



Ludwig Boltzmann Gesellschaft

# Interim Evaluation of the Ludwig Boltzmann Institute for Health Technology Assessment

Report of an International Expert Commission

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June 2009

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# 1 Background and General Information on Evaluation

This report presents the results of an interim evaluation of the Ludwig Boltzmann Institute (in the following: LBI) for Health Technology Assessment (in the following: HTA), founded in Vienna in 2006.

Goals of this interim evaluation are: on the one hand the provision of a basis for the decision of the Board of the Ludwig Boltzmann Gesellschaft (in the following: LBG) regarding the Institute's future, in particular with regard to a prolongation of the institute's funding for the second phase of additional four years, and on the other hand the provision of advice and input for the institute's management and Board regarding possible improvements in the next few years.

The interim evaluation of LBIs is a multi-step process, which can be described as follows:

- a) Workshop with the institute leadership to prepare the evaluation process.
- b) Appointment of evaluators through the LBG (the institutes have the authority to exclude three names, in advance, and without explanation)
- c) Preparation of a self-evaluation report to be sent to the external evaluators at least 1 month before the scheduled on-site visit
- d) On-site visit: Discussion with leadership, staff, partners, board, advisory committee
- e) Draft of interim evaluation report by the review committee, submission to LBG offices
- f) Opportunity to comment on the report through the institute leadership
- g) Submission of self-evaluation report, external evaluation report and comments by the institute to the Board of LBG for decision

This report follows the evaluation guide of the LBG as issued in January 2008 (*Evaluation of the Ludwig Boltzmann Institutes, A Guide for the Directors of the Institutes*).

The self-evaluation report, this external evaluation report and the comments by the institute together form the basis for the decision to be made by the Board of the LBG. Therefore, organisational information (including a description of the partners, their roles and contributions), content and programme description and quantitative information provided in the comprehensive self-evaluation report are not repeated in this document. Rather, this succinct report focuses on improving the strategic and organisational set-up and perspectives of the LBI HTA.

The on-site visit of the committee (members: John Gabbay, Andrew Stevens, Stefan Willich, Simon Sommer) took place on 7-8 May 2009 in Vienna and

included discussions with leadership, academic and administrative staff, the Scientific Advisory Committee and the Board of the LBI HTA. The committee wishes to thank the LBG and the LBI HTA and their staff for their splendid hospitality.

## **2 Appraisal**

### **2.1 Importance of the Institute**

By founding the LBI HTA in March 2006, the LBG has filled a crucial gap in the Austrian research landscape. At that time, there was virtually no organisational support for Health Technology Assessment, despite its increasing importance on the international health research and health policy.

Albeit being the first institute of its kind in Austria and in spite of the factor that the main financial partner, the Austrian Academy of Science, had to withdraw from its financial partnership before the LBI HTA even started its operations, the LBI HTA has developed remarkably well in the short time since its foundation, and has become the Austrian competence centre for HTA. It is well respected and utilized by all its partner institutions and beyond, and has also become a visible and well-reputed player in the international scientific community.

Together with its partners, the LBI HTA has also stimulated a significant cultural change in Austria in a remarkably short time: A visible and noteworthy success of the work in the past three years is the fact that the Austrian Federal Ministry of Health has developed a “National HTA Strategy” to be implemented from 2009 onwards. Without the pioneering work of the LBI HTA this would not have happened.

One of the main challenges for the LBI HTA in the coming years will be to find a position in this emerging national HTA system. The report seeks to support the LBI HTA in defining and achieving this position, since we consider its expertise to be crucial for a successful implementation of HTA in the Austrian health system

### **2.2 Results and Effects**

#### **2.2.1 Research Program and Coherence**

In the first three years since its foundation, the LBI HTA has made remarkable progress and has exceeded the expectations by all involved stakeholders. It has started a broad and up-to-date research program in HTA and a wide range of surrounding activities, and it has succeeded in building a substantial national and even international academic and political reputation.

To a large extent this success has been achieved due to the strong leadership of the founder and director of the institute who not only led the institute to its current position but is also leading figure in HTA in Austria herself.

