

18th International EBHC Symposium

October 9-10, 2023 | hybrid format

**Integrating
evidence
for enhanced
outcomes**

Dear Friends,

On behalf of CEESTAHC, I heartily invite you to take part in the 18th International Evidence-Based Health Care Symposium titled

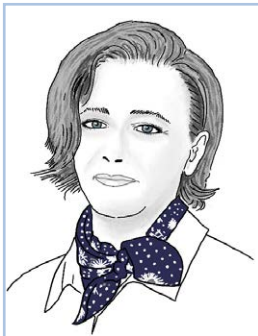
Integrating evidence for enhanced outcomes

which will be held in Krakow on October 9-10, 2023.

For the first time since the pandemic, we are returning to the traditional, stationary formula of the meeting. We invite you to a unique place, inextricably linked to the history of Krakow for 200 years - the Kościuszko Mound. The course of the Symposium will also be available on the streaming platform:

live.ceestahc.org

Ever since the era of health technologies began, the process of generating scientific evidence has been dispersed, lengthy and divided into stages implemented independently by numerous teams. Initially, research design was too focused on optimising the scope of the collected data, as excessive data volumes could exceed a facility's capacities and its budget. It was necessary for researchers to consider costs (e.g., of analysts' work), time (required calculations), technical limitations (database capacity) and silo mentality regarding research processes.



I intend to cover all these topics during the upcoming EBHC – hopefully I will see you there.

A handwritten signature in black ink, appearing to read 'M. Władysiuk'.

Magdalena Władysiuk
President of CEESTAHC

Integration no. 1 – uniform questionnaire formats

During the individual stages of the research process, data were formatted and processed to meet the requirements of various methods of analysis and inference. Significant technical, financial, and human resources were engaged in collecting, reproducing, sending, and storing paper and later electronic research documentation. Data gathered with such effort were (and still are) closely guarded by various institutions. Creating and protecting sensitive data is important not only from the perspective of the average patient, but also due to the matter of intellectual property. In the meantime...

Integration no. 2 – scale, assessment, credibility...

Conducting isolated studies, even those large-scale ones, is impractical in the long run, as it does not allow for reaching synergy by combining results from numerous examined populations. Secondary research offered the opportunity to create more accurate conclusions, but it required a standardisation of analytical processes including methods of data synthesis for scientific goals, creating new technologies, as well as analysing healthcare systems.

Integration no. 2.5 – reimbursement!

Another revolution was brought about by applying scientific evidence to assessments of the validity of reimbursing health technologies. The progress of medicine, supported by the pharmaceutical industry (and its primary and secondary research) and, to varying degrees, by the public sector resulted in an enormous growth of knowledge resources, as well as difficulties in implementing them in health care and improving the quality of patient care. The subjective needs of patients were quantified in health technology assessment or quality assessment processes more and more often; however, the adopted tools would not provide an answer to the questions regarding satisfying the needs of people covered by healthcare.

Integration no. 3 – human factor

New concepts emerged as a counterweight for these imperfections; they were supposed to complete and support HTA-based decision-making and health care management. They include, among others, Value-Based Health Care (VBHC), which focuses on patients' needs, and Real-World Evidence (RWE). The need to include patients, who are the broadest group of stakeholders begins to take shape in provisions and regulations concerning patients' participation in the decision-making processes (e.g., NICE's Public Involvement programme). RWE proposes using mass real-world data already at the lowest decision-making processes (e.g., by physicians), bypassing the time-consuming processing and formal reports drawn up by institutions. The COVID-19 pandemic and development of digitalisation accelerated the use of RWE. At the same time, it was the catalyst which boosted the process of creating RWE. Doctors fighting with the pandemic were updating the entire world on an ongoing basis about the results of their activities. That was the first mass use of RWE – without a formal system and with the use of improvised measures (social media, phones, emails).

As technology progresses, especially the ubiquity of digitalisation and a huge increase of database possibilities, it is easier for the contemporary researchers to process data. They do not need to be afraid of the abundance of data. Gathering different types of data resembles playing with blocks which have different types of connection combinations. The more connections our blocks have, the larger the possibility of attaching them to the "structures" (research) of other researchers. However, as the blocks get larger, we need increasingly bigger boxes to store them (databases). In return, we get the possibility to integrate scientific evidence acquired from completely different sources, environments, and research techniques. Creating new connections become the subject of international regulations e.g., of the European Health Data Space (EHDS).

Integration no. 4 – just new toys or already a matrix?


Integrating scientific evidence at the HTA level becomes increasingly popular and is often initiated at very early stages of creating health technologies. An approach combining randomised controlled trials (RCT) and real-world evidence can serve as a strategic path for growth for all stakeholders of the healthcare system. These new possibilities will also bring about new challenges, not only in the context of medical advances, but also in the evolution of healthcare systems.

The sudden growth of the amount of collected data might give rise to concerns whether their reasonable analysis is possible, but in fact the answer might lie in the implementation of artificial intelligence (AI). Perhaps AI will soon allow us to determine the key models for analysing data and assessing efficacy, e.g., without the need to conduct randomised controlled trials (RCT). It will surely help choose patients for such trials more accurately. Thanks to the RWE analysis with the AI support, it might be possible to create a digital model of the healthcare system that will facilitate following diagnostic paths, monitoring areas that require interventions, identifying, and breaking through diagnostic barriers. Such a model could also adjust the manufacture levels to the system's current needs or recommend the optimal number of places at medical universities based on the trend analysis.

Digitalisation creates such huge opportunities that finding and implementing reasonable ideas to their full potential will still need to take some time. However, new dilemmas are already emerging, such as issues regarding privacy and safety of citizens' data and the necessity to create solutions that do not generate further inequalities in healthcare.

Monday, October 9, 2023

9.00–17.15

Sessions / Lectures	Invited speakers * not confirmed	
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Session 1. Opening Moderator: Magdalena Władysiuk	Timing 9.00–10.30 1 h 30 min.	
Opening of the Symposium	Magdalena Władysiuk, Tomasz Jan Prycel	10 min.
Charting a clear course: the road ahead for HTA	Daniel Ollendorf	20 min.
Changing perspectives on value	Michael Schlander	20 min.
Discussion: Maciej Miłkowski*, Jacek Siwiec		40 min.


Break	10.30–10.45 15 min.
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Session 2. International HTA development Moderator: Magdalena Władysiuk	Timing 10.45–12.45 2 h	
Joint Clinical Assessment (JCA)	Magdalena Władysiuk	20 min.
European Health Data Space – digital future of healthcare?	Marta Musidłowska, Jan Zygmuntowski	25 min.
HTA development from an industry perspective	Michał Byliniak	20 min.
Collaboration to develop robust Real World Evidence for Decision Making	Karen Facey	20 min.
Integrating data into evidence for HTA. Where is our future?	Clifford Goodman	20 min.
Discussion		15 min.

Lunch	12.45–13.45 1 h
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Monday, October 9, 2023

9.00–17.15

Sessions / Lectures	Invited speakers * not confirmed	
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Session 3. Challenges for local governments – difficult choices, election time..

Moderators: Tomasz Jan Prycel, Marek Wójcik

Timing
13.45 – 16.00
2 h 15 min.

Chronic disease prevention - financing activities of local governments under the Medical Fund	Maciej Miłkowski*	10 min.
Future of health policy programmes in diabetology	Tadeusz Jędrzejczyk	10 min.
Prevention of infectious diseases as a challenge by 2030 on the example of HCV	Krzysztof Tomaszewicz	10 min.
Pathways of financing vaccinations for adults – on the example of shingles (educational lecture by GSK)	Michał Seweryn	20 min.
Pneumococcal infection prevention programme for adults. Risk group: cancer patients	Marcin Pasiarski	10 min.

In this session, after each speech, a separate discussion with lecturers and experts in the field to which the speech is devoted is planned.

Break	16.00–16.15 15 min.
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Session 4. Poland and Ukraine – common healthcare challenges


Moderators: Tomasz Jan Prycel, Marek Wójcik

Timing
16.15–17.15
1 h

Forms of health care for refugees. Figures and facts on health care for refugees in selected diseases, including HCV and HIV	Maciej Miłkowski*	10 min.
Health care in Poland from the perspective of Ukrainian refugees	Inna Ivanenko	10 min.
	Serhii Pekh	10 min.
Healthy Polish Cities Association in the face of the refugee crisis	Maria Piętak-Frączek	10 min.
Discussion covering: 1) practical aspects of interaction with refugees and their problems from the Polish and Ukrainian perspective, 2) good examples of local solutions, 3) key criteria for long-term solutions, 4) ideas and recommendations for effective health and systemic education. Speakers: Magdalena Władysiuk, Magdalena Ankersztejn-Bartczak, Barbara Pepke, Maria Piętak-Frączek. Panelists from the local government session and invited special guests will also take part in the debate.		20 min.

