

Appendix 6 Overview of included literature on health technology assessment

Contents

This appendix provides an overview of the literature included in the literature review for the chapter on health technology assessment in the report 'Health Services Research into European Policy and Practice'. The full report is available at www.healthservicesresearch.eu.

The literature is presented in tables corresponding to sections of chapter 5 concerning existing health services research in relation to HTA:

• The content of analysis in HTA	2
• HTA products	36
• Life cycle perspectives of health technologies	50
• Challenges to HTA methodology	57
• Development of HTA capacity and HTA programmes	67
• Links between Policy and HTA	78

Due to the amount of literature, the references concerning the content of analysis in HTA are further divided into three tables:

• Economic evaluation	2
• Assessing the wider impacts of health technologies	26
• Best practice in undertaking HTA	30

The tables present the name of the first author, year of publication, the scientific environment, objectives, focus, methods, and conclusions of the article/report. Furthermore, if the authors of the article point to areas of future research, these are also presented in the tables.

• References	104
--------------	-----

The content of analysis in HTA

Economic evaluation

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Vallejo-Torres, L. 2008 (1)	To show the benefits of an iterative use of economic evaluation during the development process of new products.	Economic evaluation of medical devices, Bayesian methods	Description of quantitative methodology	Using a Bayesian approach facilitates the incorporation of all available evidence and would help companies to make better informed choices at each decision point of a technology's lifecycle.	-	Health Economics Research Group, Brunel University, UK
Brazier, J. 2008 (2)	The article examines the methodological issues surrounding the valuation of health states for the use in cost effectiveness analysis.	Cost effectiveness analysis and value of health states Generic preference based measures The NICE reference case	Outlining general issues related to health states and NICE reference case	The authors conclude by outlining the general issues and the issues specifically related to the NICE reference case.	What should be the measure of benefit? How should health related quality of life be described and valued? Who should provide the values of health (patients or the general public)? How can the concept of 'experience utility' be incorporated into cost effectiveness analysis? How should QALYs be aggregated? What should be done when the reference case (NICE) is inappropriate?	Health Economics and Decision Science and NICE Decision Support Unit, University of Sheffield, UK
Miners, A. 2008 (3)	The article outlines	Methods for	Review of	-	How should future resource use	Health Services

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	the issues raised in and the subsequent questions that were discussed on a workshop on 'costs'. The workshop was part of the process of updating a NICE guide (2004).	estimating cost and resources	the steps of estimating costs		be estimated? Should all future costs be included? Should national unit cost data or local unit cost data be used when producing national guidance?	Research Unit & NICE Decision Support Unit, UK
Jönsson, B. 2008 (4)	The article discusses whether the Institute for Quality and Efficiency in Health Care (IQWiG) in Germany is an opportunity lost or not.	Guidelines for economic evaluation in HTA International standards	The article debate the subjects	-	What is the purpose of using international standards concerning guidelines in economic evaluation? How great impact does new technologies have on patients and health care systems in Europe?	Stockholm School of Economics, Sweden.
Barrios, J.M.R., 2008 (5)	To describe the main characteristics of discrete event simulation, the state of art in the field, and the advantages of the models especially in the evaluation of health technologies	Discrete event simulation	Review of quantitative methods	-		Departamento de Economía de la Salud y Reembolso, Medtronic Iberica S.A., Spain.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	and product assessment.					
Thurston, S.J. 2008 (6)	To seek decision makers' views on different summary formats.	Reporting format	Quantitative analysis	Decision makers require both an initial screen of study content plus more detail should they find the study relevant or interesting.	-	Pharmerit Ltd., UK
Drummond, M.F. 2008 (7)	To assess the extent to which the systematic review of the clinical literature informs the economic evaluation in NICE TARs.	Systematic reviews Golden standard	Quantitative analysis	Much of the relevant data for estimating QALYs are not contained in systematic reviews and the chosen method for summarizing the clinical data may inhibit the assessment of economic benefit. Problems would be reduced if data requirements are discussed at an early stage.	-	University of York, UK
Williams, I. 2008 (8)	To determine the extent to which health care economic information is used in health policy decision making in the UK, and to consider factors associated with the utilization of such research findings.	The utility of economic evaluation	Systematic review Semi structured interviews Case studies	The authors conclude by outlining future research needs.	Which alternative structures, processes and mechanisms in the health care systems organisation is most suited for technology coverage decisions? Which methods and what design is best suited to take into account the needs of the decision makers? Further assessment of the feasibility and value of a formal process of clarification of the	Health Technology Assessment NHS R&D Programme, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Lettieri, E. 2007 (9)	To provide an overview of the relationship between health-care costs and HTA, the state of art of the research, to present an analysis of the techniques for assessment, and an overview of the use of HTA between 1980 to 2006 in nephrology.	Health care costs HTA	Review of literature	-	objectives that we seek from investments in healthcare is needed. -	Politecnico di Milano, Dipartimento di Ingegneria Gestionale, Italia.
Cooper, N.J. 2007 (10)	To derive a multi-disciplinary standpoint on the appropriate use of evidence in economic decision models, offer some suggestion for good modelling practice, and identifies gaps in the established methodology knowledge base.	The use of evidence in economic models	Description of current modelling practise Outlining of practical issues and methodological challenges	The authors conclude by identifying gaps in the established methodology knowledge base.	How is model structure decided upon? What methods are appropriate to identify evidence and integrate it into the model, and how should quality from different study designs be assessed and synthesized? How can the models concerns about evidence be reported in a transparent and reproducible way?	Department of Health Sciences, University of Leicester, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Hanratty, B. 2007(11)	To determine whether the authors of economic evaluations use the best available evidence for clinical effectiveness.	Design of analysis, pharmaceuticals, evidence for clinical effectiveness	Quantitative analysis	The use of the evidence available from systematic reviews of clinical effectiveness is not sufficient. The central role of economic evaluations in health policy makes it essential that improvements in economic methods are accompanied by a structured search for the highest quality information on clinical effectiveness.	What are the opportunity costs of delaying the decision making process in order to allow for more thorough model development? -	Division of Public Health, University of Liverpool, UK.
Williams, I.P. 2007 (12)	To report research on the use of economic evaluations in technology coverage decisions in England.	The use of economic evaluations	Quantitative and qualitative analysis	Analysis needs to better reflect the constraints of the local decision-making environment. In order to establish routine use of cost-effectiveness analysis, local decision-makers in the NHS should more clearly identify the 'problems' which they are charged with solving and how their outputs contribute to broader finance and commissioning functions.	-	The Health Services Management Centre, University of Birmingham, UK
Jonsson, B. 2007 (13)	To discuss the	Guidelines,	Debate	-	How can the competence in	Stockholm School of

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	interpretation of the consequences of the new legislation for economic evaluation from the Institute for Quality and Efficiency in Health Care (IQWiG) in Germany.	legislation and international standards			health economics and economic evaluation be developed? How can data relevant for economic evaluation be made available?	Economics, Sweden.
von der Schulenburg, J. 2007 (14)	The article summarizes evidence on how to implement cost-benefit assessment according to the new German legislative framework (Competition Enhancement Act).	Implementation of cost benefit, QALY, economic modelling, international standards	Overview of current international applied methods, relation to current practice in Germany	The article concludes by providing recommendation of a detailed assessment-process specific for the German way in implementing cost-benefit ratios within regulatory decision making in Germany.	Which economic models and what perspective is most appropriate for different decision making situations? Is QALY an appropriate measure? Is it possible to find international standards for economic evaluations?	School of Economics and Management, Centre for Health Economics and Health System Research, Leibniz University Hanover, Germany
McCabe, C. 2007 (15)	The article proposes an alternative research agenda which include the way orphan drugs are priced.	Pricing of orphan drugs	The article cites and discusses statements from an article by Drummond et al.	The key economic challenges with respect to orphan drugs is establishing whether an "orphan" premium is consistent with societies preferences; and if so its magnitude.	How can the scientific knowledgebase of HTA in relation to orphan drugs be expanded? How great should the willingness to pay be in order for an orphan drug to be cost effective? How should orphan drugs be priced?	Health Economics and Decision Science, University of Sheffield, UK.
Griffin, S.C. 2008 (16)	The article identifies the methodological	Guidelines	Comparison of an	Although challenging to undertake, economic evaluation	How can economic evaluations of treatments for diseases, with poor	Centre for Health Economics, University

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	challenges encountered in producing an independent economic evaluation for NICE		evaluation of the pharmaceutical treatment of ADHD with NICE guidelines	in disease areas such as ADHD has great potential to add value, making the limitations of the data explicit, combining available evidence in a systematic and transparent framework and identifying future research needs.	scientific knowledge, contribute to the methodological development?	of York, UK
Chauhan, D., 2007 (17)	To compare and contrast the estimates of cost effectiveness submitted to NICE by manufacturers and university based assessment groups.	ICER NICE Manufacturers and university-based assessment groups	Quantitative analysis	Considerable difficulties were encountered when undertaking this study, highlighting, above all else, the complexity of explaining why results from economic evaluations purporting to answer the same question diverge.	-	Office of Health Economics, UK.
Jonsson, B. 2006 (18)	The article debates the call for international standards for economic evaluation in Europe.	International guidelines	The article debates the subject	-	How can we continuously develop the international standards for economic evaluations?	Stockholm School of Economics, Sweden
Alton, V., 2006 (19)	To demonstrate the best way of identifying all relevant published health economic studies.	NHS Economic Evaluation Database	Bibliometrics	A search in NHS EED, by means of the Cochrane Library or the Centre for Reviews and Dissemination, along with a supplementary search in	-	The Swedish Council on Technology Assessment in Health Care, Sweden.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Bryan, S. 2007 (20)	To examine to what extent, and in what ways, cost-effectiveness information is used in national technology coverage decision-making in the UK, and identify barriers to use and how might the impact of economic analysis be increased.	Use of economic evaluations, lessons for and challenges to the health economics community	Qualitative case study Semi-structured interviews Observation and analysis of secondary sources.	PubMed, is generally an appropriate, cost-effective strategy. However, because "cost-effectiveness" is not consistently indexed with Medical Subject Heading terms in PubMed, all economic search terms need to be used to fully identify the relevant references. Accountability in policy decisions necessitates that the information upon which decisions are based is accessible. This was found to be a serious problem.	How can economic evaluations be presented in a less complex way in order to better inform decision makers? How can research evidence be made more accessible to decision makers? How can research evidence be made more acceptable to decision makers?	Health Economics Facility, University of Birmingham, UK.
Brennan, A. 2006 (21)	To develop a new taxonomy of model structures in order to provide better guidance to choose from different	Economic modelling	Description of quantitative methods in economic evaluation	Models using interactions, such as system dynamics, Markov models, and discrete event simulation are fairly uncommon in the health economics but are necessary for modelling	-	School of Health and Related Research (SchHARR), University of Sheffield, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	alternatives.			infectious diseases and systems with constrained resources.		
Griffin, S. 2006 (22)	To assess the importance of considering decision uncertainty, the appropriateness of probabilistic sensitivity analysis and the use of patient level simulation in appraisals for NICE.	Probabilistic Analysis	Discussion of quantitative methods	Analysts should consider the dual requirement of estimating expected net benefit and characterizing decision uncertainty. It is possible to develop models that meet these requirements within the constraints set by decision-makers.	-	Centre for Health Economics, University of York, UK
Griffin, S. 2006 (23)	To demonstrate the application of a Bayesian mixed treatment comparison model to synthesize data from clinical trials to inform decisions based on all relevant evidence.	Bayesian statistics	Quantitative analysis	Mixed treatment comparison models can be used to combine more data than would typically be included in a traditional meta-analysis that relies on a common comparator. They can formally quantify the combined uncertainty from all available evidence, and can be conducted using the same analytical approaches as standard meta-analyses.	-	Centre for Health Economics, University of York, York, UK
Fenwick, E. 2006 (24)	To illustrate how to construct and interpret a cost effectiveness acceptability curve	CEACs	Description of methods Quantitative analysis	The CEAC is useful to a decision maker faced with the choice of whether or not to adopt a technology because it provides a	-	Public Health and Health Policy, University of Glasgow, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	(CEAC).			measure of the decision uncertainty surrounding the choice.		
Phillips, Z. 2006 (25)	The article identifies reviews and consolidates existing guidelines in the use of decision analytic modelling for the purpose of HTA and develops a consistent framework against which the quality of models may be assessed.	Economic modelling in relation to HTA	The article review existing guidelines and develops a consistent framework	Although authors may provide a consistent message regarding some aspects of modelling, such as the need for transparency, they are contradictory in other areas. Particular areas of disagreement are how data should be incorporated into models and how uncertainty should be assessed.	How is data best incorporated into economic models, and how should uncertainty be assessed? To what extent should the availability of data affect the models design? How can parameter estimates from published literature best be incorporated into models, and how should treatment effects from observational studies be adjusted for bias?	University of Nottingham and University of York, UK
Stein, K. 2005 (26)	The article reviews the methods used to obtain utility weights reported in assessments carried out for NICE.	Quality of life estimates Transparency and consistency in reporting	The article review HTA reports published on the NICE website up to May 2003.	Greater transparency and consistency are required in reporting the methods used to obtain quality-of-life weights in cost-utility analyses, and better sources of data are required. Methodological variation results in important differences in values. Therefore, caution must be exercised when comparing the results of different cost-utility analyses.	The consequences of the mixture of direct and indirect measurement techniques used, and the implications both for the perspective of analysis, and the value obtained need to be examined. Further standardization and increased transparency in reporting of the sources for utility values is urgently needed.	Peninsula Technology Assessment Group, Peninsula Medical School, Universities of Exeter and Plymouth, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Kulp, W. 2006 (27)	To discuss the future of the methodologies and the utility of economic evaluation.	Economic evaluation in HTA	Debate	The study perspective, the study alternatives and the modelling methods are of great importance for the evaluation and have to be justified in depth. The cost effectiveness ratio and the budget impact are the most important results of the health economic assessment, which is the basis for the appraisal by the health care authorities.	Particularly in the case of sponsor submissions. Further studies of the use and utility of economic evaluation in the decision making process is needed.	Universität Hannover, Germany
Cooper, N. 2005 (28)	The article review the sources and quality of evidence used in the development of economic decision models in HTAs	Decision analytic modelling	Review of all economic models developed as part of the NHS R&D HTA programme between 1997 and 2003.	A more formal and replicable approach to identification and assessment of quality of model inputs is required to reduce the 'black box' nature of decision models, and lead to less scepticism regarding model outputs.	How can methods for generalized evidence synthesis be applied within a decision making framework? How can the model structure be developed in order to incorporate quality parameters and sources of model inputs? What are the consequences of using data from different sources, the need to make a number of different model assumptions, and lack of transparency? How can models be made more formal, replicable, and	Centre for Biostatistics and Genetic Epidemiology, Department of Health Sciences, University of Leicester, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Dakin, H.A. 2006 (29)	To examine the exact factors considered in NICE technology assessments and their relative importance and tradeoffs.	NICE factors considered in recommendations	Statistical methods	The presence of factors affecting the decision between routine and restricted use but not that between routine use and rejection suggests that modelling these three outcomes reflects NICE decision-making more closely than binary-choice analyses.	transparent? The study could be repeated once more appraisals have been published. Similar techniques could be applied to other HTA organizations. Investigation of submission impacts. Comparison between qualitative and quantitative analysis of NICE decision-making.	Abacus International, UK.
Evers, S. 2005 (30)	The article provides a criteria list for assessment of the methodological quality of economic evaluations in systematic reviews.	Quality of economic evaluations	Delphi method	Using this checklist will make future systematic reviews of economic evaluations more transparent, informative, and comparable.	-	Department of Health Policy and Economics, Institute for Rehabilitation Research, Maastricht University, The Netherlands
Drummond, M. 2005 (31)	This study presents recommendations on how to increase the generalizability of economic evaluations.	Generalizability Design, analysis and reporting	Presentation of recommendations	If implemented, the recommendations would increase the value for investments in HTA.	-	University of York, UK
Claxton, K. 2005 (32)	To place NICE	Sensitivity	Discussion	The guidance on dealing with	How can, and should, the	Centre for Health

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	guidance on dealing with uncertainty in a broader context of the requirements for decision making, address issues raised in the debate about the role of probabilistic sensitivity analysis, and identify and discuss some of the methodological challenges.	analysis		uncertainty and, in particular, the requirement for probabilistic sensitivity analysis, is justified by the requirements of the type of decisions that NICE is asked to make.	implications of the imprecision in parameter estimates for decision uncertainty be quantified? How can the challenges of interpretation of evidence, exchangeability and appropriate model structure be faced more explicit and transparent? How should uncertainty be characterized?	Economics, University of York, UK
Miners, A.H. 2005 (33)	To evaluate the source of funding and the results from economic evaluations submitted to NICE's technology appraisals programme.	Funding of economic evaluations	Statistical methods Quantitative analysis	The estimated incremental cost effectiveness ratios submitted by manufacturers were on average significantly lower than those submitted by the assessment groups. An important role of decision makers is to determine which economic evaluations, or parts of evaluations, should be given more credence.	-	Health Economics Research Group, Brunel University, UK
Nixon, J. 2004 (34)	This study reports the findings and implications of a	NHS Economic Evaluation	Quantitative and qualitative	NHS EED is a useful tool for a variety of tasks in the NICE/TAR process but not, unsurprisingly,	-	University of York, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	survey to explore the usefulness of the NHS Economic Evaluation Database in doing TARs	Database	methods	as a replacement for understanding primary studies. There is a need to reduce the impact of time lags between the publication of economic evaluations and the appearance of abstracts relating to them on NHS EED.		
Rodriguez Barrios, J.M. 2004 (35)	To review the justification of the use of models, their characteristics, methodological requirements and steps followed for their construction and resolution, and to explain Markov Models.	Economic modelling	Review of quantitative methods	Modelling techniques have been developed in the field of health economics to obtain clinical and economic information.	-	Departamento de Farmacoeconomía, GlaxoSmithKline, Spain.
Phillips, Z. 2004 (36)x	To provide theoretical, methodological and practical guidance for economic modelling and to consider the implications of this research for what	Economic modelling and guidelines	Review of existing guidelines, synthesis of a guideline and application	Although authors may provide a consistent message regarding some aspects of modelling, in other areas conflicting attributes are presented in different guidelines.	How should selection bias in non controlled studies and controlled observational studies be quantified? What are the strengths and weaknesses by alternative methods for adjustment for bias	Health Technology Assessment NHS R&D HTA Programme, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	might be expected of future decision analytic models.		to three models		in economic models? How should the search for parameter estimates in the published literature be prioritized?	
Frew, E.J. 2004 (37)	The article compares willingness to pay measures using bidding game formats vs. open ended and payment scale formats.	Willingness to pay	Statistical methods	The economic case for preferring any one technology over others will depend considerably upon whichever format happens to have been used to generate the valuations.	-	Health Economics Facility, University of Birmingham, UK.
Barton, P. 2004 (38)	The article provides an overview of alternative approaches to modelling in economic evaluations, and highlights situations where each alternative modelling technique should be employed.	Economic modelling	Review of available approaches	A crucial question when selecting the approach to modelling is whether individuals being simulated in the model can be regarded as independent. This issue is fundamental to the appropriate application of modelling in economic evaluation.	-	Health Economics Facility, University of Birmingham, UK
Hartmann, M. 2003 (39)	To investigate whether any relationship could be established between type of sponsorship and type of economic	Sponsorship	Statistical methods	There was no statistically demonstrable relationship between types of sponsorship and sensitivity analysis performed, publication status, or types of economic analysis, or	-	Faculty of Medicine, Friedrich-Schiller-University of Jena, Germany.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	analysis, health technology assessed, sensitivity analysis performed, publication status, and qualitative cost assessment in the field of intensive and critical care.			qualitative cost assessment. It is necessary to improve the quality of studies sponsored by industry.		
O'Brien, B.J. 2003 (40)	The article assesses the within-subject agreement between SF-6D utilities and HUI3 utilities	Utility scoring systems	Statistical methods	Our study casts doubt on the whether utilities and QALYs estimated via SF-6D are comparable with those from HUI3. The challenge is developing a better understanding as to why these classification-based utility instruments differ so markedly in their distributions and point estimates of derived utilities.	-	Department of Clinical Epidemiology and Biostatistics, McMaster University, Canada.
Karnon, J. 2003 (41)	To compare the respective processes and outputs of alternative modelling techniques	Economic modelling	Quantitative analysis	Discrete event simulation may be beneficial only when the available data demonstrates particular characteristics.	-	Health Economics Research Group, Brunel University, UK
Adam, T. 2003 (42)	The article explores sources of variations in the methods used	Cost effectiveness analysis	Comparison of applied methods	Variability in costing methods used in applied studies raises questions about the validity of	Reduction in variability can be achieved if guidelines provide more detail about how to follow	Child and Adolescent Health Department, World Health