The other side of the coin is that the successful start of the LBI and the outstanding quality of its work have led to a growing demand for its work by its stakeholders, by the media, by policy and by the larger public. This in turn has led to a situation of organisational stress, in which too many activities have been taking place simultaneously at the LBI HTA, thereby distracting the institute and its staff from its core activities.

This broad portfolio of activities, necessary during the phase of building up the reputation of the LBI, in the near future might become an obstacle in preserving and furthering this reputation. Further concentration and focus on a smaller number of areas of core expertise is needed and unavoidable in the coming years. The LBI should now begin to build on its main strengths, and in tackling some specialised areas in greater depth, the institute should make more of its (relatively new) health economic expertise and even grow this, as both the HTA world and the publication world (see below) increasingly recognise its importance.

### **2.2.2 Publications**

The committee acknowledges the fact that in the first three years a lot of the energy of the institute and its staff went into development of strategy and methodology (manuals) while at the same time the demand by the partners for assessments and other services brought the institute to its limits. Academic publishing of the work has, therefore, not been a top priority. While some researchers have managed to publish their work in high-ranked journals, others had to start work on the next projects before being able to finalize and submit their papers. All researchers should recognise the critical importance of publication. Now that the institute is firmly established, international level publication needs to be a priority.

We therefore suggest that in the next years the LBI HTA should invest more time and energy in publishing its work in internationally visible, peer reviewed journals.

In order for this to be possible, the partners of the institute need to understand that the publication in international journals is the essential way to ensure the reputation and independence of the institute. While the demand for more and faster assessments from the LBI HTA is perfectly understandable, the partners need to make sure that the institute and its staff have enough capacity to publish their work by limiting the number of short term requests.

In turn, the LBI HTA itself needs a comprehensive publication strategy, i.e. a clear idea which journal to target with which project results. The aim needs to be to produce at least 1 major, preferably, international publication per

project. This publication should be produced simultaneously with the work on the project report. In order to create a scientific track record not only for the institute, but also for the individuals researchers involved, this publication strategy needs to be tied to a staff development plan (see 3.2.6).

### **2.2.3 Patents and Intellectual Property**

The evaluation of patents is not pertinent to this report since the creation and exploitation of patents is not part of the mission of the LBI HTA.

With regard to intellectual property, the committee wishes to underline that the LBI HTA adheres to the highest standards of transparency and uses open access publishing whenever possible. The trust-creating transparency of the institute and its work have been mentioned by all our interlocutors.

### **2.2.4 Other Activities**

The LBI HTA is not a pure research institution. This is on the one hand due to the nature of HTA which by definition has a strong service provision and decision support component (reflected in programme line 2 of the LBI). On the other hand the LBI HTA explicitly wants to be active in the field of public understanding of HTA and research transfer (programme line 3) as well as in political agenda setting, advocacy and dissemination (programme line 4). International collaboration is another focus of the institute (programme line 5).

The LBI has, in fact, been successful in all five programme lines mentioned in its original proposal. It has reached policy makers, health care providers, research community and the public alike.

Decision support (programme line two) is doubtlessly the most important and most time-consuming activity of the institute currently. Therefore our improvement recommendations will focus on this activity.

The LBI has produced a sizable and wide-ranging portfolio of informal publications, principally in response to stakeholder needs. These needs inevitably are somewhat ad hoc and draw on staff member time according to their availability and interest. At present this system is working well when judged by the quality and scale of production, but would benefit from a systematic approach tied to publication planning, staff specialisation and multi-disciplinary team planning. Such a programme of topic selection and allocation also needs to be linked to the creation of an institutional memory so that the growing expertise of the staff (see also staff development, below) is retained and transmitted to maximise the efficiency of the work.

The LBI similarly responds very promptly to health ministry requests for support. Although stakeholder needs and demands have been the driving

obligation here, this activity too would benefit from systematic management, even if that means reducing the requests which are tackled. This element of stakeholder work is clearly seriously underfunded in comparison to the amount of work being done under that rubric, and is presumably being carried at the expense of other work, such as international scientific publication.

The Institute's impressive portfolio of informal publications would benefit from external peer review. This not only helps to assure their quality, but should help their transformation into fully published articles.