Tuesday, October 10, 2023

9.00–16.15

Sessions / Lectures	Invited speakers * not confirmed	
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Session 5. The need of innovation in HTA

Moderator: Robert Plisko

Timing

9.00–11.00

2 h

Efficient HTA literature searching	Justin Clark	20 min.
HTA framework for digital technologies. Australian healthcare perspective	Magdalena Ruth Moshi	20 min.
Turning Real World Data into Real World Evidence with Health Economic Modeling	Mark Parker	20 min.
Uncertainty in HTA	Bonny Parkinson	20 min.
Discussion		40 min.

Break

11.00–11.15

15 min.

Session 6. Best practices of integration in care

Moderator: Magdalena Władysiuk

Timing

11.15–13.15

2 h

Integrated health technology assessment for evaluating complex technologies	Wija Oortwijn	20 min.
Improving hematology patient care - hematology network in Poland	Ewa Lech-Marańda	20 min.
Cardiological network - two years of experience	Tomasz Hryniewiecki	20 min.
Cancer care coordination - experiences of patients in Poland	Magdalena Władysiuk	20 min.
Discussion		40 min.


Lunch

13.15–14.15

1 h

Tuesday, October 10, 2023

9.00–16.15

Sessions / Lectures	Invited speakers * not confirmed	
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Session 7. The value of medical care – the patient’s perspective

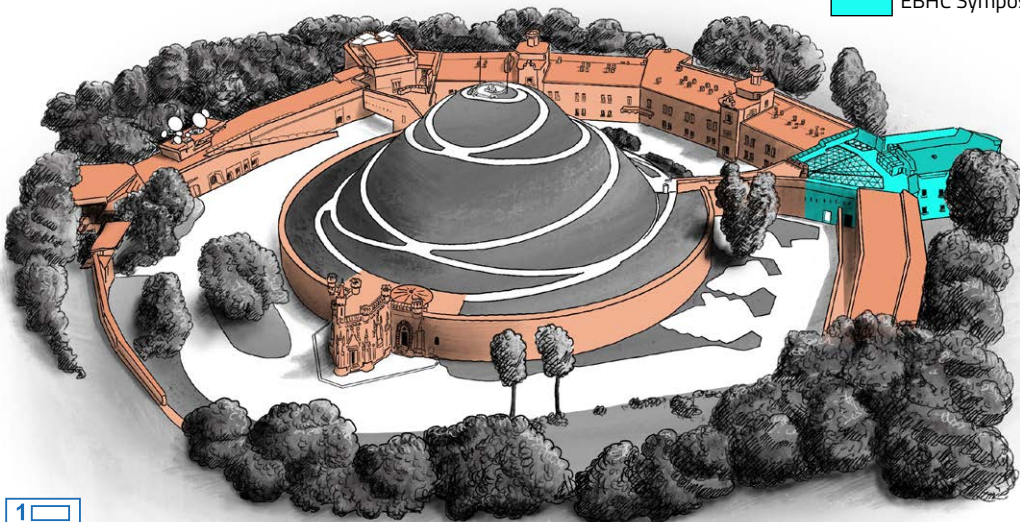
Moderator: Maria Libura

Timing
14.15–16.15
2 h

Patient in the world of digitisation	Maria Libura	20 min.
Role of patient-reported outcomes in assessing the effectiveness of care – on the example of integrated care	Ewa Bandurska	20 min.
Implementation and results of the prediabetes project – patient’s perspective. How to duplicate success?	Grażyna Cieślak	20 min.
EU Health Data Space – secondary use of data from the patients’ perspective	Michał Chodorek	20 min.
Final discussion and closure of the Symposium		40 min.

This year we organize a Symposium on **Kościuszko Mound** – a unique place, associated with the history of Krakow for 200 years. The Symposium will be held in the conference space, built in the courtyard of the fort under a glass roof. The catering space will be located in the buildings of the fort. The venue of our Symposium does not have the status of a museum and is intended for commercial rental.

 fortifications
 EBHC Symposium venue



Conditions of participation

1. Variants of participation in the Symposium:
 - 2 days
 - 2 days + gala dinner
 - fee free opening session on October 9th only
 - fee free online participation
2. **Fee participation in the Symposium includes:**
 - personal participation in scientific sessions
 - conference materials
 - coffee breaks
 - lunch
 - all components of the free participationThe price does not include accommodation.
3. The cost of participation for one person depends on the scope of participation and the nature of participation (details in the Price table).
4. Conditions for obtaining discounts:
 - representatives of public institutions and NGOs: presentation of a certificate on request
 - students and doctoral students: based on presentation of a student ID
5. Applications for personal participation can be made via:
 - registration system at **www.ceestahc.org**
 - application form (send by email: sekretariat@ceestahc.org or fax no. +48 12 396 38 39)
6. **Payment should be made within 7 days** following acceptance of declaration (no later than 5 working days before commencement of the Symposium) to the following account:
Bank PKO S.A O/Krakow
Rynek Glowny 47, 30-960 Krakow, POLAND
PL 97 1240 4689 1111 0000 5142 0745
Swift code: PKOPPLPW
Payment title: „EBHC Symposium 2023” + invoice ID
7. Cancellation. If participation is cancelled no later than September 30th, 2023, the cost of cancellation will be 50% of the fee; after that day the fee will not be returned.



8. Fee free participation in the Symposium includes:

- online participation in sessions
 - access to online conference materials
 - the ability to ask questions in the text chat
 - possibility to chat with other participants
 - access to session recordings (also from previous editions of the Symposium)
9. Due to its special educational value, admission to the **opening session is fee free**. In this way, we want to encourage those who cannot attend the entire Symposium.
 10. We provide simultaneous Polish and English translation.
 11. Applications for online participation can be made via: **live.ceestahc.org**
 12. The terms of use of the streaming portal are set out in the portal's regulations - available at: live.ceestahc.org.
 13. Detailed conditions for participation in the EBHC Symposium are contained in the EBHC Symposium Regulations - available at: **live.ceestahc.org**.
 14. The organisers are not liable for transmission problems resulting from the Participants' connection speed.
 15. The organisers reserve the right to change the Symposium programme.

Price table (nett prices 23% VAT)	Private sector	Public institutions, NGOs, students and PhD students
personal participation* (2 days)	283 Euro	70 Euro
gala dinner**	43 Euro	35 Euro
fee free online participation	0 Euro	0 Euro
personal participation in fee free opening session*	0 Euro	0 Euro

* Registration for personal participation until October 5, 2023.

** Registration for gala dinner only with fee personal participation.

*** Gala dinner is financed from the donations given by the Symposium participants.

The non-lecture (entertainment) part of the program will not be financed from funds provided by members of POLMED or MedTech Poland.



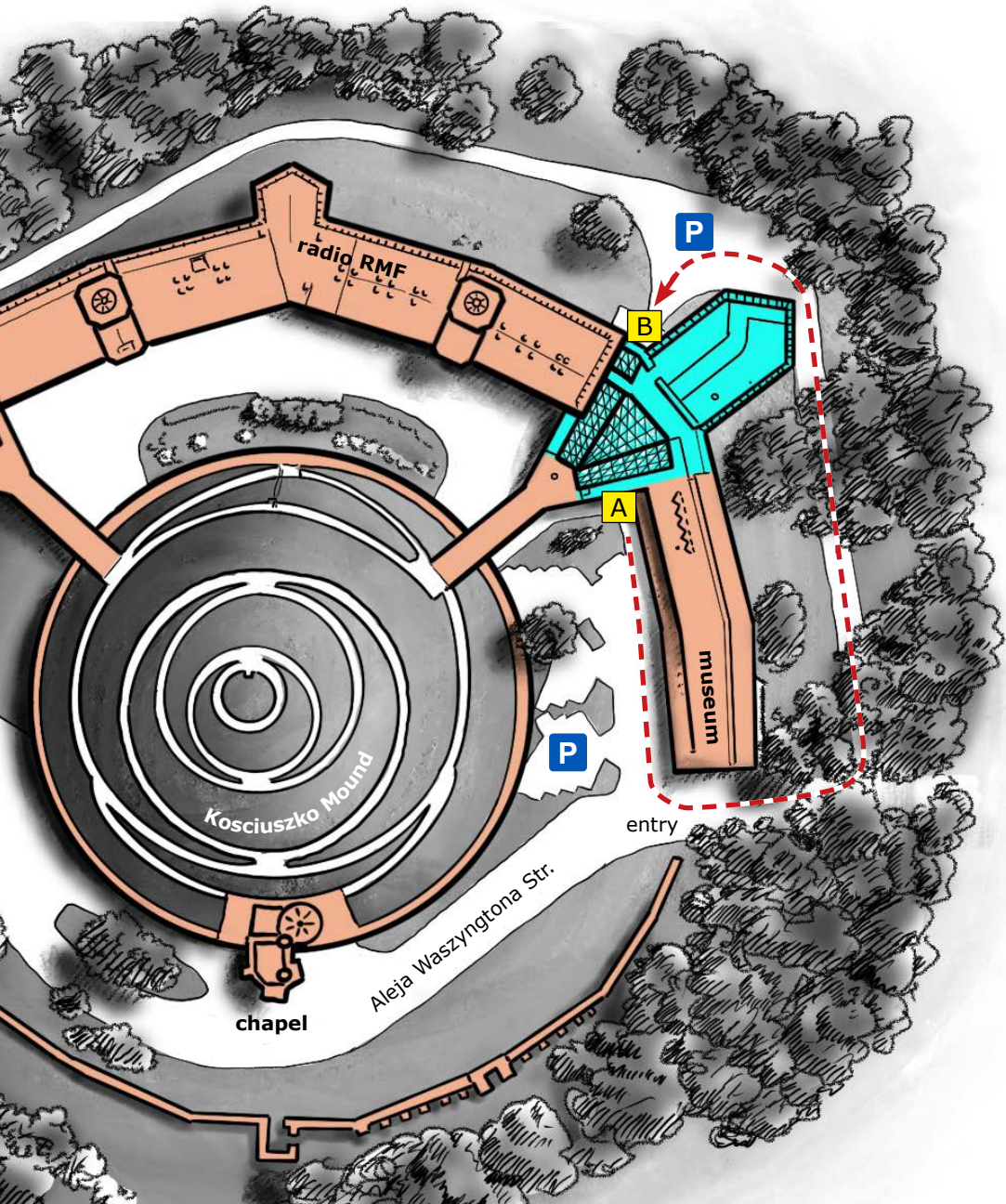
Fortifications

EBHC Symposium venue

A Main entrance – closed during the session

B Rear entrance – open all the time

--- Route from entrance **A** to entrance **B** - about 200 meters around the fort