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	in applied studies and discusses the nature of these variations and possibility of reducing them.		and guidelines	their results and makes it difficult to compare the results of different studies.	their recommendations. More empirical research is needed to guide this process.	Organization, Geneva, Switzerland
Grieve, R. 2003 (43)	To present a systematic process for choosing a method of predicting events in economic models, using a model examining the cost effectiveness of a HMG-CoA reductase inhibitor (statin) for CVD.	Economic modelling	Quantitative analysis	The transparency that this process introduces can help decision-makers understand the scientific basis underpinning models, and therefore make these models more acceptable and useful for health policy-making.	-	London School of Hygiene and Tropical Medicine, London, UK.
Ijzerman, M.J. 2003 (44)	The article determines if a pre assessment can be used to establish whether cost-effectiveness results would meet the actual information needs of Dutch health care decision makers.	Pre assessment	Semi-structured interviews	This study revealed that the use of cost effectiveness analysis results for Dutch micro- and meso-level healthcare decision making is not self-evident. Pre-assessment can be a valuable tool in designing a CEA to support the actual information needs of the decision makers.	-	Roessingh Research and Development, Enschede, The Netherlands.
Kristiansen, I.S. 2003 (45)	The article discusses the variation in result resulted from the use	Cost effectiveness analysis	Discussion	Variation in the results of economic evaluations stems from variable factors. The extent to	-	Senter for medisinsk metodevurdering Sintef-Unimed,

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	of different analytical methods.			<p>which variation is caused uncertainty in data it will be a problem for the both patients and doctors. Uncertainty is more explicit in economic evaluations than in clinical practise.</p>		Norway.
Cookson, R., 2003 (46)	To summarize the current concerns in Europe and identifies challenges for European policy makers.	Reimburse- ment decisions	Interview	<p>There is considerable scope for improving decision-making without damaging incentives to innovate.</p>	<p>How can national purchasers themselves become more transparent and accountable in the way they use evidence? How can license laws be redesigned to improve the relevance of economic data available at product launch? Can economic evaluation methodologies and reporting formats be harmonized in order to improve comparability between disease areas and geographical areas? How to overcome the problem, that negotiation of price performance deals to facilitate the use of economic evidence on post launch pricing review decisions, as information is</p>	School of Medicine, Health Policy and Practice, University of East Anglia, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
O'Hagan, A. 2002 (47)	To demonstrates the usefulness of Bayesian statistics for the design and analysis of randomized controlled trials in the assessment of the cost-effectiveness of health care technologies and to discuss the key areas of future research.	Bayesian statistics	Demonstration of Bayesian statistics	The authors conclude with a discussion of the key areas for future research.	gathered from studies of product performance on routine use. How can expert knowledge be elicited reliably? Development of protocols in order to provide quality assurance to decision makers. There is a need for a greater body of practical applications in order to persuade health economists of the benefits. How should model criticism be properly approached?	Centre for Bayesian Statistics in Health Economics, University of Sheffield, UK
Soto, J. 2002 (48)	The article proposes a list of steps to consider when carrying out economic evaluation in order to increase credibility and validity for medical decision making.	Guidelines	Review and presentation of proposed guidelines	Health economic assessments will continue to be an important tool for the correct allocation of resources, and disease analytic modelling will be a potentially invaluable tool in assisting decision makers in this task.	-	Pharmacia S.A., Spain.
Ratcliffe, J. 2002 (49)	The article investigates the structural reliability of discrete choice	Discrete choice experiment	Focus groups Statistical analysis	The results provide evidence in support of a psychological effect whereby respondents place more importance upon specific	How do individuals make preferences between alternative scenarios in discrete event simulation studies?	Brunel University, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	experiment within HTA using an example of determining women's, who had recently given birth, preferences for alternative modes of management and delivery of care to women in labour.			attributes as the number of levels for these attributes increases.	How reproducible are the results of discrete event simulations in health care?	
Ramsay, C.R. 2002 (50)	The article identifies novel statistical techniques from non-HTA literature applied to learning curves.	Learning curves	Review of statistical methods	A good dividend of more sophisticated methods was obtained by searching in nonclinical fields. These methods now require formal testing on health technology data sets.	The authors found a number of sophisticated statistical methods that could be used to model the learning curve effect during HTA. The relative performance of these methods requires assessment before general recommendations can be made.	University of Aberdeen, UK
Boas, G. 2001 (51)	The article demonstrates the usefulness of dynamic modelling for an economic assessment of technology in health care by applying the method	Economic modelling	Quantitative analysis	The dynamic modelling approach provides a more realistic picture than a static approach. Particularly, the cost-effectiveness of the Fitting Hearing Aid Program is compared with the Post-purchase Counselling Hearing Aid	-	University of Maastricht, The Netherlands.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Fenwick, E. 2001 (52)	to hearing aids in Dutch health care. The article considers the relationship between cost-effectiveness acceptability curves and decision making in health care.	Cost-effectiveness acceptability curves	Quantitative analysis	The authors conclude by encouraging to a greater use of cost effectiveness acceptability curves.	-	Centre for Health Economics, University of York, UK
Hjelmgren, J. 2001 (53)	To classify, summarize, and compare the health economic guidelines issued in Europe, North America, and Australia to clarify similarities and differences between them.	Guidelines	Literature review, descriptive statistics	A harmonization of methodological requirements and recommendations exists both within and between the guideline groups. A number of policy implications for various parties, mainly the pharmaceutical industry, were identified.	-	AstraZeneca R & D Lund, Clinical Science, Health Economics & Outcomes Research, Sweden
Claxton, K. 2001 (54)	To present a framework that distinguishes the conceptually separate decisions of which treatment strategy is optimal from the question of whether more information is	Value of information Bayesian statistics	Quantitative analysis	Value-of-information analysis can provide a measure of the expected payoff from proposed research, which can be used to set priorities in research and development.	-	University of York, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	required to inform choice in the future, using a case of Alzheimer's Disease.					
Ramsay, C.R. 2001 (55)	The article identifies alternative methods for assessment of learning curve effects.	Learning curve effects in relation to HTA	Review of methods Identification and application of novel statistics from other research fields.	Statistical methods used for assessing learning effects in HTA have been crude and the reporting of studies poor. This review demonstrated the value of considering fields outside clinical research when addressing methodological issues in HTA.	What influence does learning curve effects have on economic evaluations? What methods and proxy variables are most appropriate for estimating learning curve effects in relation to HTA? What variables should be included in the estimation of learning curves in relation to HTA? What are the parallels between learning curves and quality assurance?	Health Technology Assessment NHS R&D HTA Programme, UK
Palmer, S. 2000 (56)	The article develops an alternative approach to dealing with uncertainty in economic evaluation based on 'option-pricing' techniques.	Handling uncertainty	Description of quantitative methodology	The key determinants of an option value are the presence and type of uncertainty; the ability to defer a decision; and the irreversibility of the decision. The relative significance of each of these for a particular economic evaluation will depend on the particular characteristics of the	-	Centre for Health Economics, University of York, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Ramsay, C.R. 2000 (57)	The article reviews and appraises the methods by which the issue of learning curves has been addressed during HTA in the past.	Learning curves	Review of statistical methods	technology under consideration. Learning curves are rarely considered formally in HTA. As a minimum, reporting of learning should include the number and experience of the operators and a detailed description of data collection. Improved statistical methods would enhance the assessment of health technologies that require learning.	There is a need for methods that can estimate the rate and length of learning together with final skill level.	University of Aberdeen, UK
Spiegelhalter, D.J. 2000 (58)	The article reviews the use of Bayesian modelling	Bayesian modelling	Review of methods, applications, and discussion of Bayesian statistics	The authors conclude by pointing to areas of future research.	How can Bayesian modelling be used to predict and handle multiple sub studies where the mathematical details are limited, but details of implementation are provided? How is Bayesian modelling best practiced and should it being reported? How can design, prior distributions, modelling techniques and reporting be further developed? How can Bayesian modelling provide input to decision making?	Health Technology Assessment NHS R&D HTA Programme, UK
Hoffmann, C. 2000	The article reports	The influence	The study	Dimensions, such as difficulties in	What training programs are most	Universitat Hannover,

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
(59)	and discusses the results of the EUROMET survey. The main objective of the EUROMET survey was to enquire if decision makers are sensitive to economic evaluation study results and if they admit to changing their decisions based on the results.	of economic evaluations on decision making	used a combination of postal surveys and semi-structured interviews and focus group approach.	transferring budgets, are viewed as important barriers. Also, the lack of credibility of studies is assigned a high relevance. Decision makers wish for a better explanation of the practical relevance of studies and feel that there is a need for more training in health economics.	appropriate to increase the knowledge understanding of health economics among decision makers? How can the obstacles that prevent decision makers from using economic evaluation results in decision making be overcome? How can the presentation of economic evaluations be more transparent so that the theoretical study design more easily can be integrated into the real decision making process? How can results of economic evaluations be made more easily accessible and how can the dissemination of study results be increased? Does the health care system provide an optimal framework for the use of economic evaluation studies in making decision about the provision of health care services?	Institut für Versicherungsbetriebslehre, Germany.

Assessing the wider impacts of health technologies

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Hofmann, B.M. 2008 (60)	The article analyze ten arguments for making ethics part of HTA in order to explain why it has taken so long to integrate ethics as a part of HTA and why there is no standard methodology.	The role of ethics in HTA	Debate	Health care is a moral endeavour, and the vast potential of technology poses complex moral challenges. A thorough assessment of technology would include reflection on these moral aspects.	What role should ethics play in HTA? Is it possible to agree on common standards and develop methodological guidelines to include these aspects?	Faculty for Health, Care and Nursing, University College of Gjøvik, Norway.
Saarni, S.I. 2008 (61)	The article describes a model for ethical analysis of health technology that is easy and flexible to use in different organizational settings and cultures. The model is part of the EUnetHTA project, which focuses on the transferability of HTAs between countries.	Ethics Transfer-ability	Presentation of the EUnetHTA core model and the ethics model Discussion.	Integrating ethical considerations into HTA can improve the relevance of technology assessments for health care and health policy in both developed and developing countries.	It should be explored whether the model represent and promote “western”, individualistic perspective that fits only certain types of health care organizations, and whether the methods and issues of ethics is transferable between countries and cultures.	Finnish Office for Health Technology Assessment, National Research and Development Centre for Welfare and Health, Finland.
Autti-Ramo, I. 2007 (62)	The article explains the eclectic approach developed at the Finnish HTA office.	Ethical methodology	Qualitative	An in-depth ethical evaluation helps the decision-makers to realize the consequences that implementing a new method has on individual citizens, the healthcare system, and society.	-	STAKES (National R&D Centre for Welfare and Health), and Department of Pediatric Neurology, Helsinki University

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Hofmann, B. 2005 (63)	The article outlines a procedure for integrating moral issues in HTA.	Ethical methodology	qualitative	The presented approach for integrating moral issues in HTA has a broad theoretical foundation and has shown to be useful in practice. Integrating ethical issues in HTAs can be of great importance with respect to the dissemination of HTA results and in efficient health policy making.	-	University of Oslo, Norway
ten Have, H. 2004 (64)	The article analyses why ethical aspects play a minor role in HTA, even when comprehensive approaches of technology assessment are advocated.	The integration of ethics in HTA	Discussion	Ethical contributions to evaluation of medical technology should go beyond issues of application in clinical practice and focus also on the definition of problems, the demarcation of technical and nontechnical issues, and the morally problematic implications of technologies.	-	University Medical Centre, The Netherlands.
Fulop, N. 2003 (65)	To outline the development of research on the organization and	Organization, management, and	Discussion	The challenge for researchers from various disciplines is to see how far they can work together to carry out research in this	If organization research is to have an impact on policy and practice, the stakeholders involved in the day to day	London School of Hygiene and Tropical Medicine, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	<p>delivery of health services and discuss ways of setting priorities for this area of research, drawing on experience of the national programme in England.</p>	<p>delivery of health services</p>		<p>important field. The challenge for this research is that the findings are valued and used by health service professionals, managers and users.</p>	<p>organization need to be involved. A wide range of disciplines and methods needs to be considered to address key questions for organization and delivery of health care (e.g. sociology, organizational studies, policy analysis, economics and history). Different paradigms operate within and between theoretical approaches that need to be acknowledged. It should be explored how multi-disciplinary research can be encouraged and researchers themselves need to take responsibility for thinking outside their own paradigms.</p>	
<p>Møldrup, C. 2002 (66)</p>	<p>The article proposes a medical technology assessment research design that aims to explore and assess the ethical, social and legal implications of pharmacogenomics from a citizen perspective.</p>	<p>Ethical , social and legal implications Methodology Pharmacogenomics</p>	<p>Qualitative</p>	<p>Proposing Internet citizens' jury as a method contributes to increased knowledge on both methodological and empirical levels that is lacking today.</p>	<p>The author recommends that the proposed method is incorporated into HTA methodology.</p>	<p>Royal Danish School of Pharmacy. Denmark.</p>

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Lehoux, P. 2000 (67)	The article compares the professed objectives of HTA with typical practise and explores possible explanations for the discrepancies observed.	Ethics Social aspects Political aspects	Qualitative	The ability of HTA to more fully address important issues from a public policy point of view will increase by making explicit the socio-political nature of health care technologies.	-	University of Montreal, Canada.
Van der Wilt, G.J. 2000 (68)	The article explores the ethics of technologies where broad consensus regarding valued and disvalued outcomes are lacking.	Ethics of technologies	Qualitative	If HTA aims to enhance the accountability of the decision making process regarding funding and use of health technology, it is a major challenge to assessors of health technologies to deal adequately with existing value pluralism. In this respect interactive evaluation may have something to offer.	-	Department of Medical Technology Assessment, University of Nijmegen, Faculty of Medical Sciences, The Netherlands.

Best practice in undertaking HTA

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Hutton, J. 2008 (69)	Drawing on experiences from recent initiatives intended to promote the harmonization of HTA and experience from related fields, this article review the issues associated with harmonization taking into account the perspectives of the multiple stakeholders.	Harmonization	Review Discussion	There is considerable uncertainty among stakeholders regarding the benefits of harmonization of HTA. A more desirable target might be to be able to justify differences in decisions by reference to evidence, values and priority. Transparency is essential.	The possibility of benefit from harmonization of HTA evidence requirements with those of related decision making processes is worthy of further exploration. In relation to the economic domain, there are potential benefits of more standardization. The ethical, social, and legal domains are generally under researched. These issues must be considered before the value of harmonization can be considered.	University of York, UK
Drummond, M.F. 2008 (70)	To propose a set of fifteen principles that can be used in assessing existing or establishing new HTA activities, focusing on HTA activities that are linked to or include a particular resource allocation decision.	Best practice	Review Discussion	There is no single way to conduct HTAs that will meet the needs of all decision makers, stakeholders, and societies. Application of the proposed principles has the potential to improve the process. Adoption of the principles will enhance the quality and credibility of HTA.	-	University of York, UK
Schlender, M. 2008 (71)	The aim of the study was to explore the	Challenging technologies	Qualitative case study	The review suggests that the NICE assessment of ADHD	-	Institute for Innovation & Valuation in Health

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	robustness of NICE assessment methods when addressing a complex clinical problem such as the evaluation of ADHD treatment strategies.		Literature review	treatment strategies was incomplete and likely prone to bias. NICE did not adequately accommodate a complex clinical decision problem. This observation may have potentially far-reaching implications for the generalizability of NICE-like approaches.		Care (InnoVal HC), Germany
Poole, C. 2007 (72)	To comment on the adversarial system of drug evaluation and the inadequacy of NICE providing read-only versions of cost effectiveness models for the purpose of reviewing their decisions.	Reporting Transparency	Debate	The current practice where NICE provides read-only versions of their cost effectiveness models is unacceptable to stakeholders	Cost effectiveness models could be produced by consensus under the joint direction of NICE and industry, reducing costs and hasten access to health technologies that all agree are good value for money.	Pharmatelligence LLP, Cardiff Medicentre, UK
Maynard, A. 2007 (73)	To discuss whether NICE should have the right to refuse access to its modelling data.	Reporting Transparency	Debate	With the NHS seeking to control expenditure and target the use of drugs to improve the health of the population in a cost effective manner, and industry waiting to maximize its profits, conflict is inevitable. The trade-off between health and wealth should be	The work of NICE is essential for resources to be targeted towards patients who will benefit the most. Generally its processes are transparent and sensible. However, the constraints under which it works can be improved.	Department of Health Sciences, University of York, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Draborg, E. 2006 (74)	To analyze statistically a possible relationship between methods of assessment used in practical HTAs, type of assessed technology, type of assessors, and year of publication.	Assessment methods	Statistical analysis	managed with transparent and good science by all participants. During the period from 1989 to 2002, no major developments in assessment methods used in practical HTAs were shown statistically in a sample of 433 HTAs worldwide. Outsourcing to external assessors has a statistically significant influence on choice of assessment methods.	-	University of Southern Denmark, Denmark
Draborg, E. 2005 (75)	To explore a possible evolution in these HTAs, in type of assessed technologies, in type of assessors, and in its methods.	Type of technology	Statistical analysis	The study shows an increase in the number of HTAs but no major developments in assessment methods used and, therefore, no widespread spill over from the development in research methods in general to the field of HTA methodology.	-	University of Southern Denmark, Denmark
Porzsoit, F. 2005 (76)	To compare the methods used for assessment of the validity of the same two original studies included as key studies in two HTA reports and investigate the	Validity of original studies Transparency	Comparison	In the case of HTA reports, the checklist offered by the INAHTA contains the needed information. It may be necessary to consider an "intramural quality board," which helps the member organizations guarantee both the transparency of the original	-	Clinical Economics, University Hospital Ulm, Germany

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	influence of the assessed validity on the final conclusions of the reports.			studies included in HTA reports and the transparency of the HTA report itself.		
Draborg, E. 2005 (77)	To study how the application of HTA differs across leading countries and to study the extent to which Danish HTA reports differ from foreign HTAs.	International comparison Application of HTA	Statistical analysis	In the HTAs one generally sees a great focus on the clinical aspect of health technologies, leaving the economic, the patient-related, and the organizational aspect much more unanalyzed. The Danish HTAs generally have a wider scope than HTAs produced in other countries and tend to focus more frequently on patient-related and organizational dimensions.	A topic for future research could be to analyze whether characteristics of HTAs affects the influence that such reports have on political decision making.	University of Southern Denmark, Denmark
Leys, M. 2003 (78)	The article focuses on how qualitative research findings could be useful as an additional source of information or as 'evidence' in HTA.	Hierarchy of evidence Ethical evidence in HTA	Discussion	Qualitative findings could be put higher in the hierarchy of evidence generating research in health care by improving the knowledge of the nature of qualitative research, and if researchers themselves respect methodological prerequisites and clarify their theoretical perspective, research aims and use of research methods.	How can qualitative research be put higher in the hierarchy of evidence generating research in health care? How can the knowledge of the nature of qualitative research be improved? How can the qualitative information become more trustworthy?	Vrije Universiteit Brussel, Belgium.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Leys, M. 2003 (79)	To illustrate why social scientists and qualitative researchers should contribute more to the HTA debate and why health care professionals and policy makers should learn from experiences and debates in social sciences.	Criteria for judging qualitative research Stakeholder involvement	Discussion	HTA falls short if it comes to the assessment of social, ethical and legal consequences of the application of health technologies. The data-driven scientific culture in HTA needs to be broadened by approaches and methods giving insight in data that cannot be quantified easily.	It should be explored how the contribution of qualitative methods to HTA can be increased and what criteria should be used for judging qualitative research.	Vrije Universiteit Brussel, Belgium
Velasco, M. 2002 (80)	To develop and disseminate best practice in undertaking and reporting HTA and to identify needs for methodological development as part of the ECHTA projects.	Best practice Undertaking and reporting HTA	Review of existing guidelines Presentation of a new framework	The report concludes by presenting the identified needs for methodological development.	To date, transparency has been concentrated on the evaluation of efficacy/effectiveness or in economic evaluations, while other important aspects of HTA have not been handled in a very systematic way. Further research need to shed a light on how underrepresented aspects can be better approached and included in HTA. Some aspects can be assessed with the help of qualitative methods, but this far, no clear standard for including these in HTA exists.	Technische Universitat Berlin, Germany.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Perleth, M. 2001 (81)	To define 'best practice' and to propose a framework for the classification of information on maintaining or improving effectiveness and efficiency in health care systems.	Trans- parency	Review Consultation of experts Development of framework	None of the activities to organize research findings, and disciplines, methods and tools provide an all embracing concept to maximise value to health. Each activity has to be supplemented with others. The choice of combination depends on the nature of the problem, the perspective of the decision and the availability of evidence.	A collective approach in the management of information is expected to add value to individual efforts. Resources should be devoted to increase quality and quantity of both primary and secondary research as well as the establishment of networks to synthesise, disseminate, implement and monitor 'best practice'.	Hannover Medical School, Department of Epidemiology, Social Medicine and Health System Research, Germany

