

Change of leadership at HTA Institute

The Austrian Institute for Health Technology Assessment, the independent body for scientific decision support in the healthcare sector, has a new managing director as of March. Founder Claudia Wild is retiring.

Priv. Doz. Dr Claudia Wild, founder of the Austrian Institute for Health Technology Assessment (AIHTA), stepped down as Managing Director at the beginning of March and is retiring. Her successor is her long-standing deputy Dr Ingrid Zechmeister-Koss, and Dr Sabine Geiger-Gritsch has been appointed as her new deputy. HTA Austria - Austrian Institute for Health Technology Assessment (AIHTA) GmbH began its work in March 2020 - as the successor institution to LBI-HTA - and is almost 20 years old. "I had the pleasing task of first setting up and then managing this institute from the beginning in 2006. Anyone who knows me knows that I did this with great passion. At the age of 65, I am now saying goodbye, but I know that the institute is passing into excellent hands," says Wild.

'The AIHTA has been providing independent evidence analyses for the healthcare system since it was launched by Claudia Wild. At a time of rising costs and a steady stream of new medical technologies, this work is more important than ever,' says Zechmeister-Koss, emphasising the achievements of her predecessor and thanking her for setting it up and her many years of commitment. 'Above all, she focussed on the question of whether patients benefit more from new interventions than from existing ones. In doing so, she provided the input to increasingly consider not only the clinical benefits, but also economic, organisational and social aspects.' A special feature of the institute: 'We assess both high-tech medicine and "low-tech" measures, such as public health initiatives, psychiatric care models and forms of therapy such as music, occupational and physiotherapy,' says Zechmeister-Koss. This breadth is crucial so that decision-makers are informed about a wide range of technologies, 'not just expensive new high-tech products.'

This comprehensive approach has enabled the AIHTA to develop methodological expertise that goes beyond traditional technology assessments. 'We often work at the interface with Health Services Research, which sets us apart internationally. The motivation behind our work remains constant: to make a contribution to maintaining a public, solidarity-based healthcare system,' says the new Managing Director. Her predecessor Wild thanks not only her companions and supporters in the healthcare system, but above all the entire team: 'A think tank is only as good as its employees - they have made a significant contribution to the AIHTA's excellent academic and uncorruptible reputation both nationally and internationally. I would argue that our reputation has to do with the fact that we think in systemic and public health contexts.' The AIHTA not only works at the micro level of the benefit assessment of medical interventions, but also looks at the environment: 'How are markets prepared and processed, what influences are there, which policy instruments are counterproductive, which can promote solidarity objectives, which socio-medical services fall by the wayside when resources are usurped by high-tech medicine,' explains Wild.

Rapid implementation of appraisal board

For Zechmeister-Koss, one of the focal points of current and future work is the establishment of routine health technology assessments (HTAs) for the new appraisal board in the hospital sector. 'We want to transfer the HTAs for the appraisal board into a routine operation. What is important here is that the speed that is being demanded here with the argument of rapid access to new therapies for patients must not be at the expense of the quality of our work - well-founded analyses are indispensable, especially for therapies that cost millions,' promises Zechmeister-Koss.

Health economics and early involvement of those affected

Another focus is European cooperation: 'Since January, joint European assessments - Joint Clinical Assessments - have been mandatory. This avoids redundancies, ensures a high methodological quality of evidence analyses across Europe and strengthens the common understanding of existing or missing additional benefits of new therapies.' The AIHTA is actively involved in this, contributes the Austrian perspective and ensures that the results are utilised in the country. In general, the new Managing Director also wants to strengthen health economics in Austria. 'The potential of health economic methods is not yet sufficiently utilised in this country.' The AIHTA also wants to involve patients, clinical experts and practitioners more closely in the preparation of health technology assessments. 'In this way, we can better take into account what is really important for patients and in everyday clinical practice,' emphasises Zechmeister-Koss. The early involvement of patients and representatives of healthcare professions increases the chance that our recommendations will actually be implemented later on. This strategy is now to be utilised to a greater extent.

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