A Main entrance – closed during the session

B Rear entrance – open all the time

--- Route from entrance **A** to entrance **B** - about 200 meters around the fort

① Registration and Symposium office

② Cloakroom (staff, numbered blocks)

③ Audience

④ Stage

⑤ LED screen

⑥ Simultaneous cabins

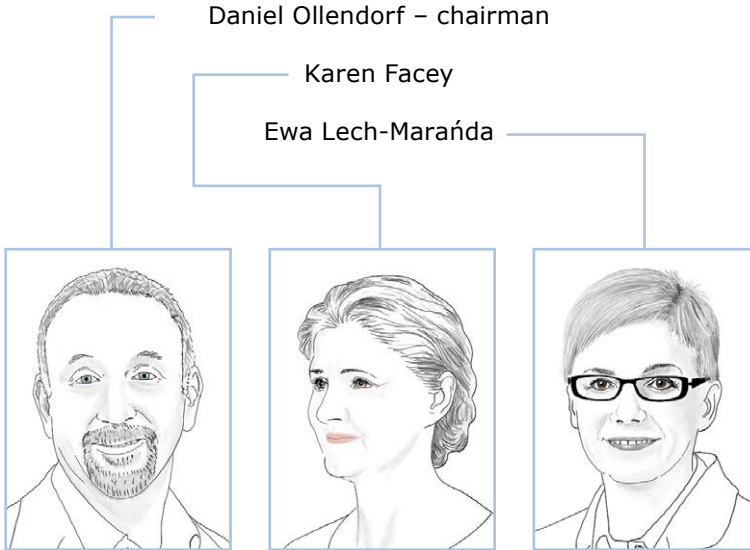
⑦ Director

⑧ Roofed smoking place

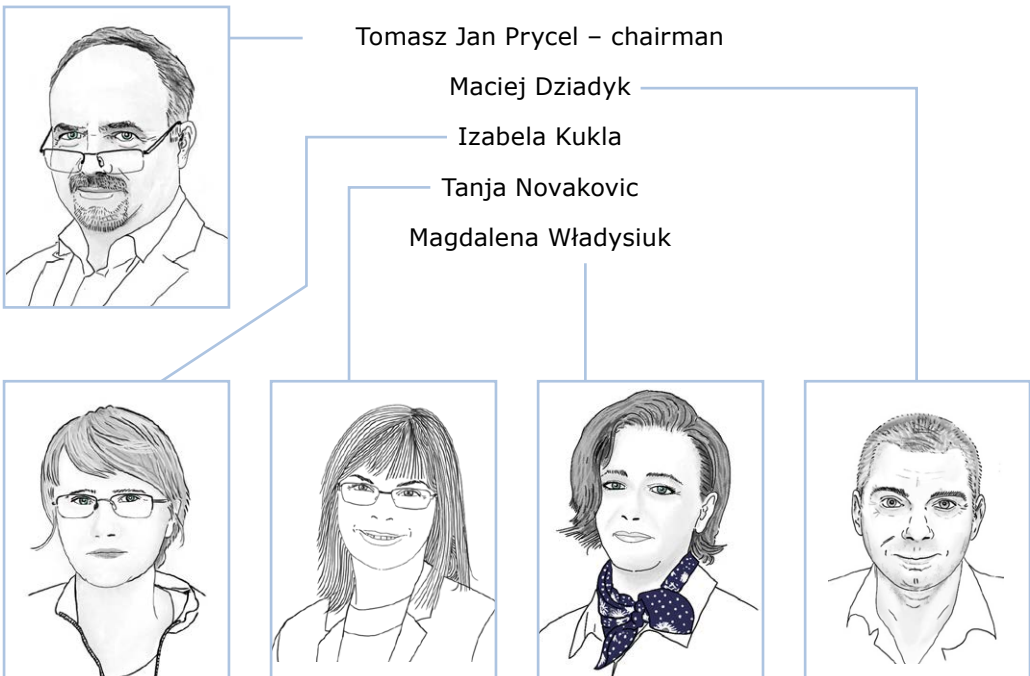
⑨ Open-air smoking place



Scientific Program Committee (SPC)



Local Organizing Committee (LOC)



Speakers & SPC Members

1. Magdalena Ankiersztej-Bartczak | Poland
2. Ewa Bandurska | Poland
3. Michał Byliniak | Polska
4. Michał Chodorek | Polska
5. Grażyna Cieślak | Polska
6. Justin Clark | Australia
7. Karen Facey | Scotland
8. Clifford Goodman | USA
9. Tomasz Hryniewiecki | Poland
10. Inna Ivanenko | Ukraine
11. Tadeusz Jędrzejczyk | Poland
12. Roman Kolek | Poland
13. Ewa Lech-Marańda | Poland
14. Maria Libura | Poland
15. Maciej Miłkowski | Poland
16. Magdalena Ruth Moshî | Australia
17. Marta Musidłowska | Poland
18. Daniel Ollendorf | USA
19. Wija Oortwijn | The Netherlands
20. Mark Parker | Serbia
21. Bonny Parkinson | Australia
22. Marcin Pasiarski | Poland
23. Serhii Pekh | Ukraine
24. Barbara Pepke | Poland
25. Maria Pięta-Frączek | Poland
26. Robert Plisko | Polska
27. Tomasz Jan Prycel | Polska
28. Michael Schländer | Germany
29. Michał Seweryn | Polska
30. Jacek Siwiec | Poland
31. Krzysztof Tomaszewicz | Poland
32. Magdalena Władysiuk | Poland
33. Marek Wójcik | Poland
34. Jan Zygmuntowski | Polska

Magdalena Ankiersztej-Bartczak | Poland

Magdalena Ankiersztej-Bartczak, PhD in social sciences: pedagogue, sex educator, sociologist, certified educator, HIV/AIDS consultant and co-unseller, President of the Management Board of the Social Education Foundation, member of the HIV/AIDS, viral Hepatitis and Tuberculosis Civil Society Forum at the European Commission, member of the International AIDS Society, the European AIDS Clinical Society and the Polish AIDS Society (PTnAIDS), co-author of the Polish Recommendations "Principles of care for people infected with HIV", coordinator and advisor of the Consultation and Diagnosis Points and the Mobile Harm Reduction Service, author of numerous publications and educational programmes honoured with the Red Ribbon.



Ewa Bandurska | Poland

Doctor of health sciences with a master's degree in public health and economics. She is an author of numerous publications on cost effectiveness analysis, integrated care and quality of life. She has many years of teaching experience and she is the author of a unique model for educating students of Public Health in the field of pharmacoeconomics. Ewa Bandurska is the head of the Public Health – management in the health system faculty (first-cycle studies). Moreover, she is a member of the Polish Pharmacoeconomics Society (currently a member of the audit committee), the Polish Society for Health Programs, the Polish Society of Social Medicine and Public Health. She also holds the position of the supervisor of the Management and Economics in Health Care scientific club at the Medical University of Gdańsk and co-supervisor of the ISPOR Student Chapter Poland – a nationwide scientific club for pharmacoeconomics students. Furthermore, Ewa Bandurska cooperates with, among others, the National Institute of Public Health – National Institute of Hygiene, the Medcover Foundation, the World Bank and other entities.



Michał Byliniak | Polska

Michał Byliniak has been associated with the pharmaceutical market for over 15 years, acquiring extensive managerial experience in the field of distribution, reimbursement, clinical trials and registration of medicinal products. Michał Byliniak was a long-term president of the Regional Pharmaceutical Council in Warsaw, as well as the president of the Pharmaceutical Group of the European Union. Director General of the Employer's Union of Innovative Pharmaceutical Companies INFARMA since 2022.



He has experience in working in the Polish health care system, in various organisations, such as pharmacies, domestic wholesalers, pharmaceutical companies and consulting companies. He is the author of numerous studies related to the pharmaceutical sector.