HTA products

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Simpson, S. 2008 (82)	To report on a workshop, and subsequent discussions, that reviewed the achievements and progress of the EuroScan collaboration since its establishment in 1999 to share information on the methods and results of early identification and assessment of new and emerging health technologies; considered challenges to the collaboration; and discussed its possible future direction.	Horizon Scanning EuroScan	-	The workshop reaffirmed the benefits of developing and using common methodological approaches and sharing information of new and emerging health technologies.	Some of the questions put forward on the workshop were if EuroScan should continue to focus on both identification and early assessment, if subgroups to focus on methodological topics and development should be created, and whether it is possible to collaborate more closely and maybe create a common horizon scanning centre.	Department of Public Health & Epidemiology, The University of Birmingham, UK.
Kaltenthaler, E. 2008 (83)	The aim of this study is to compare and contrast the reports of the rapid National Institute for Health and	Rapid single technology appraisal and full technology	Comparison of three reports Documentary analysis	Although the STA process provides the opportunity for rapid appraisal of new technologies, there remains uncertainty concerning the extent to which	Several agencies produce guidance or templates for manufacturers' submissions, including varying degrees of detail. They are not always	School of Health and Related Research, University of Sheffield, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Wild, C. 2008 (84)	Clinical Excellence (NICE) single technology (STA) process with the full Health Technology Assessment Report (TAR) for the same technologies (docetaxel and paclitaxel for the adjuvant treatment of early breast cancer). This paper gives an overview of processes and practices of HSS.	assessment reports Horizon Scanning	Literature review	STAs adequately address the specific decision problem under consideration. EuroScan has played an important role in the harmonization process so that effective collaboration, reduction of duplication and further development of procedures have become possible. Because of the common understanding there is a certain stability and integration across the functions of HSS.	adhered to by manufacturers nor enforced by the agencies. NICE should consider how STAs are conducted in terms of quality and process.	LBI-HTA, Ludwig Boltzmann Institut für Health Technology Assessment, Austria.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Lundberg, J. 2008 (85)	To assess whether publications of importance for improving the health system and its technologies are highly cited intra-scientifically.	Scientific bases of early warning systems	Bibliometrics	Publications used as sources in a Swedish system for identification and early assessment of new methods in health care are also highly cited within the scientific community. This finding increases the appropriateness of using bibliometric indicators in evaluations of clinical research and suggests that decision makers through SBU Alert are getting scientifically sound advice.	-	Karolinska Institutet, Sweden.
Warren, V. 2007 (86)	To describe a method for the rapid appraisal of new interventional procedures and to compare its conclusions with those derived from a slower, more thorough method.	Rapid reviews	Com- parisons Quantitative methods	Rapid appraisal of new interventional procedures using the BUPA algorithm is feasible and in most instances its output is similar to that obtained from a slower more thorough method.	-	BUPA Group Medical Team, UK.
Murphy, K. 2007 (87)	The aim of this study was to define an effective early warning system, to identify and rank the characteristics of an effective early	Horizon scanning	Iterative Delphi-type process with members of Euroscan	The study provides a definition for an effective early warning system and a shared understanding of the important characteristics and components of such system. This work should provide guidance to	-	University of Birmingham, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	warning system for emerging health technologies, and to evaluate current early warning systems against these characteristics.			those setting up new early warning systems as well as for those managing and reviewing current systems.		
Ehlers, L. 2006 (88)	The purpose of this project was to evaluate local decision support tools used in the Danish hospital sector from a theoretical and an empirical point of view.	Mini HTA	Qualitative methods	Doing mini-HTA in hospitals seems to balance the need for quality and depth with the limited time and resources for assessment.	Mini HTA occasionally are drawn up by a single individual, they are rarely subject to peer review, and the possibility that they may be shaped by someone's own interest certainly cannot be excluded. Further studies of the quality of mini-HTA should be performed.	Department of Health, Aarhus University and Aarhus University Hospital, Denmark.
Folkersen, J. 2006 (89)	The aims of this investigation were to describe the development of a structured decision support information method at a major Danish university hospital and to present the results of a	Mini HTA	Qualitative methods	Mini HTA has had a positive influence on the administration of costs, transparency, quality of the decision making processes and rational prioritization. However, the influence on the local organisation is limited. The quality of the assessments varies, but the mini-HTA increase dialogue between the	-	University Hospital of Copenhagen, Denmark

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	quantitative organisational evaluation of this method for integrated decision making at many levels of the management hierarchy.			management level and the employees.		
Douw, K. 2006 (90)	To explore how the most significant health technologies are selected.	Horizon scanning systems	Qualitative and quantitative methods	The process of making the final decision on which technologies to assess can be improved by applying existing criteria more consistently and transparently. Current practice does not safeguard against missing an important technology. This finding is probably most important to act upon for systems with customers that do not actively request assessment of specific technologies.	The process of how decisions are made should be more transparent. It is unclear which criteria in reality influence the final selection of technologies and, if so, to what extend each criterion contributes to a particular decision.	Department of Health Economics, University of Southern Denmark, Denmark
Douw, K. 2006 (91)	To investigate if a HSS needed adaption for priority setting in the context of a Danish HSS and, if so, how the instrument should be changed.	Horizon scanning systems	Qualitative and quantitative methods Literature review	HSS should apply a health care perspective, and technologies should be prioritized on the basis of marginal benefits, marginal costs, budget impact, impact on access to care, and additional criteria with an impact on health	-	Department of Health Economics, University of Southern Denmark, Denmark.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	The ultimate aim is to produce a fully adapted HSS instrument to support priority setting in for assessment of new health technologies in Denmark.			policy, such as the educational needs and organizational changes associated with the new technology.		
Simpson, S. 2004 (92)	To quantitatively evaluate the accuracy of predictions made by these systems. To report a study evaluating the accuracy of predictions made by the main United Kingdom early warning system.	Horizon Scanning Systems	Quantitative methods	Forecasting is difficult, but the results suggest that this early warning system's predictions have an acceptable level of accuracy. However, there are caveats. The first is that early warning systems may themselves reduce the impact of a technology, as helping to control adoption and diffusion is their main purpose. The second is that the use of an imperfect gold standard may bias the results.	As early warning systems are viewed as an increasingly important component of health technology assessment and decision making, their outcomes must be evaluated. The method used here should be investigated further and the accuracy of other early warning systems explored.	Department of Public Health and Epidemiology, University of Birmingham, UK
Douw, K. 2004 (93)	To explore and test methods for the operation of a national Early Warning System (EWS) in Denmark and to support decision	Horizon Scanning systems	Literature review Survey	The findings of the study have laid the foundation for a EWS using appropriate methods adapted to local circumstances. On the basis of the findings, a decision was made to start a	-	Department of Health Economics, University of Southern Denmark, Denmark

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	making by the Danish Centre for Evaluation and Health Technology Assessment on this issue.		EWS.			
Douw, K. 2003 (94)	To describe and analyse how the Internet is used by horizon scanning systems to systematically identify new health technologies.	Horizon scanning Systems	Survey Qualitative methods	The use of the Internet for identifying new health technologies is increasing and at the same time there is considerable variation between approaches to this source of information. This can only be partially explained by differences in scope of scanning activities of the individual agencies.	The authors recommend, that agencies try to define a more transparent, operational distinction between highly important, important, and less important sites. A future activity could include a coordinated effort to develop Internet scanning strategies for different categories of health technologies or different clinical specialities.	Department of Health Economics, University of Southern Denmark, Denmark
Estrada, M.D. 2002 (95)	This article reports on the work done by the ECHTA WG 3. The aim of WG 3 was to identify possible joint assessments and to coordinate findings and existing resources within the community to support joint assessment.	Joint assessment	Survey Literature review Workshops	Enthusiasm to cooperate and the availability of a wide range of expertise among scientists are two of the most important strengths of joint assessments. The informal network of HTA agencies that has already been collaborating for several years offers an invaluable opportunity for future collaboration at the European level.	Little is known about the factors that make joint projects fail. This information is of key importance when planning future joint assessments. WG 3 recommends EU to explicitly support formal European collaboration in HTA, improve the organization and logistics of international collaboration in HTA, and	Norrlands University Hospital The Swedish Council on Technology Assessment in Health Care (SBU), Sweden

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Perleth, M. 2001 (96)	To compare different rapid assessment programmes with respect to scope, methods and time to complete assessments. To introduce and discuss a model for processing rapid assessment in the German context. The model aims at rapid assessments serving the needs of German decision-makers and ensuring high scientific quality at the same time.	Rapid assessments	Discussion	Difficulty of project management and inadequate funding are the two most relevant weaknesses. The most important challenge faced by European scientists is dealing with official EU procedures. It can be shown from the comparison of different rapid assessment programmes, that there is no common definition of "rapid assessments".	increase financial resources for multinational European collaboration in HTA.	Hannover Medical School, Institute for Epidemiology, Social Medicine and Health Systems Research, Hannover, Germany.
Lampe, 2008 (97)	This reference	HTA Core	Each	Articles/reports concerning core HTA included introductions to and	The EUnetHTA core model still needs further testing and refining	FinOHTA, Finnish

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	<p>represents the HTA Core Model for diagnostic technologies. The model is an attempt to define and standardise elements of HTA and aims to facilitate shared understanding and enable future international, systematic and automated use of HTA.</p>	<p>model</p>	<p>chapter describes the domains of the HTA Core model and contains domain descriptions, typically used methodology and assessment elements.</p>	<p>testing of the model.</p>	<p>to ensure optimal usefulness and user-friendliness.</p>	<p>Office for HTA, Finland.</p>
<p>Lampe, 2008 (98)</p>	<p>This reference represents the HTA Core Model for medical and surgical interventions. The model is an attempt to define and standardise elements of HTA and aims to facilitate shared understanding and enable future international, systematic and</p>	<p>HTA Core model</p>	<p>Each chapter describes the domains of the HTA Core model and contains domain descriptions, typically used methodology and assessment</p>	<p>Articles/reports concerning core HTA included introductions to and testing of the model.</p>	<p>The EUnetHTA core model still needs further testing and refining to ensure optimal usefulness and user-friendliness.</p>	<p>FinOHTA, Finnish Office for HTA, Finland.</p>

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Chase, 2006 (99)	<p>automated use of HTA.</p> <p>This reference represents the EUnetHTA HTA Adaption Toolkit and Glossary. The aim of the Toolkit is to ensure better use of existing HTA reports to help HTA agencies to adapt HTA reports from other countries, regions of settings for their own use.</p>	HTA Adaption	<p>elements.</p> <p>The HTA Adaption Toolkit contains checklists and resources to aid in adaption of HTA reports.</p>	<p>Articles/reports concerning the adaption toolkit described the development of the toolkit and a glossary.</p>	<p>As the EUnetHTA adaption toolkit is the first of its kind, further development and testing is required to address the quality assurance of the tool.</p>	<p><u>NCCHTA, NIHR</u> <u>Coordinating Centre</u> <u>for HTA, UK.</u></p>
NCCHTA, 2007 (100)	<p>This reference represents the EUnetHTA Glossary of HTA Adaption Terms. The aim of the glossary is to identify and highlight key words and concepts that are easily misunderstood between countries.</p>	HTA Adaption Terms Glossary	<p>The Glossary of HTA Adaption Terms provides a series of descriptions for HTA terms and contains examples of</p>	<p>Articles/reports concerning the adaption toolkit described the development of the toolkit and a glossary.</p>	-	<p>NCCHTA, NIHR Coordinating Centre for HTA, UK</p>

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
			where the usage of these terms may differ between countries.			
Lampe, K. 2009 (101)	To develop and test a generic framework to enable international collaboration for producing and sharing results of HTAs.	HTA Core model EUnetHTA	The Core model was developed by a partnership of HTA agencies and networks from across Europe.	The HTA Core Model enables effective international production and sharing of HTA results in a structured format. The face validity of the Model was confirmed during the project. Core HTAs are intended to serve as a basis for local HTA reports. Core HTAs do not contain recommendations on technology use.	Further testing and refining are needed to ensure optimal usefulness and user-friendliness.	Finnish Office for Health Technology Assessment, National Institute for Health and Welfare, Finland.
Pasternack, I. 2009 (102)	The aim of this study was to analyze and describe process and outcomes of two pilot assessments based on the HTA Core Model, discuss the applicability of the model, and explore areas of development.	HTA Core model EUnetHTA	-	The HTA Core Model can be developed into a platform that enables and encourages true HTA collaboration in terms of distribution of work and maximum utilization of a common pool of structured HTA information for national HTA reports.	Even though the elementary structure of the HTA Core model proved useful in preparing HTAs, a clear scoping (patients, intervention, comparison, and outcomes) and good coordination in timing and distribution of work would probably help improve applicability and avoid duplication of work.	Finnish Office for Health Technology Assessment, National Institute for Health and Welfare, Finland.
Turner, S. 2009 (103)	This study aims to	Adaption	Literature	Consensus of opinion from	The Adaption Toolkit is the first of	University of

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	examine and understand the process of adaptation, and to develop a toolkit that would help the adaptation of reports produced by other countries.	EUneHTA	review Survey	twenty-nine European organizations/networks has indicated that the adaptation of HTA reports would be desirable and beneficial. A toolkit was developed to help with the adaptation of HTA reports produced in other settings.	its kind and future work will address quality assurance of the tool.	Southampton, UK.
Turner, S. 2009 (104)	This article describes an instrument, the adaptation toolkit, which has been developed to aid in the process of adaptation of HTA reports.	Adaption EUneHTA	The toolkit was developed by a partnership of HTA agencies and networks from across Europe.	The completed current version of the toolkit contains checklists and resources to aid in the adaptation of HTA reports.	-	University of Southampton, UK.
Rosten, C.2009 (105)	The aim of this study was to develop a glossary of HTA adaptation terms to help reduce the misunderstandings of terms used in HTA reports from contexts	Adaption EUneHTA	Review of HTA glossaries	This glossary will be a valuable resource for European HTA agencies when reading HTA reports produced in different contexts and for adapting HTA reports produced in other countries. The glossary will help improve understanding and help	-	NCCHTA, NIHR Coordinating Centre for HTA)

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Wild, C. 2009 (106)	<p>other than the reader's own.</p> <p>This article report on the EUnetHTA WP 7 (Strand B) which aimed to promote sharing information on new and emerging technologies. The task was to develop a prototype of a newsletter and pilot the processes of production.</p>	<p>Horizon Scanning</p> <p>Sharing of information</p> <p>EUnetHTA</p> <p>EuroScan</p>	<p>The EuroScan database served as information source</p>	<p>facilitate the adaptation process.</p> <p>Dissemination of an EU-wide newsletter would be feasible, but time-consuming. Although a newsletter appears to fulfil a need for information on emerging and new health technologies, it is not considered the right tool to avoid duplication of effort in the present international constellation of horizon scanning for new health technologies.</p>	<p>The aim of wider dissemination of information on new and emerging technologies remains, but the methods for doing this in a way that satisfies intended audiences need further development. Two options would be (1) to investigate the various interests through a consensus method, and (2) to pursue EuroScan's earlier idea of developing a core set of early awareness information in a database.</p>	<p>Ludwig Boltzmann Institute of Health Technology Assessment, Austria.</p>
EUnetHTA, 2008 (107)	<p>This reference represents the HTA Core Model Handbook. The aim of the handbook is to assist in the usage of the HTA Core Model.</p>	<p>HTA Core Model</p>	<p>The handbook provides an introduction to the model and its applications, a practical guide for usage, and a methodological guidance for</p>	<p>Articles/reports concerning core HTA included introductions to and testing of the model. Practical guide for usage.</p>	<p>The EUnetHTA core model still needs further testing and refining to ensure optimal usefulness and user-friendliness.</p>	<p>FinOHTA, Finnish Office for HTA, Finland.</p>

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Simpson S, Wild C, 2008 (108)	This reference represents the first issue of "On the Horizon", a newsletter on Horizon scanning developed in collaboration between EUnethTA and EuroScan. The aim of the newsletter is to provide information about a selection of new and emerging technologies.	Horizon Scanning Sharing of information EUnethTA EuroScan	performing actual research. -	-	-	Ludwig Boltzmann Institute of Health Technology Assessment, Austria.

Life cycle perspectives of health technologies

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
McCabe, C. 2008 (109)	To review the evidence for the increasing influence of cost-value assessment in determining market access, and consider the function of licensing authorities.	Licensing Reimbursement Drugs Coverage with evidence development	Review	The authors propose that it would be consistent with the objectives of pharmaceutical regulators to use the Net Benefit Framework of reimbursement authorities to identify those therapies that should be subject to priority review, that it is feasible to do so and that this would have several positive effects for patients, industry, and healthcare systems.	-	Leeds Institute of Health Sciences, UK.
Hutton, J. 2007 (110)	To explore conceptual and policy issues relating to coverage with evidence development (CED) and discuss issues involved in operationalizing CED in practice, including presenting criteria for which technologies may be most suitable for CED. This study is intended to further the	Coverage with evidence development	Review Discussion	This study intend to contribute to identifying those specific circumstances in which CED might provide a better way forward than current procedures in securing the most benefit from existing and emerging health technologies.	The involvement of patients in coverage decision making should be further investigated.	York Health Economics Consortium, University of York, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	debate on the use of CED as well as highlight areas that warrant further research.					
Chalkidou, K. 2007 (111)	To discuss NICE's option to use interventions in the NHS only in the context of appropriate research (OIR), the implications for evidence base, and the prospects as a viable policy option.	Coverage with evidence development	Discussion	Setting out clear and consistent criteria leading to such decisions and ensuring that the recommended research is undertaken in a timely and responsive manner are challenging tasks. Through reviewing the cases where NICE has issued OIR recommendation (evidence with coverage development) this paper reinforces the importance of acknowledging uncertainty and highlights the difficulties in implementing this policy option within the NHS.	How much uncertainty should there be before a recommendation is issued that a technology be used only in the context of research? How would this vary (if at all) when there is no ongoing planned research? Should the focus be solely on the quality of the evidence or should the potential budgetary impacts and clinical importance be considered when issuing an OIR recommendation? How can these decisions be made transparent, consistent and methodologically sound way across NICE?	Research and Development, National Institute for Health and Clinical Excellence, UK
Pearson, S. 2007 (112)	This paper discusses current NICE efforts to support value in the NHS and then explores	Disinvestme nt HTA of existing	Discussion	NICE will need to collaborate in new ways with partners inside, and perhaps outside, the NHS. However, the Institute has an	-	Department of Clinical Bioethics, National Institute of Health, Bethesda, USA.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	the policy options available to the Institute as it prepares to launch a programme to meet the NHS request for guidance on disinvestment. All of the possible options present challenges.	technologies		established reputation for rigour, transparency and political durability that makes it well qualified to sustain public support in the face of difficult decisions. Disinvestment will provide a stern test of these qualities.		
Walker, S. 2007 (113)	This article examines the role of National Institute of Health and Clinical Excellence (NICE) technology appraisal in detail, focussing on the process itself and the methods used to establish cost-effective practices for the National Health Service (NHS).	NICE Disinvestment	Review	Approaches to identifying both effective and cost-effective practices have become central to rationing decisions in the NHS. The establishment of the NICE, which produces guidance on what treatments should be provided by the NHS, represents the most visible approach to introducing economic considerations into these decisions. The decisions over which activities will be displaced by NICE approved treatments are made at a local level, while the cost-effectiveness threshold used to evaluate technologies is set nationally. This may result in	The introduction of programmes looking at disinvestment opportunities to help aid local decision makers is a key step in improving the allocation of NHS resources and removing geographical inequalities.	Centre for Health Economics, University of York, Heslington, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Summerhayes, M. 2006 (114)	This article reviews the work of England's National Institute for Health and Clinical Excellence (NICE) in the area of cancer treatment since it was established in 1999.	Reimbursement decisions	Review Discussion	treatments being displaced which are more cost-effective than those being introduced. Recommendations of a treatment by NICE does have an impact on treatment uptake, though it does have an impact on not result in equal access to for all NHS patients, though the organisation itself cannot be held responsible for the uneven implementation of its guidance. The problems with NICE are mostly related to the time that it takes to complete appraisals and inadequate resourcing.	-	Medical Department, Roche Products, UK
Maynard, A. 2004 (115)	The article discuss NICE's role in rationing in the NHS and the prioritisation of technologies.	NICE Rationing Prioritisation	Discussion	Rationing health care is inevitable, and NICE should inform NHS decision making. NICE has yet to mature into the efficient prioritisation mechanism that is required to ensure the best use of NHS resources. NICE appraisal should focus not only on service enhancement but also on withdrawal of existing ineffective or inefficient therapies.	The NHS needs better information from NICE on the equity implications of both new and existing technologies.	Department of Health Sciences, University of York, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Hummel, J.M. 2000 (116)	To introduce a new method of constructive medical technology assessment that can change the development and diffusion of a medical device to improve its later clinical effectiveness. This is illustrated by the case of heart assist devices.	Disinvesting Constructive medical technology assessment Analytic Hierarchy Process	Quantitatively supported discussions	Giving NICE a real budget to fund its recommendations would encourage it to examine the effect of its decisions in the whole NHS. The discussions changed the evaluators' perspectives, reduced disagreements, and ended in a reliable evaluation of the performance of the heart assist devices.	-	Faculty of Management and Organization, University of Groningen, The Netherlands
Quentin, 2008 (117)	This report presents the work of EUnetHTA WP 7 that performed an overview of national experiences on access with evidence generation mechanisms, drew up a generally applicable 5-step policy framework for access	Evidence generation Web based toolkit EUnetHTA	-	The generation of evidence in the early stages of the lifecycle of health technologies.	-	HAS, French National Authority for Health, France

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	with evidence generation mechanisms, and developed a Web based toolkit to support structured collaboration that could facilitate evidence generation.					
Quentin, F. 2009 (118)	One of the aims of WP7 of the EUnetHTA Project was to determine the types of structured collaboration that could facilitate evidence generation and to develop a Web-based toolkit to support such collaboration.	Evidence generation Collaboration EUnetHTA	Standardized forms for information sharing were developed and tested followed by the development of the Web based toolkit	This new web site for sharing information on evidence generation should help countries reach robust decisions on the timely adoption of promising health technologies. It will only become fully operational if EUnetHTA Partners supply relevant, accurate, and updated information, and regularly use the Web site.	-	French National Authority for Health, France.
Carbonneil, C. 2009 (119)	One aim of WP7 of the EUnetHTA project was to provide an overview of national access with evidence generation mechanisms associated with	Evidence generation EUnetHTA	Literature review Survey	International collaboration is necessary to gather a critical mass of high-quality data quickly and to ensure timely access to new promising technologies. The overview produced by WP7A has led to development of tools to	-	French National Authority for Health, France.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	marketing approvals and funding or coverage decisions.			facilitate collaboration on evidence generation.		

