbenem Fibrinogenmangel: Systematischer Review. HTA in KA; LBI-HTA, Vienna, 23/03/2010

**Warmuth, M.** (2010): Hochintensiver fokussierter Ultraschall (HIFU) zur Behandlung des Prostatakarzinoms: Systematischer Review. HTA in KA; LBI-HTA, Vienna, 23/03/2010

**Johansson T.** (2010): 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

13 posters

**Hintringer, K.** (2010): HTA of alternative medicine: Bioresonance therapy – clinical effectiveness and safety, HTAi Conference, 7th Annual Meeting, Dublin, 06.-09/06/2010

**Mathis, S.** (2010): Evidence based health services planning, Working Conference Health Services Research in Europe, Working Conference Health Services Research in Europe- Where research and policy meet - The Hague, The Netherlands, 08.-09/04/2010

**Mathis, S.** (2010): Implementing a process for the rapid support of evidence based decision making, Working Conference Health Services Research in Europe- Where research and policy meet - The Hague, The Netherlands, 08.-09/04/2010

**Mathis, S.** (2010): Implementing a process for the rapid support of health decision making, HTAi Conference, 7th Annual Meeting, Dublin, 06.-09/06/2010

**Mathis, S.** (2010): HTA and Health Services Planning, HTAi Conference, 7th Annual Meeting, Dublin, 06.-09/06/2010

**Piso, B.** (2010): Health Technology Assessment based outcome research in routine care – challenges and opportunities. Working Conference Health Services Research in Europe- Where research and policy meet - The Hague, The Netherlands, 08.-09/04/2010

**Radlberger, P.** (2010): Health economic evaluations in child and adolescent psychiatry. HTAi Conference, 7th Annual Meeting, Dublin, 06.-09/06/2010

**Radlberger, P.** (2010): “Economic aspects of health services in alcohol addiction treatment. Working Conference Health Services Research in Europe-Where research and policy meet - The Hague, The Netherlands, 08.-09/04/2010

**Schumacher, I., Zechmeister, I.** (2010): Sind wir auf dem Weg zu mehr Effizienz im österreichischen Gesundheitssystem? Der Beitrag von Health Technology Assessment. 13. Jahrestagung der Österreichischen Gesellschaft für Public Health “Lernen für Gesundheit”, JKU Linz, 16.-17/9/2010

**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

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contributions

**Winkler, R.** (2010): Paediatric psychiatry: Evaluation dimensions, indicators and instruments. HTAi Conference, 7th Annual Meeting, Dublin, 06.-09/06/2010

**Winkler, R.** (2010). Evaluation within the field of child and adolescent psychiatry. Health Services Research in Europe- Where research and policy meet - The Hague, The Netherlands, 08.-09/04/2010

**Fleischner, B.** (2010): Implantatbeschaffung in Krankenanstalten. Orthopädische und kardiologische Implantate. HTA-Newsletter February 2010, 84:2.

**Gyimesi, M., Piso, B.** (2010): Ambulante kardiologische Rehabilitation. Evaluierung der Wirksamkeit und Nachhaltigkeit. HTA-Newsletter March 2010, 85:2.

**Hinterreiter, G.** (2010): Hyperbare Sauerstofftherapie zur Behandlung verschiedener Indikationen. HTA-Newsletter November 2010, 92:3.

**Hinterreiter, G.** (2010): Denosumab bei postmenopausalen Frauen mit Osteoporose. HTA-Newsletter November 2010, 92:4.

**Hintringer, K.** (2010): Neue Onkologika: Weitere 4 Assessments veröffentlicht. HTA-Newsletter September 2010, 90:2.

**Hintringer, K.** (2010): Duktales Karzinom in situ (DCIS): Rasanter Anstieg der Inzidenz. HTA-Newsletter March 2010, 85:4.

**Johansson, T.** (2010): Laserangioplastie der Koronargefäße bei chronischen Totalverschlüssen & kalzifizierten Stenosen. HTA-Newsletter June 2010, 88:3.

**Mad, P.** (2010): Photodynamische Therapie zur palliativen und kurativen Therapie verschiedener Indikationen. HTA-Newsletter Oktober 2010, 91:4.

**Mad, P.** (2010): Perkutane Mitralklappenintervention mittels Mitralclip. HTA-Newsletter June 2010, 88:4.

**Mad, P.** (2010): Qualitätsmanagement: Methoden zur Beurteilung der Versorgungsqualität. HTA-Newsletter May 2010, 87:3.