Michał Chodorek | Polska

Michał Chodorek - Attorney-at-Law, specialist in the field of Life Sciences law (including pharmaceutical law, medical devices) as well as intellectual property law and personal data protection in the Healthcare and Life Sciences industries. Michał also advises clients on manufacturing and distribution of medicinal products, e-Health and m-Health projects, conducting clinical trials, development of medical devices (including medical device software), obtaining and using medical data - including for training neural networks, data reuse from participants in clinical trials, development and implementation of AI / ML tools supporting diagnostic and therapeutic decisions. He works for leading international pharmaceutical and medical companies operating in Poland and for many industry associations, including the INFARMA Employers' Union of Innovative Pharmaceutical Companies, an association of 25 most innovative pharmaceutical companies. Author of publications on the classification of software as a medical device, the use of AI in clinical trials and the process of research and development of drugs, processing of personal data in clinical trials, co-author of international publications on Digital Healthcare and protection of trade secrets. Michał Chodorek is a member of the Polish Association for Good Clinical Practice. It is recommended in the international legal ranking The Legal 500 EMEA 2022 in the field of Healthcare & life sciences and recognized as IP Star 2022 in the field of trademarks in the ranking on intellectual property law, conducted by Managing IP.



Grażyna Cieślak | Polska

A long-time coordinator of projects implemented in the area of health and medical care, including the prevention of diabetes, colon and cervical cancer, and infrastructure projects of public hospitals. Administrative and financial manager in research and scientific projects, including: „Evolvable platform for programmable nanoparticle-based cancer therapies (EVO-NANO)”, „In-vivo Gene Editing by NanotransducErs” (I-GENE). All project activities are characterized by the search for value for patients. Employee of the Gdańsk Center for Health Promotion and Prevention Addiction specialist and collaborator of the Polish Society of Health Programs in Gdańsk. Provides substantive support (as a supervisor) to medical entities and institutions in the preparation and implementation of health programs. Involved in pro-quality and pro-efficiency activities in the health system, especially in the area of lifestyle diseases.



Justin Clark | Australia

Justin Clark is the Research Enhancement Manager at the Institute for Evidence-Based Healthcare (IEBH). He is also the Cochrane Information Specialist for the Acute Respiratory Infections Group, a member of the Cochrane Information Specialists Executive and the Co-Lead of the search group of the Living Evidence Network. He is one of the inventors of the Two-Week Systematic Review (2weekSR) method, a founding member of the International Collaboration for the Automation of Systematic Reviews (ICASR) and currently heads up the Automation Team at the IEBH. His work focuses on locating and retrieving infor-



mation to minimise resources required to conduct reviews of the evidence, and he also develops tools and methods for the automation of systematic reviews.

Karen Facey | Scotland

Karen Facey worked as a statistician in pharma and medicines regulation, before becoming CEO of the first national HTA Agency in Scotland. For the past 20 years, she has worked as an international consultant in HTA, with special interests in use of real world data, evaluation of rare disease treatments and patient involvement. She is senior advisor for HTA at FIPRA, providing secretariat to the payer-led learning network, RWE4Decisions.



Clifford Goodman | USA

Clifford Goodman, PhD, is an independent consultant in health care technology and policy. Previously, he was Senior Vice President at The Lewin Group (an Optum company and subsidiary of UnitedHealth Group), a health care policy consulting firm where he served for 27 years. He has four decades of experience in such areas as health technology assessment, evidence-based health care, clinical practice guidelines, health economics, and studies pertaining to health care innovation, regulation, and payment. He has directed studies and projects for an international range of government agencies; pharmaceutical, biotechnology, and medical device companies; health care provider institutions; and professional, industry, and patient advocacy groups.



His recent work has involved such areas as chronic disease, infectious disease, cancer, rare diseases, diagnostic testing, gene therapy, pharmacogenomics, personalized medicine, biosimilars, value frameworks, value-based contracting, social determinants of health, and applications of real-world data. Dr. Goodman served as chair of the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC, 2009-12) for the US Centers for Medicare and Medicaid Services (CMS). He served as president of the professional society, Health Technology Assessment international (HTAi, 2011-13), and is a Fellow of the American Institute for Medical and Biological Engineering. In 2022, he received the David Banta Distinguished Career Award in Health Technology Assessment from HTAi. He earned a PhD from The Wharton School of the University of Pennsylvania, a Master of Science from The Georgia Institute of Technology, and a Bachelor of Arts from Cornell University.

Tomasz Hryniewiecki | Poland

Tomasz Hryniewiecki is cardiologist and specialist in internal medicine. He holds the position of Representative to the Minister of Health for the National Cardiovascular Disease Programme 2022-2032. National consultant for cardiology. Professor Hryniewiecki is professionally and academically associated with the Cardinal Stefan Wyszyński Institute of Cardiology – National Research Institute, where he has been head of the Heart Valve Defects Clinic for 12 years. He was Director of the Institute from 2015 to 2022, which he transformed into a National Research Institute with the highest scientific category A+ and initiated its major modernisation. In 2020, Professor Hryniewiecki started to prepare the National Cardiovascular Disease Programme for 2022-2032.



At the same time, he has started work on a programme of comprehensive and coordinated cardiac care, the “National Cardiac Network”, which is designed to facilitate the patient’s journey from primary care to diagnosis and modern treatment in appropriate specialist healthcare facilities. He is the author of numerous scientific papers, textbooks, and the editor-in-chief of journals, as well as scientific director of congresses. He is a fellow of the Polish and European Society of Cardiology.

Inna Ivanenko | Ukraine

Executive Director of the Charitable Foundation “Patients of Ukraine”. Inna has graduated from School of Social Work of Kyiv-Mohyla Academy National University in 2007 and since then her career is developing in social and humanitarian spheres. From 2007 till 2012 Inna was working in the Policy and Advocacy Department of All-Ukrainian Network of People Living with HIV, combating for ARV-treatment availability for those who needed it. In 2012 Mrs Ivanenko became one of the founders of patients based organization CF “Patients of Ukraine” and in 2018 was elected as its Executive director. CF “Patients of Ukraine” is a unique organization, uniting 50 members, who are leaders of patients organizations from 23 disease areas. Organization is a strong advocate for treatment access, anti-corruption medical procurement reform and overall healthcare reform in Ukraine, representing interests of more than 1,5 million patients with severe diseases. During full-scale war in Ukraine CF “Patients of Ukraine” is among leaders who helps to overcome Ukrainian patients and healthcare system the consequences of russian invasion.



Tadeusz Jędrzejczyk | Poland

Tadeusz Jędrzejczyk, Graduate of the Medical Faculty of the Medical Academy in Gdańsk (nowadays known as the Medical University of Gdańsk). Specialist in Public Health. He has a PhD in medical sciences and holds the position of assistant professor in the Department of Public Health and Social Medicine. Author of several dozen articles on public health concerning, in particular, the field of management and organisation of health care, economic aspects and epidemiology. Councilor of the City of Gdańsk (1994-1998) and chairman of the City Commission for Solving Alcohol Problems (1997-2001). Deputy Healthcare Director at the University Clinical Centre in Gdańsk (2010-2014), Deputy Director and then Director of the Pomeranian Branch of the National Health Fund (2008-2009 and then 2013/14); President of the National Health Fund between June 2014 and March 2016. Currently, he is the Director of the Health Department of the Pomeranian Voivodeship Marshal's Office.



Roman Kolek | Poland

Polish local government official, physician and activist of the German minority in Poland since 2010 to 2020, Deputy Marshal of the Opolskie Voivodeship. In the years 1999-2002, he was the director of the Department of Health and Social Policy of the Marshal's Office of the Opolskie Voivodeship. In 2002, he was transferred to the position of Deputy Director for Medical Matters of the Regional Health Fund in Opole, and then took up a similar position in the Opole branch of the National Health Fund.



Roman Kolek was also active in his community, participating in consultations regarding changes in the state health policy and the antibiotic therapy rationalisation programme. He was politically involved in the activity of the German minority in Poland within the Social and Cultural Association of Germans of Opole Silesia. In 2017, together with other German Minority members, he co-founded the “Regionalna. Mniejszość z Większością” (Regional. Minority with the Majority) party; in 2018 he became its deputy chairman. He taught classes at physician courses, as well as classes at the Pharmacoeconomics, Marketing and Pharmaceutical Law College at the Warsaw University of Technology. Roman Jacek Kolek has published scientific papers in the field of public health and health care finance, cost analyses of expenditure on health services provided to the insured, as well as lectures for physicians as part of training sessions and courses in public health and health insurance. He co-organised numerous conferences in the field of health policy and financing of health services, including the British-Polish Healthcare Forum, Polish-Ukrainian Healthcare Forum and the Polish-German Health Forum. He authored and co-authored numerous publications in the field of public health and financing of health services. In 2020, during the pandemic, he resigned from the position of Deputy Marshal of the Opolskie Voivodeship, returned to the profession of an anesthesiologist, currently he is the Deputy Director of the Provincial Hospital for healthcare, he is the Quality Representative.

