

# Review of HTA Evaluations

HTAi International  
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# Objectives of Review

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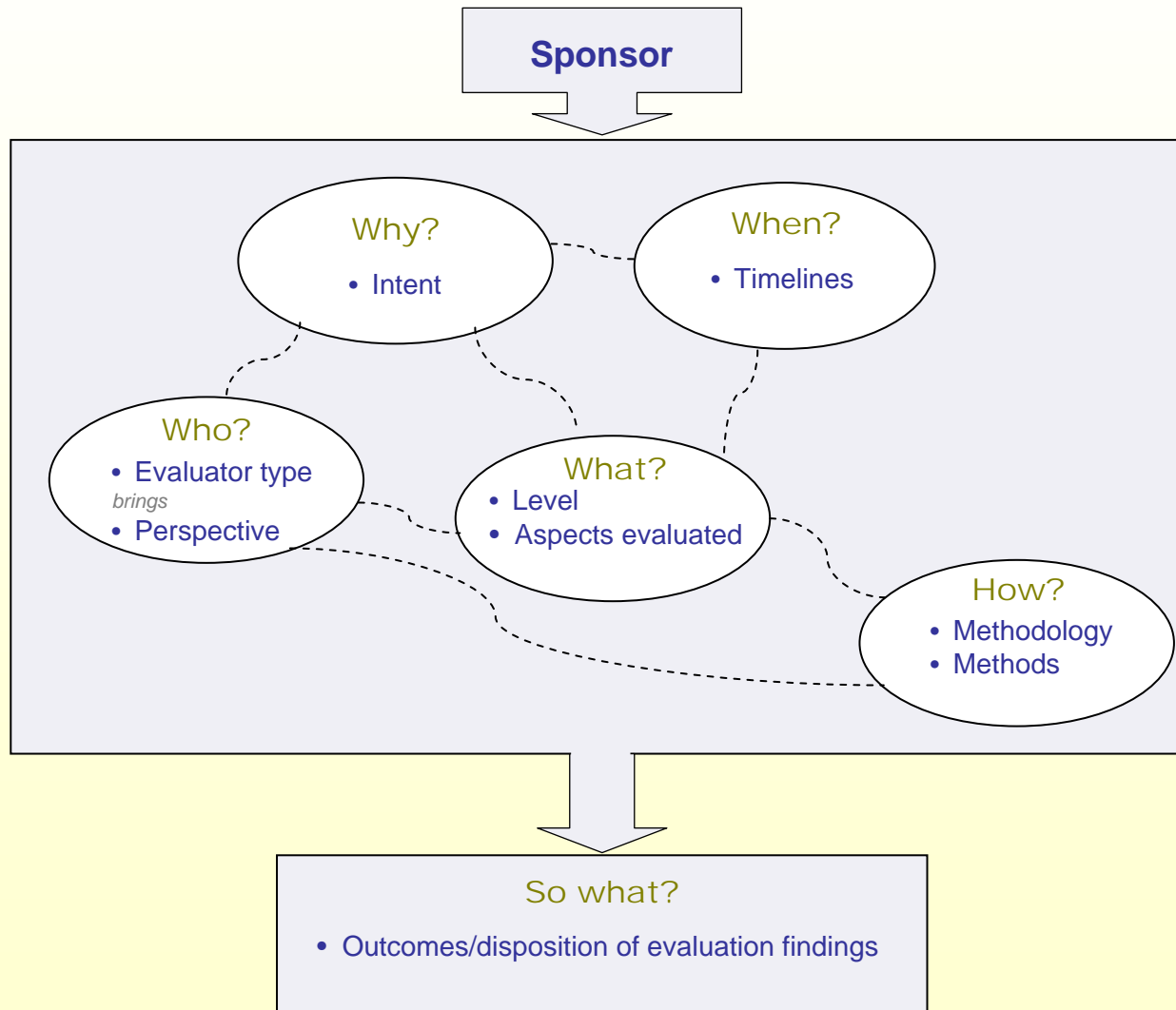
- Understand what aspects of HTA agencies have been evaluated and how evaluated
- Determine learnings that could guide agencies to best serve their mandates
- Propose a general framework for guiding future evaluations

# Methodology

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1. Literature review
2. Preliminary conceptual framework
3. Review of 16 HTA evaluations
  - Inclusion criteria
  - Identification and selection of evaluations
  - Data collection, compilation & validation
  - Final analysis
4. Final framework

# Conceptual Framework





# Sponsors

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- 10 commissioned by government
- 6 by agency, generally in collaboration with government

# Target Audience

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- 8/16 government (sole or primary)
- 4/16 both government and agency
- 2/16 government and users (clinicians)
- 2 /16 HTA agency (sole or primary)



# Availability

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- 8/16 Published
  - 4/16 Available on website
- 3/16 Available on request
- 5/16 Confidential

# Intent

Intent	Objective	Pri	Sec	Tot
Accountability*	Account for investment or determine if contractual obligations met	6	7	13
Improvement	Strengthen agency in future	7	2	9
Problem solving	To address specifically defined issues	2	2	4
Curiosity	Generate knowledge	1	1	2

