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The introduction of Health Technology Assessment (HTA) in Greece and comparison with the European experience

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Η εισαγωγή της Αξιολόγησης Τεχνολογίας Υγείας (ΑΤΥ) στην Ελλάδα και η σύγκριση με την ευρωπαϊκή εμπειρία

Περίληψη στο τέλος του άρθρου

The critical role of health technology assessment (HTA) in the sustainability of public health and health systems has been repeatedly documented during the recent decades, and this is reflected in the establishment of HTA agencies in many European countries, which have already implemented relevant programs. In Greece, also, HTA has been introduced with the recently enacted laws based on international experience, which is constantly being enriched, in particular by the continuous response of these bodies to the constantly emerging challenges, such as that of the Covid-19 pandemic. Additionally, the recording of the individual operating methods of each of the HTA bodies indicates obvious similarities, but also differences, and results in the osmosis of international experience between European countries, with the ultimate goal of gradually achieving greater efficiency. The interchange of experience, which appears to be constantly evolving, contributes to the upgrade of the level of health enjoyed by European citizens. The conservation of valuable resources for national health systems is also apparent, and Greece, under the formed domestic legal framework, is obliged to utilize appropriately the findings of the respective European bodies, to ensure attainment of the dual goal of sustainability of the state health system and modernized health care provision to Greek citizens, as the most visible result of the successful implementation of HTA.

Key words

Health systems
International health technology assessment

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1. INTRODUCTION

Health care as a human right is enshrined in the Universal Declaration of Human Rights, and to fulfil this right, health systems have been developed, the strength of which is based on six interactive building blocks: funding, human resources, information, provision of services, vaccines and technologies. The need for public policies enhancing universal health coverage and health services is unquestionable and effective public policies include health systems policies (related to funding, medicines, technology, human resources), based on primary care and universal coverage, public health issues that prioritize health problems (including prevention and health promotion) and policies with cross-sectoral cooperation. Policy making is a commonly challenged process, as is health technology. The pillar of sustainable health systems is the access to human capital and consumable resources, and securing these inputs requires financial resources for medicines, consumable health supplies, the payroll of the health personnel and investment in buildings-equipment. Given the limited resources and increasing costs, health policy-making is based on cost containment or increase in funding for health services or a combination of the two.[1] All countries face the same challenges to their health systems, namely population aging, accessibility, quality of health services, and limited resources.

The most important problem, however, is the rising cost of health services, which, along with increasing consumer demand for new health technologies, requires governments to turn to the scientific community for clarification of which options are most appropriate.

2. HEALTH TECHNOLOGY ASSESSMENT

Health technology (HT) is defined as any intervention that can be used for health promotion, prevention/rehabilitation/treatment/disease management, including drugs, devices, procedures and organizational systems used to

provide healthcare. Health technology assessment (HTA) is a question-and-answer process for decision-making by health policy makers. It includes review of the medical, economic, social and ethical implications of the development and use of biomedical technology, and of interventions falling within the preconditions. The impact on national fiscal data is calculated, making decision-making easier, taking into account value elements (costs-risks-benefits) of already operating and new technologies, and aiming at gathering of information, at national, regional and local levels, on issues related to procurement, financing, use of health technology and prevention of investments in outdated and inefficient technologies.[2]

HTA is also used to reduce uncertainty, by cost-effectiveness studies, to promote better cost sharing and increase patient accessibility to innovative treatments, while managing negative issues (e.g., high implementation costs, requirement of know-how, transparency problems) of the application, the success of which depends on establishing safeguards and benefits for all stakeholders.[3] As an evaluation tool, HTA contributes to the development of biomedical organization products, aiming at innovation.[4]

The financial evaluation of health services-technologies and the direct/indirect impact on health systems and patient health is usually a kind of cost-benefit analysis (CBA), recording the costs in monetary terms, while the benefit is reflected in financial and clinical terms, such as life expectancy and quality of life. It therefore becomes necessary, when making decisions on the use of a technology, to determine the price-rate of compensation, making an economic assessment of policy-making-implementation of programs (e.g., approving a more effective but more expensive drug, investing in innovative technique, equipment selection, establishment of new health departments, etc.). Due to the high cost of acquiring and operating the evaluated health technology and considering its rapid implementation, the costs of medicines, equipment and health applications increase logarithmically, while the financial results depend on its type (e.g., a new drug may cost more, but may reduce hospitalization costs, days off work, etc.).[5]

