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**Alberta Heritage Foundation  
for Medical Research**

# **PROFILE OF AN HTA PROGRAM**

**The AHFMR Health Technology Assessment  
Unit, 2002 – 2003**

**David Hailey**

**February 2004**



**IP-16 Information Paper**

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## **ACKNOWLEDGMENT**

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Alberta's health technology assessment program has been established under the Health Research Collaboration Agreement between the Alberta Heritage Foundation for Medical Research and Alberta Health and Wellness.

## **GLOSSARY**

AHW: Alberta Health and Wellness

CCOHTA: Canadian Coordination Office for Health Technology Assessment

CHR: Calgary Health Region

CPG: Clinical practice guideline

EAP: Expert Advisory Panel (established by Alberta Health and Wellness)

HTA: Health technology assessment

HTAI: Health Technology Assessment Initiative

HTAU: Health Technology Assessment Unit

INAHTA: International Network of Agencies for Health Technology Assessment

IS: Information services

ISTAHC: International Society of Technology Assessment in Health Care


PTCA: Percutaneous transluminal coronary angioplasty

RCT: Randomized controlled trial

RHA: Regional Health Authority

WHO: World Health Organisation

WHO HEN: World Health Organisation Health Evidence Network



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## CONTENTS

Acknowledgment.....	i
Glossary .....	ii
Introduction .....	1
Approach.....	3
HTAU Products.....	4
Formulation of HTA Questions .....	6
Expected timelines.....	9
Type of technology/topic .....	10
Assessment Products.....	12
Allocation to different series .....	12
Issues addressed.....	12
Collaborators and contractors.....	16
Approaches taken .....	16
Timelines .....	17
Conclusions reached in HTA products.....	21
Dissemination.....	25
Impact of HTA products.....	29
Areas of impact.....	29
Level of impact.....	29
Indirect impact .....	29
Types of decisions .....	30
Resource and Educational Products.....	41
Governance .....	43
Resources and Staff.....	44
Synthesis.....	45
Discussion .....	49
Appendix A: Publication product series produced by the HTAU .....	53
Appendix B: Information Collection Form .....	54
References .....	58

**Tables and Figures:**

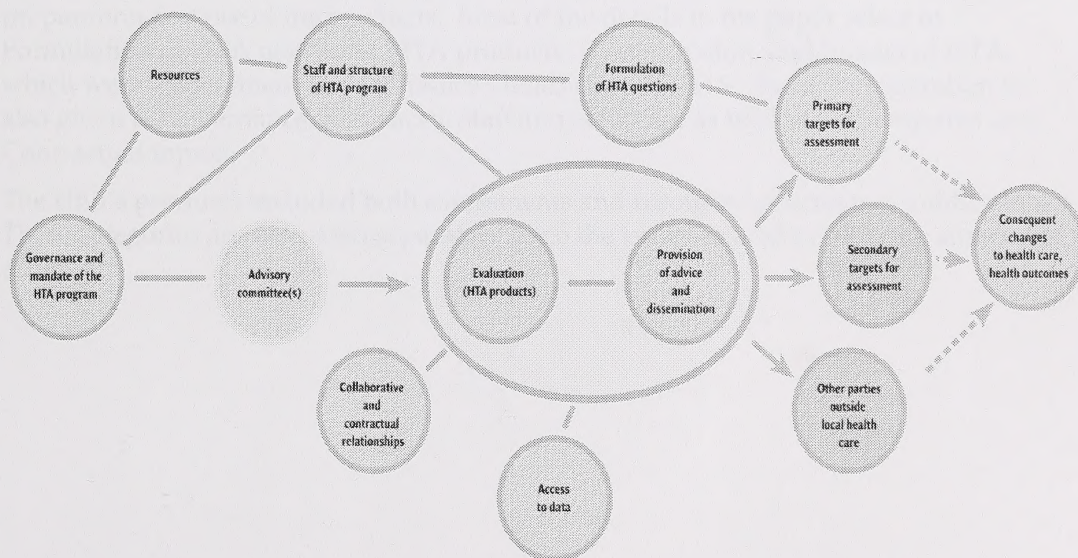
Figure 1: Determinants of effectiveness.....	1
Figure 2: Elements of Effectiveness .....	49
Table 1: Assessment products April 2002 to March 2003.....	4
Table 2: Resource and educational products, April 2002 to March 2003.....	5
Table 3: Sources of requests for HTA products .....	6
Table 4: Specification of HTA products.....	7
Table 5: Expected timelines for assessment reports.....	10
Table 6: Issues addressed in HTA products.....	13
Table 7: Eventual timelines for HTA products.....	18
Table 8: Conclusions reached in HTA products.....	21
Table 9: Approaches to dissemination of HTA products.....	26
Table 10: Areas of impact of HTA products.....	31
Table 11: Level of impact of HTA products .....	34
Table 12: Indirect impact of HTA products.....	38
Table 13: Types of decisions informed by HTA products.....	39
Table 14: Synthesis of HTA product activity .....	46



## INTRODUCTION

In 2003, the HTAU at the Alberta Heritage Foundation for Medical Research (AHFMR) published a paper in its HTA Initiatives series entitled '*Elements of effectiveness for health technology assessment programs*'<sup>1</sup>. The paper was intended to provide a basis for discussion on the components of HTA programs and approaches to measuring their effectiveness. It gave some consideration to better defining the role played by HTA agencies and the determinants of their effectiveness. These determinants are outlined in Figure 1. In part, the paper was seen as a self assessment tool for HTA program managers to help achieve continual improvement of activities.

**Figure 1: Determinants of effectiveness**



The HTAU has also been exploring ways to assess the impact of its products and has published two recent reports on this topic which included responses to surveys of the Unit's clients<sup>2,3</sup>.

This paper has been prepared to provide an overview of the outputs of the HTAU as an aid to future management of HTA activities at the AHFMR, drawing on concepts outlined in an earlier HTA Initiatives publication (HTAI 9) <sup>1</sup>. This is the first time that this framework has been applied to an HTAU. In addition to its application to the Alberta program, this paper forms part of an effort to help the international HTA community come to grips with how HTA programs may be evaluated on a rigorous and consistent basis. The paper is also intended to complement the previous papers on HTA impact as a further approach to defining performance and accountability of programs in a complex area that has still received relatively little attention.

The paper reviews the activity of the HTAU as reflected in the various products it produced from 2002 to 2003, including the impact of these on decision makers in the province, and identifies some areas for consideration in future management of the HTAU.

## **APPROACH**

The scope and other details of the project were discussed with HTAU staff in May and June 2003 and subsequently confirmed with the Director of the HTAU. It was agreed that the overview would be based on scrutiny of products completed from April 2002 to March 2003 inclusive. All types of product from the Unit were considered down to 'Level D' QwikNotes or their equivalent (see Appendix A). Very brief and rapid responses, such as "instant e-mail", were not included.

An information collection form was developed with input from HTAU staff (Appendix B). Unit staff then used the form to provide details of the products for which they had been responsible. Two rounds of follow-up requests for further information were undertaken to clarify various points, including summaries of the conclusions reached in assessments. Staff had the opportunity to correct and update material entered on the information collection form.

The information was then used to provide summaries of various areas related to the preparation and use of the products. Most of the details in the paper relate to Formulation of HTA questions, HTA products, Dissemination, and Impact of HTA, which were 'Assessment Stream' issues identified in HTAI 9. Some consideration is also given to Governance, Resources, Staff and Structure as well as Collaborative and Contractual Inputs.

The Unit's products included both assessments and resource/educational publications. These categories are discussed separately since the issues related to them are somewhat different.

## HTAU PRODUCTS

The nineteen assessment products completed from April 2002 to March 2003 are listed by category in Table 1. Four of these were in the HTA series. There were also five TechNotes, two HTA Initiatives reports, two Information Papers, two QwikNotes, and four reviews that fell outside the regular HTAU series. The latter had a substantial influence on the workload and operation of the Unit. One of the Initiatives reports was prepared at the University of Alberta and published by the AHFMR in an effort to further links with the Department of Public Health Sciences and raise the profile of HTA in the province.

Table 2 lists the three educational/resource products completed during this period – the latest update of an Information Paper and two publications in the HTA Initiatives series.