### **2.2.5 Recruitment, Mobility, and Fluctuation**

Due to the fact that HTA is not an established discipline in Austria, recruitment of staff for the LBI HTA has proven to be difficult. Nevertheless and in spite of some fluctuation the institute now consists of an interdisciplinary and suitably diverse group of highly productive and enthusiastic researchers. Although there was some evidence of sometimes differing understandings of the institute's mission and their own role in advancing this mission (which is not unusual in such circumstances) the esprit de corps was palpable.

The Institute has put together an able, motivated and loyal staff in a field where recruitment is not easy given both the newness of HTA, and the relative underdevelopment of epidemiology and Health Services Research in Austria.

Turnover of staff, particular to other newly founded institutes or public HTA agencies should therefore not be seen as a sign of failure but as a clear indicator of LBI's success in building up awareness and professionalism in HTA in Austria.

At the same time, the Institute's key challenge is to retain its staff as far as possible and to make itself attractive (in finance reputation and longevity) to new recruits. This is a key issue in order to maintain the academic quality of the work of the institute. More energy should therefore be invested into strategic qualification and capacity building (see next section).

### **2.2.6 Qualification and Capacity Building**

During its early growth phase, the Institute has benefitted from a flat hierarchy with easy access to the Director for all staff members. The flat hierarchy of the institute, has to date had clear positive effects on motivation of the staff. However, with the growth of the Institute this may begin to have some disadvantages. It may lead to an undesirable degree of diversity between the researchers at the LBI in terms of aspirations, aims, desired qualifications, career and publication plans

We also learned that there is considerable room for individual initiative to take learning opportunities – and that the use of these opportunities differs between members of the institute. Some staff may benefit from a more systematic approach to identifying and meeting their learning and development needs.

Apparently there is no requirement for staff to be present at the institute during core hours (“Kernzeit”), with the exception of the weekly staff meeting, which is a well regarded and useful event. The lack of *Kernzeit* has its advantages but home-working is uneven and can militate against cross-disciplinary working and informal learning if it is overused. By establishing a minimum on-site presence during core hours, the staff members could learn much more from each other.

Strategic personnel development plans are in place but much more could be made of them. The current situation in which – to a greater or lesser extent – all researchers are responsible for and can choose between the whole range of disease areas and methodological approaches at the institute hinders the development of personal academic qualifications as well as of a clear research profile of the institute. We see a chance for the institute to combine a process to develop its staff more systematically with the development of a clearer institutional profile. Such an approach to the staff’s personal development would have at least three further benefits for the LBI:

- It would assist in establishing a more definitive organisational memory.
- It would foster succession planning, one element of which would be to establish a structure with formal deputy directors who could share the currently excessive range of academic and managerial responsibilities of the Director.
- It would provide a basis for sustainable know-how resources and management.

Closer ties with academics institutions are strongly advised. In addition to scientific and teaching cooperation, the academic link could further support personnel recruitment including master and doctoral students.

### **2.2.7 Visibility**

The Institute is clearly visible internationally in its participation in international HTA networks, even if not (yet) through its publications. This is undoubtedly valuable in bringing the Institute “up to speed” on international methods and objectives and allowing the institute to benefit from work done elsewhere. It has put Austria “on the map”. The cost of this activity is in the director’s time, which is a valuable and stretched resource. Solutions lie in spreading the load to deputies where appropriate and allowing some further growth in the Institute (also desirable for other reasons). However the other means of gaining an international presence- high level publication – is a key element of lasting visibility.



### **2.2.8 Benefits for Partners**

All partners interviewed by the committee have stated that they had greatly benefited from the work of then LBI HTA in the past three years. Expectations have not only been met but exceeded by the outstanding work of the LBI HTA and its staff. Our interlocutors unanimously stressed the excellent cooperation with the institute and its staff as well as its professionalism and integrity

The results obtained were unanimously seen as most professional and trustworthy by the partner institutions and have been used by them for decision making in numerous instances.