The main objectives are to ensure the safety of technology (diagnostic-therapeutic), through assessment of potential side effects, efficiency-effectiveness studies, measurement of the capability of the new technology to achieve promising results (in ideal and realistic conditions), efficiency studies (economic assessment), calculation of the optimal use of available resources, the impact on society (indicator of cost-effectiveness of new technology and equal access), the ethical parameters of the use of a new technology, the availability of information and access to it. Specifically, HTA is addressed to decision-making centers (parliaments, state health policy-making structures), health professionals (for use of health technology based on guidelines), hospitals (choice of equipment, provision of services), private health insurance (form-scope of insurance coverage), the patients themselves (accessibility of health services, participation in decision-making), the general public (information) and the medical industry (decisions on production, distribution, marketing of medical technology and related issues).[2]

The guidelines of organizations and industrial associations, on recommended HTA practices, state that the practices should be (a) procedurally fair, with clear evaluation and decision-making processes, and with margins of realistic approaches, (b) combine clinical effectiveness evaluation with social values, the impact on budget and economic efficiency as well as the ethical issues related to the population to which it is addressed, (c) characterized by transparency of the new intervention assessment methods (which must be reliable and consistently applied, taking into account the evaluation criteria for decision-making), and (d) ensure the involvement of all stakeholders in the procedures (physicians, patients, citizens, industry, state, academia, etc.), without excluding individual funding decisions.[6] With regard to HTA organization, policy makers should focus on value and economic efficiency, integration of real data and the development of continuously better processes, seeking a widely accepted process for easier access to effective new technologies.[7]

3. HEALTH TECHNOLOGY ASSESSMENT BODY CHARACTERISTICS

HTA bodies mainly take the form of autonomous government agencies, with an advisory/regulatory function. Usually, a technical team undertakes the timely assessment of evidence, and a panel of experts then evaluates the coverage application, making recommendations to the decision-making body. Most organizations evaluate mainly new medical technologies that are expensive and/or with uncertain benefits. The main elements assessed concern: disease burden, therapeutic and safety effects, level of innovation, socio-economic impact, efficiency, sources of evidence and criteria.

The analytical methods differ based on the measurement of results, the technical elaboration and the perspective. The approaches to assessing the current value of medical technologies based on economic evaluation/benchmarking of clinical benefits are under constant critical appraisal. The decision-making process is based on cost-effectiveness

measurements, such as cost of living and quality-adjusted life years (QALY), but one limitation is the inability to record the social value of using health technology. One objective of an updated value measurement involves integration of additional parameters into the valuation system, while the use of certain criteria remains indirect.

Another feature is the way in which value is assessed, resulting in heterogeneity of coverage decisions, while, despite the impact of various different budget constraints-national priorities, some decisions are justified by differences in transnational drug choices and reimbursement, causing patient access problems and jeopardizing equality and social justice. Other elements that are involved include the acceptable/preferred data sources, data collection approaches (systematic literature requirement) and data synthesis (meta-analysis). In terms of resources, estimates include cost types and data sources. Clinical outcomes and costs include discount rate, estimated time horizons and explicit/implicit willingness to pay for cost-effectiveness.

As shown in figure 1, the results of assessment and their implementation include a public availability evaluation report, political consequences of implementation of specific practices (pricing-refund), access restrictions, mode of implementation of decisions and dissemination, the process of appeal procedures and frequency of revision of recommendations, and in parallel, they are differentiated on the basis of health system funding (tax-social insurance), organization (central-regional), type of HTA (financial assessment-clinical benefit) and perspective (health system-society).[8]

4. HISTORY OF EUROPEAN HEALTH TECHNOLOGY ASSESSMENT

HTA was originally developed in USA in the 1960s, and from there expanded worldwide. It was introduced to Europe, with Sweden as a pioneer, in the 1970s, with France, the Netherlands, and England following, making increasing use of scientific standards for integrating health technologies into their health care system. In 1979, the Swedish Planning and Rationalization Institute of the Health Services (SPRI) sponsored an international HTA laboratory, while in 1982 a plan was implemented to create the international scientific journal, the *Journal of Technology Assessment in Health Care*, and at the same time the *International Society of Technology Assessment in Health Care* (ISTAHC) was transformed in 2004 into *Health Technology Assessment International* (HTAi). Subsequently, many organizations were set up such as SPRI (1987), as the first relevant national body and then other European countries, including France and Spain, launched official organizations (regional organizations in Spain of Catalonia, Andalusia, Baskonia, Valencia, Galicia, Madrid, 1990), organizations/programs were established in Scotland, Denmark, Finland, Germany, Norway, Switzerland, Austria, Hungary, and later in Ireland, Belgium, Latvia, Poland and Italy.