Ewa Lech-Marańda | Poland

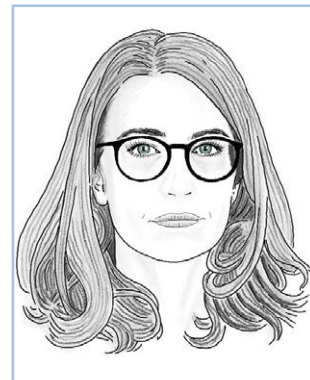
National Consultant in the field of haematology. Vice-president of the Polish Adult Leukaemia Group. Member of the Polish Lymphoma Research Group. Professor Ewa Lech-Marańda specialises in internal diseases, haematology, clinical transplantology and clinical immunology. She is the author of over 130 original works, review works and textbook chapters. In



the years 1995-2010 she was an assistant and adjunct at the Department of Haematology of the Medical University of Łódź. In 2010, she started working at the Institute of Haematology and Transfusion Medicine in Warsaw as the deputy head of the Haematology Clinic. In the years 2015-2017, she served as the deputy Director for Therapeutics at the Institute, and in 2017 she was appointed by the Minister of Health as the Director of the Institute of Haematology and Transfusion Medicine. Since 2013, she has also been the head of the Haematology and Transfusion Medicine Clinic at the Centre of Postgraduate Medical Education in Warsaw and the voivodeship consultant in the field of haematology for the Masovian Voivodeship; what is more, since 2018, she has been working as the national consultant in the field of haematology.

Maria Libura | Poland

Head of Medical Training and Simulation Centre, University of Warmia and Mazury in Olsztyn, vice-President of The Polish Society for Medical Communication, healthcare expert of the Jagiellonian Club Analytical Centre, President of Polish Prader-Willi Syndrome Association. Member of the Expert Board to the Patients Ombudsman.



Maciej Miłkowski | Poland

Manager, graduated from the Warsaw School of Economics (SGH), as well as from the MBA studies at the Leon Kozminski Academy of Entrepreneurship and Management in Warsaw – Management and Economics of Medical Technologies. His first professional experience was in investment banking at Polski Bank Inwestycyjny (Polish Investment Bank).



Since the beginning, i.e. since April 1998, Maciej Miłkowski was co-organising Mazowiecka Regionalna Kasa Chorych (the Mazovian Regional Health Care Fund) and became its first member of the management board for economic and administrative affairs, as well as its CFO. For 3 years, starting from 2002, he was head of a non-public health care institution of the European Rehabilitation Clinic VICTORIA. In the years 2005-2007 he worked in the Institute of Mother and Child as the representative of the director for financial and accounting affairs and as the deputy director for economic affairs. Between June 2007 and January 2016 Maciej Miłkowski worked as the deputy director for economic affairs of the Cardinal Stefan Wyszyński Institute of Cardiology in Warsaw. In 15 January 2016 he was appointed the Deputy President of the National Health Fund for Financial Affairs. He has been the Under-Secretary of State at the Ministry of Health since 2018.

Magdalena Ruth Moshi | Australia

Magdalena Ruth Moshi, BHlthSc (Hons), PhD, OLY Dr Magdalena Ruth Moshi is a Senior Research Officer (SRO) at the Royal Australasian College of Surgeons (RACS). Her current role includes conducting health technology assessments as part of the Australian Safety and Efficacy Register of New Interventional Procedures-Surgical (ASERNIP- S) team. Magdalena's research interests include developing health technology assessment methodologies that can address the unique challenges posed by innovative software or healthcare contexts. She has peer reviewed articles on the topic for the International Journal of Technology Assessment in Health Care.



Marta Musidłowska | Poland

Graduate of the Faculty of Law and Administration at the University of Warsaw, specializing in digital policies within European Union law. Analyst of Polish, EU and US regulations related to new technologies, primarily data governance in various sectors (mainly healthcare). She has gained practical experience in Polish and international law firms, as well as in policymaking in the United Nations and Polish public administration initiatives. At the end of July, she finished traineeship at DG SANTE in the European Commission, where she supported work on the European Health Data Space. Currently she is a legal researcher in the Center of IT and IP Law in the KU Leuven, where she works on a Data Spaces Support Centre project. She is also a journalist writing texts on new technologies, as well as digital & energy policy in the CEE region.



Daniel Ollendorf | USA

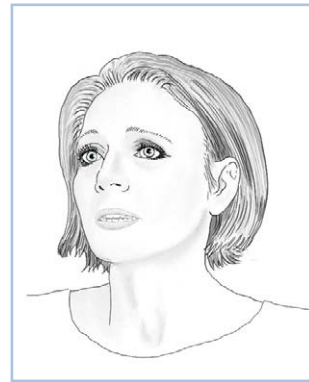
Dan Ollendorf is Director of Value Measurement and Global Health Initiatives at the Center for the Evaluation of Value and Risk in Health (CEVR). His research interests include expanding the use of health technology assessment in low- and middle-income economies, as well as refinement of value assessment tools in the US. Prior to joining CEVR, Dr. Ollendorf was Chief Scientific Officer for the Institute for Clinical and Economic Review (ICER) for over 10 years, where he was responsible for scientific oversight of all clinical and economic aspects of the health technology assessment process. Dr. Ollendorf holds a PhD in clinical epidemiology from the University of Amsterdam and an MPH from Boston University.



He is the current Chair of the Health Technology Assessment International Global Policy Forum as well as a non-resident Fellow at the Center for Global Development, and served on the US Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) from 2015-2019. Dr. Ollendorf has authored over 100 articles in peer-review journals and is co-author of *The Right Price: A Value-Based Prescription for Drug Costs* (Oxford University Press).

Wija Oortwijn | The Netherlands

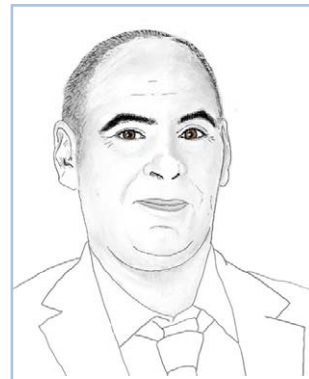
Wija Oortwijn is senior researcher/lecturer at the Department Health Evidence at Radboud University Medical Center Nijmegen (the Netherlands). She studied health sciences and holds a PhD in Medicine (Setting priorities in health technology assessment). She has over 30 years of professional experience in HTA and health policy analysis around the globe, with her key interest in priority setting, integrated HTA, and capacity building. Since 1992, she has been extensively involved in the development of HTA and health system strengthening around the world. This includes numerous projects, consultations and capacity building in most countries of the European Union as well as in Abu Dhabi, Brazil, Canada, China, Kazakhstan, Moldova, South Africa, Ukraine, and several others. She has co-authored 10 book chapters concerning different aspects of HTA, edited several journal issues, and has written more than 70 other scholarly published papers. She is the lead editor of the VALIDATE handbook: an approach on the integration of values in doing assessments of health technologies, 2022; available from: <https://validatehta.eu/>. She is also the lead author of guidance for institutionalizing HTA via the use of evidence-informed deliberative processes, 2021; available from: <https://www.radboudumc.nl/global-health-priorities>.



This guidance is applied in several countries around the globe, including Abu Dhabi, Ghana, Iran, Indonesia, Kazakhstan, Kyrgyzstan, Lebanon, Liberia, Moldova, Pakistan, Rwanda, Tanzania, and Ukraine. She is a founding member of the Dutch Society for HTA (NVTAG) and the international HTA Society (HTAi). She has been the co-chair of the HTAi/INAHTA Interest Group on Ethics from 2011 to 2017, and served as the scientific secretary of HTAi's Global Policy Forum from 2016-2019. Currently, she is Board member of HTAi in the capacity of Past President, is the co-chair the HTAi-DIA working group on uncertainty in the HTA-regulatory interface, and is associate editor of the International Journal of Technology Assessment in Health Care. She is also Advisory Board Member of the Slovak HTA agency (NIHO) and of the HTAi-ISPOR-HTAsiaLink working group on HTA guidelines.

Mark Parker | Serbia

Mark Parker is director at ZEM Solutions with more than 20 years experience in international health economics projects and health technology assessment. He is Health Economic modeller (University of Liverpool, University of York, UK) and Health Economics Consultant. Primarily involved in leading the development of care pathways, economic models and their evidence basis for use in global value dossiers, international HTA submissions, and national projects such as DRG development, patient registries and their analysis. Further specialising in the challenges of the CEE region and healthcare development. Mark has experience in a wide range of disease areas and population modelling, he is working with industry, NGOs and governmental institutions to deliver a strong educational background in economics, software development, distributed systems and computation, Artificial Intelligence (1st, BSc Economics and Computer Science, UoL).



Bonny Parkinson | Australia

Associate Professor Bonny Parkinson is the Interim Deputy Director and a health economist at the Macquarie University Centre for the Health Economy (2022). She has also worked at the University of Technology Sydney, AstraZeneca in the United Kingdom, Access Economics, and the Australian National University. She currently co-leads a team of researchers conducting evaluations of submissions to the Pharmaceutical Benefits Advisory Committee (PBAC) and researching economic evaluation methodology. She has been involved in over 50 evaluations of submissions to the PBAC since 2009, and has also conducted evaluations of submissions to the Medical Services Advisory Committee (MSAC). To date, she has been the recipient of career research funding of over \$22.0 million spread over 16 grants and has 38 peer-reviewed journal articles. She is currently on the editorial board of Pharmacoeconomics, and is an associate editor of Oxford Open Economics.

