

# IHT at the HTAi

## A parallel workshop

### 20-21 June 2005 Rome

Introduction  
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# Outline

- Themes of the 2-day workshop
- Principal issues within the workshop
- Deconstructing HTA
- Conclusions: IHT research and questions it raises for HTA



# Themes of the Workshop

- *National and International Analysis of IHTs: innovation, evaluation and regulation (Day 1)*
- *Social Science and HTA: Focusing the Debate on Evaluation (Day 2)*



# Principal issues

- Relationship between meaning and evaluation of 'evidence'
- Context of delivery and its implications for evaluation
- IHTs and Policy
- Role of HTA



# Valuing things...

‘The characteristics of a good are not properties which already exist and on which information simply has to be produced so that everyone can be aware of them. Their definition or in other words their objectification implies specific metrological work and heavy investment in measuring equipment. The consequence is that agreement on the characteristics is sometimes in fact often difficult to achieve’ (Callon et al. 2005)



# Evidence about things...

‘...clinical research practitioners undergo heroic struggles to produce Official Evidence. Most often they find that the RCTs they try to use will just not work, since nothing stays in place. The technologies are constantly changing, or being modified; the patients are constantly moving about criteria; and often clinical colleagues just cannot be relied on to refer or recruit or enrol either themselves or their patients into the studies constructed to produce Evidence’.

(Mort, 2003)



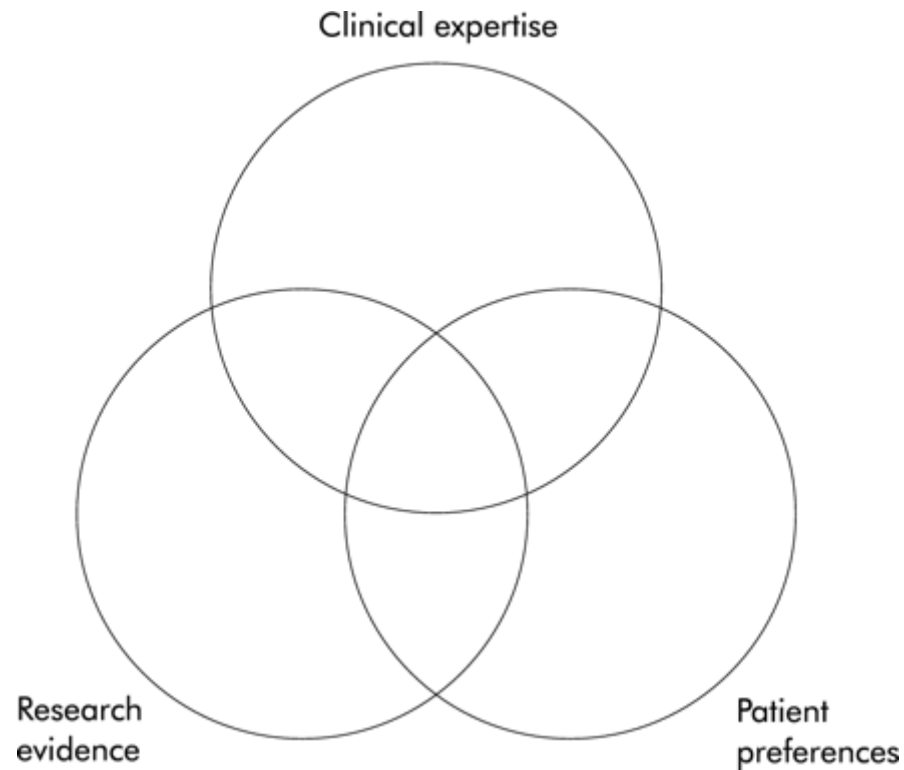
# Technologies

Health technologies (all technologies)  
provide and are given utility and value:  
*affordances*

...that are more or less codified, formalised,  
'evident', but unstable  
*plasticity of evidence*