Several of the first European organizations were founding members of the International Network of Agencies for Health Technologies Assessment (INAHTA) (1993). In 1999, the National Institute for Health and Care Excellence (NICE) was founded in England. The involvement of European Commission has become an important factor in promoting HTA, assisted by ISTAHC-INAHTA. In addition, the World Bank has played a key role, especially in the countries of Central and Eastern Europe and in 2003, the World Health Organization (WHO) set up the documented health network. The European Commission further strengthened cooperation between institutions and supported from 1993 to 2008 four major programs (EURASSESS – HTA EUROPE – ECHTA/ECAHI – EUnetHTA). These actions aimed at the development of tools for transnational cooperation and the creation of a coordinating communication mechanism, connection of public national-regional organizations, research institutes

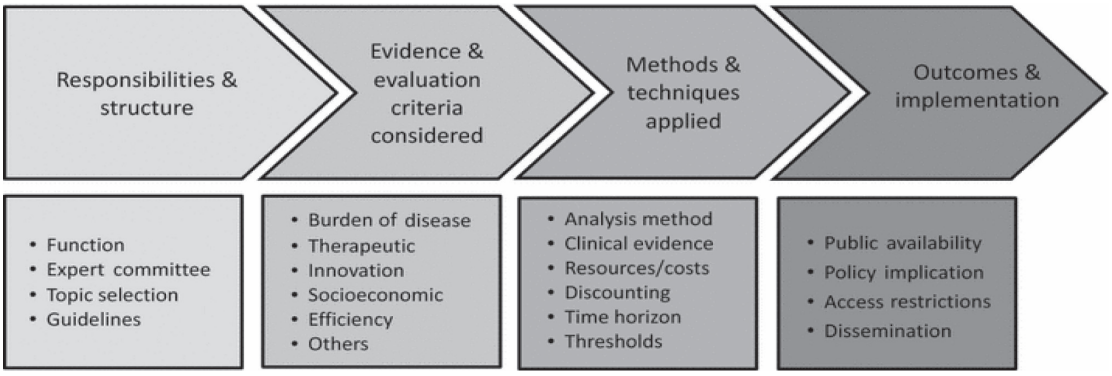

Figure 1. Implementation of health technology assessment (HTA) procedures.[8]

and Ministries of Health, in an attempt to create a European HTA network, ensuring the production and dissemination of results throughout the decision-making centers of the European Union (EU) member states. By 2008, 14 EU members had official HTA bodies, and the European HTA network set up a functional basis for cooperation, with increased interest from additional countries.[2]

4.1. European health technology assessment – nowadays– HTA bodies

The first mentioned established European HTA networks are the European Medicines Agency (EMA), a non-profit body promoting scientific excellence in the assessment and supervision of medicines for the benefit of public health, and EUnetHTA, which aims at the development of an organizational framework for a sustainable European network of timely, efficient production and transfer of HTA results to the EU member states. It was created to provide information for policy makers, and the connection of the national bodies of HTA, namely research institutes and Ministries of Health, facilitating the exchange of information and supporting policy decisions, with more than 60 partners. It should be noted that neither EUnetHTA nor its members are government officials in most countries.[7] Furthermore, the INAHTA is considered to be the most important international HTA organization, and the European Observatory on Health Systems and Policies, as another European HTA network, supports the development of health policy based on analysis of the European health systems. In addition, the EuroScan-International Information Network on New and Changing Health Technologies, as a European network of member organizations, exchanging information on new drugs, devices and related procedures, has an advisory role, and Health Evidence Network (HEN), as last but not least European HTA body, is a reliable source of data for building health policy, with rapid access to reliable, independent information and health evidence.