Challenges to HTA methodology

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Douma, K.F.L. 2007 (120)	To explain the methodological aspects mainly concerning the diagnostic use of constructive technology assessment (CTA) using the controlled introduction of a microarray analysis into the clinical practice of breast cancer treatment as a case study.	constructive technology assessment	Description of methodology	In addition to HTA, CTA can be used as a complementary approach, especially in technologies that are introduced in an early stage of development in a controlled way.	-	The Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital, The Netherlands
Drummond, M.F. 2007 (121)	To discuss whether the standard methods of HTA are adequate for assisting decisions on patient access to and funding of orphan drugs and to outline a research agenda to help understand the societal value of	Challenging technologies Orphan drugs	Review Discussion	Standard HTA procedures may not fully capture the societal value of some health technologies and there are currently serious shortcomings in the evaluation of orphan drugs.	More research is required into the methods of assessing the societal value of health technologies and the methods of funding the development of orphan drugs.	Centre for Health Economics, University of York, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Waugh, N. 2006 (122)	orphan drugs and issues surrounding their development, funding, and use. To address three question concerning HTA: does it work, at what cost, and is it worth it?	Reimbursement decisions. Challenging technologies cancer	Discussion	HTA is a form of policy analysis that helps decide what to fund and what not to fund. Tension arise mainly when a new intervention is clinically effective but not cost-effective, usually because the benefit is small and the cost high.	-	Department of Public Health, University of Aberdeen, UK
Battista, R.N. 2006 (123)	The complexity of health technology assessment (HTA) has increased, in part because of its evolution through three distinct phases: the machine, the clinical outcomes, and the delivery models. However, the theoretical foundation for the field remains underdeveloped.	Methodological developments	Discussion	Consolidating the scientific basis of HTA is essential if we are to succeed in increasing the relevance of HTA in some of the most challenging health-related decisions that we will make as individuals and societies.	Many challenges await the further development of HTA. They can be captured around three research themes: Adapting HTA to an evolving analysis object; translating HTA results into policy, management, and practice decisions; and, evaluating organizational models of HTA.	Department of Health Administration, University of Montreal, Canada.
Williams, A.H. 2006 (124)	To address the equity efficiency trade offs in	Equity efficiency	Discussion	Decisions about health technology do have some impact	More research into methods for managing equity-efficiency trade-	Centre for Health Economics, University

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	economic evaluations in HTAs	trade offs		on health inequalities. The rich tend to adopt effective new technologies more rapidly than the poor, which impacts on inequalities of access and outcome.	offs are needed.	of York, UK
Holland, W.W. 2004 (125)	This article reviews the developments in HTA in four countries, France, The Netherlands, Sweden, and United Kingdom, in relation to public health.	HTA and public health	Review	The authors emphasize that the majority of assessments made are concerned with individual clinical care rather than with the optimization of health. Unless more emphasis is given to the development and evaluation of public health measures, it is unlikely that there will be any major advances in health status.	Possible areas for future assessment should include such issues as smoking, drug and other substance misuse, nutrition, and health inequalities. However, it is unlikely that these major areas of concern will be included in the future unless the methods of choice for priorities of development and assessment are changed to include measures that improve health status rather than only clinical services.	London School of Economics & Political Science, UK
Webster, A. 2004 (126)	This study provides a sociological commentary on the current debates within HTA, specifically in response to the approaches taken in France, The	HTA and sociology	Review Discussion	New types of methodologies should be developed for assessment and for a stronger social embedding of HTA practice.	-	University of York, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Milne, R. 2003 (127)	Netherlands, Sweden, and the United Kingdom. To explore how HTA reports vary in response to increasing demands.	Methodologi cal development	Research	Future developments in HTA responses are likely to come by the continued development of more systematic methods of assembling evidence, by the more useful presentation of results to decision makers, and by such presentations that incorporate helpful information about the level of uncertainty. Further improvement will depend on continued dialogue between decision makers and researchers.	Ways of measuring and summarizing evidence about patient impact, organizational impact and the impact on equity of new technologies are urgently needed.	Wessex Institute for Health Research and Development, University of Southampton, UK
May, C. 2003 (128)	To employ telemedicine as an exemplar, through which to develop an explanatory model of evaluation, and thus enable the under- standing of the complex set of social relations, discourses and practices that are implicated in the shift	Contingency model Telehealth- care	Review	The contingent relations model gives a degree of priority to the political contests that take place around the stabilization of knowledge and practice on a field or domain of activity rather than focusing specifically on the supposed trajectory or diffusion of a specific artefact. The authors suggest that the model has generalisable utility in understanding the wider field of	-	Centre for Health Care Services Research, University of Newcastle upon Tyne, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	from ideation towards normalisation of a field of information and communication technology in health care.		HTA.			
Altenstetter, C. 2003 (129)	This article examines EU and member state regulation of medical devices.	Medical devices Regulation EU	Review Discussion	If patient safety is as important to the EU regulatory scheme as free movement and competitiveness, then both Brussels and member states will require additional resources, as well as measures to overcome obstacles to implementation, evaluation, and accountability.	-	Program in Political Science and European Union Studies Center, City University of New York, USA
Williams, T. 2002 (130)	To critically contrast the normative expectations of the wider field of HTA with those configured within debates about Telehealthcare Evaluation, and to critically review models that provide structures within which the production of evidence	Tele healthcare	Review Discussion	HTA has been established through a community of practice that defines what acceptable facts about a technology are, and how they should be constructed. These facts become organized into research and evaluation procedures and so become a dilemma, a real problem for the healthcare evaluators. The literature around methods and models in tele healthcare	-	Centre for Health Services Research, University of Newcastle upon Tyne, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	about telehealthcare can take place.			evaluation seems apart from the wider literature on HTA. The emergent nature of tele healthcare systems, and their uncertain impact on organisational and professional structures, means that it demands mapping in ways that construct an alternative to the conventional model of biomedical research.		
McDaid, D. 2003 (131)	This paper examines the current state of evaluations of health care interventions in the European Union, from the identification and commissioning of research through to its impact on policy and practice.		Survey Literature review	Much research still concentrates on issues of safety, efficacy and effectiveness, although there is evidence of an increasing emphasis on cost-effectiveness. Many countries are beginning to introduce systems linking economic evaluation to the decision-making process, while networks for the exchange of information continue to evolve. Research capacity in the public sector, although improving, is uneven, in part due to the uncertainty over long term career prospects and competition from industry. Capacity building	Further research on implementation and impact assessment is required, to help demonstrate the value of evaluations on both policy and practice.	LSE Health and Social Care, London School of Economics and Political Science, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Siebert, M. 2002 (132)	To inform about the specifics of medical devices and the resulting consequences for HTA and to present the European industry position on this topic.	Medical devices Methodological considerations Industry	Discussion	measures should in particular ensure that dissemination expertise is strengthened, and that more emphasis is placed on developing receptor capacity within different stakeholder groups. Linking knowledge production to changes in practice remains a key challenge. The European medical device industry can commit to an HTA that takes into consideration the specifics of medical technologies, which is appropriate and fair, and which is done under full participation of industry. Under these circumstances HTA can be a useful tool to support rational decision making in health care.	There remains a need to harmonize the requirements for the information to be submitted and the procedures applied in HTA in Europe.	Eucomed
Foot, B. 2002 (133)	New therapies are often introduced into the NHS prior to full evaluation, leading to inequities in provision. Uncertainty exists regarding the value of photodynamic therapy	Photodynamic therapy	Survey Quantitative methods	Substantial variation exists in the availability of photodynamic therapy. The differing thresholds at which clinicians believe treatment would be justified may further exacerbate variations and the priority given to PDT.	-	The Royal College of Ophthalmologists London, UK

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	in the treatment of neovascular age-related macular degeneration. The authors ascertained the availability of this treatment and the information used to inform clinical policy.					
Dauben, H.P. 2002 (134)	This article reports on the work of WG 1 of the ECHTA/ECAHI project. To analyze current initiatives to assess health promotion and disease prevention activities in European countries, and to examine the extent to which HTA has been implemented in health policy and health practice in relation to health promotion.	Health promotion Disease prevention	Literature review Survey	There is an extensive array of proven preventive technologies that should be available to the European public. The actual implementation of these technologies is, however, generally disappointing. European countries and EU need to devote more attention to preventive strategies in Europe.	The EU and the European Commission should encourage HTA in the area of prevention and public health both in member states and at the European level. There is an urgent need to develop means of assuring the implementation of effective preventive strategies.	University of Tromsø, Norway
Hummel, M.J 2000 (135)	To provide a practical contribution to the field of medical technology	Assessment of technologies	Description of methodology	In contrast to more traditional technology assessments comprehensive technology	-	University of Groningen, The Netherlands

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	assessment within a new paradigm that indicates the need for more comprehensive technology assessments in the development stage of a new technology.	at the development stage Constructive Technology Assessment		assessments encompasses the perspectives of the diverse actors in the social context of technology development and diffusion. It influences their decision making on technology design and diffusion in order to improve this technology's later clinical as well as social effectiveness.		
Malone, D.E. 2000 (136)	To compare and contrast interventional radiology (IR) clinical and research practices with the technology assessment and evidence-based medicine paradigms and make suggestions for the phased evaluation of IR procedures.	Interventional radiology	Literature review	Principles of technology assessment and EBM can be applied to the investigation of new IR procedures. A tool is needed to simplify the application of EBM analytic methods.	Better education in research methods is needed to raise the levels of evidence provided by the bulk of IR research and allow new procedures to be introduced into practice appropriately.	Department of Radiology, St. Vincent's University Hospital, Ireland
Myhre, K.I. 2000 (137)	To review studies providing evidence on the effectiveness of teleconsultations and teleradiology.	Tele healthcare	Literature review	Telemedicine shows great promise in some areas; however, the use should still be regarded as experimental. Tele healthcare should be implemented in a way that	-	Senter for medisinsk metodevurdering, Norway

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
				facilitates ongoing evaluation.		

Development of HTA capacity and HTA programmes

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Martelli, F. 2007 (138)	The aim of the study is to make an international comparison of HTA Agencies, to show their similarities and differences.	HTA programmes HTA Agencies	Survey Statistical methods	Governmental and American Agencies have a profound impact on the prescriptiveness of their assessment, and this could be linked to the fact that these types of Agencies work on multiannual programs. European and American HTA Agencies have many similarities in terms of type of assessment, funding, and dissemination of results.	Further assessment of the impact of HTA on policies and technology diffusion is an interesting issue. Strong HTA networks exist, but there is still a need to strengthen the link to policy, especially taking into account the countries with limited resources and experience in HTA. These issues should become a shared responsibility between HTA producers and the various types of users.	Italian National Institute of Health, Rome, Italy.
Shepherd, J. 2007 (139)	This article reports a pilot project to evaluate the methodology for speciality mapping that was undertaken in the area of child and adolescent health. Two case studies are presented, in the area of sexually transmitted infections and acute	Speciality mapping Capacity Priority setting	The methodology comprised sequential stages, based on principles of systematic review.	Speciality mapping can make a positive contribution to the policy agenda, with several research and policy gaps being fed into existing prioritization channels. Adequate time, resources, and capacity are required particularly in engaging stakeholders and developing a care pathway. Implementation of speciality mapping in other topic areas with	In terms of the way forward, the methodology should be refined in the light of the lessons learned from this pilot exercise. It will be important to assess its value across a variety of topic areas. It should be as participative and as inclusive as possible in the spirit of involving all in setting the agenda for HTA.	University of Southampton, Southampton, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	pain.			on-going evaluation is recommended.		
Gulacsi, L. 2007 (140)	The article focuses on the EU12 countries, and the case of Hungary, and the hurdles of introducing HTA and economic evaluation in these countries.	HTA Capacity building Hungary Economic evaluations	-	The EU12 countries are dependent on cost effectiveness studies carried out in other countries. Transferability and adaptability is vital for these countries.	Requirements for reimbursement should be more simple and realistic as well as more straightforward and strict. Further research is needed in the area of cost effectiveness of technologies in EU12 countries. In many cases this might be lower.	Corvinus University of Budapest, Hungary.
Corabian, P. 2005 (141)	To assist and facilitate introduction and development of a HTA program in Romania.	HTA programmes Romania	Mentoring of an initiative group in Romania	Mentoring services assisted the initiative group in promoting HTA in Romania. The implementation of HTA in Romania has not happened yet, and efforts need to continue to sustain the existing momentum. However, success in implementing an HTA program will depend on essential factors such as local political, economical, and educational support for this initiative and others like it.	-	Health Technology Assessment Unit, Alberta Heritage Foundation for Medical Research, Canada.
Lehoux, P. 2005 (142)	This article reports the evaluation of the Ulysses Project.	Education and training in HTA	Self-administered questionnaire	Despite the numerous organizational barriers inherent to creating an international program	In developing programmes, attention should be paid to the collaborative processes.	Department of Health Administration, University of Montreal,

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	<p>The objectives of the project were to (i) develop a master's level program in HTA, (ii) test its content with a group of Canadian and European students, and (iii) evaluate the Program's strengths and weaknesses. This study presents the results of the evaluation of the first edition of the Master's Program (2001--2003).</p>	<p>HTA programmes</p>	<p>Interviews</p>	<p>and several areas for improvement in the Program itself, the Ulysses Project was successful in attaining its objectives. Because there is a growing need for human resources with special training in HTA, further efforts need to be devoted to strengthening the international research capacity in HTA.</p>	<p>The overall research capacity in this area should be increased.</p>	<p>Quebec, Canada.</p>
<p>Gulácsi, L. 2004 (143)</p>	<p>The study outlines the needs and current developments of the new requirements in Hungary where many existing drugs are unevaluated and many new, expensive drugs are becoming available.</p>	<p>Fourth hurdle Introducing evaluation in Hungary</p>	<p>Discussion</p>	<p>The most important issue seems to be that the implementation of the "fourth hurdle" needs to be achieved in a way consistent with the limited resources for HTA in Hungary. Specifically this means that, in setting priorities for drugs to evaluate, additional criteria need to be applied. In particular, priority should be given to assessing drugs that have been</p>	<p>The authors point to the fact, that crude economic models are often not available to countries with limited resources. Also, further research is needed into further refinement of the approaches for adapting economic data from one location to another.</p>	<p>Department of Public Policy and Management, Budapest University of Economic Sciences and Public Administration, Hungary.</p>