**Table 1: Assessment products April 2002 to March 2003**

<b>Health Technology Assessments</b>	
01	Brooks L, Leggett Tait P, Harstall C. <i>Acupuncture: evidence from systematic reviews and meta-analyses</i> , May 2002
02	Ospina M, Harstall C. <i>Prevalence of chronic pain: an overview</i> , December 2002
03	Ospina M, Harstall C. <i>Multidisciplinary pain programs for chronic pain: evidence from systematic reviews</i> , January 2003
04	Guo B, Scott A, Bowker S. <i>Suicide prevention strategies: evidence from systematic reviews</i> , February 2003
<b>TechNotes</b>	
05	Ospina M. <i>Cryosurgery for prostate cancer</i> , May 2002
06	Guo B. <i>Intracoronary brachtherapy for the treatment of in-stent restenosis</i> , May 2002
07	Guo B. <i>Osteogenic protein-1 for fracture healing</i> , November 2002
08	Scott A. <i>Trigger point injections for non-malignant chronic pain</i> , March 2003
09	Scott A. <i>Treatment of thoracic insufficiency syndrome with the vertical expandable prosthetic titanium rib</i> , December 2002
<b>HTA Initiatives</b>	
10	Hailey D. <i>Minimally invasive hip arthroplasty</i> , March 2003
11	Yoon P. <i>Emergency department fast-track system</i> , March 2003

**Table 1: Assessment products April 2002 to March 2003 (cont'd)**

**Information Papers**

- 12 Hailey D. *Stereotactic radiosurgery: an update*, May 2002
- 13 Hailey D. *Hyperbaric oxygen therapy – recent findings on evidence for its effectiveness*, March 2003

**QwikNotes**

- 14 Guo B. *Effectiveness of computerized physician order entry systems in reducing medication errors*, April 2002
- 15 Corabian P. *Prolotherapy*, June 2002

**'Customized Responses' – reviews undertaken outside regular HTAU series**

- 16 HTAU. *A selected inventory of abstracts of Cochrane reviews on physiotherapy/physical therapy*, October 2002
- 17 HTAU. *A selected inventory of abstracts of systematic reviews on chiropractic services*, October 2002
- 18 HTAU. *A selected inventory of abstracts of systematic reviews on podiatry services*, October 2002
- 19 HTAU. *A selected inventory of abstracts of systematic reviews on optometric services*, October 2002

**Table 2: Resource and educational products, April 2002 to March 2003**

- 20 Chan L, Topfer LA. *Health technology assessment on the Net: a guide to internet sources of information*, June 2002 (Information Paper)
- 21 Hailey D. *Local health technology assessment: a guide for health authorities*, December 2002 (HTA Initiative)
- 22 Hailey D. *Elements of effectiveness of health technology assessment programs*, March 2003 (HTA Initiative)

## FORMULATION OF HTA QUESTIONS

Sources of requests for assessments are shown in Table 3. The pattern is similar to those for previous years, with most products being developed in response to requests from AHW and/or RHAs. All the HTA products were aimed at decision-makers within the province. Two of them were also prepared with the aim of furthering HTA in Alberta.

**Table 3: Sources of requests for HTA products**

	AHW	RHAs <sup>a</sup>	AHW + RHAs	Other HTA <sup>b</sup>	Professional body <sup>c</sup>	University <sup>d</sup>
HTA report		1	3			
TechNote	2	2	1			
HTA initiatives				1		1
Information Paper	1				1	
QwikNote	1	1				
Customized Response	4					
<b>Totals</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>

a. Includes the Alberta Mental Health Board

b. Calgary Health Technology Implementation Unit

c. College of Physicians and Surgeons of Alberta

d. University of Alberta, Department of Public Health Sciences

Information on the specification of the assessment products, including details of the issues that were to be addressed, are given in Table 4. The responses provided by HTAU staff indicated that project specifications were addressed mostly in terms of the question or issue raised by the organization requesting the HTA. In all cases there was discussion to confirm or clarify the nature of the request (often face to face, also by telephone and e-mail). Most of the questions were framed in terms of evidence of effectiveness or current status of various technologies, sometimes in association with safety issues. Cost or access issues were mentioned less often. This is similar to the pattern for other HTAU products in previous years.

In several cases, the product was a follow up to a previous assessment undertaken by the HTAU or was intended as a precursor to further work on a topic.

**Table 4: Specification of HTA products**

Product	Question/issue	Related HTAU products
<b>Health Technology Assessments</b>		
<b>01</b> Acupuncture: evidence from systematic reviews and meta-analyses	Current scientific evidence over the last five years addressing the question 'for which conditions acupuncture has scientific support' (effectiveness, for whom, by whom)	Overview of the regulation of acupuncture in Alberta May 2001 – Information Paper
<b>02</b> Prevalence of chronic pain: an overview	What is the best available evidence on prevalence estimates for pain not related to cancer?	
<b>03</b> Multidisciplinary pain programs for chronic pain: evidence from systematic reviews	Evidence on the efficacy/effectiveness/ efficiency of multidisciplinary pain programs for non-malignant chronic pain and how do we establish provincial needs for a multidiscipline pain program?	
<b>04</b> Suicide prevention strategies: evidence from systematic reviews	What suicide prevention strategy is effective?	
<b>TechNotes</b>		
<b>05</b> Cryosurgery for prostate cancer	What is the status of cryosurgery for the treatment of prostate cancer?	QwikNote – February 2002 TechNote – May 1998
<b>06</b> Intracoronary brachytherapy	The current status of the use of intracoronary brachytherapy for patients with in-stent restenosis after PTCA	
<b>07</b> Osteogenic protein-1 for fracture healing	Regulatory status in Canada and the US for patient groups; current practice in Canada; and evidence supporting its use and on adverse effects	Related to the HTA reports on chronic pain
<b>08</b> Trigger point injections for non-malignant chronic pain	Is trigger point injection effective for treating chronic pain? What is the feasibility of delivering this procedure to patients in regional communities?	

**Table 4: Specification of HTA products (cont'd)**

Product	Question/issue	Related HTAU products
<b>TechNotes (cont'd)</b>		
09 Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib	Safety and efficacy/effectiveness of using a vertical expandable prosthetic rib implant to treat patients with thoracic insufficiency syndrome. Is the procedure considered experimental? What patient conditions are eligible for this treatment and how many surgeries/hospitalizations are needed over the course of the treatment?	
<b>HTA Initiatives</b>		
10 Minimally invasive hip arthroplasty	Proposed introduction of a new surgical technique into CHR; interest in data on safety, efficacy, cost	Proposed first stage in a more extensive assessment to be coordinated by Calgary Health Technology Implementation Unit
11 Emergency department fast-track system	What does the literature say about the effectiveness of emergency department fast-track systems?	
<b>Information Papers</b>		
12 Stereotactic radiosurgery: an update	Current evidence on the effectiveness of radiosurgery issues on out of province referral, other indications for radiosurgery	Two previous HTA reports, one TechNote and two Techscans (briefs), all used by AHW
13 Hyperbaric oxygen therapy – recent findings	Request from the College of Physicians and Surgeons in relation to approvals given for treatments by the private hyperbaric oxygen therapy service in Calgary. The College wanted updated advice to take account of recent studies reported in the literature.	Previous HTA on hyperbaric oxygen therapy in relation to facilities in Alberta
<b>QwikNotes</b>		
14 Effectiveness of computerized physician order entry systems	Is there any research evidence to show that computerized physician order entry systems reduce medication errors?	
15 Prolotherapy	The current status of prolotherapy	TechNote March 1996 Update [brief] May 1998



**Table 4: Specification of HTA products (cont'd)**

Product	Question/issue	Related HTAU products
<b>Customized Responses</b>		
16 Physiotherapy/ physical therapy	Is there any evidence of effectiveness of community physical therapy/physiotherapy?	
17 Chiropractic services	Is there any evidence of effectiveness of chiropractic services?	
18 Podiatry services	What is the evidence regarding the effectiveness of podiatry?	
19 Optometric services	Is there any evidence of effectiveness of optometric services?	

## Expected timelines

Expected timelines for the various products are shown in Table 5. The four HTA reports were each expected to take a year, as might be expected for reports that incorporate major reviews. The timelines for the TechNotes varied from one to three months, continuing the pattern for this type of product, though the initial timeline for the cryosurgery publication was less than a month. As has been discussed elsewhere <sup>4</sup>, providing considered responses over such short time frames puts pressure on the evaluation process. Requestors of TechNotes should provide very good justification for expecting urgent responses. Both QwikNotes, as expected, had very short timelines.

The first HTA Initiative product was given a long timeline because of the expected collaboration with the Calgary HTA program and the need to negotiate details. Timelines for the second HTA Initiative refers to editing, review, and formatting of a report that had already been prepared outside the Unit. A timeline of six months for the first Information Paper was based on expected time needed to update previous HTA reports on the topic in question. The similar timeline for the second paper reflected the comparatively non-urgent nature of the request.

The reviews undertaken as customized responses all had a timeline of two months. This was extremely demanding on the Unit's work program and resources.

Acceptability of very short timelines for urgent requests needs to be kept under review so that the Unit does not become exposed to unreasonable demands. On the other hand, the Unit has established an impressive record over the years in handling urgent requests, and such activity has contributed substantially to its reputation.

## Type of technology/topic

A wide range of topics was addressed, both in terms of technologies and diseases/ conditions, continuing the pattern of a broadly-based HTA agenda, though with a focus on non-pharmaceutical technologies.