In conjunction with the above, regarding the independent HTA bodies, NICE is a crucial reference point in European HTA procedures, which provides guidance on new disease treatment technologies, contributing to the globalization of HTA and aiming to establish a transparent process to determine the clinical effectiveness of a treatment, compared to its cost, in the UK National Health Service (NHS). Evaluations are conducted by an independent evaluation committee, staffed by NHS employees, patient groups, academia and members of the healthcare industry. The recommendations are available to the public and they have no institutional weight, but the NHS is obliged to implement them and their impact is significant outside UK.[9]

Also, the German Institute for Quality and Efficiency in Health Care (IQWIG) is a non-profit organization, an independent scientific institute for assessing the quality and effectiveness of health care, that investigates which therapeutic-diagnostic services are possible, communicating the findings to those interested. It evaluates the quality-effectiveness of statutory health insurance (SHI) funds for selected diseases, the benefits and costs of drugs, based on evidence, and provides information to patients and public. It conducts HTA studies, issuing guidelines for clinical practice risk management. Most products are returned automatically after approval with a reference price system with drug refund ceilings and innovation and therapeutic superiority over other therapies is used.[9] Decision-making, the work of the G-BA, the Federal Joint Committee, is shared between federal government, states and sickness funds (involving physicians, hospitals, civic organizations) and its guidelines are based on evidence-based medical criteria, while the SHI-covered package is extended. All insured persons have access to treatment, but for a refund, the medical necessity must be proven (the proven benefit must be significant and assessment of the intervention the only way to achieve this). Innovations are considered interventions with an increased probability of significant benefit (implemented up to a possible disadvantage). For the benefit determination methodology, evaluation is conducted of the improvement of the health condition, the reduction of the duration of the disease, the improvement in quality of life, side effects and mortality, morbidity and extension of life. The burden of intervention and patient satisfaction are considered secondary. The IQWiG also decides on the price for innovative drugs (based on additional therapeutic benefit), on application of internationally accepted medical standards (based on evidence), while the high quality (adapted to national requirements) methodology is based on international scientific standards.[10]

Last but not least, Haute Autorité de Santé (HAS) is an independent public scientific authority, an advisory body to the French public authorities, with the task of evaluating best practices and healthcare strategies, accrediting healthcare organizations, calculating expected-real clinical benefits (of medicines, medical devices, diagnostic-therapeutic procedures, health technology, public health), vaccine-vaccination effectiveness, and of the improvement of medical practice, supervision of physician certification, the dissemination of medical information to patients, patient safety, and the development of chronic disease management programs and good practice guidelines. The medical advantage (fig. 2) is evaluated per medical service/

product, assessing the severity of diagnosis and data on drug use for a specific indication, with modified assessment when new data/more effective alternatives are produced.[8]

Despite the differences in characteristics and procedures of HTA bodies, there is a set of common points, including the effects on public health, access to care, innovation, integrity and sustainability of public health care funding. HTA agencies differ in structure, in the practices followed and the assessment of evidence (end points, way of integration, importance), their interpretation and prioritization (subjectivity of criteria selection), the methods of ensuring transparency, the targeting of the recipients of interventions, the notification system and the interaction of the institutions with national compensation authorities. Some Northern European countries (e.g., the Netherlands, Sweden, UK) favor cost-per-quality adjustment of adjusted life expectancy thresholds, in contrast to Central and Southern European countries, but common general features of the European model are apparent.

In addition to benchmarking clinical benefit, most countries apply one type of economic evaluation, mainly cost-utility analysis (CUA)/cost-effectiveness analysis (CEA) as primary method of determining the value of new technologies, with QALYs being the preferred measure. The result is used for medical technology compensation recommendations, usually in form of guidelines. Also, all countries evaluate similar evidence; considering cost-effectiveness, some countries (UK, the Netherlands) have established procedures for measuring cost-effectiveness while others (France) do not formally incorporate financial information.[7]

4.2. The Greek case

In 1983, domestic healthcare reform was introduced, modeled on a Bismarck plan for social security, under the auspices of state funding for services and aimed at reducing the private sector, and providing universal health coverage

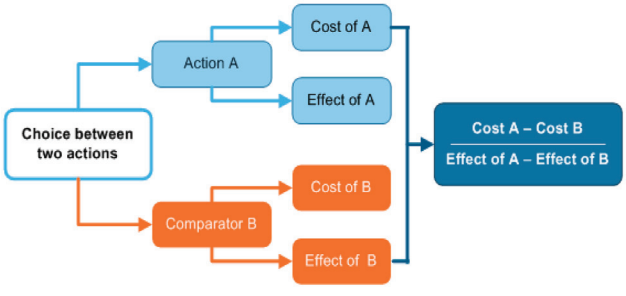

Figure 2. Comparative efficiency of a health technology model in France. Available at: www.has-sante.fr/portail/jcms/c_2035665/en/methods-for-health-economic-evaluation.