**Mathis, S.** (2010): Glucosamin bei Osteoarthritis. HTA-Newsletter Dezember 2010, 93:4.

**Mathis, S.** (2010): Radiochirurgie: Gamma Knife vs. LINAC. HTA-Newsletter Oktober 2010, 91:2.

**Mathis, S.** (2010): Hyperthermie: Fokussierte Erhitzung von Tumorgewebe. HTA-Newsletter April 2010, 86:2.

**Nachtnebel, A.** (2010): Digitale Brusttomosynthese: Neues Verfahren für Brustkrebs-Screening. HTA-Newsletter December 2010, 93:2.

**Nachtnebel, A.** (2010): Evaluation diagnostischer Verfahren: Hintergrund, Herausforderungen, Methoden. HTA-Newsletter September 2010, 90:3.

**Nachtnebel, A.** (2010): Wartelisten für die koronare Bypass-Operation (CABG): Strategien zur Priorisierung. HTA-Newsletter May 2010, 87:2.

**Nachtnebel, A.** (2010): Pay for Quality (P4Q) – Programme. Qualitätsbezogene Vergütungskonzepte. HTA-Newsletter March 2010, 85:3.

- Patera, N.** (2010): Wissensbasis für ein besseres Gesundheitssystem in Österreich. HTA-Newsletter December 2010, 93:3.
- Patera, N.** (2010): Kolonkrebs-Screening: Wahl des Tests und Programmgestaltung. HTA-Newsletter April 2010, 86:3.
- Piso, B.** (2010): Kypho- und Vertebroplastie: Anwendungsbeobachtung. HTA-Newsletter Oktober 2010, 91:2.
- Piso, B.** (2010): Pneumologische Rehabilitation bei COPD: Wirksamkeit unterschiedlicher Versorgungsmodelle. HTA-Newsletter July/August 2010, 89:3.
- Piso, B.** (2010): Kyphoplastie und Vertebroplastie bei osteoporotischen Wirbelkörperkompressionsfrakturen. HTA-Newsletter June 2010, 88:2.
- Piso, P., Abuzahra, M.** (2010): Neuro- und Traumarehabilitation. Skalen und Scores zur Schweregradifferenzierung. HTA-Newsletter March 2010, 85:2.
- Piso, B.** (2010): Koronare Herzkrankheit. Nichtmedikamentöse Sekundärprävention. HTA-Newsletter February 2010, 84:2.
- Radlberger, P.** (2010): Opportunitätskosten neuer Technologien im Spitalsbereich. HTA-Newsletter September 2010, 90:4.
- Radlberger, P.** (2010): Kolonkrebs-Screening. Gesundheitsökonomische Evaluationen und Kostenentwicklung. HTA-Newsletter April 2010, 86:4.
- Schumacher, I.** (2010): Memantin bei Alzheimer Demenz. HTA-Newsletter December 2010, 93:2.
- Schumacher, I.** (2010): Spezifische Immuntherapie: Zur Behandlung der allergischen Rhinitis. HTA-Newsletter July/ August 2010, 89:2.
- Schumacher, I.** (2010): Qualitätsberichte in Krankenanstalten: Qualitätssicherung durch Sicherheitskultur. HTA-Newsletter February 2010, 84:3.
- Warmuth, M.** (2010): Assistierte Reproduktive Technologien: Ökonomische Analyse. HTA-Newsletter November 2010, 92:2.
- Warmuth, M.** (2010): Octaplas® versus gefrorenes Frischplasma: Ökonomische Analyse. HTA-Newsletter July/ August 2010, 89:4.
- Warmuth, M.** (2010): Hochintensiver Fokussierter Ultraschall (HIFU) bei Prostatakrebs. HTA-Newsletter June 2010, 88:2.
- Warmuth, M.** (2010): Forensische Psychiatrie: Evaluation von Endpunkten. HTA-Newsletter Mai 2010, 87:2.
- Warmuth, M.** (2010): Hämo-complettan® P & Fibrogammin® P: Substitution von Faktorenkonzentraten. HTA-Newsletter February 2010, 84:4.
- Winkler, R.** (2010): Anorexia nervosa bei Jugendlichen: Versorgungseinrichtungen im Vergleich. HTA-Newsletter May 2010, 87:4.
- Winkler, R.** (2010): Homöopathie im Spannungsfeld. HTA-Newsletter April 2010, 86:2.
- Wild, C.** (2010): Avastin® bei altersbedingter Makuladegeneration/ AMD. HTA-Newsletter November 2010, 92:2.

