

## Early experiences with Polish HTA guidelines

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## HTA institutionalization

- 1992 – DIA Annual Meeting San Francisco
- 1994 – NCQA established
- 1997 – HTA workshop, ISQua pre-conference event – invitation from Laszlo Gulacsi
- 1998 – 2001 HTA reports by NCQA and
- 2004 – HTA agency on new MoH agenda
- 2005 – by-law preparation and minister decree
- 2006 - AOTM established

## Early attempts to formulate guidelines

- Before AOTM era several attempts to bring together experts in pharmacoeconomics and technology assessment
- Competition between systematic review approach based on Cochrane methodology and economic analysis based on real life data
- Attempts to convince not to reach consensus

## AOTM Task Force

- Late 2006 AOTM invited most national experts in HTA and pharmacoeconomics
- Very divergent opinions among members of guideline task force
- Searching for modern models
- General construction -influence from Canada
- Parts - contribution from members of task force
- Slow consensus process via corrections and amendments
- Issued on March 2007 after considering comments of reviewers

## Contributors

### Task Force members

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### AOTM Deputy Director

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### Reviewers

Roman Jaeschke, MD, PhD  
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## Basics of Polish guidelines

Each considered health technology should be assessed versus its valid comparators in three different ways – these are:

1. Clinical effectiveness analysis
2. Economic analysis
3. Influence on health care system analysis

## Clinical effectiveness analysis

- Systematic review of efficacy
- Cochrane methodology
- Effectiveness vs. efficacy
- Safety – tolerability + rare SAE

## Economic analysis

- Costs and consequences
- Cost-effectiveness or cost-utility
- Health care payers perspective
- Societal perspective as additional analysis
- Modeling if necessary

## Influence on health care system analysis

- Budget impact
- Influence on health services organization
- Social and ethical issues

## Type of HTA reports

- Submitted by applicant
- Developed by AOTM
- Ordered in cooperating universities

## Assessment of HTA reports

- AOTM staff perform **assessment**
- Advisory Council formulate **recommendation**

## Preliminary experiences

- 3 Council meetings from August 2007
- Limited number reports considered

### HTA reports before fixing guidelines

- AOTM started to prepare some reports before guidelines were formulated
- These reports do not fulfill requirements
- Reports not corrected after guidelines formulation

### Guideline adoption

Currently we observe mainly improvement in formal compliance with guideline requirements. But reduction of biases is ultimate goal to be achieved in future.