and equity of health services. As time passed, however, health care remained uncoordinated, while the payment system continues to be determined primarily by private expenditure, with health services covered by social security based on criteria that do not include cost-effectiveness. The health system is characterized by inequalities, excessive bureaucracy, irrational use of hospital beds, lack of economic efficiency, and until recently, health technologies were introduced without standards or investigation of current needs. International HTA promotion, however, has propelled Greece's participation in European programs and has led to the creation in 1997 of a state body responsible for the quality control assessment of health services, aimed at shaping health policy and focusing on effectiveness, quality and appropriate use of health technology (without it being put into operation).[11]

Until recently, Greece and some other countries were an exception, being without HTA institutionalization. Fragmented actions, such as the establishment of the National Evaluation Center of Quality and Technology in Health (EKAPTY), offered the possibility of developing a national HTA network, highlighting the importance of beneficial results, including citizens' health insurance, high quality health services and prevention of waste of resources. With the parallel establishment of a domestic HTA body, Greece had the opportunity to participate in international networks with utilization of international HTA data.[12] The older legislation (Government Gazette 2912/2012) was updated with the recently enacted legislation (law 4512/2018, Government Gazette, articles 247–256 and law 4633/2019, Government Gazette, article 22), where the relevant HTA issues were defined.

Pursuant to law 4512/2018, it is presumed that the establishment and work of the Committee for Evaluation-Compensation of Human Drugs are harmonized with the European HTA. This includes the structure and staffing, cooperation with external experts and evaluators, and representatives of the associations of patients, scientific associations and societies of the medical specialties. It also covers criteria selection and characteristics of the evaluation process, the prescription restrictions of individual drugs and groups of drugs, based on scientific and economic criteria and the guarantee of transparency and confidentiality, with the obligation to take into account European data on common HTA characteristics, laying the foundations for the active integration of Greece in the group of countries with common HTA characteristics. Similarly, the establishment and mission of Committees for the Negotiation of Drug Prices and the Negotiation of Remuneration – Prices of Medical Devices now follow the European HTA model,

although there was no legislative provision for indirect costs and ethical parameters.

5. HEALTH TECHNOLOGY ASSESSMENT CHALLENGES AND GREEK HEALTH TECHNOLOGY ASSESSMENT PROSPECTS

HTA, as an international interdisciplinary pillar of health policy, contributes to resources saving and the most effective treatment of patients, by detecting cost effective health technologies and, in response to increasing health costs, the availability of innovations, focusing on value, economic efficiency and integration of real data.[7] The principle of subsidiarity should also be emphasized, which means that the EU member states (including Greece) will continue to monitor the evaluations and recommendations, but evaluation could be implemented in the form of cooperation.

Accurate and acceptable criteria, from all member states, must be clear, explicit and embedded in the evaluation process to address the heterogeneity of recommendation, resulting in part from differences in evaluation-assessment methods, to provide flexibility in decisions on health technology insurance coverage.[8] Emphasis is placed on transparency issues, and the importance of trust and good communication between HTA bodies and the assessed companies. Given the various discrepancies, there may be mutual distrust in accepting the proceedings and evidence, and dialogue is needed to mitigate the differences, some of which are: (a) in terms of corporate claims, that the items being evaluated are only a means of cost containment, HTA bodies are only interested in randomized controlled trials (RCTs), the absence of evidence does not imply lack of product reliability, HTA bodies apply opaque procedures and ignore the evaluation models used by companies, and (b) the allegations of HTA bodies about the focus of companies on value, ignoring the cost, questioning the submitted data, lack of trust in the corporate evaluation models used and promotion of transparency.