**Table 5: Expected timelines for assessment reports**

Product	Expected timeline	Length, months
<b>Health Technology Assessments</b>		
01 Acupuncture: evidence from systematic reviews and meta-analyses	10/00 – 10/01	12
02 Prevalence of chronic pain: an overview	5/01 – 5/02	12
03 Multidisciplinary pain programs for chronic pain: evidence from systematic reviews.	5/01 – 5/02	12
04 Suicide prevention strategies: evidence from systematic reviews.	2/01 – 2/02	12
<b>TechNotes</b>		
05 Cryosurgery for prostate cancer	1/02 – 2/02, extended to 4/02	1, 3
06 Intracoronary brachytherapy	4/02 – 5/02	1
07 Osteogenic protein-1 for fracture healing	10/02 – 12/02	2
08 Trigger Point Injections for non-malignant chronic pain	10/02 – 12/02	2
09 Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib	10/02 – 12/02	2
<b>HTA Initiatives</b>		
10 Minimally invasive hip arthroplasty	6/02 – late 02	5-6
11 Emergency department fast-track system	01/03 – 4/03	3
<b>Information Papers</b>		
12 Stereotactic radiosurgery: an update	10/01 – 4/02	6
13 Hyperbaric oxygen therapy – recent findings	10/02 – 4/03	6

**Table 5: Expected timelines for assessment reports (cont'd)**

<b>Product</b>	<b>Expected timeline</b>	<b>Length, months</b>
<b>QwikNotes</b>		
<b>14</b> Effectiveness of computerized physician order entry systems	4/02 – 4/02	<1
<b>15</b> Prolotherapy	5/02 – 6/02	1
<b>Customized Responses</b>		
<b>16</b> Physiotherapy/physical therapy	10/02 – 1/03	2
<b>17</b> Chiropractic services	10/02 – 1/03	2
<b>18</b> Podiatry services	10/02 – 1/03	2
<b>19</b> Optometric services	10/02 – 1/03	2

## **ASSESSMENT PRODUCTS**

### **Allocation to different series**

Decisions to develop reports in the HTA, TechNote, and QwikNote series were consistent with the expected complexity of the longer assessments and the perceived urgency of advice for requestors of non-refereed reports. Two reports were published in the HTA Initiatives series because of a wish to raise the profile of HTA in the province and to document particular collaborative arrangements. One of the Information Papers was a lengthy assessment report, following two previous HTA reports on the same topic. The other Information Paper was a brief review of findings from recent HTA reports and reviews. The Customized Responses were made available on the AHFMR web site as a non-standard group of reviews.

Some thought needs to be given to the allocation of reports to the particular series. The products for 2002/2003 were spread over four printed series, for various reasons. This might be confusing for users of HTAU products and unhelpful for dissemination.

### **Issues addressed**

Issues addressed in HTAU products are indicated in Table 6. As in previous years, safety, efficacy, and effectiveness were the most common topic areas. Eight products made some reference to economic issues, though there were none that included economic analysis. Four considered access issues; four Customized responses referred to practice guidelines, and one HTA report was concerned with prevalence rates.

Unlike some assessments in previous years, there was no consideration of social or ethical issues, though the HTA report on suicide prevention programs made some reference to social aspects.

Issues addressed in HTA products will of course depend on the questions that are being asked. However, with some of the topics considered in the 2002/2003 products there might have been an opportunity to broaden their scope by incorporating commentary and perspective on social matters.

**Table 6: Issues addressed in HTA products**

Topic	Safety	Efficacy	Effectiveness	Economic	Access	Social	Ethical	Other
<b>Health Technology Assessments</b>								
<b>01</b> Acupuncture: evidence from systematic reviews and meta-analyses	X	X	X					
<b>02</b> Prevalence of chronic pain: an overview								Prevalence rate
<b>03</b> Multidisciplinary pain programs for chronic pain: evidence from systematic reviews	X	X	X	X				
<b>04</b> Suicide prevention strategies: evidence from systematic reviews		X	X					
<b>TechNotes</b>								
<b>05</b> Cryosurgery for prostate cancer	X	X	X					
<b>06</b> Intracoronary brachytherapy	X	X	X					
<b>07</b> Osteogenic protein-1 for fracture healing	X	X	X					
<b>08</b> Trigger point injections for non-malignant chronic pain	X	X	X		X			

Table 6: Issues addressed in HTA products (cont'd)

Topic	Safety	Efficacy	Effectiveness	Economic	Access	Social	Ethical	Other
<b>TechNotes (cont'd)</b>								
09 Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib	X	X	X		X			
<b>HTA Initiatives</b>								
10 Minimally invasive hip arthroplasty	X	X						
11 Emergency department fast-track system			X	X	X			
<b>Information Papers</b>								
12 Stereotactic radiosurgery: an update	X	X	X	X	X			
13 Hyperbaric oxygen therapy – recent findings	X	X	X					
<b>QwikNotes</b>								
14 Effectiveness of computerized physician order entry systems	X		X	X				
15 Prolotherapy	X	X	X					

**Table 6: Issues addressed in HTA products (cont'd)**

Topic	Safety	Efficacy	Effectiveness	Economic	Access	Social	Ethical	Other
<b>16</b> Physiotherapy/physical therapy	X	X	X	X				CPG
<b>17</b> Chiropractic services	X	X	X	X				CPG
<b>18</b> Podiatry services	X	X	X	X				CPG
<b>19</b> Optometry services	X	X	X	X				CPG

## **Collaborators and contractors**

The HTA report on acupuncture was co-authored by a contractor who provided important support in bringing this project to a conclusion. The products on chronic pain were supported by input from an information sharing group that included representation from AHW, CHR, and Capital Health Region. With the suicide prevention program assessment, contact with Alberta Mental Health Board representatives was related to formulation of the HTA question rather than to collaboration. The HTA Initiatives report on the emergency department fast-track system was written by a physician from the University of Alberta who had been a participant in the Technology Assessment for Health Care course offered by the Department of Public Health Sciences.

With the Customized Responses products, contracts were made with the College of Physical Therapists of Alberta, the Alberta College of Optometrists, individuals from the Associated Foot Clinic, and the College of Chiropractors of Alberta. The contractors were used to review the selected abstracts. This was a useful approach to obtain expertise in the subject areas and to assist the HTAU with its workload.

A librarian from the University of Calgary provided IS support for the project on minimally invasive hip arthroplasty because of pressure on existing AHFMR arrangements and the collaboration with the Calgary HTA program. All reports in the HTA Initiatives series were formatted and edited by an external contractor, maintaining continuity in the production of this type of publication.

## **Approaches taken**

Systematic reviews were undertaken for all the Health Technology Assessment reports. One of these also had a narrative review component and in another there was analysis of administrative and survey data. Systematic review with narrative commentary on cost data was used for the Information Paper on radiosurgery.

Two of the TechNotes were said to be based on systematic review, two on narrative review, and one on a mix of both approaches. Narrative review was used for the two HTA Initiative products and the second Information Paper.

The approaches taken appear to have been appropriate and there are no obvious areas of concern. The distinction between systematic and narrative review may not always be entirely clear – even with the narrative reviews used for some products there would have been careful consideration of selection criteria and appraisal of quality. A point that deserves continuing attention is the depth of review and analysis needed to appropriately answer the question that an HTA is addressing.



With the Customized Responses, the approach was to review selected abstracts of systematic reviews on the different topics. This was a pragmatic approach adopted to meet the time and scope pressures associated with these products. Abstract review was also used for the two QwikNotes.

There was external review of all HTA series reports, one Information Paper, the HTA Initiatives report on hip arthroplasty, and two TechNotes. With the four Customized Responses there was external review of the articles selected. The number of reviewers used varied from product to product. Detailed internal review by HTAU staff was undertaken for all products.

## **Timelines**

Table 7 gives details of actual timelines for the assessment products. Targets were met for all the urgently required products (TechNotes, QwikNotes, and Customized Responses). This was an impressive level of performance by the HTAU.

All of the HTA series reports took longer than expected. With the two on chronic pain, delay was in part associated with the necessity to interact with an external group and with time taken to define some aspects of the project. The project on acupuncture was used as a 'learning experience' for a person on a short-term placement with the HTAU, and there were overheads associated with necessary mentoring. Protracted negotiations with the client were needed with the project on suicide prevention strategies.

It is not uncommon for more complex HTA projects to run over time; management of factors contributing to delay will be an ongoing task. Provision of interim advice to clients, as was undertaken for the products referred to here, may be helpful. However, an area that may need attention is the time taken for review and publication of longer reports, which ran to five months for three of the HTA products.

The remaining products were completed as expected, other than a small overrun caused by delay in starting the Information Paper on radiosurgery.

