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Early identification and assessment of new and emerging health technologies: Actions, progress, and the future direction of an international collaboration—EuroScan

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Objectives: 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.
Methods: A workshop was held in Stockholm in September 2006, with thirty-two participants from ten countries and representatives from EuroScan member agencies, policy makers involved in policy or decision making relating to new technologies, and invited external commentators from international HTA networks. The workshop used a mix of presentations, panel and audience discussions, and small group work to consider the achievements and challenges put forward.

Results: EuroScan has developed as a sustainable network, and has made progress on all tasks in its initial action plan, with the EuroScan information sharing database on new and emerging technologies being one of the collaboration's key achievements. Identified immediate concerns for the network included consideration of the impact of its current name and membership model; acknowledgement and publication of the full range of benefits of membership; contribution to and development of the database to encourage increased information sharing; and EuroScan's ongoing interaction with the wider HTA world.

Conclusions: The workshop was a useful mechanism for reviewing the work of EuroScan and for creating a platform to take the collaboration forward. The workshop affirmed the benefits of the network to individual members; posed some significant challenges to the network to consider; and acted as a stimulus for an interim name change to better represent the global membership, and a major review of the EuroScan database of identified and assessed emerging health technologies.

The early identification, prioritization, and assessment of new or emerging health technologies (sometimes called early warning or horizon scanning activities) has become an essential part of the health technology assessment (HTA) and policy decision-making processes (1). Over the last 20 to 30 years early identification and assessment systems have been developed in many health and HTA systems within Europe and across the world. In the early 1990s, the feasibility and benefits of an international network of horizon scanning systems was discussed, and in 1993, an ultimately unsuccessful proposal to establish a European system for early identification of emerging healthcare technologies was submitted to the European Commission's EUR-ASSESS program. Following this, in January 1995 the Danish Hospital Institute organized a meeting, the "International Collaboration Concerning Monitoring of Emerging Medical Technologies." Fourteen participants from Denmark, Finland, France, Luxembourg, the Netherlands, Sweden, and the United Kingdom discussed national experiences and the possibility of European collaboration.

The next major development took place in 1997 at an international workshop held in Copenhagen "Scanning the Horizon for Emerging Health Technologies." The workshop was supported by the Danish Institute for Health Technology Assessment, the Swedish Council on Technology Assessment in Health Care (SBU), and the European Commission DGV, as part of the "Health Technology Assessment Europe" project. It attracted twenty-seven policy makers and researchers from twelve countries. The workshop strongly recommended collaboration and coordination among agencies, with activities focused primarily on sharing information, identifying relevant technologies, defining terminology, and developing methods for early assessment. The workshop identified different levels of collaboration from a simple "mail-box" to exchange information produced nationally, through an international network with shared briefings and methods, to an international early identification and assess-

ment centre with no national centers (2;3). Acknowledging that the proposals were ambitious, the workshop members proposed that any collaboration should develop as a gradual process with representatives from different countries starting by establishing a "mail-box" to exchange findings, and gradually advancing the cooperation to higher levels.

Following the workshop in Copenhagen, a small working group with representatives from Denmark, England, the Netherlands, Spain, and Sweden, and associated representatives from Canada and Switzerland, met in early 1998 and agreed to set up a collaboration that was to become the European Information Network on New and Emerging Health Technologies (EuroScan). The aim of the new collaboration was to enhance the exchange of information on new and emerging technologies amongst members. By October 1999, EuroScan was formally established with agreed by-laws, membership criteria, an Executive Committee, membership subscriptions and a Secretariat. Membership was opened to any agency that had a substantial program for the early identification and assessment of emerging, new, or emerging health technologies; an ongoing, officially recognized role in relation to regional or national government; and was non-profit making with at least 50 percent funding from public sources. By the end of December 2007 the network had fifteen member agencies from thirteen countries (Table 1).

In September 2006, EuroScan held a workshop to review our progress and explore the next steps for the collaboration. The workshop was a product of ongoing discussions about the future direction of EuroScan and in light of other European and global HTA-related collaborations and initiatives, including the European Network for Health Technology Assessment (EUnetHTA), The International Network of Agencies for Health Technology Assessment (INAHTA) and Health Technology Assessment International (HTAi), EuroScan in collaboration with SBU held a workshop to review progress and to explore the next steps for the collaboration.