In terms of embedding real data, the international medical community recognizes that RCTs offer limited generalizability and are expensive. Efforts are being made to formalize the collection and evaluation of "real-world" data. There is need for increased clarity of data-handling methods and it is necessary to search for more advanced methods of synthesizing clinical data for measuring value and cost-effectiveness. Regarding the registration of RCTs, many medical journals require specific information for an acceptable clinical trial record to disseminate to the public.[7] Based on a relevant study, the strategic development of databases, the improvement of the resources used and the consideration of issues of coding, confidentiality, maintenance of clinical support, optimal use of information technology and correction of possible shortcomings are proposed. In addition, independent evaluations, multifaceted information strategies and use of electronic patient records are recommended.[13]

Given that, up to date, Greece utilizes the HTA outcomes of other countries, a recent HTA institutional introduction raises the question of the sustainability HTA of the national body and the ensuring of effective health care. As no HTA model is universally applicable or fully accepted, and given the challenges of optimization, the preferred actions are for ongoing training of researchers and HTA staff, promotion of the HTA-EBM (Evidence Based Medicine) connection (systematic collection and analysis of clinical data for the formulation of individual guidelines), continuous development and improvement of monitoring, reporting, evaluation, budget updating and review procedures. Of utmost importance is investment in financial and human resources, securing sufficient budgets for equipment replacement and hiring sufficient qualified staff, with the assistance of external donors not being ruled out. Guidelines should be separated into individual cases and those intended for groups of patients determined by clinical criteria. Improvement in methods of data management, with the use of multiple assessment methods, is recommended, with expansion of the population under study, so that the range meets the requirements of the assessments. Easy access to data is mandatory, to ensure transparency of the criteria for evaluating evidence, of the decisions and composition of the committees that carry out evaluations, and consideration of the socio-ethical framework and participation of all bodies (health professionals, patient groups, medical technology companies, etc.).[9]

Greece must seize the opportunity, defining the objectives, framework, methods and participants (and their role) in the processes, under the auspices of the recent legislation, with the help of the established electronic prescribing (e-prescribing) system and clarification of the social impact of HTA. It is proposed to focus initially on methods used on clinical added value, and then on the impact on national budget, with widespread use of the broader multi-criteria aspects of cost-benefit analysis (CBA), and emphasis on the health-related quality of life (HRQoL) category. In the absence of RCTs, Greece could take advantage of the extensive e-prescribing system, which contains personalized information on patients, age, sex, ICD-10, active substances, brand names, quantities, by including a system with the ability to create standard and on-demand questions. Mapping of the available capacity (government, health system,

universities, health professionals, guidelines organizations, patient bodies, etc.) is needed, for analysis, assessment and implementation of decisions and the development of clinical guidelines, along with motivation of the staff for participation in procedures, special budget allocation, accurate forecasting and allocation of required educational and technical resources, and scientific documentation of decisions. The development of guidelines for conducting pharmaco-economic assessment, the change of targets of health policy, the recording of expenditure and epidemiological data and the wider involvement of stakeholders in decision-making processes are considered a prerequisite for the successful implementation of the domestic HTA,[14] with strict adherence to the legal framework, capacity building and HTA financing. In this way, investment in obsolete and inefficient technologies will be prevented and innovative actions are supported, such as dissemination of qualitative generics, to the benefit of the consumers and the national health systems.[15]

In addition, by participating in joint actions of the HTA organizations, Greece could take advantage of the possibility of transferring to the local level the results of joint EU initiatives.[16] A number of Central, Eastern and South Eastern European countries, to which Greece belongs, have created formal decision-making processes based on HTA. There is, however, wide heterogeneity concerning the degree of development of HTA structures and the methods and processes followed. Resources for HTA capacity building are required, including financial, technical and training. Collaboration among countries is crucial for strengthening HTA in emerging circumstances,[17] such as the recent Covid-19 pandemic. For all countries it is crucial to create an explicit framework for decision-making, which should include HTA evidence. Differences between countries in the quality of research emphasize the need for enhanced international collaboration in HTA.[18]

Furthermore, there is increasing interest in patient involvement in HTA procedures, and the European Commission (EC) has proposed a framework for establishing European HTA collaboration on joint clinical assessments (JCAs) at the EU level, with reference to patient involvement, offering the possibility of cross-border cooperation, development and implementation of a common framework for patient involvement in European HTA. Creation of a multistakeholder group within the HTA of the EU to foster patient involvement in EU HTA activities should be a critical path for inclusion of patients in decisions about European HTA development of drugs,[19] and also, voluntary cooperation among member states linked to evidence generation to support HTA should be supported by the EC.[20] The latter, in 01/2018, published a proposal for a regulation on HTA, which has since been extensively discussed at Council level, and while progress has been achieved, there are still divergent positions, and the European Parliament suggested certain recommendations for amendments.[21] Despite initial positive results deriving from international collaboration, the coming years will prove whether the current barriers, such as legislative requirements, can be overcome effectively.[22] In addition, recently published articles and future project proposals by EUnetHTA may provide a suitable platform for European HTA agencies to achieve collaboration, in order to align policies on real world data and enable their effective use in decision-making processes.[23] Finally, in order to cope with variations in HTA practices, Drummond (2003) argued that the creation of a European HTA agency is a possibility, demanding harmonization of three key challenges: Economic evaluation guidelines, decision-making processes and societal willingness-to-pay for health technologies.[24]

