submissions, in 53% of cases a high ICER was reported in the summary of guidance resulting in rejection (73%), compared to NICE, which rejected 33%. There was also variation in decisions made on specific treatments. For example, in 2009, 2 (11%) treatments were recommended, while 11 (61%) received restricted recommendations and 5 (28%) were not recommended. Between 2007 and 2009 NICE completed 7 appraisals in ‘cardiovascular/metabolics’ of which 4 received a full recommendation, while in ‘mental health’ 2 out of 2 were fully recommended. In contrast, in ‘infectious diseases’, 1 out of 5 was fully recommended. In ‘muscoskeletal conditions’ only 1 out of 21 were recommended (17 restricted and 3 not recommended) while in ‘oncology’ only 1 out of 23 received a full recommendation (13 restricted, 9 not recommended). In the ‘other’ group, 4 out of 12 received a recommendation (6 restricted, 2 not recommended). If manufacturers had not proposed Patient Access Schemes (PAS) the proportion of guidance not recommended in 2009 would be 44%. CONCLUSIONS: Appraisal outcomes have become more restrictive over time. Furthermore, low cost primary care therapeutics are more likely to receive a positive NICE recommendation than high cost specialty care interventions.

A SURVEY OF HTA RESEARCH METHODS AND TRENDS IN EUROPE

ISPOR HTA SIG Research Methods/Principles Working Group

METHODS: Representatives from HTA bodies globally were recruited by members of the ISPOR HTA SIG Research Methods/Principles Working Group to complete a 45-minute on-line survey consisting of 48 items within 4 topics related to 1) organizational information and process; 2) primary HTA methodologies and importance of attributes; 3) HTA application and dissemination; and 4) quality of HTA including key issues. Data were reported for Europe. RESULTS: The survey was completed by 11 European countries including Austria, Denmark, France, Germany, Hungary, Italy, The Netherlands, Portugal, Spain, Sweden, and Switzerland. Top reasons methodologies were evaluated included perceived impact on patient outcomes, potential cost, and prevalence of the condition. The most common methodologies used were cost/economic analyses, systematic reviews & meta-analyses, clinical trials, modeling, and comparative analyses. The most important attributes (in order) were effectiveness, efficacy, safety, cost-effectiveness, and budget impact. While quality of life was frequently assessed by >74% of European respondents, it was not listed as an attribute of top importance. Only 24% repeat/update the assessment at regular intervals. For 82% a different organization makes the final decision on coverage, only partially relying on the report. The most common educational background for decision makers was physician-specialist. Stakeholders are allowed to review the report and are involved in assessments >50% of the time, and in the final decisions ~35% of the time. Key issues/trends included early assessment of technologies with mechanism for decision, and link between theory and practice in HTA. CONCLUSIONS: This survey of representatives within HTA and reimbursement bodies provides current insight into the state of HTA research methods in Europe. Further research could expand the results to specifically address Eastern European countries, Asia, and other emerging markets.