There can be no doubt that the LBI has produced an enormous output compared to the modest financial input it has received from its partners. It is clear that the cost saving obtained through the decisions made based on the HTAs provided by the LBI by far outweigh the investment. The partner institutions need to be aware that the HTA projects conducted for them by the LBI would cost several times more on the free market, or even at the rates of other HTA institutions. If the LBI is to continue its successful support of the partnering institutions, these institutions need in the future either to contribute in a more substantial manner or to reduce their expectations. This in particular pertains to the Federal Ministry of Health which is the main beneficiary of the work of the institute. A solid long term core funding through the beneficiary institutions is crucial for the future of the institute. Furthermore these stakeholders need to recognise that they individually and collectively (through the culture of evidence-based and value-for-money health care) benefit from the Institute's academic and international profile.

The committee welcomes that the partner "Hauptverband der österreichischen Sozialversicherungsträger" has already committed itself to continue the collaboration for the second funding period until 2013. The other partners would be well advised to follow this example, and continue the funding engagement at least on the current level. Together with the LBI HTA they should develop a joint plan for an independent continuation of the institute after cessation of LBG funding in 2013.

## **3 Recommendations and Outlook**

The committee recommends a prolongation of the funding for the LBI HTA for the second funding period until 2012. The LBI HTA and its partners need to use these years to strengthen and define its position in the emerging national HTA system as a part of the newly defined national HTA strategy.

We see the a possible role of the LBI HTA in the new system as a methodological centre of excellence, showcasing high quality HTA and

providing methodological expertise for the other agencies and institutions conducting HTA in Austria. By doing this, HTA in Austria – as one of our interlocutors has said – would be “brought to the next level”.

In order to reach influential and sustainable this position, the LBI HTA and its partners should take four major steps in the years to come until 2013:

Firstly, the LBI HTA and its partners should **establish an institutional context** with stable long-term core financing, allowing it to continue its operation after the 7 years funding period (or, in case a second funding phase is granted, the 14 years funding period) through the LBG. In the long run, the LBI cannot be financed through the LBG, but has to receive core funding from the Ministry of Health and other stakeholders. Partners need to invest more – at least from 2013 onwards.

Secondly, the LBI HTA should **continue showing its value by delivering high quality results** for its main stakeholders, the Austrian hospitals, health care providers and insurances. A focus on improving cost effectiveness is recommended to make the economic value of the work of the LBI more palpable. The cost benefits of such work for the Austrian health economy could, with advantage be highlighted to the beneficiaries as part of the negotiations for continuing support outwith the LBG.

Thirdly, the LBI HTA should **develop a stronger research profile and better international academic standing** by (a) concentrating on a limited number of areas in which the LBI wants to become an international centre of excellence and (b) focussing on an ambitious international publication strategy. We suggest hiring a native-speaking medical editor/writer to support the LBI staff in this task.

Finally and closely related to the first three recommended steps, the LBI HTA should start a **consolidation process resulting in an institute reorganization. This might, for example involve subdividing it into units** (we suggest a maximum of three units organized either by disease area or by methodological approach) and invest more time and energy in an internal development and increased capacity building for its core staff. A reorganisation into units according to the new core areas of expertise to be developed seems to be inescapable if the LBI is to avoid major internal stresses that will be damaging to its long term survival.

The current director needs to be freed from parts of her workload in order to be able to further develop the institute strategically and to tackle the strategic tasks described above. Also, succession planning clearly is an issue at the LBI HTA. Therefore, in line with this consolidation process, strategic qualification and capacity building at the LBI need to be professionalized. Key researchers should be given more responsibility, for people, processes, and projects. Each of the new units to be established should be headed by one key researcher, while the director has the overall responsibility.

We suggest a stronger role of the scientific advisory board in the consolidation process. One idea would be the assignment of one member of the scientific advisory board to each of the new key areas to support its professionalization and development (e.g. which journals to target, which people to invite, which conferences to attend etc.). Stronger institutional links with the organisations of the Advisory Board members, such as exchange visits, should also be considered

To conclude, we wish to underline that the LBI HTA as the undoubtedly leading centre of excellence for HTA in Austria should be given a strong position in the emerging national Austrian HTA system. We consider its expertise to be crucial for a successful development of the Austrian health system.