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Claxton, K. 2004 (144)	To demonstrate the benefits of using appropriate decision-analytic methods and value of information analysis (DA-VOI), to inform the prioritisation process of the NHS HTA programme, and to explore the possibility of extending their use therein.	Priority setting	Survey	The pilot study showed that, even with very short timelines, it is possible to undertake DA-VOI that can feed into the priority-setting process that has been developed for the HTA programme.	There is a need for an analytical framework to be developed that can jointly address the question of whether additional resources would better be devoted to additional research or interventions to change clinical practice.	Department of Economics, University of York, UK.
Townsend, J. 2003 (145)	The Preliminary Assessment of Technology for Health Services (PATHS) study aimed to develop a method of economic evaluation and triage at the stage of research prioritisation, before the funding decision.	Priority setting Research priority	Presentation of methodology	The PATHS model has a useful part to play in the research prioritising process alongside existing criteria.	There is a need to investigate how to synthesize the strengths of the value of information and the PATHS approaches There is a need to compare <i>ex ante</i> and immediate <i>ex post</i> assessment of implementation with long term follow up of actual implementation. There is a need to assess the robustness of such approaches to	Health Technology Assessment NHS R&D HTA Programme, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Oortwijn, W.J. 2002 (146)	To illustrate the application of a formal priority setting process in The Netherlands to an alternative process.	Priority setting of HTA topics The Netherlands	Different quantitative procedures for categorising, scoring, and weighting policy criteria were defined, and different classification strategies were explored.	The different ratings of the research proposals using a more explicit procedure suggest that there may be scope for further development and application of the procedure.	the choice and number of experts used. There are several methodological challenges in priority setting such as defining suitable indicators and cut-off points for policy criteria. It is recommended to study the impact of different ways of defining weighing factors and their impact on the final priorities for funding research in more detail. More research is needed to assess the construct validity of the procedure, and to assess the influence of different reviewers.	University Medical Centre Nijmegen, Department of Health Technology Assessment, The Netherlands.
Antes, G. 2002 (147)	This article reports the work of ECHTA working group 5. The aim of WG5 was to develop and coordinate education and support networks for individuals and organizations	HTA Education and training HTA Programmes	Survey of 48 countries Development of a proposal for a master in HTA in Europe at the	There is a rapid increase in the number and diversity of courses in HTA in Europe. In particular, countries in the EU are well represented. Education and training in HTA is scarce in EU candidate membership countries, and virtually absent in the remainder of countries. In	To stimulate this development in the area of education and training, both bilateral cooperation and an EU-wide coordinated effort are recommended.	Deutsches Cochrane Zentrum, Germany.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	undertaking or using assessment of health interventions and to identify needs in the field and assist in the establishment of new provisions.		university level	general, HTA as a field is in the process of becoming established and institutionalized both in individual countries and internationally.		
Hagenfeldt, K. 2002 (148)	This article reports on the work done by the ECHTA WG 2. The aim of WG 2 has been to develop a system for routine exchange of information concerning ongoing or planned evaluations and their findings, priority setting, and emerging technologies.	Joint assessment Information sharing in HTA Priority setting	Literature review Survey	Information about already completed and ongoing HTA projects can improve the HTA process by means of a quicker production period. There is a wide variation in existing databases. The HTA Database is considered to be the most valuable source of information on HTA results and ongoing HTA activities. There is an increased use of priority setting procedures, however, because of the various contexts in which HTAs are undertaken, no single procedure can be recommended.	The article provides recommendations on Clearinghouse activities. Functions related to the exchange of information on ongoing HTA projects and HTA results and functions related to priority setting for HTA. Added value can be achieved by comparative research among countries and by bringing together a wide variety of different national methodological approaches.	Danish Center for Evaluation and Health Technology Assessment (DACEHTA), Denmark.
Gibis, B. 2001 (149)	To present a SWOT analysis conducted at the global level and of the Estonian situation	HTA programme in Estonia SWOT	SWOT analysis	The future shaping of HTA in Estonia is dependent on the specific environment in which it arise and further assessment will	Initial and specific HTA activities need to be started, to maintain existing momentum, as well as to generate more momentum.	National Association of Statutory Health Insurance Physicians, Germany.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	and to present developed actionable steps.	analysis		be necessary in the future.	These should focus on existing HTA reports generated around the world, which could be of immediate help to decision makers in Estonia.	
Chase, D. 2000 (150)	To describe and evaluate the relative importance of the different sources used by the NHS Health Technology Assessment Programme in 1998 to identify potential priorities.	Priority setting	Descriptive statistics	By far the largest source of suggestions and priorities was the widespread consultation. However, the success rate of this source, in terms of being commissioned, was low. Research recommendations from systematic reviews provided the second largest source of priorities and the best success rate of all sources. Value was found from different sources for different healthcare areas.	Further research is needed in order to determine why some sources generated a better success rate and contribution to setting priorities than others. A more detailed evaluation of the identification and prioritization processes used by the many HTA programs could be of great benefit. It would aid the identification of sources that involve people who use, work, and manage healthcare systems and identify the most cost-effective assessments.	University of Southampton, UK.
Cookson, R. 2000 (151)	This paper discusses the challenges facing HTA in Europe, based on an explicit analysis of the characteristics of an "optimal" HTA system.	HTA in Europe HTA programme Challenges to HTA in Europe	Discussion	The primary concerns of European health care policy makers are expenditure control or cost containment, efficiency, and equity.	Two policy challenges for HTA in Europe are particularly pressing: (a) the need to broaden the focus of HTA in beyond clinical technologies and toward the wider "technologies" for organization and delivery of care;	London School of Economics, UK.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Davies, L. 2000 (152)	To develop an economic prioritization model/ a model for ex ante evaluation of HTA to assist those involved in the selection and prioritization of HTA topics and commissioning of HTA projects. Ex ante evaluations are required for the ex post evaluation of the pay back of priority setting.	Assessment of pay back	Econo- metrics	The main conclusion was that it is feasible to conduct ex ante assessments of the value for money of HTA for specific topics. However, substantial work is required to ensure that the methods used are valid, reliable, consistent, and an efficient use of valuable research time.	and (b) the need to start evaluating the implications of health technologies for equity and inequality as national governments realign policy toward equity goals. The value of providing decision makers with quantitative estimates of pay back of HTAs needs to be compared with softer qualitative approaches to prioritization of research portfolios.	University of York, UK.
Moharra, 2008 (153)	This reference represents the EUnetHTA handbook on capacity building. The handbook aims to provide practical guidance on how to	HTA capacity building	The handbook provides concepts, outlines potential activities,	-	-	Catalan Agency for Health Technology Assessment and Research, Spain.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	establish HTA in countries with limited capacity.		consider organizational and legal frameworks, fundamental structures of an agency and practical guidance.			
Moharra, M. 2009 (154)	The aim of this study was to support health technology assessment (HTA) capacity building in Member States of the European Union with limited experience or without institutionalized HTA. The main output is a Handbook on HTA Capacity Building.	HTA capacity building	Surveys of (i) HTA organizations, (ii) information management units, and (iii) HTA educational programs.	Setting up organizational structures and establishing effective HTA programs that guide key policy decisions is a challenging task. There are no standard models or pathways. "One size fits all" is not a useful principle because of the wide systemic and cultural differences between countries. The Handbook on HTA Capacity Building includes approaches for overall institutional development, especially in formulating objectives, setting up structures, and defining work processes.	There is a need for educational and training programmes in HTA and related areas to ensure that trained personnel, representing different disciplines but having common language, can cooperate in performing HTAs. Networking among organizations plays an important role in the development of sharing of HTA activities, but better coordination and communication among HTA programmes is needed. Collaboration is especially important for countries without institutionalized HTA programmes.	Catalan Agency for Health Technology Assessment and Research, Barcelona, Spain.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Neikter, S.A. 2009 (155)	The aim of this study was to facilitate effective internal and external communication of an international network and to explore how to support communication and work processes in HTA.	EUneHTA HTA capacity and programmes	EUneHTA connected sixty-four HTA Partners organization s from thirty-three countries. A step-wise, interdisciplinary, any, creative approach was used in developing practical tools.	Modern technology enables a new information infrastructure for HTA. The potential of information and communication technology was used as a strategic tool. Several target groups were represented among the Partners, which supported collaboration and made it easier to identify user needs. A distinctive visual identity made it easier to gain and maintain visibility on a limited budget.	Particular support for introducing formal HTA should be dedicated to Eastern and Central Europe to address the growing interest in HTA. -	Swedish Council on Technology Assessment in Health Care, Sweden.
Kubesch, N. 2008 (156)	To determine the current state of development, the processes and resources used by information units in HTA organisations,	HTA capacity and programmes	A cross-sectional survey Semi structured questionnaires	Most HTA organisations have professionals dedicated to information management. These information specialists contribute throughout the development of HTA, and often beyond its completion in dissemination	Further research should be undertaken to generate more detailed information on the organisation on which the information unit is situated, in order to get a more complete picture of the context and scope	Catalan Agency for Health Technology Assessment and Research (CAHTA), Spain.

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	and to describe the characteristics HTA information services staff.			activities. Knowledge in information science, along with subject knowledge, appears to be indispensable for the fulfilment of their work.	of work in HTA information units.	
Moharra, M. 2008 (157)	To gain knowledge on the current state of HTA worldwide and its institutionalization as well as insights in characteristics and processes of such organisations.	HTA capacity and programmes	A cross-sectional survey Semi structured questionnaires	The model of HTA organisations has not changed significantly in the past 10 years. Common aspects and barriers are experienced by HTA agencies regardless of their geographical setting and years of experience. Multiple types of experts are needed in HTA. Networking among HTA organizations play an important role in development and sharing of HTA activities.	Collaboration among HTA organisations either at national or international level could help to overcome resistance to barriers such as training staff. The initiative of national and international collaboration by means of international projects and specific programmes needs better coordination and communication among HTA programmes.	Catalan Agency for Health Technology Assessment and Research (CAHTA), Spain.

Links between Policy and HTA

Article/ Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Lettieri, E. 2008 (158)	The aim of this study was to benchmark the proposal forms used by a sample of Italian hospitals to inform the budget process for the adoption of new technology to understand the relationship with the guidelines provided by the HTA literature.	Budgeting	Literature review Comparison of proposal forms	The proposal forms used to inform the budget process regarding the adoption of new technology are accountable for a limited set of dimensions from among those proposed in literature.	Further research is required to understand: 1) how to render technology assessment multidimensional, multidisciplinary, evidence-based, and accountable at a hospital level, 2) the level of integration between HTA and budgeting. How do proponents of a new technology fill in the proposal forms? How do they judge the perspectives and criteria? How does the budget committee act to increase the accountability and fairness of decision-making.	Department of Management, Economics and Industrial Engineering, Italy.
Hartz, S. 2008 (159)	The aim of our study was to investigate the possible contributions of economic evaluation to industry's decision making early in product development and to confront the results with the actual use of	Economic evaluation Industry Early product development	Literature review	Industry can benefit from starting economic evaluation early in product development in several ways. Empirical evidence suggests that there is still potential left unused.	-	Department of Microeconomics, Friedrich-Schiller-University of Jena, Germany.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	early data in economic assessments.					
<u>Culver, A.J.</u> 2006 (160)	This paper seeks to test 12 conjectures about the predicted use of deliberative processes by applying them to the technology assessment procedures used by the NICE in England and Wales. A deliberative process is one that elicits and combines evidence of different kinds and from different sources in order to develop guidance - in the present case, guidance for a health care system.	Combination of evidence	Application of 12 conjectures about the predicted use of deliberative processes to NICE process.	It is shown that NICE's appraisals procedures and, in particular, its approach to cost effectiveness, entail both the weighing of each of these types of evidence and can be seen as rational responses to the 12 conjectures.	-	Institute for Work & Health, Toronto, Canada and University of York, UK.
<u>Oortwijn, W.J.</u> 2008 (161)	Investments in health research should lead to improvements in health and health care. This is also the remit of	Assessment of impact Investments in health research	Dossier reviews Survey	It is generally too early to determine whether the HTA program led to actual changes in healthcare policy and practice. However, the results can be used	Future evaluation of impact needed (routinely) The methodology needs to be further developed.	Department of Marco & Sector Policies, The Netherlands.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	the main HTA program in the Netherlands. The aims of this study were to assess whether the results of this program have led to such improvements and to analyze how best to assess the impact from health research.			as a baseline measurement for future evaluation and can help funding organizations or HTA agencies consider how to assess impact, possibly routinely. This, in turn, could help inform research strategies and justify expenditure for health research.		
<u>Andradas, E.</u> , 2008 (162)	The aim of this study was to explore the needs and requirements of decision makers in our regional healthcare system for HTA products to support portfolio development planning for a new HTA agency in Madrid, Spain.	Needs assessment	Delphi study Questionnaires	The high participation rate supports the representativeness of the results for our regional context. The strategic development of an HTA portfolio based on decision makers' needs and requirements as identified in this type of exercise should help achieve a better impact on policy development and decision making.	-	Health Research Director, Area de Investigacion y Estudios Sanitarios, Agencia Lain Entralgo, Spain.
<u>Hamney,S.</u> 2008 (163)	To consider how the impact of the NHS HTA Programme should be measured. To determine what	Impact assessment	Literature review	The HTA Programme has had considerable impact in terms of knowledge generation and perceived impact on policy and to some extent on practice. This	Further research should cover more detailed, comprehensive case studies, as well as enhancement of the 'payback framework'. A project that	Health Economics Research Group, Brunel University, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	models are available and their strengths and weaknesses. To assess the impact of the first 10 years of the NHS HTA programme from its inception in 1993 to June 2003 and to identify the factors associated with HTA research that is making an impact.			high impact may have resulted partly from the HTA Programme's objectives, in that topics tend to be of relevance to the NHS and have policy customers. The required use of scientific methods, notably systematic reviews and trials, coupled with strict peer reviewing, may have helped projects publish in high-quality peer-reviewed journals.	collated health research impact studies in an ongoing manner and analysed them in a consistent fashion would also be valuable.	
<u>Milewa, T.</u> , 2008 (164)	This article focuses on the meaning of representation and legitimacy in relation to decisions about the availability of publicly funded new drugs, treatments, and medical devices within the NICE in the UK.	Stakeholder involvement Representation and legitimacy	Interviews	The findings suggest that those charged with managing bodies such as NICE should adopt a flexible approach to engaging and involving stakeholders. The "representation" of relevant stakeholder constituencies in decision-making procedures is not, however, enough. The legitimacy of decision-making arrangements on behalf of wider society also depends upon transparent reasoned debate that affords different interests the opportunity to challenge, test or	-	School of Social Sciences, Brunel University, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
<u>Moret-Hartman,M.</u> 2007 (165)	Possibly, problem definitions underlying HTA do not concur sufficiently with the problem definitions held by policy makers or clinicians. This article presents an in-depth case study on mebeverine, a drug prescribed to patients with irritable bowel syndrome, to explore this hypothesis.	Impact of HTA	Theoretical framework Review Semi structured interviews	advance arguments about evidence in a manner that discounts preconceived ideas about the status and authority of protagonists. To ensure that future studies on healthcare problems are useful, it is imperative that policy makers take the problem definitions of potential users into account.	-	Department of MTA, Radboud University Medical Center, The Netherlands.
<u>Williams, I.</u> 2007 (166)	To explore the influence and use of economic evaluation provided by NICE in the decision-making process in the NHS in England and Wales.	Impact The role of NICE	Qualitative case study Review Interview	The NICE 'experiment' has seen cost-effectiveness analysis move to the centre-ground of UK national policy deliberations regarding technology coverage.	-	Health Services Management Centre, School of Public Policy, University of Birmingham, UK.
<u>Hailey,D.</u> 2006 (167)	The aim of this study was to obtain	Consumer involvement	Questionnaire	Most INAHTA members involve consumers in some aspects of	-	Alberta Heritage Foundation for Medical

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	information from members of INAHTA on their involvement of consumers (patients, carers, and related organizations) in their programs.			their programs, although not always routinely. Involvement seems likely to increase in the future.		Research and University of Calgary, Canada.
<u>Packer, C.</u> 2006 (168)	The objective of this study was to examine and explain the differential international diffusion of six health innovations.	Diffusion of technologies	Retrospective diffusion study	The significant differences in diffusion between different countries are not consistent with a neat evidence-based world. The tools available to policy makers to control diffusion (early warning systems, HTA, and a fourth hurdle) play some part in influencing diffusion but need close scrutiny of how successfully they operate.	There is room for close scrutiny of how successfully the tools available to policy decision makers to control how diffusion of technologies operates.	University of Birmingham, UK.
<u>May, C.</u> 2006 (169)	This paper addresses the conditions in which HTA knowledge is mediated into decision-making contexts, and how is it understood and used when it gets there.	Diffusion of knowledge Impact Understanding of evidence by decision makers	Examination of meetings and seminars	The paper points to the ways that evidence generated in the normative frame of HTA was increasingly seen as one-dimensional and medicalised knowledge that failed to respond to the contingencies of everyday practice in health and social care settings.		Centre for Health Services Research, University of Newcastle upon Tyne, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
<u>Hutton, J.</u> 2006 (170)	To achieve a better understanding of the potential for use of HTA, this study develops an analytical framework to describe and classify existing fourth hurdle systems.	Fourth hurdle	Literature review	The analytical framework will help researchers and policy makers in individual countries to understand their own systems and will allow some preliminary sharing of experience between countries.	More experience with the application of the analytical framework is needed to judge whether it will provide the basis for more formal comparison of systems and whether it will determine their appropriateness for particular decision contexts.	Department of Health Sciences, University of York, UK.
<u>Gagnon, M.P.</u> 2006 (171)	This research sought to understand factors affecting the uptake of HTA recommendations to support decision making with respect to the introduction of three health technologies.	Impact	Case study Semi structured interviews	The findings suggest some avenues to promote the integration of HTA recommendations into practices and, thus, increase the utilization of scientific evidence to support decision making in health care.	Studies of impact of HTA recommendations are needed to extend the validation of the proposed theoretical framework and to develop an integrated method to assess HTA adoption into practice.	Health Telematics Unit, University of Calgary Health Sciences Centre, Calgary, Canada. Catalan Agency for Health Technology Assessment and Research, Spain.
<u>Bodeau-Livinec, F.</u> 2006 (172)	To assess the impact of CEDIT (French Committee for the Assessment and Dissemination of Technological Innovations) recommendations on the introduction of	Impact	Semi structured interviews	This study highlights the significant impact of recommendations arising from a structure that is attached to a hospital network and the good match between CEDIT's objectives and its assignments.	-	Department of Medical Activities, Assistance Publique-Hopitaux de Paris (AP-HP), France.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	technological innovations within the AP-HP (Assistance Publique-Hopitaux de Paris), the French hospital.					
Adams, E.J. 2006 (173)	This article summarizes HTA-based strategies for directing the clinical use of PET and a discussion on the value of HTA in managing the diffusion of high cost diagnostic technologies, which were presented at an INAHTA-sponsored workshop at the HTA International Annual Meeting in 2004.	Joint assessment PET scan	Summary of workshop Survey of INAHTA members in 2003-2004.	Sharing assessment work is an important means of supplying timely and relevant information to policy makers within a short time frame.	-	Veterans Administration Technology Assessment Program, VA Boston Healthcare System, USA.
Hastings, J. 2006 (174)	This article present survey results on diffusion, assessment activities, and policy for clinical use related to PET among INAHTA	Joint assessment PET scan	Survey of INAHTA members in 2003-2004.	The use of HTA within a continuous quality improvement framework can help optimize scarce resources for evaluation and use of high cost diagnostic technologies such as PET,	-	Australian Department of Health and Ageing, Diagnostics and Technology Branch, Australia.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	members since 1999.			particularly where potential clinical or cost-effectiveness is considerable but conclusive evidence is lacking.		
Culyer, A.J. 2005 (175)	This article outlines the circumstances in which NICE was created and the means through which it has created truly effective involvement of its many stakeholder groups.	Stakeholder involvement	Discussion, case study,	Client involvement in decision-making is possible and can work well, but it demands commitment from the entire organisation, specific managerial arrangements and, depending on the circumstances, it can be costly. Trust is an important ingredient of success.	-	Institute for Work and Health, Toronto
Rowle, J. 2004 (176)	This study aims to describe a cycle of development leading to sustainable methods for involving consumers in the management of a program commissioning health technology assessment.	Consumer involvement	Development of procedures for recruiting and briefing consumers to participate in prioritizing, commissioning, and reporting research	Explicit, inclusive, and reproducible methods for supporting consumer involvement that satisfy National Health Service policy recommendations for involving consumers in research require dedicated staff time to support a cycle of organizational development.	-	The Wessex Institute for Health Research and Development, University of Southampton, UK.
van der Wilt, G.J. 2004 (177)	The observed posterior probability distributions	Impact Bayesian	Questionnaires	Users of the results of Bayesian analyses, notably policy-makers,	-	Department of Medical Technology