**Wild, C.** (2010): Frühbewertung neuer (innovativer) Arzneimittel: Neue Entwicklungen in Deutschland und engere Kooperationen in Europa. (Editorial) HTA-Newsletter September 2010, 90:1.

**Wild, C.** (2010): Burnout-Syndrom: Differentialdiagnostik. HTA-Newsletter July/ August 2010, 89:2.

**Wild, C.** (2010): Bewertung Medizinischer Leistungen in/für Krankenanstalten: Mengengerüste, methodische Routine und neue Herausforderungen. (Editorial) HTA-Newsletter June 2010, 88:1.

**Wild, C.** (2010): Radiopeptidtherapie: Behandlung inoperabler, neuroendokriner Tumore. HTA-Newsletter June 2010, 88:3.

**Wild, C., Hinterreiter, G.** (2010): Europäisches HTA: Furcht oder Freude? Die enge Zusammenarbeit europäischer HTA-Institute trägt zunehmends Früchte. (Editorial) HTA-Newsletter May 2010, 87:1.

**Wild, C.** (2010): Erythropoietin/EPO: Rise & Fall, Hype & Ernüchterung – Können oder wollen wir aus Fehlern lernen? (Editorial) HTA-Newsletter April 2010, 86:1.

**Zechmeister, I.** (2010): Fehlervermeidung in entscheidungsanalytischen Modellen. HTA-Newsletter Oktober 2010, 91:3.

**Zechmeister, I.** (2010): Bandscheibenprothesen. HTA-Newsletter June 2010, 88:4.

## 2.3 Participation in Scientific Meetings

99 participations at  
43 congresses and  
conferences

### *February:*

- ✿ **Armutskonferenz, Salzburg, 22.-23/02/2010** (Roman Winkler)
- ✿ **12. Jahrestagung des Deutschen Netzwerks Evidenzbasierte Medizin: EbM- Ein Gewinn für die Arzt-Patient-Beziehung?;** Salzburg, 25.-27.02.2010 (Ines Schumacher, Marisa Warmuth, Gerda Hinterreiter, Anna Nachtnebel, Claudia Wild, Katharina Hintringer, Roman Winkler, Tim Johansson, Ingrid Zechmeister, Stefan Mathis, Philipp Radlberger)
- ✿ **Kongress Integrierte Versorgung: Wunsch und Wirklichkeit,** FH OÖ Linz, 25.-26/02/2010 (Brigitte Piso)
- ✿ **27. Jahrestagung der Österr. Gesellschaft für Kinder- und Jugendpsychiatrie;** Klagenfurt, 26.-27/02/2010 (Roman Winkler, Philipp Radlberger)

### *March:*

- ✿ **Symposium HPV-Prävention in Österreich: Sinn oder Unsinn?** Billrothhaus Vienna, 01/03/2010 (Brigitte Piso, Claudia Wild, Ingrid Zechmeister)
- ✿ **Hospital Management Symposium,** Austria Center Vienna, 06/03/2010 (Claudia Wild)
- ✿ **Buchpräsentation „Zahlenspiele in der Medizin“,** Presseklub Concordia, Vienna, 09/03/2010 (everyone)
- ✿ **BBG/ Bundesbeschaffung Infotag,** Wien, 15.03.2010 (Claudia Wild)



- ❖ **10. Symposium Health Technology Assessment – Bewertung gesundheitsrelevanter Verfahren.** „Alles nicht ohne Evidenz?“, Kollogne, 18.-19/03/2010 (Katharina Hintringer)

*April:*

- ❖ **Working Conference Health Services Research in Europe: Where research and policy meet,** The Hague, The Netherlands, 08.-09/04/2010 (Brigitte Piso, Stefan Mathis, Philipp Radlberger, Roman Winkler)
- ❖ **Deloitte Business Lunch,** Vienna, 12/04/2010 (Claudia Wild)
- ❖ **Oncology Market Access Europe 2010,** London, 13.-14/04/2010 (Claudia Wild, Anna Nachtnebel)
- ❖ **Der Wiener Kontrollamtbericht, Podiumsdiskussion,** Vienna, 14/04/2010 (Claudia Wild)
- ❖ **18. Jahrestagung der Biomedizinischen AnalytikerInnen,** FH Campus Vienna, 16.-17/04/2010 (Brigitte Piso)
- ❖ **Kindergesundheitsdialog,** Bundesministerium für Gesundheit, Vienna, 28/04/2010 (Roman Winkler)