**Marcin Pasiarski | Poland**

Specjalista chorób wewnętrznych, hematologii i immunologii. Profesor i wykładowca Wydziału Lekarskiego i Nauk o Zdrowiu Uniwersytetu Jana Kochanowskiego w Kielcach. Od 2015 roku pełni funkcję konsultanta wojewódzkiego w dziedzinie hematologii. Absolwent Uniwersytetu Medycznego w Lublinie (tam również uzyskał w 2009 roku stopień doktora nauk medycznych). Od 2001 roku pracuje w Świętokrzyskim Centrum Onkologii w Kielcach. Od 2011 roku kierował oddziałem hematologii, a od 2014 roku Kliniką Hematologii i Transplantacji Szpiku w



Świętokrzyskim Centrum Onkologii. Scientific research on the assessment of the effectiveness of vaccination against *Streptococcus pneumoniae* (pneumonia ducta) in patients with chronic lymphocytic leukaemia and monoclonal gammopathy of undetermined significance has been carried out under the supervision of Professor Pasiarski. Based on his research, he developed the first pneumococcal vaccination programme in Poland and Europe for oncological patients, offering them protection against pneumococcal pneumonia and sepsis.

Serhii Pekh | Ukraine

Serhii Pekh is a unique influencer whose activities on social media have meaningful impact on society. His main goal is to make the rules of legal residence in Poland and procedures for entering Poland more commonly known, not only for Ukrainian citizens, but also for other nationalities. As a community activist, Serhii is a co-founder of Wellcome EU foundation, which aims to help refugees from various countries in difficult times. Serhii Pekh is not only an influencer, but also a philanthropist. His involvement in helping refugees of various nationalities shows that he always puts humanitarian matters first. Moreover, as an investor, he's aware of the role that business can play in creating positive social changes. His versatility and psychological knowledge help him understand how social media works and what is the best way of conveying his social messages. Serhii Pekh is an individual who inspires and motivates others to work for the common good and understands the needs of refugees and migrants in Poland, regardless of their country of origin.



Barbara Pepke | Poland

President of Gwiazda Nadziei Foundation. Leader of the Hepatology Coalition. She is a campaigner for patients suffering from liver diseases. Barbara is a former hepatitis C patient herself. What is more, she has co-founded the Gwiazda Nadziei Foundation and has been its President for over 15 years. When it comes to her professional life, Barbara has been associated with the local government for over 25 years, and currently with the voivodship government. She is a Councilwoman of the Mikołajów County for the 5th Term, and currently the Chairwoman of the Mikołajów County for the 6th Term. She has initiated numerous social campaigns, trainings and educational programmes in the field of liver disease and cancer prevention. Moreover, she co-created numerous educational campaigns directed at young people, teachers, residents, physicians and, lately, also Ukrainian refugees. Barbara is the originator, co-author and coordinator of the publications published by the Gwiazda Nadziei Foundation, used in campaigns promoting free tests and educating GPs and teachers on the current knowledge about hepatotropic virus infections. She strongly believes that health and human life are of paramount value.



Maria Piętak-Frączek | Poland

She has been working at the Cracow City Hall for 20 years, since 1999. She graduated from the Nursing Institute at the Faculty of Healthcare of the Jagiellonian University Medical College. In 1997, she completed post-graduate studies in Health Promotion at the Institute of Public Health of the Jagiellonian University.



In 2012, Maria Piętak-Frańczek completed post-graduate studies in Economy and Public Administration at the Małopolska School of Public Administration of the Cracow University of Economics. In 2019, she completed post-graduate studies in HTA and EBM in Healthcare Management as part of the “Development of administrative and management competences for quality improvement in healthcare” project organised by the Faculty of Health Sciences of the Jagiellonian University. From the beginning of her work, she has been developing the principles of the “Healthy Cracow” Municipal Healthcare Programme, organising conferences, trainings and outdoor health-related events, including the “Cracow Health Days”. She cooperates with numerous regional and national healthcare-related institutions. She is also a representative of the City of Cracow in the Association of Healthy Polish Cities and the President of the Management Board of the Association. As part of this activity, among others, she organises meetings for member cities which address significant issues regarding healthcare and prevention. Healthcare manager - completed postgraduate studies in 2022: Healthcare management.

Robert Plisko | Polska

Robert Plisko is CEO at HTA Consulting since 2006 and one of the company’s founders. He obtained his Master of Economics title at the Cracow University of Economics. His professional career started at the National Centre for Quality Assessment in Healthcare. Robert Plisko is the author of numerous publications on HTA and health care. He is head of the Economic Analyses Department at HTA Consulting.



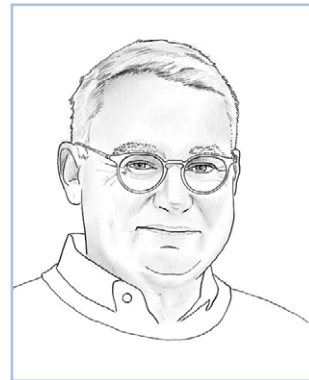
Tomasz Jan Prycel | Polska

Managing Director of CEESTAHC. Graduate of the Faculty of Medicine of the Medical University in Łódź and Postgraduate Health Care Management Studies in the Nofer Institute of Occupational Medicine. Expert in cooperation and creation of health projects with local government units, with many years of experience in creating an educational platform for developing high-quality health programmes in important areas of public health. President of the European Foundation for Solving Health Problems (Europejska Fundacja Rozwiązywania Problemów Zdrowotnych). Co-creator of the “Zdrowie/Człowiek/Profilaktyka” educational programme, aimed at local governments and employers. Initiator of www.dobreprogramyzdrowotne.pl, a website containing a Health Programme Creator and educational materials for creators of health policy programmes.



Michael Schlander | Germany

Professor of Health Economics (at AWI – Alfred Weber Institute for Economics and at the Mannheim Medical Faculty) of the University of Heidelberg, currently on leave of absence to act as foundation Head of the Division of Health Economics for the German Cancer Research Center (Deutsches Krebsforschungszentrum, DKFZ), Heidelberg, Germany (since 2017). He has been founding chairman of the not-for-profit “Institute for Innovation & Valuation in Health Care” (InnoValHC e.V.) in Wiesbaden, Germany (since 2005), and has acted a scientific advisor of its consulting and management branch, Inno-Val-HC-Forschungsgesellschaft mbH (InnoValHC Research Inc., also since 2005).



Michael Schlander is a member of numerous scientific associations, including the Drug Information Association (DIA), the International Health Economics Association (iHEA), and the International Society for Pharmacoeconomics and Outcomes Research (ISPOR); in 2008, he was a co-founder of the German Society for Health Economics (Deutsche Gesellschaft für Gesundheitsökonomie, DGGÖ). He further acted as the scientific program chair for the 15th Annual European Congress of ISPOR in 2012, with more than 3,500 attendants. After six years in experimental brain research and clinical neurology (at the Universities of Frankfurt a.M. and Mainz), he joined the international biopharmaceutical industry in 1987, where he spent 15 years in executive roles in clinical development (1987-1993), marketing (1993-1999), and general management (1999-2002) in Belgium, Germany, Switzerland, and the United States. His scientific publications include two monographs, on 'The Contribution of Health Economics to Market-Oriented Pharmaceutical Research and Development' (Witten/Herdecke University Press; Witten, Germany: 1998) and on 'Health Technology Assessments by the National Institute for Health and Clinical Excellence (NICE)' in England and Wales (Springer; New York, NY: 2007).



Michał Seweryn | Polska

President of EconMed Europe, graduate of CMUJ, specialist in public health and epidemiology, Doctor of Economics in the field of health economics. He specialises in health economics, HTA and drug management. An expert at the European Commission (evaluating grants in the HORIZON programme), long-time lecturer of HTA and health economics – assistant professor at Collegium Medicum of the Jagiellonian University (2009-2016). In the past, he served as the Lesser Poland Provincial Sanitary Inspector and the Head of the Department of Drug Administration of the Lesser Poland Provincial Branch of the National Health Fund. Michał Seweryn is the author of scientific publications and specialised studies in the field of health economics and epidemiology.

**Jacek Siwiec | Polska**

Sociologist – HTA expert – with more than 20 years of professional experience in public and private institutions related to health technology assessment (HTA/EBM), total quality management (TQM), clinical indicators, quality of life assessment, health insurance, and clinical research. He has held management positions in the CEESTAHC Association, WHC and Medicea Foundations, clinical research centres and numerous companies involved in broadly defined quality, ancillary insurance, and HTA. He currently holds the position of Director at the AOTMiT's Branch Office in Cracow. He was the initiator and organiser of the International EBHC Symposium (2006-11) of the CEESTAHC Association, and of the conference series entitled "Innovations in Medicine" of the WHC Foundation.