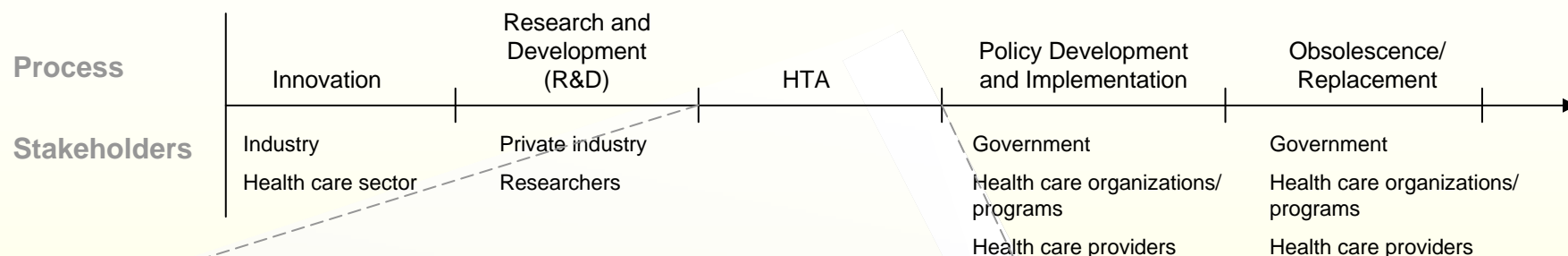
\* Sustainability a noted issue in 3 and possible issue in additional 2

# Evaluator Approach & Type

Approach	Evaluator Type	#
Program evaluation	Management consultants/evaluators	4
	Academic researchers & content experts	4
	Government staff	3
	Content expert	2
Academic	Academic researcher	1
	Government staff	1
Judicial	Parliamentary committee	1

# Aspects Evaluated

## Level 1. System/Network – HTA within the technology diffusion cycle



(Adapted from Menon D, Stefanski T (Nov 2003). Prepared for F/P/T Advisory Committee on Information & Emerging Technologies)

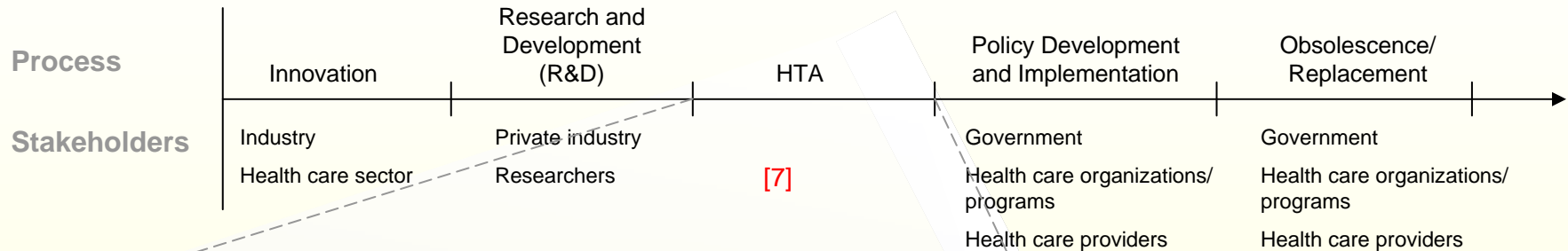
## Level 2. HTA Agency

Inputs/Structures	Processes	Outputs	Outcomes - Impact	Ultimate Outcomes- Impact
<ul style="list-style-type: none"> <li>Mandate</li> <li>Principles/values</li> <li>Governance</li> <li>Contractual relationship</li> <li>Collaborative relationships</li> <li>Financial resources</li> <li>Staff/human resources</li> <li>Committee/board structures</li> <li>Organizational structure</li> <li>Data/information systems</li> </ul>	<p>Management processes:</p> <ul style="list-style-type: none"> <li>HR management</li> <li>Financial management</li> <li>Project management</li> <li>Planning</li> <li>Evaluation &amp; research</li> <li>Communications</li> </ul> <p>HTA processes:</p> <ul style="list-style-type: none"> <li>HTA selection &amp; prioritization</li> <li>HTA question formulation</li> <li>Commissioning &amp; monitoring</li> <li>Data collection &amp; analysis</li> <li>Decisions/recommendations</li> <li>Report preparation &amp; review</li> <li>Dissemination</li> <li>Appeals</li> </ul>	<p>HTA products:</p> <ul style="list-style-type: none"> <li>Description</li> <li>Quality</li> <li>Cost</li> </ul>	<p>Awareness of agency or products</p> <p>Satisfaction with agency or products</p> <p>Utilization of HTA products:</p> <ul style="list-style-type: none"> <li>Symbolic – used to serve political purposes (i.e., evidence finding to support policy decision)</li> <li>Conceptual – change in awareness, knowledge, attitude about the technology</li> <li>Instrumental – change in policy or practice</li> </ul> <p>Impact on health system:</p> <ul style="list-style-type: none"> <li>System costs</li> <li>Technology diffusion</li> <li>Research agenda/gaps</li> </ul>	<p>Consequent changes to health care, health outcomes</p>