Table 7: Eventual timelines for HTA products

Product	Expected timelines, dates	Expected timelines, months	Actual timelines, dates	Time since request, months	Time from start to review, months	Time for review & publication, months
<b>Health Technology Assessments</b>						
01 Acupuncture: evidence from systematic reviews and meta-analyses	10/00 – 10/01	12	03/01 – 05/02	19	10	3 -4
02 Prevalence of chronic pain: an overview	05/01 – 05/02	12	10/01 – 12/02	19	9	5
03 Multidisciplinary pain programs for chronic pain: evidence from systematic reviews	5/01 – 5/02	12	12/01 – 01/03	20	8	5
04 Suicide prevention strategies: evidence from systematic reviews.	02/01 – 2/02	12	0201 - 0203	24	19	5
<b>TechNotes</b>						
05 Cryosurgery for prostate cancer	1/02 – 4/02	<1, 3	2/02 – 5/02	4	-	-
06 Intracoronary brachytherapy	04/02 – 05/02	1	04/02 – 05/02	1	-	-

**Table 7: Eventual timelines for HTA products (cont'd)**

Product	Expected timelines, dates	Expected timelines, months	Actual timelines, dates	Time since request, months	Time from start to review, months	Time for review & publication, months
<b>TechNotes (cont'd)</b>						
<b>07</b> Osteogenic protein-1 for fracture healing	10/02 – 12/02	2	10/02 – 12/02	2	-	-
<b>08</b> Trigger Point Injections for non-malignant chronic pain	10/02 – 12/02	2	10/02 – 12/02	2	-	-
<b>09</b> Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib	10/02 – 12/02	2	11/02 – 01/03	3	-	-
<b>10</b> Minimally invasive hip arthroplasty	6/02 – late 02	5-6	9/02 – 3/03	9	3	3
<b>11</b> Emergency department fast-track system	01/03 – 04/03	3	1/03 – 03/03	3	1*	2

Table 7: Eventual timelines for HTA products (cont'd)

Product	Expected timelines, dates	Expected timelines, months	Actual timelines, dates	Time since request, months	Time from start to review, months	Time for review & publication, months
<b>Information Papers</b>						
12 Stereotactic radiosurgery: an update	10/01 – 04/02	6	02/02 -05/02	7	2	1
13 Hyperbaric oxygen therapy – recent findings	10/02 – 4/03	6	2/03 – 3/03	5	1	<1
<b>QwikNotes</b>						
14 Effectiveness of computerized physician order entry systems	4/02 – 4/02	<1	4/02 – 4/02	<1	-	-
15 Prothrotherapy	5/02 – 6/02	1	5/02 – 5/02	1	-	-
<b>Customized Responses</b>						
16 Physiotherapy/physical therapy		2				
17 Chiropractic services		2				
18 Podiatry services	08/02 – 10/02	2	08/02 – 10/02	3	3	3
19 Optometric services		2				

\* Update of existing report

## Conclusions reached in HTA products

Table 8 lists brief summaries of the conclusions reached in the various HTA products as well as the questions or issues that they addressed. In most cases, the conclusions reached appeared to match the questions asked, though occasionally some points were not covered or additional issues were mentioned.

**Table 8: Conclusions reached in HTA products**

Product	Question/Issue	Conclusions	"In a word"
<b>01</b> Acupuncture: evidence from systematic reviews and meta-analyses	'For which conditions acupuncture has scientific support' (effectiveness, for whom, by whom).	Acupuncture appears effective for dental and temporomandibular pain and antiemesis. For all other indications it is no more effective than the standard of care or the evidence is too weak to draw conclusions.	Conditional support, some applications.
<b>02</b> Prevalence of chronic pain: an overview	Best available evidence on prevalence estimates for pain not related to cancer.	Reported chronic pain prevalence estimates vary widely (10.1% to 55.2%) and severe chronic pain prevalence is 8% in children and 11% in adults. Prospective epidemiological studies should be conducted to estimate the chronic pain prevalence in Alberta.	Limited useful evidence, need local data.
<b>03</b> Multidisciplinary pain programs for chronic pain: evidence from systematic reviews	Evidence on the efficacy/effectiveness/efficiency of multidisciplinary pain programs for non-malignant chronic pain and how do we establish provincial needs for a multidiscipline pain program?	Unclear which treatment (within the multidisciplinary pain programs) is responsible for the observed improvements in chronic pain patients or which kind of patients do best under a particular individualized treatment plan. RHAs providing management of chronic pain must establish appropriate data collection systems and assess both clinical effectiveness of intervention strategies and their efficiency.	Effectiveness not established, local studies needed.
<b>04</b> Suicide prevention strategies: evidence from systematic reviews.	What suicide prevention strategy is effective?	No single strategy is effective in reducing suicide rate. The strongest evidence indicated that some prevention strategies, including school-based suicide prevention programs for high risk students and psychological/ pharmacological treatment for suicide attempters, appear promising.	Limited effectiveness for some strategies, efficacy not established for others.

**Table 8: Conclusions reached in HTA products (cont'd)**

Product	Question/Issue	Conclusions	"In a word"
05 Cryosurgery for prostate cancer	What is the status of cryosurgery for the treatment of prostate cancer?	The efficacy/effectiveness of cryosurgery in the management of prostate cancer is still not established.	Efficacy not established.
06 Intracoronary brachytherapy	The current status of the use of intracoronary brachytherapy for patients with in-stent restenosis after PTCA.	Evidence from six RCTs suggests that the technology is feasible and safe as an adjunct to treatment of in-stent restenosis, and reduces short term restenosis rates. However, late thrombosis may minimize the long-term benefits.	Short term safety and efficacy established, long term efficacy unclear.
07 Osteogenic protein-1 for fracture healing	Regulatory status in Canada and the US for patient groups; current practice in Canada; and evidence supporting its use and on adverse effects.	Evidence from one RCT suggested osteogenic protein-1 was safe and success rates when used in conjunction with intramedullary rod fixation were comparable with those achieved with autograft for the treatment of tibial non-unions. It is indicated for use in recalcitrant long bone non unions where autograft is unfeasible and alternative treatment has failed.	Appears to be safe and effective technology.
08 Trigger point injections for non-malignant chronic pain	Is trigger point injection effective for treating chronic pain? What is the feasibility of delivering this procedure to patients in regional communities?	No definitive proof that trigger point injection is more effective than acupuncture or placebo. Not known whether a lack of multi-disciplinary pain management programs in regional areas limits or encourages its use, or what type of provider would achieve best results.	Efficacy not established.
09 Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib	Safety and efficacy/effectiveness to treat patients with thoracic insufficiency syndrome; whether procedure is experimental; patient conditions eligible for this treatment; number of surgeries/hospitalizations needed during the treatment.	No major safety issues were identified; early efficacy outcomes suggest that it may be a viable treatment option for children with thoracic insufficiency. However, the procedure is costly and requires frequent hospital visits for extension and eventual replacement of the device. Its effect on pain and quality of life is unknown.	Emerging promising technology, efficacy not established.

**Table 8: Conclusions reached in HTA products (cont'd)**

Product	Question/Issue	Conclusions	"In a word"
10 Minimally invasive hip arthroplasty	Proposed introduction of a new surgical technique; interest in data on safety, efficacy, cost.	Offers the promise of lower morbidity, shorter hospital stay, cost savings, faster recovery. However, further studies and experience will be necessary to establish its place in routine care.	Emerging promising technology, not yet established.
11 Emergency department fast-track system	Effectiveness of emergency department fast-track system.	Emergency department fast-track system, as an adjunct to emergency departments, appears to be efficient, cost-effective, safe and satisfactory to patients. It should incorporate timely and accurate reporting of visits to patients' primary care physicians.	Effective technology
12 Stereotactic radiosurgery: an update	Current evidence on the effectiveness of radiosurgery, taking into consideration out of province referral and newer indications for SRS.	SRS should continue to be made available to appropriately selected patients with metastatic disease, arteriovenous malformations and acoustic neuroma; it should not be offered for treatment of Parkinson's disease, trigeminal neuralgia or epilepsy. Any referral of patients for SRS should be to centres of excellence, taking account of other appropriate treatment options.	Conditional support, some applications.
13 Hyperbaric oxygen therapy – recent findings	Updated advice on effectiveness of hyperbaric oxygen therapy in different applications, to take account of recent studies reported in the literature.	There is support for use of hyperbaric oxygen therapy for decompression sickness, gas embolism, gas gangrene, carbon monoxide poisoning, osteoradionecrosis, diabetic wounds, and necrotising soft tissue infections. There is no consensus on support for its use in osteomyelitis, thermal burns, soft tissue radionecrosis, compromised skin grafts, and many other conditions.	Conditional support, some applications.

**Table 8: Conclusions reached in HTA products (cont'd)**

Product	Question/Issue	Conclusions	"In a word"
14 Effectiveness of computerized physician order entry systems (CPOE)	Is there any research evidence to show that computerized physician order entry systems reduce medication errors?	Evidence from three RCTs indicated that medical errors decreased after implementation of CPOE system. CPOE systems are likely most effective when part of an electronic medical record system allowing full access to a patient's clinical information.	Effective technology.
15 Prolotherapy	The current status of prolotherapy.	Results of abstracts of three RCTs noted – no conclusions provided.	Ineffective technology.
16 Physiotherapy/ physical therapy	Is there any evidence of effectiveness of these services?	No overall conclusions, documents summarized findings/ conclusions in reviewed abstracts. However, available data indicate that there is such evidence.	Widely used health services, essential in numerous applications.
17 Chiropractic services			
18 Podiatry services			
19 Optometric services			



## DISSEMINATION

Brief details of approaches taken to dissemination of HTA products are given in Table 9. Paper copies of all products were sent to the primary targets and electronic copies of all but three were e-mailed. There seemed to be direct discussion with the primary target in relatively few cases. Discussion was ongoing for the chronic pain products and the suicide prevention programs report, providing some offset against the long time needed to complete the publications. A presentation was made on one of the QwikNotes and there was some discussion with AHW regarding the Information Paper on radiosurgery. Potentially this is an area that could be improved, with more active follow-up, though it is appreciated that this is not always easy to arrange and that it places further demands on resources.