Table 1. EuroScan Members in 1999 and 2007

Members in December 1999	Members by December 2007
○ Agencia de Evaluacion de Tecnologias Sanitarias, Spain (AETS)	○ Agencia de Evaluación de Technologías Sanitarias de Andalucía, Spain (AETSA)
○ Basque Office for Health Technology Assessment, Spain (Osteba)	○ Agencia de Evaluacion de Tecnologias Sanitarias, Spain (AETS)
○ Canadian Coordinating Office for HTA (CCOHTA)	○ Australia and New Zealand Horizon Scanning Network (ANZHSN)
○ Committee for Evaluation & Diffusion of Innovative Technologies, Paris (CEDIT)	○ Basque Office for Health Technology Assessment, Spain (Osteba)
○ Danish Institute for HTA (DIHTA)	○ Canadian Agency for Drugs and Technologies in Health (CADTH)
○ Health Council of the Netherlands (GR)	○ Committee for Evaluation & Diffusion of Innovative Technologies, Paris (CEDIT)
○ National Horizon Scanning Centre, England (NHSC)	○ Danish Centre for Evaluation and Health Technology Assessment (DACEHTA)
○ Norwegian Centre for Health Technology Assessment (SMM)	○ Division of Medical Technology Policy, Israel (DMTP)
○ Swedish Council on Technology Assessment in Health Care (SBU)	○ Finnish Office for HTA – Managed Uptake of Medical Methods programme (MUMM)
○ Swiss Federal Office of Social Security (SFOSS)	○ Haute Autorité de Santé, France (HAS)
	○ Health Council of the Netherlands (GR)
	○ National Horizon Scanning Centre, England (NHSC)
	○ Norwegian Knowledge Centre for the Health Services (NOKC)
	○ Swedish Council on Technology Assessment in Health Care (SBU)
	○ Swiss Federal Office of Public Health (SFOPH)

The specific objectives of the workshop were:

- To share the progress, experiences and achievements in the early identification and assessment of new and emerging health technologies within the EuroScan collaboration since 1998,
- To consider potential challenges for EuroScan to meet in the future,
- To consider EuroScan's future roles, goals, and collaborations, and
- To develop a plan of action for international collaboration in early warning activities for the future.

PARTICIPANTS AND METHODS

All EuroScan members were invited and were each asked to invite interested policy makers involved in health policy or decision making relating to new technologies in their country. Three external commentators were invited to comment on EuroScan's achievements in relation to initial expectations, to pose questions and challenges about EuroScan's relationship with other international projects, and comment on its possible future direction. The commentators were Dr. Berit Mørland (Norwegian Knowledge Centre for the Health Services and, the then, President of HTAi), Professor Finn Børlum Kristensen (Danish Centre for Evaluation and Health Technology Assessment, and Project Leader for EUnetHTA), and Professor Guy Maddern (Australian Safety and Efficacy Register of New Interventional Procedures – Surgical, and Chair of INAHTA).

The workshop included presentations of EuroScan's background, original objectives, achievements, and current concerns; three countries' perspectives of the influence of early identification work on policy makers and systems; the external commentators view of EuroScan's achievements, challenges, and possible direction; panel and audience discussions of issues highlighted in the presentations; and small group work to consider the challenges posed and possible future directions for EuroScan. Small groups were free to use techniques such as analysis of strengths, weaknesses, opportunities, and threats (SWOT analysis), and consensus methods. Free-standing educational presentations on methods used in technology foresight and pharmaco-genomics were included to break up the discussions and small group sessions.

Findings

The workshop was held with thirty-two participants from ten countries **(Appendix 1)**. Participants included seventeen staff from EuroScan member agencies and two invited policy makers; the remainder were invited speakers or commentators, and observers from SBU.

EUROSCAN – PROGRESS, EXPERIENCES, AND ACHIEVEMENTS

Original Objectives

In 1999 EuroScan members, in line with the recommendations from the 1997 Copenhagen workshop, agreed that its

Table 2. 1999 Action Plan and Current Status (see http://www.euroscan.bham.ac.uk for More Information on the EuroScan Collaboration and the Current Executive Committee)