Jacek Siwec is a manager, organiser, coach in trainings and several hundred training programmes in the field of EBM/EBHC/HTA/GCP, and an academic lecturer – at i.a. postgraduate studies in HTA at Institute of Public Health at Jagiellonian University Medical College (PRO-QUO HEALTH, HB-HTA). He has held advisory roles as, i.a., a member of the Ministry of Health’s Team for the Translation of Maps of Healthcare Needs, expert of the AOTMiT’s Tariffs Council, HTA coordinator of the Pointer project. Additionally, he is a member of teams and co-author of the Minister of Health’s “IOWISZ” tool. Jacek Siwec is the co-author of HTA studies and expert consultations for Ministries of Health of the following Serbia (on behalf of the World Bank) and Ukraine. He has cooperated with various international institutions such as WHO (HEN), EUnetHTA, HTAi, World Bank and DG SANCO – member of the Expert Group on Health Systems Performance Assessment (HSPA), as well as Polish and foreign universities. Currently, he participates in several task forces and consulting teams, such as Voivodship Health Needs Mapping Teams, or in the work of the President of the Republic of Poland’s Working Group on 75 + Centres, as well as in the work of the Steering Committee for the Coordination of EFSI Interventions in the Health Sector. He has been an expert member, Polish representative for HTA methodology to the EU team – Coordination Group on Health Technology Assessment (CG-HTA), dealing with the commonality of HTA activities in the EU, since 2023.



Krzysztof Tomaszewicz | Poland

Head of the Department and Clinic of Infectious Diseases and Hepatology of Medical University of Lublin. A long-time member of the board of the Polish Association for Study of Liver (PASL), vice-president of the Polish Society of Epidemiology and Infectious Diseases Physicians (PTEiLChZ). Founding member of CEHC. Head of numerous projects of national and international research. Principal researcher in over 20 clinical trials in the field of infectious diseases and hepatology. Chairman of the Polish NAFLD/NASH Expert Group, Chairman of the Polish HCV Expert Group, Member of the Polish HBV Expert Group, Member of the Expert Group for Combating Healthcare-Associated Infections. Former member of the National COVID-19 Medical Council. Reviewer of the European Association for the Study of Liver Disease (EASL) International Liver Congress for the years 2019-2021. Expert on the HCV elimination at the invitation of the World Health Organisation (WHO). Co-author of the national recommendations for the management and treatment of HCV, HBV, NAFLD/NASH and rickettsioses. Frequent reviewer of therapeutic programs for the Agency for Health Technology Assessment and Tariff System, as well as research projects for the National Science Centre (NCN). Member of the Scientific Committee of joint project „International Transfer of Health Data” The European Federation of Academies of Sciences and Humanities (ALLEA), the European Academies’ Science Advisory Council (EASAC) and Federation of European Academies of Medicine (FEAM). In recent years, very close cooperation with the Department of Gastroenterology and Hepatology, Essen University Hospital in Essen (Germany) and the Department of Gastroenterology, Hepatology and Endocrinology, Medical School Hannover (Germany).



Krzysztof Tomaszewicz is the author of numerous original and review works of total IF of over 350 and a number of citations of over 6000, h-index 23. Editor-in-Chief of "Clinical and Experimental Hepatology", Guest Editor in the field of Gastroenterology of the Frontiers publishing house.

Magdalena Władysiuk | Poland

President of CEESTAHC Society. Vice President of HTA Consulting. In HTA Consulting, she is responsible for the strategic development of the company through research and services development, new product launch and marketing. Ms. Władysiuk main and primary aim is to provide high quality information or data based on evidence based medicine or health technology assessment methodology not only in Poland but in Europe and Asia. Key role of her work is to improve patient outcomes through better healthcare decisions. In CEESTAHC she was responsible for the establishing and providing wide connection platform for discussion for all stakeholders in health care system. CEESTAHC mission is to improve the quality of health care systems value with the use of evidence. She graduated Medical Academy in Lublin and MBA, economy in Kozminski Academy in Warsaw. She was Member of HTAi Annual Meeting in 2006-2008.



Marek Wójcik | Poland

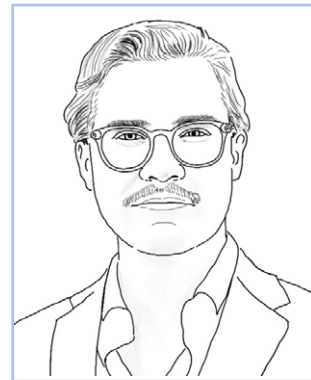
Marek Wójcik, healthcare expert at the Association of Polish Cities, Deputy Minister of Administration and Digitisation in the years 2014-2015, long-term participant of legislative works in the Polish Sejm and Senate; member of the health and social policy team of the Joint Commission of the Government and Local



Governments and participant in the work of the Council for Social Dialogue. Since 2004, he has served three terms as chairman of the Council of the Małopolskie Regional Branch of the National Health Fund, an expert to the Minister of Health for restructuring healthcare facilities and ownership transformations (2009-2011), member of the Council for Public Health and of the Scientific Council of the National Influenza Control Programme. He supervises the activities of medical entities subordinate to the Sądecka Municipal Public Services Zone (pilot project), and the Nowy Sącz powiat. Author of publications on public health and health programmes created by local governments. In his didactic activity, he collaborates i.a. with the Cracow University of Economics, Lazarski University in Warsaw, Warsaw School of Economics, Medical University of Łódź, WSB – National Louis University in Nowy Sącz, and University of Business and Entrepreneurship in Ostrowiec Świętokrzyski.

Jan Zygmuntowski | Poland

Economist and social entrepreneur interested in complex systems, political economy of technology and digital economy. Co-President of the Polish Network of Economics and Program Director at CoopTech Hub, first Polish center for platform co-ops. PhD candidate at Kozminski University and lecturer at Management and AI in Digital Society program. Founder and 2015-2020 Chairman of the Board at InStrat, a progressive policy think-tank. He gained experience i.a. in the Polish Development Fund. Graduate of the Warsaw School of Economics, fellow of G20 Global Solutions, British Council, Møller Institute, Open Future Foundation & FEPS. Author of "Network Capitalism" ("Kapitalizm Sieci"), nominated to "Economicus 2020" prize. DigitalEU Ambassador.



Central and Eastern European Society of Technology Assessment in Health Care (CEESTAHC)



The Society was founded in Krakow in 2003. We associate professionals in the fields of HTA, economic and cost evaluations, EBM and quality assurance in clinical trials.

Our main aim is development and progress of standards and methods of assessment of drug and non-drug health technologies in Central and Eastern Europe. Our additional goal is to develop and promote a common understanding and vocabulary, which allows various parties in the health care system to commu-

nicate: physicians, representatives of health insurance, medical societies, pharmaceutical companies, politicians, economists, hospital managers and other specialists who deal with financial aspects of medical services and assessment of both health care system quality and effectiveness of health technologies. Our further aim is to promote HTA and EBM in our part of Europe.

We help especially those who has just begun with HTA – we consult, organize training and offer other forms of support.

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Session 1. Opening of the Symposium

HTA's evolution will be driven by technological advancements, societal values, healthcare trends, and global challenges, ensuring that patients receive treatments that offer real value (safe and effective). The integration of data and measurements in the system will be provided by:

1. Integration of Real-World Evidence (RWE). HTA bodies might increasingly utilize RWE, data gathered outside of randomized controlled trials, such as electronic health records, to inform their decisions.
2. AI. With advancements in artificial intelligence and machine learning, future HTA processes might employ these tools to analyze complex datasets and model long-term health outcomes more precisely.
3. Personalized Medicine. As medicine becomes more tailored to individual patients, HTA will need to evolve its methods to assess the value of treatments for smaller patient populations.
4. Adapting to rapid innovations. With emerging technologies like gene therapies, nanomedicine, or digital health solutions, HTA will need to be agile and adapt its methodologies to appropriately evaluate these innovations.
5. Holistic evaluations. Beyond just clinical effectiveness and cost-effectiveness, future HTA might integrate broader societal impacts, such as environmental sustainability or socio-economic factors.
6. Global collaboration. With the increasing globalization of healthcare, HTA agencies may collaborate more, sharing knowledge and methodologies to ensure consistent and high-quality evaluations.
7. Ethical considerations. Ethical frameworks might become more prominent in HTA to address challenges related to equity, access, and societal values.



8. Patient involvement. As the push for patient-centered care grows, patients may play a more significant role in HTA processes, providing insights into preferences, quality of life, and perceived value.
9. Dynamic re-assessment. As technology and treatments evolve rapidly, there might be a need for more regular re-evaluations of technologies post-market to ensure continued value and safety.
10. Transparency and openness. The HTA process might become even more transparent, with broader stakeholder engagement and open-access models to methodologies and findings.