*May:*

- ❖ **1. Österreichisches HTA-Symposium,** Bundesministerium für Gesundheit, Vienna, 03/05/2010 (Marisa Warmuth, Claudia Wild, Philipp Radlberger, Stefan Mathis, Ines Schumacher)
- ❖ **EURORDIS,** Krakau, 04/05/2010 (Claudia Wild)
- ❖ **Diskussion „Medizinische Erkenntnisse – erforscht oder erkauf? -Wie frei ist die medizinische Wissenschaft? Auf dem Holzweg in die Sackgasse“;** Österreichischer Hausärzteverband, Radiokulturhaus Vienna, 11/05/2010 (Claudia Wild)
- ❖ **Versammlung österreichischer Mitglieder des Deutschen Netzwerks Evidenzbasierte Medizin.** Vienna, 21/05/2010 (Stefan Mathis)
- ❖ **13th Biennial SMDM European Meeting 2010 “Public Health Decision Making”.** Society for Medical Decision Making, UMIT/ Hall i.T., 30/05.-02/06/2010 (Katharina Hintringer, Sabine Geiger-Gritsch)

*June:*

- ❖ **HTAi Conference, 7th Annual Meeting,** Dublin, 06.-09/06/2010 (Ines Schumacher, Marisa Warmuth, Gerda Hinterreiter, Anna Nachtnebel, Claudia Wild, Tarquin Mittermayr, Katharina Hintringer, Roman Winkler, Brigitte Piso, Ingrid Zechmeister, Philipp Radlberger, Stefan Mathis, Smiljana Blagojevic)
- ❖ **INAHTA Annual Meeting,** Dublin, 09.-11/06/2010 (Claudia Wild)
- ❖ **(Un)gleich? Gesundheitsförderung und Prävention– Tagung,** Linz, 10/06/2010 (Roman Winkler)
- ❖ **Kongress des Europäischen Forums für evidenzbasierte Prävention (EUFEP),** „Globale Evidenz für lokale Entscheidungen. Förderung mentaler Gesundheit – Prävention psychischer Erkrankung“, Baden near Vienna, 16.-18/06/2010 (Roman Winkler, Ingrid Zechmeister, Philipp Radlberger)

*July:*

- ✿ **Verband der forschenden Pharma-Unternehmen/ vfa - Symposium "Umsetzung der frühen Nutzenbewertung in Deutschland", Berlin, 07/07/2010 (Claudia Wild) auch am Podium/Diskussion**

*August:*

- ✿ **Europäisches Forum Alpbach 2010 – Gesundheitsgespräche "Entwurf und Wirklichkeit, 20.-23/08/2010 (Claudia Wild)**

*September:*

- ✿ **13. Wissenschaftliche Tagung der Österreichischen Gesellschaft für Public Health „Lernen für Gesundheit“. JKU Linz, 16.-17/09/2010 (Ines Schumacher, Gerda Hinterreiter, Anna Nachtnebel, Katharina Hintringer, Claudia Wild, Brigitte Piso, Roman Winkler)**

*October:*

- ✿ **1.nationale Konferenz für differenziertes Impfen, Wuppertal, Germany, 01/10/2010 (Brigitte Piso, Ingrid Zechmeister)**
- ✿ **9.Deutscher Versorgungsforschungskongress, Bonn, 02/10/2010 (Claudia Wild)**
- ✿ **Jahrestagung der deutschen, österreichischen und schweizerischen Gesellschaften für Hämatologie und Onkologie, Berlin, 01.-05/10/2010 (Claudia Wild, Anna Nachtnebel)**
- ✿ **13. European Health Forum Gastein/ EHFG, 05.-09/10/2010 (Philipp Radlberger)**
- ✿ **HTA Workshop, KCE/ Belgian Health Care Knowledge Center, Brussels, 13.-14/10/2010 (Claudia Wild)**
- ✿ **IIR-Tagung zu HTA & Pharmaökonomie, Vienna, 18.-19/10/2010 (Claudia Wild)**