6. CONCLUSIONS

HTA, defined as systematic evaluation of properties and effects of a health technology, addressing both direct and intended effects and indirect and unintended consequences, and aimed mainly at informing decision-making,[20] is a multidisciplinary field, requiring of action of governments, health systems, policy makers, health professionals, public and private organizations and patients, but it saves time and resources in a national health system, providing a high level of health care.[12] The first priority of common European pharmaceutical policy to be addressed is assessment of the added therapeutic value of new pharmaceuticals, filling the gap in clinical evidence between market approval and reimbursement of pharmaceuticals throughout countries, limiting domestic negotiations to pricing and budgeting.[25] Domestic HTA application offers multiple benefits for patients with diffusion and application of effective health technologies being the long-term benefit for the Greek health system, while valuable resources will be conserved. Achieving this goal requires the investment of time, staff, financial resources and a focus on the widespread acceptance of the established procedures of HTA.

ΠΕΡΙΛΗΨΗ

Η εισαγωγή της Αξιολόγησης Τεχνολογίας Υγείας (ΑΤΥ) στην Ελλάδα και η σύγκριση με την ευρωπαϊκή εμπειρία

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Αρχεία Ελληνικής Ιατρικής 2022, 39(3):313–321

Η κρισιμότητα του ρόλου της Αξιολόγησης Τεχνολογιών Υγείας (ΑΤΥ) στον τομέα της δημόσιας υγείας αλλά και της βιωσιμότητας των υγειονομικών συστημάτων είναι τεκμηριωμένα αδιαμφισβήτητη τις τελευταίες δεκαετίες και το γεγονός αυτό αποτυπώνεται με ενάργεια στην εγκαθίδρυση φορέων ΑΤΥ σε πλήθος ευρωπαϊκών χωρών, οι οποίες έχουν ήδη εφαρμόσει αντίστοιχα προγράμματα, και συνεπακόλουθα και στην Ελλάδα, με τους πρόσφατα θεσπισθέντες νόμους, ερειδόμενους στη διεθνή εμπειρία, η οποία εμπλουτίζεται συνεχώς από τη διαρκή ανταπόκριση των εν λόγω φορέων στις αενάως αναδυόμενες προκλήσεις, όπως αυτή της πανδημίας Covid-19. Επιπρόσθετα, η καταγραφή των μεθόδων λειτουργίας που προσδιορίζει καθέναν από τους παραπάνω φορείς, με εμφανείς ομοιότητες, όπως και διαφορές, συνιστά αιτία ώσμωσης της διεθνούς εμπειρίας μεταξύ των ευρωπαϊκών χωρών με απώτατο στόχο τη βαθμιαία επίτευξη μεγαλύτερης αποτελεσματικότητας. Μέσω της τελευταίας, η οποία εμφανίζεται συνεχώς εξελισσόμενη, η αναβάθμιση του επιπέδου υγείας που απολαμβάνουν οι Ευρωπαίοι πολίτες, αλλά και η εξοικονόμηση πολύτιμων πόρων για τα επί μέρους εθνικά υγειονομικά συστήματα είναι ευδιάκριτες και ως εκ τούτου η Ελλάδα, υπό το διαμορφωθέν εγχώριο νομοθετικό πλαίσιο, οφείλει να αξιοποιήσει προσηκόντως τα ευρήματα των αντίστοιχων ευρωπαϊκών φορέων προκειμένου να εξασφαλίσει τον διττό στόχο της βιωσιμότητας του εγχώριου υγειονομικού συστήματος και της παροχής εκσυγχρονισμένης υγειονομικής περίθαλψης στους Έλληνες πολίτες ως το πλέον ορατό αποτέλεσμα της επιτυχούς εφαρμογής της Αξιολόγησης Τεχνολογίας Υγείας.

Λέξεις ευρετηρίου: Διεθνής Αξιολόγηση Τεχνολογίας Υγείας, Υγειονομικά συστήματα

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