	Task Description	Status
Task 1	Establish a common terminology, classification and understanding of the activity	Common terminology agreed.
Task 2	Identify, evaluate and monitor the quality of sources of information concerning new and emerging health technologies	Ongoing. Discussed sources & prioritization criteria. Members co-authored and contributed to a paper on the use of the Internet for identification (4).
Task 3	Share methods for the early assessment of new and emerging health technologies	Ongoing. Methods and changes to methods are discussed at each meeting.
Task 4	Pilot the exchange of information on significant new and emerging health technologies	Complete. Initially on paper at meetings, later by email.
Task 5	Establish a common database of significant new and emerging health technologies	Pilot phase complete. Web-based database established in 2001. Over 1,000 entries by December 2007 (484 drugs, 260 devices, 97 diagnostics and 167 procedures). Public search facility added with Web links to member's published reports.
Task 6	Publish and disseminate the results of these activities including arranging a European meeting of members from interested HTA agencies	International seminars: ●1999 ISTAHC[a] seminar ●2000 ISTAHC symposium ●2000 co-hosted symposium with CCOHTA. ISTAHC and HTAi conference presentations. Status report published in January 2005. Web site is regularly updated.
Task 7	Identify areas for further international research on early warning activities and systems	Ongoing. Participation in a survey of criteria for selection of new health technologies (5). International diffusion study completed and published (7). Effective early warning systems evaluation completed and published (6).
Task 8	Based on these experiences design and implement a permanent system	Ongoing

[a]ISTAHC, International Society of Technology Assessment in Health Care

long-term aim was to establish a permanent network among agencies and organizations in the field of HTA to (i) evaluate and exchange information on new and emerging technologies, (ii) develop the sources of information used, (iii) share applied methods for early assessment, and (iv) to disseminate information on early identification and assessment activities.

In 1999 EuroScan members agreed an initial action plan with a timeframe of 2–3 years to promote these long-term aims.

Workshop participants agreed that EuroScan has developed as a sustainable network that includes members outside Europe, and that the collaboration has made progress on all tasks in its initial action plan (Table 2), with the EuroScan database on new and emerging technologies as one of the collaboration's key achievements. Other benefits of the collaboration were recognized:

- A supportive network of key individuals with biannual meetings since 1998, individual email contacts and a members' newsletter.
- Facilitation of sharing information on relevant methods and systems for early identification and early assessment activities, and on policy-making customers' needs.
- Guidance to member and nonmember agencies when developing or reviewing early identification and early assessment systems.

- Improving the credibility and giving legitimacy to early warning activities by supporting and raising the awareness of early identification, prioritization and assessment activities. The network (and its constituent member agencies) has participated as experts in early warning activities in international collaborations including INAHTA, the European Collaboration for Health Technology Assessment (ECHTA) and EUnetHTA.
- Improving the efficiency of early warning activities with links globally to reduce duplication, increase the reliability of output, and assist members with limited resources.
- Although not specifically funded to undertake research, the network has acted as a network for developing methods and for supporting research on early identification and assessment methods and activities (4–7).

INFLUENCE ON POLICY MAKERS AND SYSTEMS: 3 COUNTRIES' EXPERIENCES

During the workshop, participants from three countries discussed and gave examples of how information from early identification and assessment systems impacts on policy and decision making. The countries were chosen as their early identification systems were known to be linked closely with policy decisions.

England

The National Horizon Scanning Centre (NHSC) in England identifies emerging technologies for final prioritization by national policy makers for the development of guidance to the health service, and for further research or assessment. Policy-making customers include the National Institute for Health and Clinical Excellence (NICE), the HTA research program, the National Screening Committee, and the Centre for Evidence-Based Purchasing (a medical device evaluation service). The NHSC is critical to the work of NICE, with new technologies identified and prioritized by the NHSC making up a significant part of NICE's appraisal program. In addition, having NICE as a customer is critical to the NHSC, and enables information on significant emerging health technologies to be used by policy makers in a timely manner. Research on the adoption and diffusion of new health technologies carried out by the NHSC is important in helping to predict how new technologies introduced into the health service will behave.

The Basque Country

SorTek, the early warning system established in 2000 for the Basque Office for HTA (Osteba), uses clinicians in over twenty different specialties and policy makers to identify potentially significant health technologies and to validate resulting early assessment reports. The Basque Country's strategy for dealing with new technologies differs from many regions and countries in that technologies identified at an early stage where evidence is weak, are subject to regulated introduction. This usually involves controlled use in a small number of hospitals where the technology is subject to monitoring and further research. A regulatory law for the introduction of new and emerging nondrug technologies has been in place since November 2004 and has helped to formalize the process. There is evidence of the impact of the system in the diffusion of health technologies when compared with other autonomous regions in Spain. The network has established contacts with other similar organizations within Spain to share the methods and information gained.

Canada

The mix of federal, provincial, and territorial health care, insurance systems, and decision making in Canada leads to many challenges in the introduction of new health technologies, including regional variations in access and coverage. The emerging health technologies program of the Canadian Agency for Drugs and Technologies in Health (CADTH), formalized in the late 1990s with its role in the early identification and assessment of new technologies, was re-affirmed by the 2004 Canadian Health Technology Strategy. The impact of horizon scanning on policy making in Canada is difficult to measure but appears to be appreciated as an information source for current awareness. CADTH's emerging technology publications are actively disseminated to Canadian healthcare policy makers, and there is some indication that these publications are also used by many other audiences.