*November:*

- ✿ **Tagung „Leitlinien – Pro & Kontra“, Hauptverband der Sozialversicherungsträger, Vienna, 03/11/2010 (Claudia Wild)**
- ✿ **9. Int. Symposium Qualität im Gesundheitswesen „Zwischen den Zahlen: Daten – Fakten – Strategien“, Vienna, 04/11/2010 (Claudia Wild)**
- ✿ **21. Jahrestagung der AG Urogynäkologie, Steyr, 05/11/2010 (Claudia Wild)**
- ✿ **SciCom Tagung - Berechtigte Information oder mediale Inszenierung? Risikokommunikation im Spannungsfeld der Interessen, TU Vienna, 10/11/2010 (Brigitte Piso)**
- ✿ **3rd European Public Health Conference, Amsterdam, The Netherlands, 11.-13/11/2010 (Brigitte Piso)**
- ✿ **Beigewum Diskussionsforum „Welches Wissen braucht die Krise?“, Vienna, 12/11/2010 (Claudia Wild)**
- ✿ **Forum Alpbach Symposium „Medizin und Ethik: Wo steht der Mensch?“, Vienna, 17.-18/11/2010 (Claudia Wild)**

*December:*

- ✿ **Health Care Rationing Conference**, 09.-10.12.2010, Rotterdam, The Netherlands, (Anna Nachtnebel)
- ✿ **Eröffnung der Österreichischen Cochrane Zweigstelle**, Krems, 14/12/2010 (Claudia Wild, Ingrid Zechmeister)
- ✿ **Mitgliederversammlung der Arzneimittelkommission der deutschen Ärzteschaft**, Berlin, 17/12/2010 (Claudia Wild)



### 3 Scientific Co-operations

EUnetHTA JA, **WP1** face-to-face meeting, Copenhagen/Denmark, 25.-26/02/2010 (Claudia Wild)

9 EUnetHTA  
face-to-face meetings

EUnetHTA JA, **WP4** face-to-face meeting, Helsinki/Finland, 18/03/2010 (Stefan Mathis)

EUnetHTA JA, **WP6** face-to-face meeting, Paris/France, 15.-16/04/2010 (Gerda Hinterreiter, Marisa Warmuth)

EUnetHTA JA, **Plenary Assembly** face-to-face meeting, Ljubljana/Slovenia, 20.-21/05/2010 (Claudia Wild)

EUnetHTA JA, **WP7** face-to-face meeting, Dublin/Ireland, 10/06/2010 (Claudia Wild, Gerda Hinterreiter, Marisa Warmuth)

EUnetHTA JA **WP7B & WP5** Onco drugs Workshop, LBI-HTA Vienna, 30/09.-01/10/2010 (Claudia Wild, Anna Nachtnebel, Katharina Hintringer)

EUnetHTA JA, **WP6** face-to-face meeting, Brussels/Belgium, 12.-13/10/2010 (Gerda Hinterreiter)

EUnetHTA JA, **WP1** & Executive Committee face-to-face meeting, Brussels/Belgium, 14.-15/10/2010 (Claudia Wild)

EUnetHTA JA, **WP4** face-to-face meeting, Rome/Italy, 25/11/2010 (Stefan Mathis)

EUnetHTA JA **WP1** & Executive Committee e-meeting, 03/02/2010, 13:00–14:30 (Gerda Hinterreiter, Marisa Warmuth)

9 EUnetHTA  
e-meetings

EUnetHTA JA **WP6/A & WP7/B** e-meeting, Training for Workroom administrators, 11/03/2010, 12:00-13:00 (Gerda Hinterreiter)

EUnetHTA JA **WP1** & Executive Committee e-meeting, 07/04/2010, 13:00–14:30 (Claudia Wild, Gerda Hinterreiter)

EUnetHTA JA **WP1** & Executive Committee e-meeting, 05/05/2010, 13:00–14:30 (Claudia Wild, Gerda Hinterreiter)

EUnetHTA JA **WP1** & Executive Committee e-meeting, 30/06/2010, 13:00–15:00 (Gerda Hinterreiter)

EUnetHTA JA **WP1** & Executive Committee e-meeting, 07/07/2010, 13:00–14:00 (Gerda Hinterreiter)

EUnetHTA JA **WP1** & Executive Committee e-meeting, 08/09/2010, 13:00–15:00 (Gerda Hinterreiter)

EUnetHTA JA **WP6 & WP7/B** e-meeting, POP database preparation, 22/09/2010, 11:00–12:30 (Claudia Wild, Gerda Hinterreiter)

EUnetHTA JA **WP1** & Executive Committee e-meeting, 09/12/2010, 13:00–15:00 (Claudia Wild, Gerda Hinterreiter)