# Evidence-based medicine

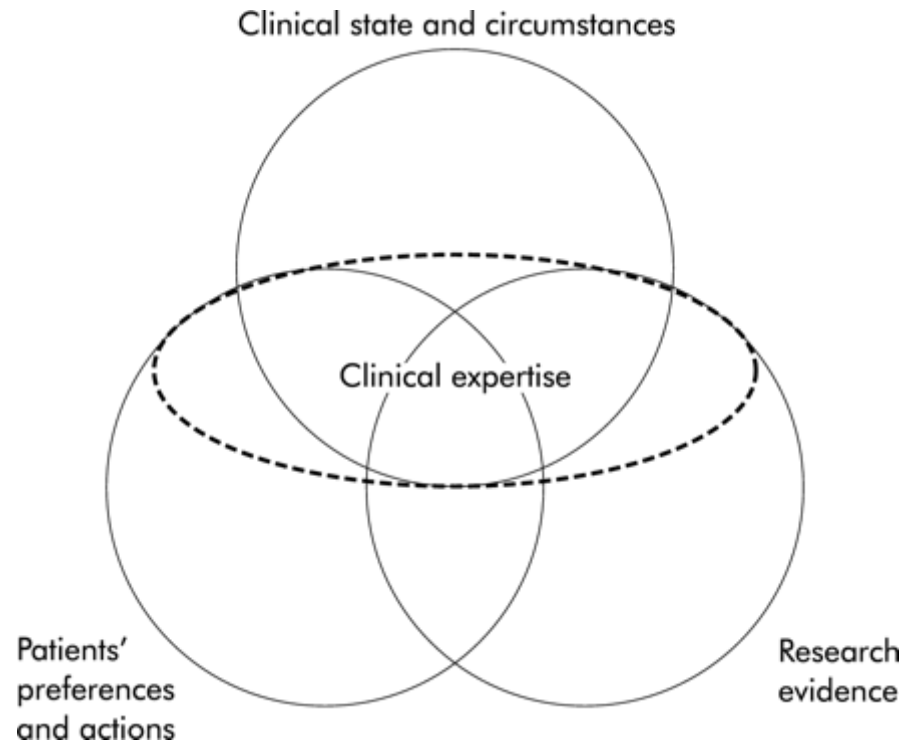


(Haynes et al 2002)





# Patient-centred EBM



(Haynes et al 2002)



# Relationship between meaning and evaluation of IHTs

- Different types of evidence: Effectiveness, cost effectiveness, distributional effects, patient-centred, user-centred (including carers)
- Contexts of delivery and implications for evaluation
- Evidence and its role in regulation
- Historicity and the developing nature of IHTs: innovation as evolution
- The perceived **novelty** of IHTs...



# What's new about IHTs?

- Qualitative change in the medicine, body, technology relationship....
- Pose new questions for evaluation
- IHTs combine continuity with discontinuity