EUROSCAN – CHALLENGES

The questions posed and challenges put forward by members and the external commentators during the workshop had some common themes:

- Audience for EuroScan activities
  - Is the audience for EuroScan outputs individual researchers, HTA agencies, policy makers, or clinicians?
  - What do EuroScan members and stakeholders want from the collaboration?
  - Should EuroScan be communicating directly with policy makers?

- Membership model
  - Can EuroScan's aims be met with a small focused group or should it now encompass a wider group?
  - Should there be different levels of membership depending on contributions and use of the network and database?
  - Is the Eurocentric name a hindrance to greater international collaboration?

- EuroScan and other international networks
  - What is the relationship between EuroScan, EUnetHTA, HTAi, and INAHTA?
  - Is there duplication between subscriptions or activities between these networks?
  - Are there opportunities to reduce duplication or increase collaboration?

- Methods and development of methods
  - Can EuroScan continue to focus on both identification and early assessment?
  - Should EuroScan create subgroups to focus on methodological topics and development?
  - Should EuroScan undertake more methods development and if so who will fund it?
  - Who is the EuroScan database for, and who owns it and the information within it?

- Working toward an international early warning system or center
  - Is it time to work toward the establishment of a common horizon scanning or early warning system or center?
  - Does the difference in wants and needs between the funders of the EuroScan member agencies mean that development of a common global system will be impossible?
  - Is it possible to collaborate more closely on identification, prioritization, and/or early assessment—if not with all the network, then with a subgroup of members?

These challenges and other questions arising during panel discussions were discussed in smaller working groups. During these discussions more questions and challenges were generated, as well as some suggestions or exploratory actions proposed.

EUROSCAN – FUTURE ROLES, GOALS, AND COLLABORATION

After the workshop the EuroScan Secretariat summarized the identified challenges, suggestions, options and potential solutions into similar groups for consideration. The categories covered the purpose and name of EuroScan; benefits of membership of the network; the membership and subscription model; collaboration in general and more specifically using the EuroScan database; early identification and early assessment methods including working toward greater collaboration; research and development activities and topics; and EuroScan's interaction with the wider HTA world. Discussions on all sections have been taken forward over subsequent EuroScan meetings with the view to developing a new strategy and action plan.

Although the longer-term strategy is yet to be discussed and agreed, some agreements and actions have already taken place:

- The network agreed that its aims and objectives, and membership criteria will remain the same.
- The benefits of membership in the network were affirmed and posted on the EuroScan website. There was an acceptance that individual member agencies contribute differentially to different aspects of the collaboration, and that contributions should not be measured solely by additions to the technology database.
- The network agreed that its focus will continue to include the identification of potentially significant emerging health technologies, their selection and prioritization, and early assessment.
- In recognition of the global nature of the activity and the network, and taking on board the concerns about its Eurocentric name, the "long name" of the collaboration has been changed from the "European Information Network on New and Emerging Health Technologies" to the "International Information Network on New and Emerging Health Technologies." After discussion and consideration of the current 'branding' of EuroScan as a short name, the network decided to keep its short name, but will change its logo to better reflect the global nature of its activities.
- The members use and contribution to the EuroScan database of identified and assessed emerging health technologies has been reviewed with a view to increasing contributions from members who currently are low contributors.
- Since the workshop, the EuroScan database has been used as the basis for the selection of topics for inclusion in the EUnetHTA Working Party 7's newsletter for European policy makers, and is part of EuroScan's contribution (as a collaborating partner) to EUnetHTA.

CONCLUSIONS

As the horizon scanning workshop of 1997 was the conception of EuroScan as an international network for collaboration on emerging and new health technologies, so the workshop in 2006 was a useful mechanism for reviewing the work of EuroScan over its 8 years of existence and for creating a platform to take the collaboration forward. The comments and challenges provided by members, other HTA networks, and policy makers were invaluable. The workshop affirmed the benefits of the network to individual members; posed some significant challenges for the network to consider; and acted as a stimulus for a major review of the EuroScan database, an interim name change to better represent the global membership, and ongoing debate of the benefits of moving toward common methods and single outputs in horizon scanning. The workshop re-affirmed the benefits of developing and using common methodological approaches and sharing of information of new and emerging health technologies set out in the 1997 workshop, and provided direction for future discussions.