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	regarding the benefits of surgery for otitis media with effusion (OME) with expected probability distributions, using Bayes' theorem are compared.	modelling	Economic metrics	should realize that Bayes' theorem is prescriptive and not necessarily descriptively correct. Health policy decisions should not be based on the untested assumption that health-care professionals use new evidence to adjust their subjective beliefs in a Bayesian manner.		Assessment, University Medical Centre Nijmegen, The Netherlands.
<u>Sheldon, T.A.</u> , 2004 (178)	To assess the extent and pattern of implementation of guidance issued by the NICE.	Impact NICE	Statistical analysis Review Survey	Implementation of NICE guidance has been variable. Guidance seems more likely to be adopted when there is strong professional support, a stable and convincing evidence base, and no increased or unfunded costs in organisations that have established good systems for tracking guidance implementation, and where the professionals involved are not isolated. Guidance needs to be clear and reflect the clinical context.	This research covers the early period of NICE guidance. It would be interesting to see if the response to subsequent guidance is different, particularly given the recent attention that NICE is giving to implementation. More research would also be useful to understand the professional and organisational responses to evidence based guidance better and to evaluate the relative contributions of various implementation strategies to practice patterns.	Department of Health Sciences, University of York, UK.
<u>Lothgren, M.</u> , 2004 (179)	This article presents the pharmaceutical industry's perspective	Stakeholder s	Discussion	Themes discussed: What is the contribution of the HTA system to overall efficiency	What is the marginal return of investment on HTA that arise from focusing to this extent on	European Health Economics Ltd., UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	on HTA with specific comments on the HTA systems in England and Wales, France, The Netherlands, and Sweden.			in the healthcare system? HTA is a cost-driver and any requirements on the pharmaceutical industry to produce this information will ultimately increase the cost of drugs for patients, governments and society. There exists several barriers for a successful implementation of HTA results.	pharmaceuticals compared with non-pharmaceutical items?	
Coulter, A. 2004 (180)	To discuss the role of patients and citizens in HTA.	Public engagement in HTA	Discussion	Patients and citizens can make an important contribution to HTA by determining priorities for assessment, designing and conducting assessments and appraisals, receiving and using the findings, and engaging in debates about policy priorities and rationing. Those responsible for HTA should make greater efforts to involve the public and ensure that the findings are accessible to patients for use when making treatment choices.	A systematic attempt to engage the views of citizens is needed to balance those of the specific interest groups.	Pickier Institute Europe, UK
Carlsson, P. 2004 (181)	This article describes the development of HTA in Sweden, its	Impact Sweden	Discussion, case study	Sweden has a well established governmental HTA body, SBU, and an increasing number of	It is necessary to create sources for financing primary clinical research and HTA's. There is a	Linköping University, Sweden.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	influence on decision making, and its link with priority setting.			regional/local HTA organizations. HTA has had an impact on clinical practice and is used to some extent in policy decisions. Several initiatives have now been taken to develop processes for open priority setting of health-care services. With the establishment of a new agency to undertake reimbursement decisions on pharmaceuticals, and greater patient and public involvement in decision making, it seems inevitable that HTA will play a more important role in priority setting in the near future.	clear need for more collaboration and pooling of resources among county councils, government, and industry to be able to set up adequately large and comprehensive studies.	
Berg, M. 2004 (182)	This article provides a critical analysis of the impact of HTA on priority setting in The Netherlands.	Impact Priority setting The Netherlands	Discussion, case study	The authors argue that the political nature of the priority-setting debate asks for a broader approach to what constitutes HTA, and how it should be drawn upon in priority setting. The Dutch health care system is complex. HTA has been drawn upon for decision making on the health insurance package. Also,	-	Erasmus University, Rotterdam, The Netherlands.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Orvain, J. 2004 (183)	To provide an overview of HTA in France with emphasis on ANAES (National Agency for Accreditation and Evaluation in Health) whose main remit is HTA.	Policy Collaboration between HTA agencies France	Discussion, case study	HTA findings have been linked to the national guideline development programs of the medical community. However, these impacts have by no means been straightforward. The article shows how the diversity of HTA activities and their decentralisation suggests tight collaboration among all the different bodies which perform HTA or a closely involved with HTA. There are several points to be addressed. Clinical evaluation often lags behind technological progress. To reduce the gap, continuous evaluation is necessary. Also a broader view is necessary. HTA cannot be separated from the settings in which technology is or will be used.	-	National Agency for Accreditation and Evaluation in Health (ANAES), France.
Stevens, A. 2004 (184)	To describe the current state of the HTA system in England and Wales.	Process Assessment Impact England and Wales	Discussion, case study	The HTA system in England and Wales system rests on a distinction between assessment and appraisal and has three main strands: researcher-led HTA, the research and development	-	University of Birmingham, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Oliver, A. 2004 (185)	To review the development of HTA in England and Wales, France, The Netherlands, and Sweden, and we summarize the reaction to these developments from a variety of different disciplinary and stakeholder perspectives (political science, sociology, economics, ethics, public health, general practice, clinical medicine, patients, and the pharmaceutical industry).	Development of HTA in Impact Stakeholder perspectives	Review Discussion	Translating HTA into policy is a highly complex business and that, despite the growth of HTA over the past two decades, its influence on policy making, and its perceived relevance for people from a broad range of different perspectives, remains marginal.	HTA as currently performed is not able to incorporate important political, social, equity, and ethical considerations. HTA is thus not able to include the necessary broad perspectives of relevance to policy. Suggests that there is a need for focus on public health and/or service delivery mechanisms.	London School of Economics and Political Science, UK
Wathen, B. 2004 (186)	To explore the attitudes of general practitioners (GPs) to NICE guidance and to investigate any	Impact GPs NICE	Quantitative and qualitative analysis	NICE guidance in isolation had little impact on GP prescribing. Where the guidance coincided with information from other sources, or personal experience,	-	North Devon District Hospital, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	changes in prescribing patterns.			there was some evidence that technology appraisals triggered an increase in prescribing, but that this was not always sustained. The recommendations of NICE concerning zanamivir were universally rejected and there was evidence that this had undermined confidence in NICE recommendations in general.		
Devlin, N. 2003 (187)	To address concerns expressed by the Multiple Sclerosis Society regarding NICE appraisals and guidance and, where appropriate, suggest ways in which NICE's processes might be strengthened.	Stakeholders Patient groups NICE	Discussion	Some concerns are legitimate while others however, are based on misunderstandings.	-	Department of Economics, City University, UK.
Dixon, S. 2003 (188)	To examine the influence of the English National Health Service South and West Region Development and Evaluation Committee (DEC) technology	Impact NHS England	Postal questionnaires Telephone interviews	Health service staff perceived that the S&W DEC process had had an impact on policy decisions and clinical practice locally; however, any actual impact on practice could not be identified with routine data. The approach used in this study would be	Further work is required looking at the impact of assessment. This research need to address the process of producing and implementing the evidence.	School of Health and Related Research, University of Sheffield, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	appraisal reports on purchasing and clinical decisions in the S&W and elsewhere in the NHS, and to estimate the cost of the DEC process.			valuable in evaluating the impact of the English NHS NICE.		
<u>Britton, M.</u> 2002 (189)	A recurring question is whether evidence from systematic reviews has any impact on medical practice. The authors studied this question in relation to some conclusions in seven reports, where relatively simple means to monitor trends could be used.	Impact assessment	Quantitative analysis	It appears to be possible to monitor changes in practice corresponding to selected conclusions in systematic reviews. After rather extensive disseminating efforts, some results look encouraging.	-	Swedish Council on Technology Assessment in Health Care, SBU, Sweden.
<u>Weatherly, H.</u> 2002 (190)	This paper explores the use of evidence, focusing on economic evidence in particular, in the development of local health policies through an in-depth study of Health	Impact Economic evidence	Questionnaires Semi-structured interviews Review	Based on responses to our survey, the main ways of increasing the use of evidence in the development of local health policies in England are to produce more evidence-based national guidance and to produce accessible summaries of the	More effort should be placed on understanding how local health policies affect cost-effectiveness and the ways in which local decision makers can better interpret economic study results in their own circumstances. More research should be	University of York, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	Improvement Programmes (HImpPs) in England.			available literature for local decision makers.	undertaken into the cost effectiveness of broader socioeconomic interventions to improve health.	
Maynard, A. 2003 (191)	Four principal characteristics of HTA is discussed in this paper: types of knowledge, evaluation, commissioning and knowledge utilisation	Potential of HTA	Discussion	There is a need for greater use of economic evidence within HTA. Policy makers must invest in improving research and receptor capacities for producing and using knowledge, improve quality control, and invest in research into dissemination and implementation mechanisms. The potential of HTA is great, and it has increased, but it remains largely unexploited in most countries.	Need for research concerning dissemination and implementation mechanisms	University of York And London School of Economics and Political Science, UK.
<u>Towse, A.</u> , 2002 (192)	This paper analyses 32 technology appraisals completed by NICE. It looks at why technologies have been rejected, what has happened to products reviewed at launch, evidence of rationing on cost- effectiveness grounds,	Impact NICE	Review	Around two-thirds of NICE appraisals have been of pharmaceuticals. Only two 'first in class' products have been reviewed at launch, with quite different results. There is clear evidence of the use of cost- effectiveness criteria to restrict or reject technologies, although these are not the only criteria used in decision making.	-	Office of Health Economics, London, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	and the issues raised for manufacturers and for NICE in the collection and analysis of economic data.					
<u>von Below, G.C.</u> 2002 (193)	This article reports on the ECHTA working group 6. The goal of the working group was to approach the use of HTA in policy and practice in the aggregate policy level as well as in the local context, such as in hospitals.	Use of HTA in policy and practice Impact	Review Workshops	The efforts of Working Group 6 demonstrate that, in spite of limited resources, progress can be achieved if a framework facilitating such work is provided. The results achieved thus far have the character of an in-progress report that should be sustained by forthcoming European HTA programmes.	There is a need for documentation of impact. Further research in the organisation of European healthcare system is needed, particularly with respect to their decision making structures. The contact that has been initiated through the workshops should be fostered and fa	Swiss Medical Association (FMH), Switzerland.
<u>Schubert, F.</u> 2002 (194)	Increasingly, HTA is used to aid decisions on the reimbursement of pharmaceuticals or recommendations for their use. This article address the challenges introduced when pharmaceutical industry seeks to work in partnership with	Stakeholder Pharmaceuti cals Industry	Discussion	If the industry fairly demonstrates the value of a product using the best available evidence, HTA agencies should be transparent in the rationale for their recommendations.	The problem of demonstrating cost-effectiveness of a product before it is available for use must be addressed, possibly by conditional reimbursement to allow collection of real world evidence.	Glaxo Wellcome Research and Development, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
<u>Paul, J.E.</u> 2001 (195)	HTA agencies. This paper describes the NICE review process in detail, as well as the expected substantial impact of fourth hurdle reviews on drug development and clinical trials. Potential uses of databases and modelling in fourth hurdle reviews are also explored.	NICE Fourth hurdle	Description Discussion	In the last few years there have been a number of governmental and non-governmental agencies constituted for fourth hurdle reviews and recommendations to governments and other funding and reimbursement agencies. NICE in the UK, although not the first such group, is arguably the most visible and influential.	-	RTI Health Solutions, USA. Johnson & Johnson Medical Ltd., Ascot, Berkshire, UK.
<u>Buxton, M.</u> 2001 (196)	This paper discusses the NICE appraisal process.	NICE Impact	Description	The action of the NICE Appraisal Committee raise a number of questions: (1) Does NICE appraise a sensible range of technologies? (2) Have the appraisals been relatively robust? (3) Have the technology proponents accepted an honest attempt at a rational process? (4) Does the NHS follow NICE advice? (5) Will ministers balk when they realize their inability to disassociate themselves from the difficult recommendations made	-	Health Economics Research Group, Brunel University, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
Banta, H.D. 2001 (197)	This article presents a summary of eight articles that make up a theme issue in The International Journal of Technology Assessment in Health Care, illustrating the links between HTA, health policies and specifically policies toward prevention and screening, and implementation of screening tests in the case of: mammography screening for breast cancer, screening for prostate cancer, and routine use of ultrasound in pregnancy.	Screening	Discussion	The major conclusion is that countries of Europe need to develop HTA as part of prevention policies.	How to prevent the spread of opportunistic screening is a serious question for health policy. The application of HTA to the area of mass screening of the population is a very important part of health policy, and it will grow in importance as more screening tests become available. A systematic information strategy is needed as part of HTA on the European level and elsewhere as sharing information of experiences is desirable.	Netherlands Organization for Applied Scientific Research, TNO.
Gray, J.A. 2001 (198)	To review the	Screening	Review of	HTA and the assessment of	-	National Screening

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	assessment of screening in the UK, focusing on three methods: mammography for breast cancer, screening for prostate cancer, and routine use of ultrasound in pregnancy.	United Kingdom	policy documents and published papers	screening are well established in the United Kingdom. Policy is generally based on the assessments done, and practice generally follows the results of assessment. Assessment of screening is expected to become increasingly important in the United Kingdom during the next years.		Committee Program, UK.
Faisst, K. 2001 (199)	To describe the level of HTAs for three screening methods in Switzerland.	Screening Switzerland	Analysis of documents and expert opinions	According to the Swiss health insurance law, the effectiveness of mammography screening and ultrasound examinations during normal pregnancy has to be proven. PSA is not part of current evaluation. It can be concluded that HTA in Switzerland is now required by law for several medical services. However, limited financial and personnel resources as well as the lack of disease registers may hamper progress in the near future.	-	University of Zurich, Switzerland.
Jonsson, E. 2001 (200)	To describe health technology assessment (HTA) and policies concerning	Screening Sweden	Review of HTA reports and other government	Mammography screening is promoted and is completely available to the target group. PSA screening is discouraged, but not	-	Swedish Council for Technology Assessment in Health Care, SBU.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	three screening procedures in Sweden.		al reports.	with complete success. Ultrasound in pregnancy is widely used, because it increases the detection rate of congenitally malformed fetuses and because of evidence of positive effects on the management and planning of deliveries, as well as because of psychological and ethical implications of the technology. HTA is an important part of health policy making in Sweden.		
Banta, H.D. 2001 (201)	To review the assessment and implementation of three screening methods in The Netherlands: mammography for breast cancer, screening for prostate cancer, and routine use of ultrasound in pregnancy.	Screening The Netherlands	Review of policy documents and published papers	In the case of mammography, the assessment was followed by a rational implementation of a national screening program for breast cancer. In the other two cases, however, despite negative conclusions from assessment, the tests are frequently carried out, especially in what has been termed opportunistic screening. Policies to deal effectively with opportunistic screening are difficult to imagine.	-	Netherlands Organization for Applied Scientific Research, TNO.
Mousiama, T. 2001 (202)	To explore the impact of HTA on health policy	Screening Greece	Review of policy	The results point to a need for the implementation of HTA methods	-	University of Athens, Greece

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	and practice in Greece through selected screening case studies in the prevention area. The three cases studied were mammography screening, PSA screening, and routine ultrasonography in normal pregnancy.		recommendations and literature Interview	on mass screening preventive programs in which real value and cost remain unclear and whose use is based on empirical and personal assessments.		
Perleth, M. 2001 (203)	In this article, three preventive strategies- mammography screening for breast cancer, PSA screening for prostate cancer, and routine ultrasound in normal pregnancy- are discussed in the context of German health care.	Screening Germany	Quantitative analysis Review	These case studies show that preventive programs and practices in Germany are not sufficiently based on sound evidence. The paucity of evaluation activities related to prevention in Germany is probably due to the low threshold to introduce new preventive programs into the German healthcare system in the past.	-	Hannover Medical School, Germany.
Vermeulen, V. 2001 (204)	To describe how scientific evidence has influenced healthcare policy making in Belgium in the field of	Screening Belgium	Literature review interviews	HTA has had very little impact on policy and practice in use of mammography, PSA testing, and ultrasound in pregnancy in Belgium.	-	Centre for Health Services and Nursing Research, University of Leuven, Belgium.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
	sickness prevention for mammography, PSA testing in prostate cancer screening, and use of ultrasound in pregnancy.					
Oortwijn, W. 2001 (205)	The article introduces a series of articles that make up a theme issue in The International Journal of Technology Assessment in Health Care, developed to examine the use of HTA in policies toward mass screening, in European countries.	Screening	Introductory discussion related to case studies	The main conclusion is that screening is an important preventive strategy. Any screening program, however, should be carefully assessed before implementation.	-	Netherlands Organization for Applied Scientific Research (TNO) and University Medical Centre Nijmegen, The Netherlands.
Farmer, J. 2001 (206)	This study examined users' perceptions of the role and value of the Scottish Health Purchasing Information Centre (SHPIC) from 1995 to 1998.	Impact	Questionnaires and interviews	New U.K. agencies can learn from SHPIC's problems, specifically in producing clear, coordinated, timely, independent, and well-marketed information with implementation strategies.	It is important to evaluate the impact of agencies to produce and disseminate evidence-based information, even if this has to be done pragmatically rather than as an outcomes-based assessment. Evidence from evaluations can inform direction and strategy for existing and new agencies.	University of Aberdeen, UK.

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
<u>Shani, S.</u> 2000 (207)	To describe the Israeli experience of setting priorities.	Priority setting Israel	Description Discussion	The authors propose a practical and pragmatic model for the inclusion of new health technologies at a national level, based on HTA and explicit priority setting.	The process can be improved further by making it more transparent to the public. Frequent assessment of previous decisions according to new clinical or economic data is important to have a dynamic and efficient process.	Israeli Center for Technology Assessment in Health Care, The Gertner Institute for Epidemiology and Health Policy Research, Israel.
<u>Drummond, M.</u> 2000 (208)	To explore whether more could be done to increase the implementation of HTA findings.	Impact	Literature review	The main elements of a successful implementation strategy are: a) defining a clear policy question; b) defining a clear research question; c) making recommendations commensurate with the evidence; d) identifying the implementation mechanism; e) paying attention to incentives and disincentives; and f) clarifying the roles and responsibilities of the various parties.	Further research is required into several aspects of implementation.	University of York, UK.
<u>Velasco Garrido, M</u> 2008 (209)	To explore links between HTA and policy-making in Europe from various perspectives	Links between policy and HTA	Various in different chapters of the book	Various in different chapters of the book	Development and testing of theoretical frameworks for evaluation of impact (and other more implicit research needs stated in different chapters).	European Observatory on Health Systems and policy
<u>Nielsen, C.P.</u> 2009	This article explains	Stakeholder	Involvement	Stakeholder involvement in	Continued attention should be	National Board of

Article / Study (First author, pub. year, ref. nr.)	Objectives	Focus of the article	Methods	Conclusions	Areas of future research	Scientific environment
(210)	how the issue of stakeholder involvement was addressed in the European network for Health Technology Assessment (EUnetHTA) Project and describes the structures of future stakeholder involvement in the EUnetHTA Collaboration.	involvement EUnetHTA	of different stakeholder groups in EUnetHTA included general information to stakeholders about EUnetHTA, targeted information on a Web site, analysis of stakeholder opinions on HTA and EUnetHTA, and development of a draft stakeholder policy.	EUnetHTA is necessary to ensure the legitimacy and prospects for utilization of EUnetHTA and its products. The described activities and results create the foundation for a continued dialogue with, and involvement of, stakeholders. The EUnetHTA stakeholder meeting can be considered as a successful experience of dialogue between EUnetHTA and stakeholders, which should be continued. Our experience shows the challenge of obtaining balanced stakeholder representation across the identified stakeholder groups.	given to achieving balanced stakeholder representation.	Health, Denmark and University of Copenhagen, Denmark.

References

1. Vallejo-Torres L, Steuten LM, Buxton MJ, Girling AJ, Lilford RJ, Young T. Integrating health economics modeling in the product development cycle of medical devices: A bayesian approach. *Int J Technol Assess Health Care*. 2008 Fall;24(4):459-64.
2. Brazier J. Valuing health states for use in cost-effectiveness analysis. *Pharmacoeconomics*. 2008;26(9):769-79.
3. Miners A. Estimating 'costs' for cost-effectiveness analysis. *Pharmacoeconomics*. 2008;26(9):745-51.
4. Jonsson B. IQWiG: An opportunity lost? *Eur J Health Econ*. 2008 Aug;9(3):205-7.
5. Rodriguez Barrios JM, Serrano D, Monleon T, Caro J. Discrete-event simulation models in the economic evaluation of health technologies and health products. *Gac Sanit*. 2008 Mar-Apr;22(2):151-61.
6. Thurston SJ, Craig D, Wilson P, Drummond MF. Increasing decision-makers' access to economic evaluations: Alternative methods of communicating the information. *Int J Technol Assess Health Care*. 2008 Spring;24(2):151-7.
7. Drummond MF, Iglesias CP, Cooper NJ. Systematic reviews and economic evaluations conducted for the national institute for health and clinical excellence in the united kingdom: A game of two halves? *Int J Technol Assess Health Care*. 2008 Spring;24(2):146-50.
8. Williams I, Mclver S, Moore D, Bryan S. The use of economic evaluations in NHS decision-making: A review and empirical investigation. *Health Technol Assess*. 2008 Apr;12(7):iii, ix,x, 1-175.
9. Lettieri E, Masella C. Health-care costs and health technology assessment. *G Ital Nefrol*. 2007 Nov-Dec;24 Suppl 40:s22-36.
10. Cooper NJ, Sutton AJ, Ades AE, Paisley S, Jones DR, Working Group on the Use of Evidence in Economic Decision Models. Use of evidence in economic decision models: Practical issues and methodological challenges. *Health Econ*. 2007 Dec;16(12):1277-86.
11. Hanratty B, Craig D, Nixon J, Rice S, Christie J, Drummond M. Are the best available clinical effectiveness data used in economic evaluations of drug therapies? *J Health Serv Res Policy*. 2007 Jul;12(3):138-41.
12. Williams IP, Bryan S. Cost-effectiveness analysis and formulary decision making in england: Findings from research. *Soc Sci Med*. 2007 Nov;65(10):2116-29.
13. Jonsson B. Economic evaluation for pharmaceuticals in germany. *Eur J Health Econ*. 2007 Sep;8 Suppl 1:S1-2.
14. von der Schulenburg J, Vauth C, Mittendorf T, Greiner W. Methods for determining cost-benefit ratios for pharmaceuticals in germany. *Eur J Health Econ*. 2007 Sep;8 Suppl 1:S5-31.
15. McCabe C, Tsuchiya A, Claxton K, Raftery J. Assessing the economic challenges posed by orphan drugs: A comment on drummond et al. *Int J Technol Assess Health Care*. 2007 Summer;23(3):397,401; author reply 401-4.

