European Health Technology Assessment (HTA): Advantages and Experieces
Participation of Radiation Protection Authority

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STUK's input to the reviewing of the pilot study of EUnetHTA on MSCT in

STUK was invited by the FinOHTA (a HTA body in Finland) to participate in the reviewing of MSCT in Coronary Angiography in 2007-08.

1. Health problem and current use of the technology
2. Description and technical characteristics of the technology
3. Safety
4. Effectiveness (including Accuracy)
5. Costs and economic evaluation
6. Ethical analysis
7. Organizational aspects
8. Social aspects
9. Legal aspects

Description and technical characteristics of technology, examples of questions

Who will apply this technology?

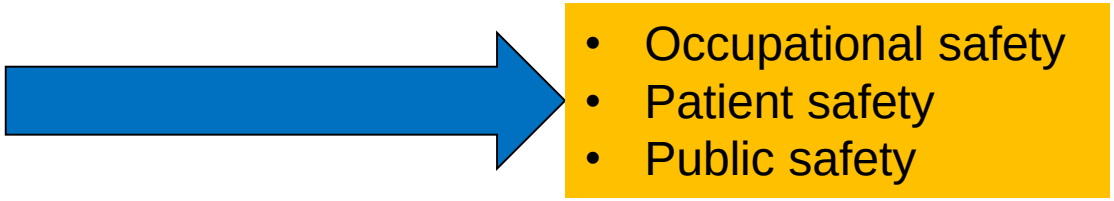
Who are the persons this technology will be used on?

What is the place and context for utilizing the technology?

Are there any special features relevant to this technology?

Is the technology rapidly changing / improving?

What kind of qualification, training and quality assurance are needed for the use or maintenance of the technology?



- Occupational safety
- Patient safety
- Public safety

Safety, examples of questions

What kind of occupational harms may use of the technology cause?

What kind of harms can use of the technology cause to the patient and what is the incidence, severity and duration of harms?

What is the dose relatedness of the harms to patients?

How can one reduce safety risks for patients (including technology-, user-, and patient-dependent aspects)?

What is the safety of the technology in comparison to alternative technologies used for the same purpose?

Covering elements of safety such as:

- Occupational (and public) safety
- Patient safety
- Environmental safety
- Risk management

Participants

- Number of Participants. Number of People, HTA Units and Countries Participating in the 2 Projects that Piloted the HTA Core Model

Participants	Pilot Core HTAs	
	Drug Eluting Stents (DES)	Multislice Computed Tomography (MSCT)
Investigators	39	51
– HTA units	16	15
– Countries	11	10
Reviewers	21	28 (STUK included)
– HTA units	11	17
– Countries	10	12

Was the Pilot Core HTA study valid and useful?

- Percentage of Respondents that Agreed with the Statements in the Validation of the Pilot Core HTAs on Drug Eluting Stents (DES) and Multislice Computed Tomography (MSCT) in Coronary Angiography

Statements in the Validation Questionnaire	DES	MSCT
The structure of the Core HTA is feasible	89%	78%
The issues cover the area adequately	84%	68%
The results are useful in decision making	68%	65%

Needs for future

- Co-operation is needed between radiation protection authority and HTA bodies
  - Currently relationship established only for justification of screenings in the Government Decree 339/2011.
- There should be an independent HTA body that makes the analysis in cases that need a full HTA.
- A systematic and effective approach to get relevant data for analysis of justification should be enhanced in European level avoiding gaps and overlaps.
- Criteria of the level of HTA (full / rapid / local) should be developed in Europe.