Wider dissemination was carried out via the standard HTAU circulation list, the AHFMR web site, the HTA database, and the INAHTA web site in many cases. There were also several conference presentations and in some cases secondary circulation of products by other organizations. The invitation to publish the chronic pain prevalence report in the International Association for the Study of Pain Clinical Updates was useful for the dissemination process. Requests for publications and citations in other agencies' reports give an indication of visibility (and potential secondary impact).

In just one case – the report on the emergency department fast-track system – more elaborate short-term dissemination arrangements were made, including involvement of the AHFMR Communications, a news release to print and electronic media, and a media interview. The opportunity for supporting dissemination of other HTA products is an issue that merits discussion.

**Table 9: Approaches to dissemination of HTA products**

Product	Primary Target			Wider Dissemination	
	Paper	E-mail	Discussion		Person(s) Responsible
<b>01</b> Acupuncture: evidence from systematic reviews and meta-analyses	X			Authors, other HTAU staff	Circulation list, INAHTA, HTA database Conference presentation
<b>02</b> Prevalence of chronic pain: an overview	X	X	X	Authors	Circulation list, INAHTA, HTA database Poster ISTAHC 2003
<b>03</b> Multidisciplinary pain programs for chronic pain: evidence from systematic reviews	X		Ongoing with Information Sharing Group Presented to Board of CHR	Authors, AHW, CHR	Invited to publish in the International Association for the Study of Pain – Pain: Clinical Updates Also requested to send report to report to International Association for the Study of Pain liaison at the United Nations for WHO
<b>04</b> Suicide prevention strategies: evidence from systematic reviews	X	X	X	Authors	Circulation list, INAHTA, HTA database, seminar Oral presentation at the Provincial Suicide Research Symposium
<b>05</b> Cryosurgery for prostate cancer	X	X	X	Author	Circulation list, INAHTA, Presentations at Alberta Suicide preventive coordinators meeting and Provincial Suicide Research Symposium WHO HEN, Nova Scotia Suicide help line Circulation list INAHTA, HTA database

**Table 9: Approaches to dissemination of HTA products (cont'd)**

Product	Primary Target			Wider Dissemination
	Paper	E-mail	Discussion	
06 Intracoronary brachytherapy	X	X		Circulation list INAHTA, HTA database; Dissemination within Capital Health
07 Osteogenic protein-1 for fracture healing	X	X		Circulation list INAHTA, HTA database; Dissemination within Capital Health
08 Trigger point injections for non-malignant chronic pain	X	X		Circulation list plus two individuals
09 Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib	X	X		Circulation list
10 Minimally invasive hip arthroplasty	X	X		Circulation list; HTA database Conference presentation (ISTAHC) Circulation within CHR
11 Emergency department fast-track system	X			Circulation list News release to print and electronic media, media interview
12 Stereotactic radiosurgery: an update	X	?	X	Circulation list, conference Presentation at Foothills Hospital, Calgary
13 Hyperbaric oxygen therapy – recent findings	X	X		Circulation list, HTA database Presentation at AHW

**Table 9: Approaches to dissemination of HTA products (cont'd)**

Product	Primary Target			Wider Dissemination
	Paper	E-mail	Discussion	
14 Effectiveness of computerized physician order entry systems	X	X	Presentation of results made to medical staff committee	Author; Director of HTA
15 Prolotherapy	X			Author, other HTAU staff
16 Physiotherapy/physical therapy	X	X		Paper copy to the College of Physical Therapists of Alberta in confidence Web site
17 Chiropractic services	X	X		Paper copy to the College of Chiropractors of Alberta in confidence Web site
18 Podiatry services	X	X		Paper copy to two professionals from the Associated Foot Clinic in confidence Web site
19 Optometric services	X	X		Paper copy to the Alberta College of Optometrists in confidence Web site

## **IMPACT OF HTA PRODUCTS**

Tables 10 to 13 give information related to the impact of the various assessment products. For the most part, the information reflects the direct experience of HTAU staff in managing individual projects, and in a number of cases there is also supporting information through documents from clients and other organizations. The data therefore give an important “snapshot” of the impact of the HTA program, but it should be borne in mind that there is no detailed study, for example using survey methodology, to substantiate all the information and opinion given here.

### **Areas of impact**

Table 10 outlines the areas of impact of HTA studies, using the categories adopted for a project on reporting the impact of HTA reports that is currently being undertaken by INAHTA. Only one product had no apparent impact (though this was reviewed by an external information group). All other products were at least considered by decision makers. In six cases, conclusions or recommendations were accepted. Material from five products was incorporated into policy documents and 14 assessments were used as reference material. One HTA report was linked to changes in practice and six products had other impacts, including input to future research on the technologies considered and expectations of future collaborations with the HTAU.

### **Level of impact**

Table 11 includes opinions of HTAU staff on the level of impact associated with the HTA products and gives some supporting details. Two TechNotes on cryosurgery and intracoronary brachytherapy were thought to have had major impact on subsequent decisions on these technologies. A further fifteen products were considered to have provided some input to decisions. Possibly this is a conservative view, as in several cases there appeared to have been significant developments that flowed directly from work done on the assessment products. In one case, the product received some consideration by a decision maker and in one the impact was minimal. The details in the table give an indication of action taken and use of the products by different stakeholders in the province.

### **Indirect impact**

Table 12 gives information on indirect impacts of eight HTA products. With four of these there was some influence on other targets within Alberta, with likely influence on future policy or administrative decisions. Six products were accessed by organizations outside Alberta and provided some input to HTA activities undertaken by other agencies.

## **Types of decisions**

Table 13 gives an indication of the types of decisions that were informed by the various HTA products, using categories from the current INAHTA project. This draws on all available information and does not necessarily reflect the exact questions or issues that the HTA products were required to address. Coverage decisions were the most common, related to 10 and possibly 11 products. In four cases there were capital funding decisions, referral for treatment in two (possibly three), program operation in seven, guideline formulation in two, influence on routine practice in three (possibly four), and indications for further research in five. This summary reflects the range of issues addressed by products from the HTAU.

Overall, the picture that emerges from this summary of impacts is encouraging. While detail was sometimes limited, it seems clear that products from the HTAU had a useful impact in most cases, and that often this was achieved by products with very tight deadlines.

**Table 10: Areas of impact of HTA products**

	No apparent impact	Considered by decision maker	Conclusions/recommendations accepted	Technology met program requirements	HTA material incorporated into policy documents	HTA used as reference material	HTA linked to changes in practice	Other
<b>01</b> Acupuncture: evidence from systematic reviews and meta-analyses		X	X			X		
<b>02</b> Prevalence of chronic pain: an overview		X				X		X
<b>03</b> Multidisciplinary pain programs for chronic pain: evidence from systematic reviews		X	X			X	X	
<b>04</b> Suicide prevention strategies: evidence from systematic reviews		X	X			X		
<b>05</b> Cryosurgery for prostate cancer		X	X		X			
<b>06</b> Intracoronary brachytherapy		X	X			X		

Table 10: Areas of impact of HTA products (cont'd)

	No apparent impact	Considered by decision maker	Conclusions/recommendations accepted	Technology met program requirements	HTA material incorporated into policy documents	HTA used as reference material	HTA linked to changes in practice	Other
07 Osteogenic protein-1 for fracture healing		X				X		
08 Trigger point injections for non-malignant chronic pain	X							
09 Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib			X			X		
10 Minimally invasive hip arthroplasty		X				X		
11 Emergency department fast-track system		X				X		
12 Stereotactic radiosurgery: an update		X						



**Table 10: Areas of impact of HTA products (cont'd)**

No apparent impact	Considered by decision maker	Conclusions/recommendations accepted	Technology met program requirements	HTA material incorporated into policy documents	HTA used as reference material	HTA linked to changes in practice	Other
13 Hyperbaric oxygen therapy – recent findings	X				X		
14 Effectiveness of computerized physician order entry systems	X						
15 Prolotherapy	X				X		
16 Physiotherapy/physical therapy	X			X	X		X
17 Chiropractic services	X			X	X		X
18 Podiatry services	X			X	X		X
19 Optometric services	X			X	X		X

**Table 11: Level of impact of HTA products**

	Opinion on level of impact			Details
	Minimal	Some consideration	Input to decisions Major	
<b>Health Technology Assessments</b>				
<b>01</b> Acupuncture: evidence from systematic reviews and meta-analyses		X	X	AHW awaited report to determine if funding should be provided for this service. Used to respond to the 'acupuncture community', which was raising the issue with Government.
<b>02</b> Prevalence of chronic pain: an overview			X	Generated a research project involving AHW, CHR, Capital Health. Requests for follow up work.
<b>03</b> Multidisciplinary pain programs for chronic pain: evidence from systematic reviews		X	X	Program in Calgary has been restructured and funding has continued. AHW - One day workshop organized by Health Workforce Division on chronic pain initiatives. Follow up requests on single modalities of treatment, e.g. trigger point injections.
<b>04</b> Suicide prevention strategies: evidence from systematic reviews		X	X	At the time the report was completed the Alberta Mental Health Board experienced a major change which may affect the use and implementation of the results.

