Health Technology Assessment’s Italian Network: origins, aims and advancement

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Abstract

The Italian National Health Care Service, as many other industrialised countries’, has to cope with increasing health care needs in spite of limited resources available. Therefore, it is necessary to assess diagnostic-therapeutic procedures, technologies and organizational standards, in order to allocate the available resources appropriately. Health Technology Assessment provide scientific support to the policies that all countries have adopted in order to rationalize, and sometimes to ration, health care services. Since in Italy dissemination and utilisation of HTA as means to support health care policies are still limited, in 2003 The Ministry of Health Care, within the development of Special funding Programmes – art.12 bis, comma 6, Law 229/99n. –, financed the establishment of an HTA Italian network, in order to foster the application of principles of technologies' management in health care organisations.

Key words: network, Health Technology Assessment, standards

Introduction

The Italian National Health Care Service, as many industrialised countries', has to meet increasing health care needs in spite of limited resources available. Therefore, it becomes crucial to assess the appropriateness of diagnostic and therapeutic procedures, of technologies and organisational standards to employ, in order to identify the most appropriate allocation of the resources.

An alternative to this misalignment between healthcare needs and the resources available comes from an area of research known as Health Technology Assessment (HTA) [1]: its main purpose is to support policy makers (at a macro, meso and micro level) in the decisions concerning the introduction of electro-medical devices, drug therapies, health care procedures and services, by assessing their clinical, economic and organisational impact.

While HTA has achieved a key role in the national health care services worldwide, even if with different aims and areas of applications (i.e. in north America and in Europe) [2-4], in Italy it is still limited to few institutions and organisations, especially in those regions which present situations of excellence: Lombardia, Trentino Alto Adige, Friuli Venezia Giulia, Lazio, Abruzzo, Molise and Puglia [5].

In order to foster HTA’s culture and methodologies, in 2003 the Italian Ministry of Health Care financed a project aiming to “develop an Italian network meant to disseminate HTA’s methodologies, in order to manage technologies in the health care structures” (Special Programmes art.12 bis, comma 6, Law n. 229/99).

This article synthetically outlines:
• the main concepts and organizational processes which have contributed to a systemic utilisation of HTA worldwide and the development of an Italian HTA network
• the project financed by The Italian Ministry of Health Care: objectives, methods and expected results.

Health technology assessment: areas of application worldwide and basic concepts to create an HTA Italian network

As mentioned in the introduction, the problem of insufficient resources, compounded by social and demographic phenomena, such as the aging of the population, the increasing request for care, and the new treatments offered by technological
advancements, made necessary to find new organisational solutions, so that at certain point in many countries it was felt as crucial to start to rearrange health care services.

Even though the solutions studied in Italy, England, Ireland, Sweden, Nederland and France have been heterogeneous, because the choice of the model to employ in each country has been influenced by local forces linked to traditions and also by economic, political and cultural conditionings, some of the organisational tools developed homogenously, such as:

1. principles, theories and tools to assess health care activities
2. health care services management standards based on managerial principles.

The first point implies that health care policies and interventions must be evaluated according to:
- the effectiveness of the intervention, or its capacity to solve the problem
- the efficiency, or the relationship between the results obtained and the resources employed
- the equity, or the possibility to make a service available to the major number of people who need it, independently from personal, social, political and cultural conditions.

The assessment activities are not limited to the choice of the potential best intervention, because immediately afterwards it is necessary to organise the activities, so that the intervention planned can be realised with the smallest quantity of resources as possible.

This implies to select the best resources (human, financial, technological and organisational) and to combine and coordinate them to achieve the results expected.

Health care organisations, therefore, have to organise health care services both at a macro level (national and/or regional health care services) and at a micro level, that is to say at the level of single health care organisations (i.e. hospitals).

On the basis of these common needs, different standards of HTA's applications have been developed in the different health care services worldwide.

Since mid 80s, especially in English speaking countries, the interest in technology assessment is progressively increased so that scientific societies and workgroups established.

In fact, in that period, ISTAHC (International Society of Health Technology Assessment) - which successively became HTAi (Health Technology Assessment International) - and HTA agencies in different countries have been founded. Afterwards, to be able to share synergies and potentialities, they joined in a network called INAHTA (International Network of Agencies for Health Technology Assessment).

These institutions and organisations started an international debate on HTA's principles, methods and tools.

All these organisations have been politics-oriented, by producing scientific information to support health care policies.

For example the Swedish SBU, which operates also on a national level, the Catalan Agency and the Agency of Quebec, which operate more or less independently on a sub-national level, support more general health care policies.

Even though Technology Assessment developed to meet central policies' needs, the advancements in health care services have raised worldwide the necessity of an HTA's progressive decentralisation.

This is not due to a decreasing political activity, which is instead increasing, but to the increasing economic and social pressure on health care structures.