16. Griffin SC, Weatherly HL, Richardson GA, Drummond MF. Methodological issues in undertaking independent cost-effectiveness analysis for NICE: The case of therapies for ADHD. *Eur J Health Econ.* 2008 May;9(2):137-45.
17. Chauhan D, Miners AH, Fischer AJ. Exploration of the difference in results of economic submissions to the national institute of clinical excellence by manufacturers and assessment groups. *Int J Technol Assess Health Care.* 2007 Winter;23(1):96-100.
18. Jonsson B. Time for a common standard for cost-effectiveness in europe? *Eur J Health Econ.* 2006 Dec;7(4):223-4.
19. Alton V, Eckerlund I, Norlund A. Health economic evaluations: How to find them. *Int J Technol Assess Health Care.* 2006 Fall;22(4):512-7.
20. Bryan S, Williams I, Mclver S. Seeing the NICE side of cost-effectiveness analysis: A qualitative investigation of the use of CEA in NICE technology appraisals. *Health Econ.* 2007 Feb;16(2):179-93.
21. Brennan A, Chick SE, Davies R. A taxonomy of model structures for economic evaluation of health technologies. *Health Econ.* 2006 Dec;15(12):1295-310.
22. Griffin S, Claxton K, Hawkins N, Sculpher M. Probabilistic analysis and computationally expensive models: Necessary and required? *Value Health.* 2006 Jul-Aug;9(4):244-52.
23. Griffin S, Bojke L, Main C, Palmer S. Incorporating direct and indirect evidence using bayesian methods: An applied case study in ovarian cancer. *Value Health.* 2006 Mar-Apr;9(2):123-31.
24. Fenwick E, Marshall DA, Levy AR, Nichol G. Using and interpreting cost-effectiveness acceptability curves: An example using data from a trial of management strategies for atrial fibrillation. *BMC Health Serv Res.* 2006 Apr 19;6:52.
25. Philips Z, Bojke L, Sculpher M, Claxton K, Golder S. Good practice guidelines for decision-analytic modelling in health technology assessment: A review and consolidation of quality assessment. *Pharmacoeconomics.* 2006;24(4):355-71.
26. Stein K, Fry A, Round A, Milne R, Brazier J. What value health?: A review of health state values used in early technology assessments for NICE. *Appl Health Econ Health Policy.* 2005;4(4):219-28.
27. Kulp W, Greiner W. Health economics and HTA. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz.* 2006 Mar;49(3):257-63.
28. Cooper N, Coyle D, Abrams K, Mugford M, Sutton A. Use of evidence in decision models: An appraisal of health technology assessments in the UK since 1997. *J Health Serv Res Policy.* 2005 Oct;10(4):245-50.
29. Dakin HA, Devlin NJ, Odeyemi IA. "Yes", "no" or "yes, but"? multinomial modelling of NICE decision-making. *Health Policy.* 2006 Aug;77(3):352-67.
30. Evers S, Goossens M, de Vet H, van Tulder M, Ament A. Criteria list for assessment of methodological quality of economic evaluations: Consensus on health economic criteria. *Int J Technol Assess Health Care.* 2005 Spring;21(2):240-5.

31. Drummond M, Manca A, Sculpher M. Increasing the generalizability of economic evaluations: Recommendations for the design, analysis, and reporting of studies. *Int J Technol Assess Health Care*. 2005 Spring;21(2):165-71.
32. Claxton K, Sculpher M, McCabe C, Briggs A, Akehurst R, Buxton M, et al. Probabilistic sensitivity analysis for NICE technology assessment: Not an optional extra. *Health Econ*. 2005 Apr;14(4):339-47.
33. Miners AH, Garau M, Fidan D, Fischer AJ. Comparing estimates of cost effectiveness submitted to the national institute for clinical excellence (NICE) by different organisations: Retrospective study. *BMJ*. 2005 Jan 8;330(7482):65.
34. Nixon J, Duffy S, Armstrong N, Craig D, Glanville J, Christie J, et al. The usefulness of the NHS economic evaluation database to researchers undertaking technology assessment reviews. *Int J Technol Assess Health Care*. 2004 Summer;20(3):249-57.
35. Rodriguez Barrios JM. The role of models in economic evaluation of healthcare. *Farm Hosp*. 2004 Jul-Aug;28(4):231-42.
36. Philips Z, Ginnelly L, Sculpher M, Claxton K, Golder S, Riemsma R, et al. Review of guidelines for good practice in decision-analytic modelling in health technology assessment. *Health Technol Assess*. 2004 Sep;8(36):iii,iv, ix-xi, 1-158.
37. Frew EJ, Wolstenholme JL, Whyntes DK. Comparing willingness-to-pay: Bidding game format versus open-ended and payment scale formats. *Health Policy*. 2004 Jun;68(3):289-98.
38. Barton P, Bryan S, Robinson S. Modelling in the economic evaluation of health care: Selecting the appropriate approach. *J Health Serv Res Policy*. 2004 Apr;9(2):110-8.
39. Hartmann M, Knoth H, Schulz D, Knoth S, Meier-Hellmann A. Industry-sponsored economic studies in critical and intensive care versus studies sponsored by nonprofit organizations. *J Intensive Care Med*. 2003 Sep-Oct;18(5):265-8.
40. O'Brien BJ, Spath M, Blackhouse G, Severens JL, Dorian P, Brazier J. A view from the bridge: Agreement between the SF-6D utility algorithm and the health utilities index. *Health Econ*. 2003 Nov;12(11):975-81.
41. Karnon J. Alternative decision modelling techniques for the evaluation of health care technologies: Markov processes versus discrete event simulation. *Health Econ*. 2003 Oct;12(10):837-48.
42. Adam T, Koopmanschap MA, Evans DB. Cost-effectiveness analysis: Can we reduce variability in costing methods? *Int J Technol Assess Health Care*. 2003 Spring;19(2):407-20.
43. Grieve R, Hutton J, Green C. Selecting methods for the prediction of future events in cost-effectiveness models: A decision-framework and example from the cardiovascular field. *Health Policy*. 2003 Jun;64(3):311-24.
44. IJzerman MJ, Reuzel RP, Severens HL. Pre-assessment to assess the match between cost-effectiveness results and decision makers' information needs: An illustration using two cases in rehabilitation medicine in the netherlands. *Int J Technol Assess Health Care*. 2003 Winter;19(1):17-27.

45. Kristiansen IS, Stavem K, Linnestad K, Pedersen KM. Evaluation of medical methods--can we rely on cost-benefit-analysis? *Tidsskr Nor Laegeforen*. 2003 Mar 6;123(5):657-60.
46. Cookson R, Hutton J. Regulating the economic evaluation of pharmaceuticals and medical devices: A european perspective. *Health Policy*. 2003 Feb;63(2):167-78.
47. O'Hagan A, Stevens JW. Bayesian methods for design and analysis of cost-effectiveness trials in the evaluation of health care technologies. *Stat Methods Med Res*. 2002 Dec;11(6):469-90.
48. Soto J. Health economic evaluations using decision analytic modeling. principles and practices--utilization of a checklist to their development and appraisal. *Int J Technol Assess Health Care*. 2002 Winter;18(1):94-111.
49. Ratcliffe J, Longworth L. Investigating the structural reliability of a discrete choice experiment within health technology assessment. *Int J Technol Assess Health Care*. 2002 Winter;18(1):139-44.
50. Ramsay CR, Wallace SA, Garthwaite PH, Monk AF, Russell IT, Grant AM. Assessing the learning curve effect in health technologies. lessons from the nonclinical literature. *Int J Technol Assess Health Care*. 2002 Winter;18(1):1-10.
51. Boas G, van der Stel H, Peters H, Joore M, Anteunis L. Dynamic modeling in medical technology assessment. fitting hearing aids in the netherlands. *Int J Technol Assess Health Care*. 2001 Fall;17(4):618-25.
52. Fenwick E, Claxton K, Sculpher M. Representing uncertainty: The role of cost-effectiveness acceptability curves. *Health Econ*. 2001 Dec;10(8):779-87.
53. Hjelmgren J, Berggren F, Andersson F. Health economic guidelines--similarities, differences and some implications. *Value Health*. 2001 May-Jun;4(3):225-50.
54. Claxton K, Neumann PJ, Araki S, Weinstein MC. Bayesian value-of-information analysis. an application to a policy model of alzheimer's disease. *Int J Technol Assess Health Care*. 2001 Winter;17(1):38-55.
55. Ramsay CR, Grant AM, Wallace SA, Garthwaite PH, Monk AF, Russell IT. Statistical assessment of the learning curves of health technologies. *Health Technol Assess*. 2001;5(12):1-79.
56. Palmer S, Smith PC. Incorporating option values into the economic evaluation of health care technologies. *J Health Econ*. 2000 Sep;19(5):755-66.
57. Ramsay CR, Grant AM, Wallace SA, Garthwaite PH, Monk AF, Russell IT. Assessment of the learning curve in health technologies. A systematic review. *Int J Technol Assess Health Care*. 2000 Autumn;16(4):1095-108.
58. Spiegelhalter DJ, Myles JP, Jones DR, Abrams KR. Bayesian methods in health technology assessment: A review. *Health Technol Assess*. 2000;4(38):1-130.
59. Hoffmann C, Graf von der Schulenburg JM. The influence of economic evaluation studies on decision making. A european survey. the EUROMET group. *Health Policy*. 2000 Jul;52(3):179-92.
60. Hofmann BM. Why ethics should be part of health technology assessment. *Int J Technol Assess Health Care*. 2008 Fall;24(4):423-9.

61. Saarni SI, Hofmann B, Lampe K, Luhmann D, Makela M, Velasco-Garrido M, et al. Ethical analysis to improve decision-making on health technologies. *Bull World Health Organ.* 2008 Aug;86(8):617-23.
62. Autti-Ramo I, Makela M. Ethical evaluation in health technology assessment reports: An eclectic approach. *Int J Technol Assess Health Care.* 2007 Winter;23(1):1-8.
63. Hofmann B. Toward a procedure for integrating moral issues in health technology assessment. *Int J Technol Assess Health Care.* 2005 Summer;21(3):312-8.
64. ten Have H. Ethical perspectives on health technology assessment. *Int J Technol Assess Health Care.* 2004 Winter;20(1):71-6.
65. Fulop N, Allen P, Clarke A, Black N. From health technology assessment to research on the organisation and delivery of health services: Addressing the balance. *Health Policy.* 2003 Feb;63(2):155-65.
66. Moldrup C. Medical technology assessment of the ethical, social, and legal implications of pharmacogenomics. A research proposal for an internet citizen jury. *Int J Technol Assess Health Care.* 2002 Summer;18(3):728-32.
67. Lehoux P, Blume S. Technology assessment and the sociopolitics of health technologies. *J Health Polit Policy Law.* 2000 Dec;25(6):1083-120.
68. Van der Wilt GJ, Reuzel R, Banta HD. The ethics of assessing health technologies. *Theor Med Bioeth.* 2000 Jan;21(1):103-15.
69. Hutton J, Trueman P, Facey K. Harmonization of evidence requirements for health technology assessment in reimbursement decision making. *Int J Technol Assess Health Care.* 2008 Fall;24(4):511-7.
70. Drummond MF, Schwartz JS, Jonsson B, Luce BR, Neumann PJ, Siebert U, et al. Key principles for the improved conduct of health technology assessments for resource allocation decisions. *Int J Technol Assess Health Care.* 2008 Summer;24(3):244,58; discussion 362-8.
71. Schlander M. Is NICE infallible? A qualitative study of its assessment of treatments for attention-deficit/hyperactivity disorder (ADHD). *Curr Med Res Opin.* 2008 Feb;24(2):515-35.
72. Poole C, Agrawal S, Currie CJ. Let cost effectiveness models be open to scrutiny. *BMJ.* 2007 Oct 13;335(7623):735.
73. Maynard A. Transparency in health technology assessments. *BMJ.* 2007 Mar 24;334(7594):594-5.
74. Draborg E, Andersen CK. What influences the choice of assessment methods in health technology assessments? statistical analysis of international health technology assessments from 1989 to 2002. *Int J Technol Assess Health Care.* 2006 Winter;22(1):19-25.
75. Draborg E, Gyrd-Hansen D. Time-trends in health technology assessments: An analysis of developments in composition of international health technology assessments from 1989 to 2002. *Int J Technol Assess Health Care.* 2005 Fall;21(4):492-8.
76. Porzsolt F, Kajnar H, Awa A, Fassler M, Herzberger B. Validity of original studies in health technology assessment reports: Significance of standardized assessment and reporting. *Int J Technol Assess Health Care.* 2005 Summer;21(3):410-3.

77. Draborg E, Gyrd-Hansen D, Poulsen PB, Horder M. International comparison of the definition and the practical application of health technology assessment. *Int J Technol Assess Health Care*. 2005 Winter;21(1):89-95.
78. Leys M. Health care policy: Qualitative evidence and health technology assessment. *Health Policy*. 2003 Sep;65(3):217-26.
79. Leys M. Health technology assessment: The contribution of qualitative research. *Int J Technol Assess Health Care*. 2003 Spring;19(2):317-29.
80. Velasco M, Perleth M, Drummond M, Gurtner F, Jorgensen T, Jovell A, et al. Best practice in undertaking and reporting health technology assessments. working group 4 report. *Int J Technol Assess Health Care*. 2002 Spring;18(2):361-422.
81. Perleth M, Jakubowski E, Busse R. What is 'best practice' in health care? state of the art and perspectives in improving the effectiveness and efficiency of the european health care systems. *Health Policy*. 2001 Jun;56(3):235-50.
82. Simpson S, Packer C, Carlsson P, Sanders JM, Ibarluzea IG, Fay AF, et al. Early identification and assessment of new and emerging health technologies: Actions, progress, and the future direction of an international collaboration--EuroScan. *Int J Technol Assess Health Care*. 2008 Fall;24(4):518-25.
83. Kaltenthaler E, Tappenden P, Booth A, Akehurst R. Comparing methods for full versus single technology appraisal: A case study of docetaxel and paclitaxel for early breast cancer. *Health Policy*. 2008 Sep;87(3):389-400.
84. Wild C, Langer T. Emerging health technologies: Informing and supporting health policy early. *Health Policy*. 2008 Aug;87(2):160-71.
85. Lundberg J, Brommels M, Skar J, Tomson G. Measuring the validity of early health technology assessment: Bibliometrics as a tool to indicate its scientific basis. *Int J Technol Assess Health Care*. 2008 Winter;24(1):70-5.
86. Warren V. Health technology appraisal of interventional procedures: Comparison of rapid and slow methods. *J Health Serv Res Policy*. 2007 Jul;12(3):142-6.
87. Murphy K, Packer C, Stevens A, Simpson S. Effective early warning systems for new and emerging health technologies: Developing an evaluation framework and an assessment of current systems. *Int J Technol Assess Health Care*. 2007 Summer;23(3):324-30.
88. Ehlers L, Vestergaard M, Kidholm K, Bonnevie B, Pedersen PH, Jorgensen T, et al. Doing mini-health technology assessments in hospitals: A new concept of decision support in health care? *Int J Technol Assess Health Care*. 2006 Summer;22(3):295-301.
89. Folkersen J, Pedersen PH. Attitudes to the use of a decision support method when introducing new medical technology at the university hospital of copenhagen. *Ugeskr Laeger*. 2006 May 22;168(21):2069-74.

90. Douw K, Vondeling H. Selection of new health technologies for assessment aimed at informing decision making: A survey among horizon scanning systems. *Int J Technol Assess Health Care*. 2006 Spring;22(2):177-83.
91. Douw K, Vondeling H, Oortwijn W. Priority setting for horizon scanning of new health technologies in denmark: Views of health care stakeholders and health economists. *Health Policy*. 2006 May;76(3):334-45.
92. Simpson S, Hyde C, Cook A, Packer C, Stevens A. Assessing the accuracy of forecasting: Applying standard diagnostic assessment tools to a health technology early warning system. *Int J Technol Assess Health Care*. 2004 Summer;20(3):381-4.
93. Douw K, Vondeling H, Sorensen J, Jorgensen T, Sigmund H. "The future should not take us by surprise": Preparation of an early warning system in denmark. *Int J Technol Assess Health Care*. 2004 Summer;20(3):342-50.
94. Douw K, Vondeling H, Eskildsen D, Simpson S. Use of the internet in scanning the horizon for new and emerging health technologies: A survey of agencies involved in horizon scanning. *J Med Internet Res*. 2003 Jan-Mar;5(1):e6.
95. Estrada MD, Asplund K, Barrington R, Faisst K, Kahan JP, Kjonniksen I, et al. European joint assessments and coordination of findings and resources. working group 3 report. *Int J Technol Assess Health Care*. 2002 Spring;18(2):321-60.
96. Perleth M, Luhmann D, Gibis B, Droste S. Rapid assessments"--quick evaluation of medical technology. *Gesundheitswesen*. 2001 Mar;63 Suppl 1:S79-84.
97. Lampe K, Pasternack I (eds). EUnetHTA HTA core model for diagnostic technologies 1.0R Work Package 4. Helsinki: European Network for Health Technology Assessment, 2008.
<http://www.eunetha.net/upload/WP4/Final%20Deliverables/HTA%20Core%20Model%20for%20Diagnostic%20Technologies%201%20r.pdf>. Accessed 24.03.2011.
98. Lampe K, Mäkelä M (eds). EUnetHTA HTA core model for medical and surgical interventions 1.0R Work Package 4. Helsinki: European Network for Health Technology Assessment, 2008.
<http://www.eunetha.net/upload/WP4/Final%20Deliverables/HTA%20Core%20Model%20for%20Medical%20and%20Surgical%20Interventions%201%20r.pdf>. Accessed 24.03.2011.
99. Chase D, Milne R, Hicks N et al. (eds.). EUnetHTA HTA adaptation toolkit. Work Package 5. Southampton: EUnetHTA, 2008.
http://www.eunetha.net/upload/WP5/EUnetHTA_HTA_Adaptation_Toolkit_October08.pdf. Accessed 24.03.2011.
100. NCCHTA (NIHR Coordinating Centre for HTA). Glossary of HTA adaptation terms. Southampton: EUnetHTA, 2007.
<http://www.eunetha.net/upload/WP5/Glossary%20of%20HTA%20Adaptation%20Terms%20November%202007.pdf>. Accessed 24.03.2011.

101. Lampe K, Makela M, Garrido MV, Anttila H, Autti-Ramo I, Hicks NJ, et al. The HTA core model: A novel method for producing and reporting health technology assessments. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:9-20.
102. Pasternack I, Anttila H, Makela M, Ikonen T, Rasanen P, Lampe K, et al. Testing the HTA core model: Experiences from two pilot projects. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:21-7.
103. Turner S, Chase DL, Milne R, Cook A, Hicks NJ, Rosten C, et al. The adaptation of health technology assessment reports: Identification of the need for, and development of, a toolkit to aid the process. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:28-36.
104. Turner S, Chase DL, Milne R, Cook A, Hicks NJ, Rosten C, et al. The health technology assessment adaptation toolkit: Description and use. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:37-41.
105. Rosten C, Chase DL, Hicks NJ, Milne R, European network for Health Technology Assessment (EUnetHTA). Enhancing understanding: The development of a glossary of health technology assessment adaptation terms. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:42-7.
106. Wild C, Simpson S, Douw K, Geiger-Gritsch S, Mathis S, Langer T. Information service on new and emerging health technologies: Identification and prioritization processes for a european union-wide newsletter. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:48-55.
107. FinOHTA. HTA core model handbook. Helsinki: EUnetHTA, 2008.
<https://fio.stakes.fi/htacore/handbook.html>. Accessed 24.03.2011.
108. Simpson S, Wild C (eds). On the horizon. European newsletter on new and emerging health technologies. EUnetHTA; 2008. http://www.eunetha.net/Public/Communication/Newsletter_WP7_2008. Accessed 24.03.2011.
109. McCabe C, Claxton K, O'Hagan A. Why licensing authorities need to consider the net value of new drugs in assigning review priorities: Addressing the tension between licensing and reimbursement. *Int J Technol Assess Health Care*. 2008 Spring;24(2):140-5.
110. Hutton J, Trueman P, Henshall C. Coverage with evidence development: An examination of conceptual and policy issues. *Int J Technol Assess Health Care*. 2007 Fall;23(4):425-32.
111. Chalkidou K, Hoy A, Littlejohns P. Making a decision to wait for more evidence: When the national institute for health and clinical excellence recommends a technology only in the context of research. *J R Soc Med*. 2007 Oct;100(10):453-60.
112. Pearson S, Littlejohns P. Reallocating resources: How should the national institute for health and clinical excellence guide disinvestment efforts in the national health service? *J Health Serv Res Policy*. 2007 Jul;12(3):160-5.
113. Walker S, Palmer S, Sculpher M. The role of NICE technology appraisal in NHS rationing. *Br Med Bull*. 2007;81-82:51-64.
114. Summerhayes M, Catchpole P. Has NICE been nice to cancer? *Eur J Cancer*. 2006 Nov;42(17):2881-6.