CONTACT INFORMATION

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Appendix 1. Participants

Name	Position and organization	Role
Dr. Mª Luisa Arteagoitia González	Planning Director, Department of Health, Basque Government, Spain	Invited policy maker
Dr. Eva Blozik	Medical Technology Unit, Swiss Federal Office of Public Health (SFOPH), Switzerland	EuroScan member agency
Dr. Finn Børlum Kristensen	Director, Danish Centre for Evaluation and Health Technology Assessment (DACEHTA)	Invited external commentator
Professor Per Carlsson	Professor, Linköping University; and Swedish Council on Technology Assessment in Health Care (SBU)	EuroScan member agency
Helena Dahlgren	Project Director, Swedish Council on Technology Assessment in Health Care (SBU)	Observer
Ms. Anne-Florence Fay	Assistance Publique-Hôpitaux de Paris, Committee for Evaluation and Diffusion of Innovative Technologies (CEDIT), France	EuroScan member agency
Dr. Kees Groeneveld	Health Council of the Netherlands (GR)	EuroScan member agency
Dr. Iñaki Gutiérrez Ibarluzea	Basque Office for Health Technology Assessment (Osteba), Spain	EuroScan Vice-Chair EuroScan member agency
Dr. Ed Hunt	Chair of Board, Canadian Agency for Drugs and Technologies in Health (CADTH)	Invited external speaker
Professor Janet Hiller	Head of Department, Department of Public Health, University of Adelaide, and The Australian and New Zealand Horizon Scanning Network (ANZHSN)	EuroScan member agency
Torben Jørgensen	Health Technology Assessment Consulting	Invited external speaker
Professor Brendon Kearney	Chair, Health Policy Advisory Committee on Technology (HPACT), Medical Services Advisory Committee, Australia	EuroScan member agency
Elin Kullerstrand	Project Assistant, SBU Alert, Swedish Council on Technology Assessment in Health Care (SBU)	Observer
Christoph Künzli	Manager International Affairs, Medical Technology Unit, Swiss Federal Office of Public Health (SFOPH), Switzerland	EuroScan member agency
Dr. Setefilla Luengo	SINTESIS, Agencia de Evaluacion de Tecnologias Sanitarias (AETS), Madrid, Spain	EuroScan member agency
Professor Guy Maddern	Surgical Director, Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S)	Invited external commentator
Dr. Ruth March	Senior Principal Scientist, AstraZeneca, England	Invited external speaker
Dr. Berit Mørland	Deputy Director General, Norwegian Knowledge Centre for the Health Services (NOKC)	Invited external commentator
Isabel Narváez	Project Manager, Spanish Observatory for Industrial and Technological Prospective (OPTI)	Invited external speaker
Dr. Inger Norderhaug	Research Director, HTA Reviews and Dissemination Department, Norwegian Centre for Health Services Research (NOKC)	EuroScan member agency
Dr. Claire Packer	Director, National Horizon Scanning Centre (NHSC), England	EuroScan member agency and Head of secretariat
Mrs. Kay Pattison	Research and Development, Department of Health for England	Invited policy maker
Professor N Rehnqvist	Chair of SBU Board, Swedish Council on Technology Assessment in Health Care (SBU)	Invited session chair
Professor Måns Rosén	Director of SBU, Swedish Council on Technology Assessment in Health Care (SBU)	Observer
Professor Lars Rydén	Professor Emeritus Cardiology, Swedish Council on Technology Assessment in Health Care (SBU)	Invited session chair
Karin Rydin	Research Coordinator, SBU Alert, Swedish Council on Technology Assessment in Health Care (SBU)	Observer
Dr. Jill Sanders	President and Chief Executive Officer, Canadian Agency for Drugs and Technologies in Health (CADTH)	EuroScan Chair and EuroScan member agency
Dr. Sue Simpson	Euroscan Secretariat, National Horizon Scanning Centre (NHSC), England	EuroScan member agency and secretariat
Professor Andrew Stevens	Director, National Horizon Scanning Centre (NHSC), England	EuroScan member agency
Leigh-Ann Topfer	Manager, Emerging Health Technologies, Canadian Agency for Drugs and Technologies in Health (CADTH)	EuroScan member agency
Helene Törnqvist	Director, SBU Alert, Swedish Council on Technology Assessment in Health Care (SBU)	EuroScan member agency
Dr. Johan Wallin	Project Director, SBU Alert, Swedish Council on Technology Assessment in Health Care (SBU)	EuroScan member agency