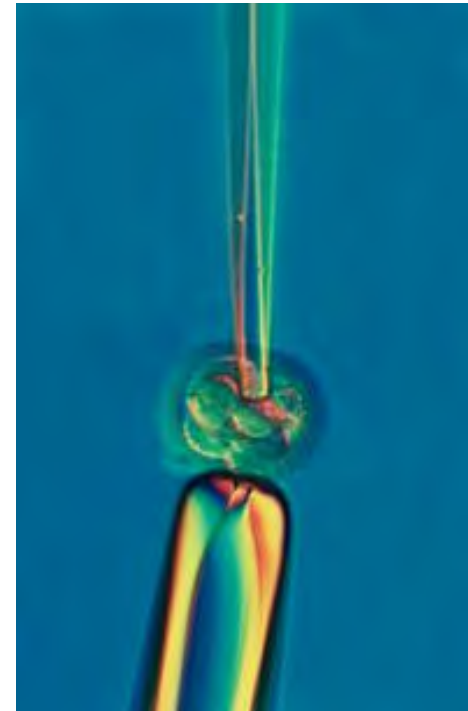
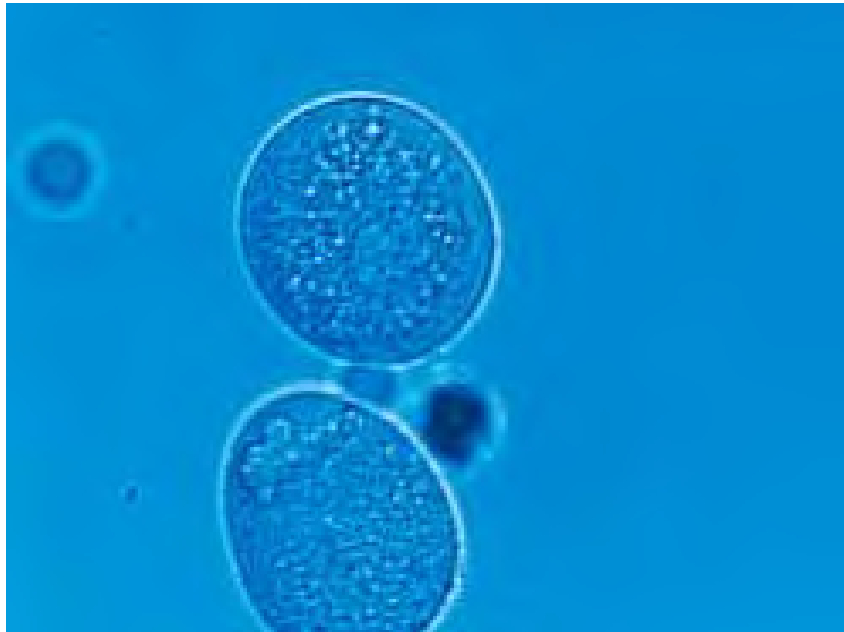


# Significant changes

- Paradigm shift via 'informedicine' and genetics: e.g. predictive testing focuses on future health than current pathology
- The body: intervention - more available, accessible, mobile and dematerialised
- Body de-composed and temporally distributed, especially via informatics (e.g. biobanks, telemedicine, EPR)
- Generative of new controls, accuracy yet new risks...with ethical (and other) implications



# Example: New reproductive technologies



# Reproductive technology

| Continuities   | Discontinuities   |
|--|---|
| Assistive/restorative reproduction of children<br><br>Reproductive | Increasing diversity of reproductive relations – break social/bio link<br><br>Reproduced tissue |
| Consolidated model   | Locus of control and role of NRTs extend beyond the clinic and pregnancy: stem cells            |
| Temporal horizon of 'born' pushed back                             | Temporal horizon of reproductive entities multiply  |

HTA

IHT

# IHTs and Policy

- In policy circles a mixed economy of evidence prevails, with different types of scientific and non-scientific evidence used: clinical evidence, social context, colloquial: how to bring together?
- Search for standardising and integration being compromised by budgetary and operational localism
- Public health vs private choice



# The role of HTA:

## HTA as ‘political machine’ (Barry), as a technology itself:

- Part of the modernist innovation system develop new tools and agencies that enable reflection and evaluation
- An attempt to order and facilitate the dissemination of technology that meets a specific set of standards
- Maps out *expectations* about future social conditions as expressed through calculation of the cost/benefit, cost impact and cost effectiveness of an emerging technology

But...variation in different contexts





# ..so get the problem of translation

## The problem of translating a global to a local evaluation

• *tension between the abstract, global and the concrete, local levels* and the multiplicity of social groups who shape the evaluation process

‘...it is clear that viewing any object (e.g. a medical device) from more than one angle (confrontation of expert opinions) often best reveals the multidimensional structure of the object (the crux of the matter)’. (Orvain - 2004)

this acknowledged in ‘the new localism’



# Conclusion: some questions raised by social science for HTA

- HTA defines the *boundaries* of new technologies; must do this...but how, and with what implications?
- what are the ‘success’ criteria of IHTs that being used : are they identical/universal across technology fields?
- is it possible to provide an assessment that ‘works’ across different policy, organisational and clinical settings that have differing priorities?
- How best to measure different treatments/technologies for chronic illness/disease – different interventions have differing effects – a problem for the notion of ‘patient-as-object’?

