Strategies for the diffusion and dissemination of health technology assessment (HTA) products.

Estrategias para la difusión y diseminación de los productos de Evaluación de Tecnologías Sanitarias (ETS)

Health Technology Assessment Report

avalia-t Num. 2007 / 07

MINISTRY OF SCIENCE & INNOVATION

MINISTERIO DE CIENCIA E INNOVACIÓN
Ministerio de Ciencia e Innovación
Instituto de Salud Carlos III
Agencia de Evaluación de Tecnologías Sanitarias
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Plan de Calidad para el Sistema Nacional de Salud
avalia-t
Axencia de Avaliación de Tecnoloxías Sanitarias de Galicia

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Abbreviations and Acronyms

AETMIS: *Agence d'Évaluation des Technologies et des Modes d'Intervention en Santé* (Canada)

AHRQ: Agency for Healthcare Research and Quality (USA)

AHTA: Adelaide Health Technology Assessment (Australia)

AHTAPol: *Agencji Oceny Technologii Medycznych* (Health Technology Assessment Agency, Poland)

ANZHSN: Australia and New Zealand Horizon Scanning Networ*k* (Australia)

AR: Assessment Report

ASERNIP-S: Australian Safety and Efficacy Register of New Interventional Procedures-Surgical (Australia)

CADTH: Canadian Agency for Drugs and Technologies (Canada)

CCnet: Cochrane Consumer Network

CEDIT: *Comite d'Évaluation et de Diffusion des Innovations Technologiques* (France)

CENETEC: *Centro National de Excelencia Tecnológica* (National Centre for Technological Excellence) (Mexico)

CISNS: *Consejo Interterritorial del Sistema Nacional de Salud* (Interterritorial Council of the National Health System)

CMT: *Centrum för Utvärdering av Medicinsk Teknologi* (Sweden)

CPG: Clinical practice guidelines

CRD: Centre for Research and Dissemination (United Kingdom)

CVZ: *College voor Zorgverzekeringen* (Holland)

DACEHTA: Danish Centre for Evaluation and Health Technology Assessment (Denmark)

DAHTA-DIMDI: *Deutsche Agentur für Health Technology Assessment* (Germany)

DECIT-CGATS: *Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Ciência e Tecnologia* (Brazil)

DSI: *Dansk Sygehusinstitut* (Denmark)

ECHTA/ECAHI: European Collaboration for Health Technology Assessment

EUnetHTA: European network for Health Technology Assessment

FinOHTA: Finnish Office for Health Care Technology Assessment (Finland)

GIN: Guidelines International Network

GR: *Gezondheidsraad* (Holland)

HAS: *Haute Autorité de Santé* (France)

HTA: Health Technology Assessment

HunHTA: *Egészség-gazdaságtani és Technológiaelemzési Kutatóközpont* (Unit of Health Economics and Health Technology Assessment, Hungary)

IAHS: Institute of Applied Health Sciences (United Kingdom)

ICTAHC: Israeli Center for Technology Assessment in Health Care (Israel)

IECS: *Instituto de Efectividad Clínica y Sanitaria* (Argentina)

IMSS: *Instituto Mexicano de Seguridad Social* (Mexican Social Security Institute) (Mexico)

INAHTA: International Network of Agencies for Health Technology Assessment

IQWiG : *Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen* (Germany)

KCE: *Kenniscentrum* (Belgian Health Care Knowledge Centre, Belgium)

LBI for HTA: Ludwig Boltzmann Institute for Health Technology Assessments (Austria)

MAS: Medical Advisory Secretariat (Canada)

MSAC: Medicare Services Advisory Committee (Australia)

MTU-SFOPH: Medical Technology Unit (Switzerland)

NCCHTA: National Co-ordinating Centre for Health Technology Assessment (United Kingdom)

NHS QIS: NHS Quality Improvement Scotland (United Kingdom)

NHSC: National Horizon Scanning Centre (United Kingdom)

NICE: National Institute of Clinical Excellence (United Kingdom)

NOKC: Norwegian Knowledge Centre for the Health Services (Norway)

SBU: *Statens Beredning för Medicinsk Utvärderin*g (Sweden)

TB: Technological Briefing

TR: Technical Report

VATAP: Veterans Affairs-Technology Assessment Program (USA)

VSMTVA: *Veselības Statistikas un Medicīnas Tehnoloģiju Valsts Aģentūra* (State Agency for Health Statistics and Medical Technologies, Latvia)

ZonMw: Medical and Health Research Council of The Netherlands (Holland)

Glossary

Alert reports: see technological briefing.