(Adapted from Hailey 2003)

# Aspects Evaluated

## Level 1. System/Network – HTA within the technology diffusion cycle



(Adapted from Menon D, Stefanski T (Nov 2003). Prepared for F/P/T Advisory Committee on Information & Emerging Technologies)

## Level 2. HTA Agency

Inputs/Structures [12]	Processes [10]	Outputs [8]	Outcomes – Impact [10]	Ultimate Outcomes- Impact
<ul style="list-style-type: none"> <li>Mandate [2]</li> <li>Principles/values [2]</li> <li>Governance [5]</li> <li>Contractual relationship [5]</li> <li>Collaborative relationships [5]</li> <li>Financial resources [6]</li> <li>Staff/human resources [4]</li> <li>Committee/board structures [3]</li> <li>Organizational structure [3]</li> <li>Data/information systems [1]</li> </ul>	<p>Management processes: [2]</p> <ul style="list-style-type: none"> <li>HR management</li> <li>Financial management</li> <li>Project management</li> <li>Planning</li> <li>Evaluation &amp; research</li> <li>Communications</li> </ul> <p>HTA processes:</p> <ul style="list-style-type: none"> <li>HTA selection &amp; prioritization [7]</li> <li>HTA question formulation</li> <li>Commissioning &amp; monitoring [1]</li> <li>Data collection &amp; analysis [1]</li> <li>Decisions/recommendations [2]</li> <li>Report preparation &amp; review [2]</li> <li>Dissemination [4]</li> <li>Appeals [2]</li> </ul>	<p>HTA products:</p> <ul style="list-style-type: none"> <li>Description [3]</li> <li>Quality [7]</li> <li>Cost [2]</li> </ul>	<p>Awareness of agency or products [4]</p> <p>Satisfaction with agency or products [8]</p> <p>Utilization of HTA products:</p> <ul style="list-style-type: none"> <li>Symbolic – used to serve political purposes (i.e., evidence finding to support policy decision)</li> <li>Conceptual – change in awareness, knowledge, attitude about the technology</li> <li>Instrumental – change in policy or practice [8]</li> </ul> <p>Impact on health system:</p> <ul style="list-style-type: none"> <li>General [1]</li> <li>System costs [1]</li> <li>Technology diffusion</li> <li>Research agenda/gaps</li> </ul>	<p>Consequent changes to health care, health outcomes</p>

(Adapted from Hailey 2003)

# Findings

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- Generally, evaluations were favourable to HTA agencies (although many recommendations noted).
- Most findings specific to organization and not transferable to other agencies.
- Two evaluations of most potential relevance to others are those evaluating impact. Both of these are published.

# So what?

#	Outcome of evaluation
5	Decision regarding future of agency <ul style="list-style-type: none"><li>● Continued funding for those with sustainability issue</li><li>● Discontinuation</li><li>● Broadened scope</li><li>● Location</li></ul>
6	Internal improvements
3	Minimal effect
2	Unknown

# Reflections & Suggestions

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- Purposeful evaluation design:
  - Intent
  - Timing
  - Aspects evaluated
  - Evaluator type
  - Informed by other evaluations/literature
- Transparency
- Importance of context
- Are HTA agencies ready for impact evaluation?



# Resources

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## 1. Questions:

Margaret Wanke [mwanke@charismc.com](mailto:mwanke@charismc.com)

Don Juzwishin [Don.juzwishin@ahfmr.ab.ca](mailto:Don.juzwishin@ahfmr.ab.ca)

## 2. Presentation slides:

Email: [mwanke@charismc.com](mailto:mwanke@charismc.com)

Website: [www.ahfmr.ab.ca/hta/hta-publications/infopapers/HTAi05presentation.pdf](http://www.ahfmr.ab.ca/hta/hta-publications/infopapers/HTAi05presentation.pdf)

Paper: [www.ahfmr.ab.ca/hta/hta-publications](http://www.ahfmr.ab.ca/hta/hta-publications)

## 3. Evaluation resources:

Hailey, D. (2003). Elements of Effectiveness for Health Technology Assessment Programs. Website: [www.ahfmr.ab.ca/hta/hta-publications](http://www.ahfmr.ab.ca/hta/hta-publications)

Evaluation checklists:

[www.wmich.edu/evalctr/checklists/checklistmenu.htm](http://www.wmich.edu/evalctr/checklists/checklistmenu.htm)



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*Time present and time past are  
both perhaps present in time  
future, and time future  
contained in time past.*

T.S. Elliot, 1943



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*...it is time to recognize, not just theoretically but also in our practice ... that our ability to serve policy depends as much on what we understand about how politics works as it does on the quality and appropriateness of our methods.*

Chelimsky, 1997