**Table 11: Level of impact of HTA products (cont'd)**

	Opinion on level of impact			TechNotes	Details
	Minimal	Some consideration	Input to decisions		
<b>05</b> Cryosurgery for prostate cancer				X	Not providing this as an insured service yet. Generated a research project involving AHW, CHR, Capital Health Region.
<b>06</b> Intracoronary brachytherapy				X	Capital Health used the report to inform discussions within the cardiology department and decided to not proceed with the technology
<b>07</b> Osteogenic protein-1 for fracture healing		X	X		Capital Health advised TechNote assisted with the development of Regional clinical guidelines, an administrative review and approval process, a contract and communication strategy with the supplier.
<b>08</b> Trigger point injections for non-malignant chronic pain	X				Next steps include reviewing the utilization of osteogenic protein-1, clinical outcomes. However, full assessment was considered to be warranted by the AHFMR and the Information Sharing Group on Chronic Pain.
<b>09</b> Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib			X		AHW refused to fund out of province treatment for patients. Newspaper article in April 2003 criticized the AHW position. Update requested by AHW, completed April 2003.

Table 11: Level of impact of HTA products (cont'd)

	Opinion on level of impact			Details
	Minimal	Some consideration	Input to decisions Major	
	<b>HTA Initiatives</b>			
10 Minimally invasive hip arthroplasty			X	Publication was helpful to the Calgary Bone and Joint Program in planning for the expected introduction of the new technique.
11 Emergency department fast-track system		X	X	Provided input to a CHR project on ambulance diversion.
	<b>Information Papers</b>			
12 Stereotactic radiosurgery: an update		X		May well have been stronger influence, but no information available. Cost study subsequently requested by AHW, completed in 2003.
13 Hyperbaric oxygen therapy – recent findings		X	X	Paper was accepted by College of Physicians and Surgeons.
	<b>QwikNotes</b>			
14 Effectiveness of computerized physician order entry systems		X	X	Advice taken to inform planning for a pharmacy, radiology and laboratory information system.
15 Prolotherapy			X	Advice from AHW indicating usefulness of this and earlier reports.

**Table 11: Level of impact of HTA products (cont'd)**

	Opinion on level of impact			Details
	Minimal	Some consideration	Major	
16 Physiotherapy/ physical therapy				<p><b>Customized Responses</b></p> <p>Reports used in the screening process developed by the EAP to determine if funding should be continued. The report issued by the EAP mentioned these interim documents and how they were used</p> <p>July 2003 letter from Assistant Deputy Minister, AHW - <i>"Mechanisms that already exist will be improved to support this decision-making"</i> (refers to future linkages to HTA functions at the AHFMR).</p>
17 Chiropractic services			X	
18 Podiatry services			X	
19 Optometric services			X	

**Table 12: Indirect impact of HTA products**

<b>Other targets in Alberta</b>		<b>Broader influence</b>
<b>01</b> Acupuncture: evidence from systematic reviews and meta-analyses	Presentation requested by Workers' Compensation Board to inform policy on funding acupuncture services.	Report was used by the Agency for Healthcare Research and Quality as a basis of their review.
<b>02</b> Prevalence of chronic pain: an overview		Invited to publish in the International Association for the Study of Pain – Pain: Clinical Updates. Also requested to send report to International Association for the Study of Pain liaison for WHO.
<b>04</b> Suicide prevention strategies: evidence from systematic reviews	Authors invited to give presentations to the Alberta Suicide Prevention team meeting and provincial research symposium.	
<b>09</b> Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib		Request for TechNote from Régie de l'assurance maladie du Québec which used it to inform an assessment of a request for pre-approval for the titanium rib.
<b>10</b> Minimally invasive hip arthroplasty		Report has been of interest - provided input to work by CCOHTA and Austrian HTA program.
<b>11</b> Emergency department fast-track system		Requests for paper from elsewhere in Canada.
<b>12</b> Stereotactic radiosurgery: an update	Staff at Foothills Hospital and Calgary Health Region. High profile in Calgary following presentation pre-publication.	
<b>13</b> Hyperbaric oxygen therapy – recent findings	Strong interest in paper from AHW, likely input to future decisions. Provoked responses from physicians with direct interests in hyperbaric oxygen therapy services.	Source document for subsequent CCOHTA report. Paper noted by the Medical Services Advisory Committee in Australia, which is undertaking an update to its report.

**Table 13: Types of decisions informed by HTA products**

	Coverage decisions	Capital funding decisions	Referral for treatment	Program operation	Guideline formulation	Influence on routine practice	Indications for further research
01 Acupuncture: evidence from systematic reviews and meta-analysis	X						
02 Prevalence of chronic pain: an overview							X
03 Multidisciplinary pain programs for chronic pain: evidence from systematic reviews		X		X			X
04 Suicide prevention strategies: evidence from systematic reviews				X		X	X
05 Cryosurgery for prostate cancer	X		X				X
06 Intracoronary b rachytherapy		X	X	X			
07 Osteogenic protein-1 for fracture healing				X	X	X	
08 Trigger point injections for non-malignant chronic pain	X						
09 Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib	X		X				

**Table 13: Types of decisions informed by HTA products (cont'd)**

	Coverage decisions	Capital funding decisions	Referral for treatment	Program operation	Guideline formulation	Influence on routine practice	Indications for further research
10 Minimally invasive hip arthroplasty		X		X			
11 Emergency department fast-track system				X		X	X
12 Stereotactic radiosurgery: an update		X	X				
13 Hyperbaric oxygen therapy – recent findings					X	X	
14 Effectiveness of computerized physician order entry systems		X		X			
15 Prolotherapy	X						
16 Physiotherapy	X						
17 Chiropractic services	X						
18 Podiatry services	X						
19 Optometric services	X						



## RESOURCE AND EDUCATIONAL PRODUCTS

1. The first of the three publications in this group was the latest version of "*Health technology assessment on the net*", which was first published in 1999 and has been updated annually since then.

This is a widely known publication that has proved to be a useful resource for those working in HTA. It has been made available through the AHFMR web site and through hard copy and numerous other outlets. These include conference presentations (ISTAHC and the Canadian Health Libraries Association), the HTA course at the University of Alberta, the National Library of Medicine's Etext on Health Technology Assessment Information Resources (links to the guide), and through several other web sites, for example, the NeLH (National Electronic Library of Health), SchARR, DACEHTA (Denmark), VATAP (USA), and the Evidence-Based Medicine group (Italy). The authors have been responsible for dissemination.

Requests for the document have been received from all over the world. For example, NZHTA (New Zealand) has used the guide in their training; the Health Council of the Netherlands has recommended the guide to their staff; the Singapore Ministry of Health has requested copies; and the Newfoundland Ministry of Health requested copies for staff members. In Alberta, the guide has been used by librarians at the University of Alberta John Scott Health Sciences Library and included in their Evidence-Based Healthcare Information Resources web page.

This is a useful, ongoing activity for the HTA program that requires only limited resources to maintain. Overall, impact would be hard to assess but certainly AHFMR is well known as a useful source of information in this area.

2. The first of the HTA Initiatives products "*Local health technology assessment: a guide for health authorities*" was developed to assist in building HTA capacity and competence at the local level in Alberta. Staff in RHAs were the main target. The request for the product came from the Director of HTA, with the report seen as being complementary to other publications in this series. It was completed in 2002 (start July, review November, published December).

This is a guideline covering elements of HTA, based on narrative review and commentary. Dissemination was through standard circulation procedures plus discussion by the author with staff at Foothills Hospital, Calgary and at a workshop.

Impact of this product is hard to assess. There was interest in the document from the CHR, with verbal advice from the Department of Surgery that it had been helpful in considering approaches to new technologies. There has also been interest from individuals in Italy and the Philippines, via conference contacts. It is unclear,

from the information available, whether there has been any additional impact within RHAs in Alberta, which were the main target for this product.

3. The suggestion for development of the final product, "*Elements of effectiveness for health technology assessment programs*" came from discussion between the author and the Director of HTA, and followed earlier work in this area at the Department of Public Health Sciences, University of Alberta, which had been presented at an ISTAHC meeting. The issue addressed is the factors that define and contribute to the effectiveness of HTA programs. It was seen as a contribution to building HTA competence.

The project was started in September 2002 and published in March 2003. It is an extended commentary with a focus on HTA program effectiveness. Drafts were given to a number of HTA contacts in Canada and elsewhere but there was no feedback during preparation.

The primary target for this work was really the HTAU, and the immediate consequence is the present paper. In addition to dissemination through standard circulation methods, the work has been presented at seminars and conferences. General interest in the approach has been expressed by agencies in Canada, the Netherlands, and Singapore, but there is as yet no specific indication of impact.

## GOVERNANCE

Little information on governance was provided in the responses from HTAU staff, and issues in this area can be dealt with only to a limited extent in a project of this sort. A more direct and detailed approach would be needed to explore relevant issues.