**EuroScan** meeting, Verona/Italy, 29.-30/03/2010 (Anna Nachtnebel)

3 EuroScan meetings

**EuroScan** meeting, Dublin/Ireland, 06/06/2010 (Katharina Hintringer representing Anna Nachtnebel)

**EuroScan** meeting, Cologne/Germany; 02.-03/12/2010 (Anna Nachtnebel)

- 1 **INAHTA meeting**      **INAHTA**-annual meeting, Dublin/Ireland, 09-11/06/2010 (Claudia Wild)
- 1 **EUROCHIP meeting**      **EUROCHIP/** European Cancer Health Indicator Project meeting, WP7 on Cancer Costs and Outcomes, Rome/Italy, 03/05/2010 (Anna Nachtnebel)
- national cooperations**      **Networking event** of the Austrian HTA-institutes (LBI-HTA, UMIT-IPH, DUK, BIQG und EBM-Center Graz) in Melk/NÖ, 27.-28/09/2010 (Philipp Radlberger, Stefan Mathis, Katharina Hintringer)
- UMIT** – Health and Life Sciences University, Hall in Tirol: Planning and delivery of a 6-day training course: „Winter School in Clinical Epidemiology“, 24.-29/01/2011
- DUK** – Danube University Krems, Department for Evidence-based Medicine and Clinical Epidemiology: Planning and delivery of a joint 5-day workshop: „Health Technology Assessment“, 05.-10/10/2010
- Think Tank Workshop** as part of the Parents-Child-Prevention project with 13 national experts at the LBI-HTA Vienna, 23/06/2010 (Brigitte Piso, Marisa Warmuth, Roman Winkler, Ingrid Zechmeister, Claudia Wild)
- In the context of the „**Horizon Scanning in Oncology**“ project Anna Nachtnebel and Katharina Hintringer worked with the following experts in the field of Oncology/Pharmacy:
- ❖ Dr. Anna **BUCSICS**, Hauptverband der Österr. Sozialversicherungsträger, Department for Evidence Based Economic Healthcare, Vienna;
  - ❖ Dr. Michael **POBER**, KH St. Pölten, Haematology and oncology, NÖ Landeskliniken Holding;
  - ❖ Dr. Johannes **ANDEL**, LKH Steyr, Oncology and Public Health, GESPAG, OÖ;
  - ❖ Mag. Andreas **SEIRINGER**, LKH Vöcklabruck, Deputy director of hospital pharmacy, pharmacist, GESPAG, OÖ;
  - ❖ Prim. Dr. Peter **KRIPPL**, LKH Fürstenfeld, Haematology and oncology, KAGES, Styria;
  - ❖ Dr. Wolfgang **WILLENBACHER**, LKH Innsbruck University hospital, Haematology and oncology, TILAK, Tyrol;
- Consultations and interviews at the Department for Addiction at the **Wagner-Jauregg Nervenlinik Linz** (AfA) and the **Anton Proksch Institut Kalksburg** (API) as part of the „Economic aspects of clinically effective and efficient models of health services in alcohol addiction treatment III“ project (Philipp Radlberger)
- Prim. Univ. Prof. Dr. **Leonhard Thun-Hohenstein**, Board of directors of the University Clinic for Child and Youth Psychiatry at the **Christian-Doppler-Klinik Salzburg** as part of the „Child and youth psychiatry Salzburg“ evaluation project (Roman Winkler)

**Evaluation team meeting** at the University Clinic for Child and Youth Psychiatry, Christian-Doppler-Klinik; Salzburg, 05/02/2010; 25/03/2010; 12.-14/07/2010 and 07.-11/10/2010 (Roman Winkler)

Project collaboration with **wire products shop** (“Drahtwahrenhandlung”), **Association of Social Security** (“Hauptverband der österr. Sozialversicherungsträger”), **Technical University Vienna**, **VRVis Centre for Virtual Reality and Visualisation Research-GmbH**, **FDW GmbH**, **Florian Endel**, and **Executive Information Service GmbH**, as part of the „IFEDH/ Innovative Framework for Evidence Based Decisionmaking in Healthcare“ project (Ingrid Zechmeister, Philipp Radlberger, Claudia Wild)

During the development of the „National HTA Strategy“ and the joint „Methodological Handbook for HTA“ the LBI-HTA collaborated with **GÖG/ Gesundheit Österreich**.