Session 2. International HTA development

Currently, two projects are being developed in the European Union that aim to integrate data at the international level:

1. EHDS - European Health Data Space
2. JCA - Joint Clinical Assessment

A key element of these two initiatives is the creation of mechanisms and procedures for analyzing mass data and increasing the importance of RWE in healthcare. Taken together, EHDS and JCA have the potential to transform European healthcare. They will provide a system in which medical decisions are evidence-based, comprehensive and reflect real-world scenarios. As the European Union strives for many years to create a unified health data landscape through EHDS, a symbiotic relationship between JCA (clinical data) and RWE (patient data) will be crucial. RWE, derived from real-world data (RWD) such as electronic health records, patient registries, and health applications, provides insights into patient outcomes, treatment patterns, and medical costs in routine clinical settings. Unlike traditional clinical trials, which take place in controlled environments, RWE offers a more comprehensive look at how treatments work in everyday life, and its importance is increasingly appreciated in the context of health technology regulation and assessment.



1. The European Health Data Space (EHDS) is a groundbreaking approach to healthcare in the European Union. This is an initiative to ensure access, sharing and use of health data between Member States, while maintaining the highest standards of data protection. In the future, EHDS will be a platform for cross-border clinical trials, the subject of health analyzes and one of the key elements of health services.
2. The Joint Clinical Assessment (JCA) also plays a key role in this shift in approaches. It analyzes the clinical benefits of new health technologies, enabling future healthcare decisions across Europe. By developing a common methodology and, increasingly, integrating scientific evidence (including RWE), the JCA can strengthen evaluation in the future based on data from clinical practice from across the EU.

Session 3. Challenges for local governments – difficult choices, election time...

The post-pandemic landscape presents unique challenges in many areas for local government. These difficulties are particularly noticeable in the field of prevention and the implementation of public health tasks, such as health education or early detection of diseases. Since 2017, we have observed a systematic decline in the number of health policy programs assessed by AOTMiT. The simplifications introduced by the Agency for Health Technology Assessment and Tarification, in the form of model health policy programs (recommendations), do not compensate for this decline. Health budgets have been reduced in many local governments. This is the result of, among others, rising costs of electricity, falling local government revenues and the need to organize additional activities related to the conflict in Ukraine. This situation is compounded by additional problems, such as delays in diagnosis during the pandemic, demographic crisis, difficulties in obtaining funds from European funds and complications related to parliamentary and local government elections.



When making decisions, it is crucial to have reliable data, cooperate in a team and share experiences and educational materials. This may contribute to better use of local government resources. As part of the Local Government Academy, current topics and challenges are discussed every year. In the first part of the session, we will present the possibilities and scope of local governments' use of funds from the Medical Fund as a new tool for financing health policy programs. We will also discuss specific program proposals in the field of diabetes, oncology and infectious diseases. In the second part of the session we will discuss problems related to health care for Ukrainian refugees. We will take into account both the scope of care and communication aspects with a huge group of new beneficiaries of the Polish health care system. We cordially invite you to participate.

Session 4. Poland and Ukraine – common healthcare challenges

Due to the current situation in Ukraine, we have also prepared a session on the challenges in Polish healthcare for refugees from this country, taking into account its scope, the role of individual stakeholders and communication aspects.

Russia's attack on Ukraine on February 24, 2022 caused a large wave of refugees. Some of them were forced to leave their hometowns due to the war. Others decided to escape due to the risk of further advance of the aggressor's troops and deterioration of living conditions. According to the Polish Border Guard estimates, since the beginning of Russian aggression in February 2022, over 15.5 million Ukrainian refugees, mainly women and children, have crossed the Polish border. For most of them, Poland was the gateway to Europe and they gradually left for other EU countries. Some of them returned to Ukraine after the situation on the front stabilized.



Currently, there are over a million Ukrainian refugees in Poland. This situation raises additional challenges regarding the organization of healthcare in Poland, especially after the recent Covid-19 pandemic. At the same time, Ukrainian citizens are faced with the Polish systemic realities because they do not know the principles of functioning of primary and specialized health care in Poland. Due to the different epidemiological situation in Ukraine, it is necessary to indicate the possibility of building appropriate access and an appropriate level of communication for this population. They have difficulty finding the right path to solve their health problems, they do not know what benefits they are entitled to, and they do not know their rights and obligations. As a consequence, they often do not undertake treatment and withdraw to the margins of the health care system. This is an unfavorable situation because when we lose contact with such a large social group, we lose control over diseases.

Due to these issues, we invited representatives of the Ministry of Health, local governments, and Polish and Ukrainian non-governmental organizations to discuss. During the session, we want to present different points of view, good local practices and the needs of refugees. During the session, we want to present various points of view, good local practices, the needs of refugees, and try to develop and indicate a course of action to improve two-way communication, consider effective health education and improve the adaptation of refugees in the Polish health care system.



Session 5. The need of innovation in HTA

In the near future we can expect health technology assessment to evolve in a way which will transform each area and level of performance in this field. This development will be generated by a snowball effect put in motion by fresh energy of new ways of collecting and analysing data. The possibility to collect mass data in real time, use of artificial intelligence, as well as digitalisation of medical records create an opportunity for a significant qualitative leap, which already results in new methods of analysis and reasoning being implemented.

This evolution will affect the medical, economic, social and ethical aspects of applying and assessing health technologies. The methodology of clinical trials will have to be created anew and expanded to include the possibilities to test technologies using existing data, to learn how to use real-world clinical data with the consideration of cost elements in order to include preferences or even social and economic inequalities, and, most importantly, to ensure data security. Ensuring a balanced development of all aspects ensuring that the underinvested areas do not hinder the development possibilities in the remaining areas will constitute a significant challenge.

As a part of this session, we will discuss the issue of creating guidelines and the scope of considered scientific evidence together with the indication of the scope of databases used in this process. Identifying data is becoming a part and subject of creating innovative tools in increasingly more efficient processes which utilise the new possibilities of machine learning. As digital technologies develop, the need for their assessment arises; framework of such procedures designed in Australia might constitute an interesting suggestion, also within the EU and the Joint Clinical Assessment. The economic analyses have always been a fixed element of HTA-based decision-making; however, including RWE data and data uncertainty assessment remains a subject of discussions. Perhaps, at the beginning there will be certain difficulties when it comes to an optimal way to utilise these



new possibilities and finding the “gravity centre” of health technology assessment performed using innovative methods and tools; however, it is without doubt becoming the reality.

Session 6. Best practices of integration in care

For many years, the word “value” has been a catchword in the world of medicine and it has kept appearing in numerous names, definitions, and programmes. Physicians, service providers, taxpayers, and patients all wish to have their own input and influence over a common definition of this term. Sometimes, the objectives of these interest groups are diverging, and the centre of gravity in the term “value” might be different for each of them. It is therefore crucial for all parties to agree that we all wish to effectively optimise costs and improve the efficiency of health care. Like in other fields of economics, also in health care we aim for value in to be determined by the consumer through:

1. the cost,
2. quality of service,
3. availability and
4. effectiveness.

We could ponder which one of these aspects should be of the biggest significance and whether any of them can actually be deemed more significant than the others? On top of that, the needs of various stakeholders need to be considered. It should also be kept in mind that in some countries health care constitutes as much as 20% of the economy, and therefore the sector’s condition impacts not only health, but also the economic situation of millions of citizens. Without creating the right tools for integration understood as the flow of patients between the individual service providers, data, access to the right medicines or medical devices, it is difficult to talk about improving access or the ability of improving the quality of care.



What is understood by the term cost are the total expenses throughout the patient path, as well as those concerning its individual stages under comprehensive patient care, and not one-time services. If we wish to lower the costs, we should invest more in services characterised by greater effectiveness in order to limit the need to use other, suboptimal solutions. The high effectiveness means not only ground-breaking methods and modern equipment – in order to reach this goal we need the engagement of the entire healthcare personnel, as the human factor is what impacts quality the most. Full effectiveness of the given technology is possible if the quality standards (scope, method of execution, time and right access to necessary resources) are met at all stages of procedure under the given treatment process. We therefore need to step away from the approach based on assessing selected therapy elements and analysing them in isolation from other elements of the overall procedure. An integrated approach allows us to discover what exactly takes place around the technology in question (including the patient's influence over the course of the intervention) or at the junction of several procedures being performed one by one, what is their mutual influence and strength of correlation. It might turn out that what research has not focused on so far has more influence than what we already know and have described using standards and guidelines. The next health technology parameter which influences patients' decisions is availability. The costs and the way the healthcare system is organised have the biggest impact on its improvement – which includes the legal framework, logistic and administrative background, as well as the right human, institutional, managerial and financial resources. And here, yet again, only integrated activities and mutual understanding will allow for the goals to be achieved.



Let us assume that in medicine, „value“ is assessed through a prism of the achieved results, and not only through the number of provided services. For patients, “value” is increasingly more often connected with the quality of experience and relations with the healthcare personnel. We are therefore observing emphasis being shifted from the number of services or procedures to their quality. Despite the fact that the dynamics of this change have slowed down under the current administration, this trend is irreversible. Initiating changes which lead to the cultural transformation in the direction of care based on teamwork where everyone is responsible for the results of patients’ treatment (patient-centred approach) is crucial. It requires engagement, time and financial resources.

This session will present various methods of assessing value in healthcare systems, including generally in the Polish healthcare system, as well as on the specific examples of cardiology and haematology.



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