With all HTA products and activities of the HTAU, reports are prepared and submitted to the Chief Executive Officer and the Trustees on a regular basis. Regular updates are provided to the AHFMR Health Advisory Committee and Health Research Advisory Committee. The committees also provide advice for future opportunities and activities.

With the Customized Responses, information provided indicated that the Chief Executive Officer and Trustees of the AHFMR were informed of the initiation and progress of the project. Their feedback/directive was to proceed with the project but with the understanding that other projects would be delayed.

A positive aspect was that the need for transparency and accountability was clearly communicated between the AHFMR and the client. It was made clear that reports prepared by HTAU would be released at some point in the future.

The only other area related to governance was a delay in finalizing a contract associated with the project on radiosurgery.

## RESOURCES AND STAFF

Detailed discussion of resources and staff issues are beyond the scope of this paper and would require detailed local input and analysis. However, some points arise from the information made available.

There were ten authors for the assessment products, six of whom were on short-term placements or external to the HTAU. In general, assessors were involved with a range of topics and most had a role in preparation of longer term products. The four permanent assessors in the HTAU were all involved in the preparation of the Customized Responses, which would have required a substantial commitment of their time. The HTA Resource products had three authors.

IS support was provided by the AHFMR Librarian for 10 products and by other persons for 12. These statistics reflect the continuing requirements of the HTA program and the limited IS support directly available from the AHFMR. One person provided other support, which included formatting and editing of draft reports, for all the Unit's products. This is a situation that has been with the HTAU for some time and was an issue raised in HTAI #9 (*"Is there sufficient support to provide an efficient HTA program?"*)<sup>1</sup>. A contractor provided formatting and design services for four products in the HTA Initiatives series, an arrangement that worked well.

This summary takes no account of the staff resources used in internal review and technical editing of HTA products. This is a demanding area that forms part of the routine operation of the HTAU and contributes considerably to the quality of its output.

## **SYNTHESIS**

Table 14 brings together information given previously on issues addressed, policy areas, HTA findings, and opinion on impact, to give some synthesis of overall activity. These details give a general picture of the HTA products and their impact. There is an overall indication of questions that were addressed and assessment findings, and the use made of these, giving assurance of appropriate activity for the HTAU use of assessment to inform policy decisions.

**Table 14: Synthesis of HTA product activity**

Issue/ question	Policy areas	HTA finding	Opinion on impact	Detail
01 Acupuncture: evidence from systematic reviews and meta-analyses  'For which conditions acupuncture has scientific support' (effectiveness, for whom, by whom)	Coverage	Conditional support, some applications	Some consideration Input to decisions	Input to AHW decisions on funding; support for response to lobbyists
02 Prevalence of chronic pain: an overview  Best available evidence on prevalence estimates for pain not related to cancer	Further research	Limited useful evidence, need local data.	Input to decisions	Generated a research project involving AHW, CHR, Capital Health. Requests for follow-up work.
03 Multidisciplinary pain programs for chronic pain: evidence from systematic reviews  Evidence on the efficacy/ effectiveness/ efficiency of programs for non-malignant chronic pain; means of establishing needs for a pain program	<ul style="list-style-type: none"> <li>- Coverage</li> <li>- Program operation</li> <li>- Further research</li> </ul>	Effectiveness not established, local studies needed.	Some consideration Input to decisions	Program in Calgary has been restructured AHW; workshop Follow up requests
04 Suicide prevention strategies: evidence from systematic reviews  What suicide prevention strategy is effective?	<ul style="list-style-type: none"> <li>- Program operation</li> <li>- Guideline formulation?</li> <li>- Influence on practice</li> <li>- Further research?</li> </ul>	Limited effectiveness for some strategies, efficacy not established for others.	Some consideration Input to decisions	The Alberta Mental Health Board experienced a major change which may affect the use and implementation of the results
05 Cryosurgery for prostate cancer  The status of cryosurgery for the treatment of prostate cancer	<ul style="list-style-type: none"> <li>- Coverage</li> <li>- Treatment referral?</li> <li>- Further research</li> </ul>	Efficacy not established.	Major	Not providing this as an insured service Generated a research project involving AHW, CHR, Capital Health Region
06 Intracoronary brachytherapy  The current status of the use of intracoronary brachytherapy for patients with in-stent restenosis after PTCA	<ul style="list-style-type: none"> <li>- Capital funding</li> <li>- Program operation</li> </ul>	Short term safety and efficacy established, long term efficacy unclear.	Major	Capital Health used report to inform discussions; decided to not proceed with the technology

**Table 14: Synthesis of HTA product activity (cont'd)**

	<b>Issue/ question</b>	<b>Policy areas</b>	<b>HTA finding</b>	<b>Opinion on impact</b>	<b>Detail</b>
<b>07</b>	Osteogenic protein-1 for fracture healing	<ul style="list-style-type: none"> <li>- Program operation</li> <li>- Guideline formulation</li> <li>- Influence on practice</li> </ul>	Appears to be safe and effective technology	Some consideration Input to decisions	Assisted with the development of clinical guidelines, an administrative review and approval process, strategy with the supplier
<b>08</b>	Trigger point injections for non-malignant chronic pain	Coverage	Efficacy not established	Minimal	Full assessment was considered to be warranted by the AHFMR and the Information Sharing Group on Chronic Pain
<b>09</b>	Treatment of thoracic insufficiency syndrome with the prosthetic titanium rib	<ul style="list-style-type: none"> <li>- Coverage</li> <li>- Treatment referral</li> </ul>	Emerging promising technology, efficacy not established	Input to decisions	AHW refused to fund out of province treatment Newspaper article criticized the AHW position Update requested by AHW, completed April 2003
<b>10</b>	Minimally invasive hip arthroplasty	<ul style="list-style-type: none"> <li>- Capital funding</li> <li>- Program operation</li> </ul>	Emerging promising technology, not yet established	Input to decisions	Helpful to Calgary Bone and Joint Program in planning for the expected introduction of the new technique.
<b>11</b>	Emergency department fast-track system	<ul style="list-style-type: none"> <li>- Program operation</li> <li>- Influence on practice</li> <li>- Further research</li> </ul>	Effective technology	Input to decisions Some consideration	Input to CHR project on ambulance diversion

**Table 14: Synthesis of HTA product activity (cont'd)**

	<b>Issue/ question</b>	<b>Policy areas</b>	<b>HTA finding</b>	<b>Opinion on impact</b>	<b>Detail</b>
12	Stereotactic radiosurgery: an update	<ul style="list-style-type: none"> <li>- Treatment referral</li> <li>- Capital funding</li> </ul>	Conditional support, some applications	Some consideration	May have been stronger influence. Cost study subsequently requested by AHW,
13	Hyperbaric oxygen therapy – recent findings	<ul style="list-style-type: none"> <li>- Coverage decisions?</li> <li>- Guideline formulation</li> <li>- Influence on practice?</li> </ul>	Conditional support, some applications	Some consideration Input to decisions	Paper was accepted by College of Physicians and Surgeons
14	Effectiveness of computerized physician order entry systems	<ul style="list-style-type: none"> <li>- Capital funding</li> <li>- Program operation</li> </ul>	Effective technology	Some consideration Input to decisions	Advice taken to inform planning for a pharmacy, radiology and laboratory information system
15	Prolotherapy	Coverage	Ineffective technology	Input to decisions	Advice from AHW indicating usefulness of this and earlier reports
16	Physiotherapy	Coverage	Widely used health services, essential in numerous applications	Input to decisions	Reports used in the screening process to determine if funding should be continued. Letter from Assistant Deputy Minister, AHW re future linkages to HTA functions at the AHFMR
17	Chiropractic services	Coverage		Input to decisions	
18	Podiatry services	Coverage		Input to decisions	
19	Optometric services	Coverage		Input to decisions	



## DISCUSSION

This paper brings together many details of the performance of the HTAU at the AHFMR as reflected in the products that were completed from April 2002 to March 2003, though it is only a partial overview. The data and commentary are based on the information provided by HTAU staff, the publication record, and impressions obtained by the author through periodic contact with the Unit. Further information, for example on resources, would be needed to give a comprehensive profile and would require additional input from within the AHFMR. There has been no detailed review of the individual products. Nor has there been any discussion of other HTAU activities, such as presentations at seminars and conferences.

The available information shows that there was good performance from the HTAU, with particular strengths in some of the literature reviews and in responses to urgent requests. Output of normal types of HTA products by core staff, particularly longer term projects, was influenced by the work on the Customized Responses.

In HTAI #9 it was suggested that important elements for an HTA program, which contribute to its continuity, are Need for HTA, Governance, Efficiency, Quality, Coverage, and Impact (see Figure 2).

**Figure 2: Elements of Effectiveness**



The information available on the HTAU for its 2002/2003 products is encouraging on these elements:

**Need for HTA:** The services of the HTAU clearly continue to be in demand from decision makers in Alberta health care. The Customized Responses provided a diversion from expected HTA activities.

**Governance:** Values appear to have been upheld. The nature and degree of interaction of governance with the HTA program is not clear from the information available. Continued support to ensure that requests from government are reasonable and realistic <sup>1</sup> appears essential in view of pressures on the HTAU that arose during this period.