**MEL/NUB collaboration** with the Medical Service of the Alliance of Health Insurers (MDS), Dr. Annette Busley, Deutschland (Claudia Wild)

further international collaboration

**Expert workshop as part of the Impact project** at the LBI-HTA (08/03/2010; 11:00-16:00) with invited scientists from Germany and Austria:

- ✿ Ansgar Gerhardus, Evelyn Dorendorf - Universität Bielefeld
- ✿ Petra Schnell-Inderst, Ruth Schwarzer, apologies: Uwe Siebert - UMIT:
- ✿ Britta Göhlen - DIMDI
- ✿ Claudia Wild, Ines Schumacher, Ingrid Zechmeister – LBI-HTA

**EUnetHTA WP 7B & WP 5 “Workshop on Onco-drugs“**, LBI-HTA as host and initiator. Vienna, 30/09.-01/10/2010 (Claudia Wild, Katharina Hintringer, Anna Nachtnebel)

**ZeS/ Centre for Social Policy**, Departments for Health Economics, Health Policy and Health Care Research (Rothgang, Schmacke, Gláske) – Lecture on HTA as a tool for developing statutory health insurance (Claudia Wild)

**EU COST-Network** „Childbirth Cultures, Concerns, and Consequences: Creating a dynamic EU framework for optimal maternity care“ (Roman Winkler)

**AOK Germany**: Update of online HPV decision aid ([www.hpv-entscheidungshilfe.de](http://www.hpv-entscheidungshilfe.de)) in April 2010 (Brigitte Piso)

**IQWiG/ Department for pharmaceutical evaluation** (D. Kaiser): Consultation on comments procedure (Claudia Wild)

**EMKI**: Austrian-Hungarian collaboration in the evaluation of medical technologies (Claudia Wild)

Co-author – German memorandum register for health care research, **German Health Care Research**, Lead: Edmund Neugebauer, Institute for Operative Medicine, Köln (Stefan Mathis)

collaboration as part of publication projects

Co-author „Diabetes Mellitus Registry Studies“, **Dirk Müller**, Institute for Health Economics and Clinical Epidemiology (IGKE) University Clinic Köln (Stefan Mathis)

**further collaboration** In 2010 the following external authors provided editorials for the HTA-Newsletter:

- ✿ Dipl.-Ing. **Berthold Reichardt**, Burgenland regional health insurance. „The treatment of rheumatoid arthritis in Austria – Myths and reality“ (HTA-Newsletter 84:1)
- ✿ Dr. **Angela Kaminiski**, Director of the EBM Information Centre, Department for evidence based medicine and clinical epidemiology, Danube University Krems. „EBM for lower Austrian hospital doctors: the benefit of missing evidence“ (HTA Newsletter 85:1)
- ✿ Dipl.-Soz. **Sabine Stumpf**, Institute for Social Medicine, Luebeck University. „What is important to citizens? First citizens’ conference on prioritisation in health care“ (HTA Newsletter 80:1)
- ✿ Dr. **Peter Mrak**, Chairman of the Society for Quality in Geriatrics and Gerontology (QIGG). „Benchmarking projekt: acute geriatrics/remobilisation in Austria: the successful transfer of published findings to treatment reality“ (HTA Newsletter 91:1)
- ✿ Dr. **Christian Euler**, President of the Austrian General Practitioners’ Association. „Testosterone deficiency (in ageing men) – the ‘Climacterium virile’: a prime example of disease mongering“ (HTA Newsletter 92:1)
- ✿ Univ.-Prof. Dr. **Barbara Maier**, Director of the Clinic for Gynaecological Endocrinology and Assisted Reproduction at the University Clinic for Gynaecology and Obstetrics, Salzburg „Successes in reproductive medicine? A number game“ (HTA Newsletter 93:1)



## 4 Other Activities

In 2010 **Claudia Wild** taught

teaching

- ✧ On the „Health care management“ Masters course at the „FH-Kärnten (13.-15/01/2010),
- ✧ On the „Public Health and Health Systems Management“ Masters course at the Kepler Universität Linz (15/02/2010),
- ✧ On the „Public Health“ Masters course at the Medical University Graz, Location Schlosshofen (18.-19/03/2010),
- ✧ On the „Public Health“ Masters course at the Medical University Graz, Location Vienna (09/04/2010),
- ✧ On the „Gesundheitswissenschaften“ Masters course at UMIT in Hall in Tyrol (21/04/2010)
- ✧ On the „E-Health“ Masters course at the FH-Joanneum (in collaboration with Joanneum Research), Graz (20.-21/12/2010).