115. Maynard A, Bloor K, Freemantle N. Challenges for the national institute for clinical excellence. *BMJ*. 2004 Jul 24;329(7459):227-9.
116. Hummel JM, van Rossum W, Verkerke GJ, Rakhorst G. Medical technology assessment: The use of the analytic hierarchy process as a tool for multidisciplinary evaluation of medical devices. *Int J Artif Organs*. 2000 Nov;23(11):782-7.
117. Quentin F, Carbonneil C, Lee-Robin SH (eds.). *EUnetHTA web-based toolkit to facilitate European collaboration on evidence generation on promising health technologies*. 7, strand A. Paris: EUnetHTA, 2008.
[http://www.eunetha.net/upload/Work%20Package%207/WP7A%20Deliverable%20Dec%202008%20\(adjusted\).pdf](http://www.eunetha.net/upload/Work%20Package%207/WP7A%20Deliverable%20Dec%202008%20(adjusted).pdf). Accessed 24.03.2011.
118. Quentin F, Carbonneil C, Moty-Monnereau C, Berti E, Goettsch W, Lee-Robin SH, et al. Web-based toolkit to facilitate european collaboration on evidence generation on promising health technologies. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:68-74.
119. Carbonneil C, Quentin F, Lee-Robin SH, European network for Health Technology Assessment (EUnetHTA). A common policy framework for evidence generation on promising health technologies. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:56-67.
120. Douma KF, Karsenberg K, Hummel MJ, Bueno-de-Mesquita JM, van Harten WH. Methodology of constructive technology assessment in health care. *Int J Technol Assess Health Care*. 2007 Spring;23(2):162-8.
121. Drummond MF, Wilson DA, Kanavos P, Ubel P, Rovira J. Assessing the economic challenges posed by orphan drugs. *Int J Technol Assess Health Care*. 2007 Winter;23(1):36-42.
122. Waugh N. Health technology assessment in cancer: A personal view from public health. *Eur J Cancer*. 2006 Nov;42(17):2876-80.
123. Battista RN. Expanding the scientific basis of health technology assessment: A research agenda for the next decade. *Int J Technol Assess Health Care*. 2006 Summer;22(3):275,80; discussion 280-2.
124. Williams AH, Cookson RA. Equity-efficiency trade-offs in health technology assessment. *Int J Technol Assess Health Care*. 2006 Winter;22(1):1-9.
125. Holland WW. Health technology assessment and public health: A commentary. *Int J Technol Assess Health Care*. 2004 Winter;20(1):77-80.
126. Webster A. Health technology assessment: A sociological commentary on reflexive innovation. *Int J Technol Assess Health Care*. 2004 Winter;20(1):61-6.
127. Milne R, Clegg A, Stevens A. HTA responses and the classic HTA report. *J Public Health Med*. 2003 Jun;25(2):102-6.
128. May C, Mort M, Williams T, Mair F, Gask L. Health technology assessment in its local contexts: Studies of telehealthcare. *Soc Sci Med*. 2003 Aug;57(4):697-710.
129. Altenstetter C. EU and member state medical devices regulation. *Int J Technol Assess Health Care*. 2003 Winter;19(1):228-48.

130. Williams T, May C, Mair F, Mort M, Gask L. Normative models of health technology assessment and the social production of evidence about telehealth care. *Health Policy*. 2003 Apr;64(1):39-54.
131. McDaid D, Cookson R, ASTEC Group. Evaluating health care interventions in the european union. *Health Policy*. 2003 Feb;63(2):133-9.
132. Siebert M, Clauss LC, Carlisle M, Casteels B, de Jong P, Kreuzer M, et al. Health technology assessment for medical devices in europe. what must be considered. *Int J Technol Assess Health Care*. 2002 Summer;18(3):733-40.
133. Foot B, Foy R, Chakravarthy U, Wormald R. A new health technology: Where is the consensus on a clinically worthwhile benefit? *Eye*. 2002 Jul;16(4):469-71.
134. Dauben HP, Forde OH, Loud ML, Isacsson SO, Paccaud F, Sanchez E, et al. Health promotion and disease prevention as a complement to community health indicators. Working group 1. *Int J Technol Assess Health Care*. 2002 Spring;18(2):238-72.
135. Hummel MJ, van Rossum W, Verkerke GJ, Rakhorst G. Assessing medical technologies in development. A new paradigm of medical technology assessment. *Int J Technol Assess Health Care*. 2000 Autumn;16(4):1214-9.
136. Malone DE, Maceneaney PM. Applying 'technology assessment' and 'evidence based medicine' theory to interventional radiology. part 1: Suggestions for the phased evaluation of new procedures. *Clin Radiol*. 2000 Dec;55(12):929-37.
137. Myhre KI. Telemedicine and medical technology assessment. *Tidsskr Nor Laegeforen*. 2000 Aug 20;120(19):2312-4.
138. Martelli F, La Torre G, Di Ghionno E, Staniscia T, Neroni M, Cicchetti A, et al. Health technology assessment agencies: An international overview of organizational aspects. *Int J Technol Assess Health Care*. 2007 Fall;23(4):414-24.
139. Shepherd J, Briggs J, Payne L, Packer C, Kerridge L, Ashton-Key M. Setting the future policy agenda for health technology assessment: A specialty mapping approach. *Int J Technol Assess Health Care*. 2007 Fall;23(4):405-13.
140. Gulacsi L. The time for cost-effectiveness in the new european union member states: The development and role of health economics and technology assessment in the mirror of the hungarian experience. *Eur J Health Econ*. 2007 Jun;8(2):83-8.
141. Corabian P, Hailey D, Harstall C, Juzwishin D, Moga C. Mentoring a developing health technology assessment initiative in romania: An example for countries with limited experience of assessing health technology. *Int J Technol Assess Health Care*. 2005 Fall;21(4):522-5.
142. Lehoux P, Battista RN, Granados A, Gallo P, Tailliez S, Coyle D, et al. International master's program in health technology assessment and management: Assessment of the first edition (2001--2003). *Int J Technol Assess Health Care*. 2005 Winter;21(1):104-12.

143. Gulacsi L, Boncz I, Drummond M. Issues for countries considering introducing the "fourth hurdle": The case of Hungary. *Int J Technol Assess Health Care*. 2004 Summer;20(3):337-41.
144. Claxton K, Ginnelly L, Sculpher M, Philips Z, Palmer S. A pilot study on the use of decision theory and value of information analysis as part of the NHS health technology assessment programme. *Health Technol Assess*. 2004 Jul;8(31):1,103, iii.
145. Townsend J, Buxton M, Harper G. Prioritisation of health technology assessment. the PATHS model: Methods and case studies. *Health Technol Assess*. 2003;7(20):iii, 1-82.
146. Oortwijn WJ, Vondeling H, van Barneveld T, van Vugt C, Bouter LM. Priority setting for health technology assessment in the Netherlands: Principles and practice. *Health Policy*. 2002 Dec;62(3):227-42.
147. Antes G, Briones E, Britton M, Burnand B, Engel G, Gallo P, et al. Education and support networks for assessment of health interventions. working group 5 report. *Int J Technol Assess Health Care*. 2002 Spring;18(2):423-46.
148. Hagenfeldt K, Asua J, Bellucci S, Jensen MF, Morland B, Oortwijn W, et al. Systems for routine information sharing in HTA. working group 2 report. *Int J Technol Assess Health Care*. 2002 Spring;18(2):273-320.
149. Gibis B, Artiles J, Corabian P, Meesaar K, Koppel A, Jacobs P, et al. Application of strengths, weaknesses, opportunities and threats analysis in the development of a health technology assessment program. *Health Policy*. 2001 Oct;58(1):27-35.
150. Chase D, Milne R, Stein K, Stevens A. What are the relative merits of the sources used to identify potential research priorities for the NHS HTA programme? *Int J Technol Assess Health Care*. 2000 Summer;16(3):743-50.
151. Cookson R, Maynard A. Health technology assessment in Europe. improving clarity and performance. *Int J Technol Assess Health Care*. 2000 Spring;16(2):639-50.
152. Davies L, Drummond M, Papanikolaou P. Prioritizing investments in health technology assessment. can we assess potential value for money? *Int J Technol Assess Health Care*. 2000 Winter;16(1):73-91.
153. Moharra M (ed.). *EUnetHTA handbook on health technology assessment capacity building*. EUnetHTA work package 8. Barcelona: EUnetHTA, 2008.
http://www.gencat.cat/salut/depsan/units/aatrm/pdf/eunetha_wp8_hb_hta_capacity_building.pdf.
Accessed 24.03.2011
154. Moharra M, Espallargues M, Kubesch N, Estrada MD, Parada A, Vondeling H, et al. Systems to support health technology assessment (HTA) in member states of the European Union with limited institutionalization of HTA. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:75-83.
155. Neikter SA, Rehnqvist N, Rosen M, Dahlgren H. Toward a new information infrastructure in health technology assessment: Communication, design, process, and results. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:92-8.

156. Kubesch N, Parada A, Moharra M, Estrada MD, Cortés M, Espallargues M, et al. (eds.) EUnetHTA information management in HTA organisations. EUnetHTA Work Package 8. Barcelona: EUnetHTA, 2008.
[http://www.eunetha.eu/upload/WP8/WP8Outcomes/Information%20Management%20in%20HTA%20Organisations-%20Survey%20report-CAHTA-May%202008\(EUnetHTAProject\).pdf](http://www.eunetha.eu/upload/WP8/WP8Outcomes/Information%20Management%20in%20HTA%20Organisations-%20Survey%20report-CAHTA-May%202008(EUnetHTAProject).pdf). Accessed 25.03.2011.
157. Moharra M, Kubesch N, Estrada MD, Parada T, Cortés M, Espallargues M, et al. (eds.). EUnetHTASurvey report on HTA organisations. EUnetHTA Work Package 8. Barcelona:EUnetHTA, 2008.
http://www.eunetha.eu/upload/WP8/WP8Outcomes/HTA%20organisations%20report_final_EUnetHTA_A_Project.pdf. Accessed 25.03.2011.
158. Lettieri E, Masella C, Nocco U. Budgeting and health technology assessment: First evidence obtained from proposal forms used to submit the adoption of new technology. *Int J Technol Assess Health Care*. 2008 Fall;24(4):502-10.
159. Hartz S, John J. Contribution of economic evaluation to decision making in early phases of product development: A methodological and empirical review. *Int J Technol Assess Health Care*. 2008 Fall;24(4):465-72.
160. Culyer AJ. NICE's use of cost effectiveness as an exemplar of a deliberative process. *Health Econ Policy Law*. 2006 Jul;1(Pt 3):299-318.
161. Oortwijn WJ, Hanney SR, Ligtoet A, Hoorens S, Wooding S, Grant J, et al. Assessing the impact of health technology assessment in the netherlands. *Int J Technol Assess Health Care*. 2008 Summer;24(3):259-69.
162. Andradas E, Blasco JA, Valentin B, Lopez-Pedraza MJ, Gracia FJ. Defining products for a new health technology assessment agency in madrid, spain: A survey of decision makers. *Int J Technol Assess Health Care*. 2008 Winter;24(1):60-9.
163. Hanney S, Buxton M, Green C, Coulson D, Raftery J. An assessment of the impact of the NHS health technology assessment programme. *Health Technol Assess*. 2007 Dec;11(53):iii,iv, ix-xi, 1-180.
164. Milewa T. Representation and legitimacy in health policy formulation at a national level: Perspectives from a study of health technology eligibility procedures in the united kingdom. *Health Policy*. 2008 Mar;85(3):356-62.
165. Moret-Hartman M, van der Wilt GJ, Grin J. Health technology assessment and ill-structured problems: A case study concerning the drug mebeverine. *Int J Technol Assess Health Care*. 2007 Summer;23(3):316-23.
166. Williams I, Bryan S, McIver S. How should cost-effectiveness analysis be used in health technology coverage decisions? evidence from the national institute for health and clinical excellence approach. *J Health Serv Res Policy*. 2007 Apr;12(2):73-9.

167. Hailey D, Nordwall M. Survey on the involvement of consumers in health technology assessment programs. *Int J Technol Assess Health Care*. 2006 Fall;22(4):497-9.
168. Packer C, Simpson S, Stevens A, EuroScan: the European Information Network on New and Changing Health Technologies. International diffusion of new health technologies: A ten-country analysis of six health technologies. *Int J Technol Assess Health Care*. 2006 Fall;22(4):419-28.
169. May C. Mobilising modern facts: Health technology assessment and the politics of evidence. *Sociol Health Illn*. 2006 Jul;28(5):513-32.
170. Hutton J, McGrath C, Frybourg JM, Tremblay M, Bramley-Harker E, Henshall C. Framework for describing and classifying decision-making systems using technology assessment to determine the reimbursement of health technologies (fourth hurdle systems). *Int J Technol Assess Health Care*. 2006 Winter;22(1):10-8.
171. Gagnon MP, Sanchez E, Pons JM. Integration of health technology assessment recommendations into organizational and clinical practice: A case study in catalonia. *Int J Technol Assess Health Care*. 2006 Spring;22(2):169-76.
172. Bodeau-Livinec F, Simon E, Montagnier-Petrissans C, Joel ME, Fery-Lemonnier E. Impact of CEDIT recommendations: An example of health technology assessment in a hospital network. *Int J Technol Assess Health Care*. 2006 Spring;22(2):161-8.
173. Adams EJ, Almazan C, Morland B, Bradbury I, King R, Rheinberger P. Joint project of the international network of agencies for health technology assessment--part 2: Managing the diffusion of positron emission tomography with health technology assessment. *Int J Technol Assess Health Care*. 2006 Spring;22(2):149-54.
174. Hastings J, Adams EJ. Joint project of the international network of agencies for health technology assessment--part 1: Survey results on diffusion, assessment, and clinical use of positron emission tomography. *Int J Technol Assess Health Care*. 2006 Spring;22(2):143-8.
175. Culyer AJ. Involving stakeholders in healthcare decisions--the experience of the national institute for health and clinical excellence (NICE) in england and wales. *Healthc Q*. 2005;8(3):56-60.
176. Royle J, Oliver S. Consumer involvement in the health technology assessment program. *Int J Technol Assess Health Care*. 2004 Fall;20(4):493-7.
177. van der Wilt GJ, Rovers M, Straatman H, van der Bij S, van den Broek P, Zielhuis G. Policy relevance of bayesian statistics overestimated? *Int J Technol Assess Health Care*. 2004 Fall;20(4):488-92.
178. Sheldon TA, Cullum N, Dawson D, Lankshear A, Lawson K, Watt I, et al. What's the evidence that NICE guidance has been implemented? results from a national evaluation using time series analysis, audit of patients' notes, and interviews. *BMJ*. 2004 Oct 30;329(7473):999.
179. Lothgren M, Ratcliffe M. Pharmaceutical industry's perspective on health technology assessment. *Int J Technol Assess Health Care*. 2004 Winter;20(1):97-101.

180. Coulter A. Perspectives on health technology assessment: Response from the patient's perspective. *Int J Technol Assess Health Care*. 2004 Winter;20(1):92-6.
181. Carlsson P. Health technology assessment and priority setting for health policy in sweden. *Int J Technol Assess Health Care*. 2004 Winter;20(1):44-54.
182. Berg M, van der Grinten T, Klazinga N. Technology assessment, priority setting, and appropriate care in dutch health care. *Int J Technol Assess Health Care*. 2004 Winter;20(1):35-43.
183. Orvain J, Xerri B, Matillon Y. Overview of health technology assessment in france. *Int J Technol Assess Health Care*. 2004 Winter;20(1):25-34.
184. Stevens A, Milne R. Health technology assessment in england and wales. *Int J Technol Assess Health Care*. 2004 Winter;20(1):11-24.
185. Oliver A, Mossialos E, Robinson R. Health technology assessment and its influence on health-care priority setting. *Int J Technol Assess Health Care*. 2004 Winter;20(1):1-10.
186. Wathen B, Dean T. An evaluation of the impact of NICE guidance on GP prescribing. *Br J Gen Pract*. 2004 Feb;54(499):103-7.
187. Devlin N, Appleby J, Parkin D. Patients' views of explicit rationing: What are the implications for health service decision-making? *J Health Serv Res Policy*. 2003 Jul;8(3):183-6.
188. Dixon S, Coleman P, Nicholl J, Brennan A, Touch S. Evaluation of the impact of a technology appraisal process in england: The south and west development and evaluation committee. *J Health Serv Res Policy*. 2003 Jan;8(1):18-24.
189. Britton M, Jonsson E. Impact of health technology assessments. some experiences of SBU. *Int J Technol Assess Health Care*. 2002 Fall;18(4):824-31.
190. Weatherly H, Drummond M, Smith D. Using evidence in the development of local health policies. some evidence from the united kingdom. *Int J Technol Assess Health Care*. 2002 Fall;18(4):771-81.
191. Maynard A, McDaid D. Evaluating health interventions: Exploiting the potential. *Health Policy*. 2003 Feb;63(2):215-26.
192. Towse A, Pritchard C. National institute for clinical excellence (NICE): Is economic appraisal working? *Pharmacoeconomics*. 2002;20 Suppl 3:95-105.
193. von Below GC, Boer A, Conde-Olasagasti JL, Dillon A, Gibis B, Grilli R, et al. Health technology assessment in policy and practice. working group 6 report. *Int J Technol Assess Health Care*. 2002 Spring;18(2):447-55.
194. Schubert F. Health technology assessment. the pharmaceutical industry perspective. *Int J Technol Assess Health Care*. 2002 Spring;18(2):184-91.
195. Paul JE, Trueman P. 'Fourth hurdle reviews', NICE, and database applications. *Pharmacoepidemiol Drug Saf*. 2001 Aug-Sep;10(5):429-38.
196. Buxton M. Implications of the appraisal function of the national institute for clinical excellence (NICE). *Value Health*. 2001 May-Jun;4(3):212-6.

197. Banta HD. Health policy, health technology assessment, and screening in europe. *Int J Technol Assess Health Care*. 2001 Summer;17(3):409-17.
198. Gray JA. Evidence-based screening in the united kingdom. *Int J Technol Assess Health Care*. 2001 Summer;17(3):400-8.
199. Faisst K, Schilling J, Koch P. Health technology assessment of three screening methods in switzerland. *Int J Technol Assess Health Care*. 2001 Summer;17(3):389-99.
200. Jonsson E, Banta HD, Schersten T. Health technology assessment and screening in sweden. *Int J Technol Assess Health Care*. 2001 Summer;17(3):380-8.
201. Banta HD, Oortwiin W. Health technology assessment and screening in the netherlands: Case studies of mammography in breast cancer, PSA screening in prostate cancer, and ultrasound in normal pregnancy. *Int J Technol Assess Health Care*. 2001 Summer;17(3):369-79.
202. Mousiama T, Loakimidou S, Largetzi E, Kaitelidou D, Liaropoulos L. Health technology assessment in the area of prevention: Selected screening cases in greece. *Int J Technol Assess Health Care*. 2001 Summer;17(3):338-57.
203. Perleth M, Busse R, Gibis B, Brand A. Evaluation of preventive technologies in Germany: Case studies of mammography, prostate cancer screening, and fetal ultrasound. *Int J Technol Assess Health Care*. 2001 Summer;17(3):329-37.
204. Vermeulen V, Coppens K, Kesteloot K. Impact of health technology assessment on preventive screening in Belgium: Case studies of mammography in breast cancer, PSA screening in prostate cancer, and ultrasound in normal pregnancy. *Int J Technol Assess Health Care*. 2001 Summer;17(3):316-28.
205. Oortwijn W, Banta HD, Cranovsky R. Introduction: Mass screening, health technology assessment, and health policy in some european countries. *Int J Technol Assess Health Care*. 2001 Summer;17(3):269-74.
206. Farmer J, Chesson R. Nice lessons to be learned. *Int J Technol Assess Health Care*. 2001 Spring;17(2):222-35.
207. Shani S, Siebzehner MI, Luxemburg O, Shemer J. Setting priorities for the adoption of health technologies on a national level -- the israeli experience. *Health Policy*. 2000 Dec;54(3):169-85.
208. Drummond M, Weatherly H. Implementing the findings of health technology assessments. if the CAT got out of the bag, can the TAIL wag the dog? *Int J Technol Assess Health Care*. 2000 Winter;16(1):1-12.
209. Velasco Garrido M, Kristensen FB, Palmhøj Nielsen C, Busse R (eds). *Health technology assessment and health policy-making in Europe: Current status, challenges and potential*. London: World Health Organization on behalf of the European Observatory on Health Systems and Policies, 2008.
210. Nielsen CP, Lauritsen SW, Kristensen FB, Bistrup ML, Cecchetti A, Turk E, et al. Involving stakeholders and developing a policy for stakeholder involvement in the european network for health technology assessment, EUnetHTA. *Int J Technol Assess Health Care*. 2009 Dec;25 Suppl 2:84-91.