**Efficiency:** Efficiency in terms of handling short-term requests was high. Efficiency with longer term activities is less easy to assess, in part because of the involvement of other agencies. Overall output was a product every 2.4 weeks, an HTA product every 3 weeks, and a longer HTA product every 7.4 weeks. These rates seem very acceptable.

**Quality:** Quality of products was not considered in any detail for this paper. Quality of reviews appeared to be very good. Ongoing consideration on the relationship of HTA product content to formulation of HTA questions would be useful.

**Coverage:** A broad range of topics was addressed in the Unit's products, continuing the pattern from previous years. The balance between follow-up assessments and new topics will continue to be an issue to monitor.

**Impact:** Many products had a useful impact on decision making.

Some areas that deserve consideration in future management of the HTAU are listed below. Several of them are issues that have been around for some time and may need ongoing management rather than definitive resolution.

- *Balance of long-term and short-term projects.* Most of the products for 2002/2003 were either long-term assessments or responses to urgent requests. There was not much middle ground.
- *Allocation to series.* HTA products were spread over four printed series, for various reasons. This might be confusing for users of HTAU products.
- Acceptability of very short timelines for "urgent" requests needs to be kept under review so that the Unit does not become exposed to unreasonable demands.
- The time taken for review and printing of longer reports should be monitored.
- The levels of analysis needed in assessment products to appropriately address the questions or issues raised should be kept under review.

- There may be an opportunity to usefully broaden the scope of assessment activities, for example through consideration of social issues.
- The resource products are a useful component of the Unit's output, but it is hard to judge their overall impact.
- The limited support from within the AHFMR for dissemination activities is an issue that requires discussion.
- Support staff resources for the HTAU are modest. This appears to be an area of vulnerability.

Profile of an HTA Program  
The AHFMR Health Technology Assessment Unit, 2002 – 2003

# **APPENDICES**



## **APPENDIX A: PUBLICATION PRODUCT SERIES PRODUCED BY THE HTAU**

**Health Technology Assessments:** Comprehensive appraisals of health technologies; providing a synthesis of data from the literature or reporting on empirical studies. Subject to external review.

**TechNotes:** Brief responses to requests for rapid advice, with limited analysis. These are not subject to external review.

**Information Papers:** Publications providing information on health technology topics. No assessments.

**Health Technology Assessment Initiatives:** Publications with the primary aim of introducing and integrating an applied HTA process into a RHA's program operations.

**QwikNotes:** Very rapid responses to urgent requests, with limited assessment, provided electronically.

# APPENDIX B: INFORMATION COLLECTION FORM

## HTAU profile, 2003

Title:

AHFMR contact:

### FORMULATION OF THE QUESTION

Origin of request:

Date of request:

Expected timeline:

What was the question/issue?

Was there discussion to confirm issue/approach?

Any relationship to other reports (AHFMR or other?)

### HTA PRODUCT

Type (series)

Reason for this type of report?

Authors:

IS support:

Other support:

Any external collaboration?  
(indicate who, why, role)

Was collaboration through contract, other agency, free advice/  
input, other?

Start date:

Review date:

Publication date:

Approach [tick one or more]:

- systematic review

- narrative review

- admin. data analysis

- cost/economic analysis

- survey

- other

Issues addressed [tick one or more]:

- safety

- efficacy

- effectiveness

- economic impact

- access

- social

- ethical

- other

Reviewers:



**Report title**

**DISSEMINATION**

Approach for primary target:	Mail paper copy	
	E-mail	
	Face to face discussion	
	Longer dialog	
	Other	
Approaches for wider dissemination	Standard circulation list, newsletter, web site	
	HTA database	
	INAHTA web site	
	Media release/conference	
	Meeting/seminar	
	Conference presentation	
	Other	
Persons involved in dissemination	Author(s)	(Details)
	Other HTAU	
	Other AHFMR	
	External to AHFMR	

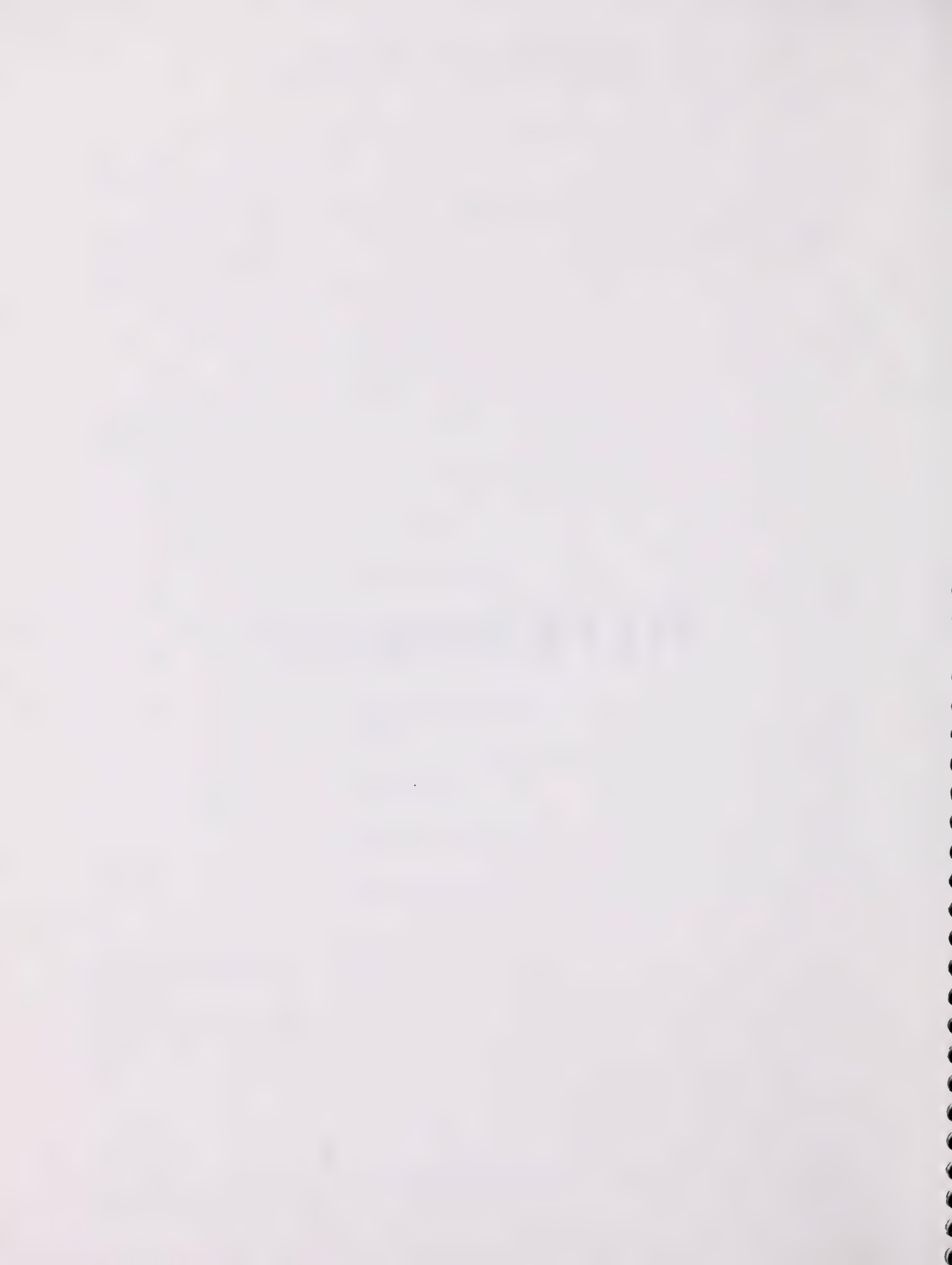
**GOVERNANCE, RESOURCES, STAFF & STRUCTURE**

Any information or issues regarding this HTA related to Governance (e.g. CEO, Board of Trustees, Minister), Resources, Staff and Structure of HTAU?

**Report title**

	<b>IMPACT</b>	
<p>General opinion on impact (GIVE DATE FOR THIS ENTRY)</p>	<ol style="list-style-type: none"> <li>1. Minimal .....</li> <li>2. Some consideration of HTA .....</li> <li>3. Some input to decisions .....</li> <li>4. Major influence on decisions .....</li> </ol>	<p>Was there any impact on the main target?</p>
<p>What were main indications of impact?</p>	<p>[Tick one or more]</p> <ol style="list-style-type: none"> <li>1. No apparent impact .....</li> <li>2. HTA considered by decision - maker. ....</li> <li>3. HTA recommendations/ conclusions accepted .....</li> <li>4. HTA demonstrated that technology met specific program requirements .....</li> <li>5. HTA material incorporated into policy or administrative documents</li> <li>6. HTA information used as reference material .....</li> <li>7. HTA linked to changes in practice .....</li> <li>8. Other [please specify]</li> </ol>	<p>(Details)</p>
<p>Were there any indications of impact on other organizations or individuals?</p>	<p>(Details)</p>	
<p>Have there been any requests for follow up HTA work on this topic?</p>		

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