**Ingrid Zechmeister** is a visiting lecturer

- ✧ On the „Public Health“ Masters course at the Medical University of Graz. She gave lectures on „Health Economic Evaluation“ on 19/03/2010 in Dornbirn and on 10/04/2010 in Vienna,
- ✧ On the „Biomedical analysis“ Bachelors course at the FH-Campus Wien, in the course of which she taught on the „Health care and health economics“ module from 15.-22/02/2010
- ✧ On the „Biomedical analysis“ Masters course at the FH-Campus Wien. She taught on the „Health economics module“ 11.-12/06/2010
- ✧ In the field of „Health Economic Evaluation“ (Danube University Krems on 26/11/2010).

**Brigitte PISO** taught at the Danube University Krems

- ✧ On the Masters course in Advanced Orthopedic Surgery, giving a lecture on „Public Health, Epidemiology, EBM“ on 20/03/2010
- ✧ and during the Workshop on Health Technology Assessment, giving a lecture on „HTA & gesundheitspolitische Entscheidungen“ on 22/11/2010.

**Tarquin Mittermayr** taught „Literature searching with Embase and Ovid-Medline“ as part of the 2-day „Systematic literature search“ workshop at the Department for evidence based medicine and clinical epidemiology at the Danube University Krems (11.-12/05/2010)

**Roman Winkler** was a visiting lecturer at the Promente-Akademie, Vienna, Focus: Research and scientific methodology, as part of the „Psychotherapeutic preparatory course“ on 14.-16/05/2010, 28.-30/05/2010 and 11.-12/06/2010.

expert & referee  
activities

In 2010 **Claudia Wild** reviewed manuscripts for the following journals:

- ✿ “German Journal for Evidence and Quality in Healthcare“ (ZEFQ)
- ✿ BMC Health Services Research
- ✿ European Journal of Public Health
- ✿ Health Policy
- ✿ Croatian Medical Journal
- ✿ Pharmaceutical Medicine
- ✿ NL-ZonMW Review Pharmacotherapie

**Ingrid Zechmeister** was engaged in reviewing for the:

- ✿ Journal of Public Health,
- ✿ The Netherlands Organisation for Health Research and Development,
- ✿ Ireland Health Research Board
- ✿ 5. Forschungsforum der österreichischen Fachhochschulen

In July 2010 **Brigitte Piso** reviewed the Pensions Insurance Institute’s study protocol on „The sustainability of cardiac rehabilitation“.

supervision of diploma  
and doctoral theses

The following diploma- and master theses were supervised by senior researchers, and supported by library services in 2010:

- ✿ Mag. **Harald Keckeis** (Public Health Masters course/ Health Care Sciences at the University of Graz): „HTA as a Controlling Instrument“ - **Claudia Wild**
- ✿ Dr. med **Thomas Dorner** MPH (Postdoctoral studies at the Medical University of Graz/Social Medicine) Review of “Social determinants of health resources, health behaviour and morbidity, and consequences for social medicine and Public Health” - **Claudia Wild**
- ✿ **Muna Abuzahra**, BA (FH Kärnten, Health and care): „Measurement of Severity in Neurorehabilitation – International experiences and status quo in Austria“ - **Brigitte Piso**

Ongoing supervision of Masters theses:

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

## 5 Outlook

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

Now, the LBG has offered those Institutes which have shown themselves to be successful in their first 4 years the option of a second period, on the following conditions.

Co-financing beyond 2013 requires:

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

Thus the LBI-HTA is preparing for a second period (2013-2020) – it has carried out an impact analysis of HTA (HTA-project report 37ab: Impacts of HTA research on health care in Austria) as well as a broader study about the need for knowledge in modern health care systems (HTA-project report 48: Knowledge base for a better health care system in Austria: Approaches to Capacity Building in Health care and public health research from other countries). In addition to this, it has developed a strategy paper (unpublished: December 2010) detailing possible new areas of research. All these documents provide a basis for negotiations.

Aside from these long-term plans, there are two birthdays to be celebrated in 2011: The 5 year anniversary of the LBI-HTA (May 2011) and the 10 year anniversary (and the 100<sup>th</sup> edition) of the HTA Newsletter (September 2011).

**strategy development  
2013+**

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

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

**2 birthdays:  
5 years LBI-HTA,  
10 years HTA-  
Newsletter**