In the last decade, in many health care services, more power and responsibilities have been progressively transferred from central levels, such as Ministries and Health Care Councils, to minor structures, such as hospitals and local agencies, which need therefore, more than in the past, to be supported by tools such as HTA in the decision making processes.

On the other hand, the political evolution of HTA's applications has not been accompanied by a parallel advancement of HTA's organisational standards in terms of single health care organisations. HTA's operative aspects have been almost neglected up to now worldwide, even because a scientific production on this subject is still poor.

Managers' concern is in fact that health technology assessment seems incapable of supporting management decisions in the single Operative Units. HTA's methodologies, applied at an organisational level, may not be so effective as at a system level.

Nevertheless, in the United States the major health care organisations (such as HMOs) are developing internal units dealing with Technology Assessment, Pharmaco-economics, Clinical Effectiveness, Health Outcomes Research, … and responsible for providing scientific information to support managerial decisions.

At this point it becomes crucial to examine closely the possibilities of this emerging discipline and try to respond adequately to such questions as: is HTA a useful instrument to both politicians and managers, and in which way? How HTA's methods can be utilised to support technology investment strategies in a hospital?
The scientific community started to inquire on limits of HTA’s areas of applications. Lately, on a national level important experiences of introducing technology assessment in the management processes of health care organisations have been made. From these experiences a project financed by the Italian Ministry of Health Care started: to create a network of health care organisations which, by using HTA’s methodologies to support institutional and organisational decisions, work to identify an HTA’s managerial application standard exportable to a national level.

Promoting a network of partnerships in order to introduce and disseminate HTA’s methodologies into management processes related to health technologies in the health care companies. – Financed by the Ministry of Health Care, year 2003, Special Programmes, – art.12 bis, comma 6, Law n. 229/99.

After 11 years from the application of Law. n. 502/92 which introduced management elements into the National Health Care Service, on the basis of the experience of several centres of excellence, it was felt as necessary:• to contribute to disseminate more effectively the culture of assessment, particularly of HTA in Italy• to identify a standard of HTA’s application in the health care structures, which could be exported to the entire National Health Care Service.

In comparison with the existing networks (i.e. in Switzerland and Austria) and agencies, the Italian experience could be considered innovative respect to previous application of HTA, because it focuses on HTA’s application to support managerial decisions on an organisational level, which is an aspect still unexplored worldwide.

This project appears ambitious: it starts establishing a methodology to approach management problems, in line with similar projects which other European countries are simultaneously developing. The objectives of this project can be summarised as follows:• to identify an organisational standard to employ HTA’s methodologies to be utilised by all national Health Care Service’s structures• to foster the dissemination of HTA’s knowledge by managers and health care operators.

In details, the new Italian Network is supposed to:1. foster the dissemination of HTA’s principles and methodologies to manage technologies in the health care organisations in the National Health Care Service
2. apply HTA’s method to the organisational procedures, by implementing qualified personnel who is able to coordinate all activities related to biomedical technologies
3. converge the best HTA experiences made in the Italian organisations, compare them with the main international benchmarks, in order to work out a common organisational standard to be tested in the project itself and proposed as national standards
4. realise a meta standard for professional training courses (which can be credited) which health care companies can adopt to train the personnel involved in HTA’s activities
5. disseminate HTA’s principles and tools in the National Health Care Service.

HTA Italian Network’s value consists also on the plurality of the institutions and operative units involved in the project and listed in table 1.

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<td>Università Cattolica del Sacro Cuore Roma</td>
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processes and organisational standards employed by the operative units involved in the program

3. an analysis and a comparison between the best international experiences.

After collecting, analysing and comparing the data, it will be necessary to identify an HTA's standard of application suitable for all Health Care National Service's structures.

This standard will also be tested not only by the network's members, but also by external organisations supporting its development and application.

The University Hospital of Padova, for example, even if not a formal member of the project, wanted to be involved in the initiative at its expense.

During the realisation of the network project, other health care organizations, both at institutional and political level of regions, asked to be involved because they felt as crucial to introduce HTA methodologies in their managerial processes. At present, many of the Italian Regions are involved in the project. This confirms the necessity to use HTA methodologies also in the Italian National Health Care Service.

Therefore, the expected results at the end of the project are:

• an implemented dissemination of HTA’s principles and methodologies to manage health care technologies in the Health Care National Service’s organisation
• a major integration between methodologies and procedures, by recruiting qualified personnel who is able to coordinate all activities related to biomedical technologies
• realisation of a meta-standard for professional training courses with which health care organisations can train the personnel involved in HTA's activities (in order to disseminate correctly scientific HTA's principles and tools).

This project will end on December 2005 and the results will be published immediately afterwards.

In conclusion, this project aims not only to introduce HTA's procedures into central and secondary health care organizations, but also to produce a new structural and organic planning of HTA's activities within the National Health Care Service, as already happened in other European and North-American countries.

References