Assessment reports: documents in which a specific health technology is assessed by a systematic review of the scientific literature. Apart from such a technology's efficacy, effectiveness, efficiency and safety being analysed, its impact on the health care system is put into context and appraised [1].

Clinical practice guideline: a set of recommendations drawn up systematically, with the aim of guiding professionals and patients in taking the most appropriate decisions when dealing with a specific clinical condition. Guidelines must be drafted by reference to the use of rigorous explicit methodology, and recommendations must be based on the best scientific evidence available, with the particular circumstances taken into account and consideration given to patients' preferences.

Diffusion: distribution of information to end-users, something that comprises the issue and distribution of documents and their presentation at different fora and platforms.

Dissemination: process that seeks to transmit the content to a given public, with the aim of improving their knowledge and skills in respect of the topics addressed. It involves orientation and adaptation of the message to a target audience.

Document type: different types of documents with which agencies work, and the versions available of each.

Early warning systems: see technological briefing.

Emerging health technologies: see technological briefing.

Full-length reports: see assessment reports.

Health technology assessment: a set of methods that analyses the different and varying impacts or effects deriving from the application of technologies, studies the effects of possible alternative technologies and identifies which social groups may be affected. Its ultimate aim is to endeavour to reduce or eliminate the negative effects of some prevailing technologies, by optimising their positive effects and so contributing to their acceptance by society.

Horizon scanning reports: see technological briefing.

HTA reports: see assessment reports.

Implementation: this implies effective communication strategies and identifying and overcoming the difficulties or barriers posed by the local setting, with the aim of introducing the recommendations proposed. Implementation is a far more active process than dissemination, and entails systematic efforts to foster the adoption of evidence, by identifying and establishing measures for overcoming barriers.

Rapid assessments: see technical reports.

Rapid reviews: see technical reports.

Target audiences: the potential end-users for whom the information is intended.

Technical assessment reports (TARs): see assessment reports.

Technical reports: documents in which systematic reviews are used to assess specific aspects of a given technology.

Technology briefings: brief documents that summarise the most relevant scientific evidence on new and emerging technologies, so as to provide support for decision-making.

Resumen

INTRODUCCIÓN

En el momento actual existen en el mundo numerosas organizaciones dedicadas a realizar ETS: todas producen documentos cuyo objetivo es ayudar a la toma de decisiones en la introducción de nuevas tecnologías y uso apropiado de las ya establecidas. Estos documentos se publican en forma de informes de evaluación (IE), consultas técnicas (CT), fichas técnicas (FT) y guías de práctica clínica (GPC), entre otros. A pesar de la importancia y repercursión de estos estudios, su localización no suele ser una tarea fácil, al no estar indizados en bases de datos bibliográficas tradicionales, razón por la cual la diseminación efectiva de la información adquiere una especial relevancia.

OBJETIVO

Analizar las experiencias en la difusión y diseminación de productos y actividades desarrolladas por las agencias y unidades de ETS tanto en el ámbito internacional y nacional.

METODOLOGÍA

Selección de agencias y unidades: el estudio se limitó a las agencias pertenecientes a la INAHTA. En el caso de España, se amplió a las agencias y unidades de ETS de la Red AUnETS (agencias y unidades de evaluación de tecnologías sanitarias).

Las fuentes de información en las que se basó el estudio fueron principalmente tres: páginas en Internet, revisión bibliográfica (en bases de datos especializadas en revisiones sistemáticas y generales) y una encuesta enviada a las agencias de ETS españolas. De toda la información localizada se analizaron los ítems: tipología documental y versiones disponibles, usuarios potenciales y estrategias de difusión y diseminación.

Para la elaboración de las recomendaciones se constituyó un grupo de trabajo técnico, con la finalidad de consensuar y realizar diferentes aportaciones.

RESULTADOS

Los resultados de estos estudios se han dividido en dos grupos:

4a.- EXPERIENCIAS POR PAÍSES. Se identificaron un total de 37 agencias. Los resultados fueron:

I.- Tipología documental: los IE son elaborados por todas las agencias, excepto una; las CT (38,88%), FT (33,33%), GPC (27,77%), y otro tipo de documentos (27,77%).

II.- La audiencia principal está repartida en administrativa (100%), legislativa (85,72%), clínica (82,85%), consumidores (40%) y audiencia industrial (11,42%). Además, determinadas agencias han incluido otros perfiles: comunidad investigadora (17,45%), medios de comunicación (1,42%) e industria médica (8,57%).

III.- Estrategias de difusión y diseminación: excepto una agencia, el resto cuenta con web propia. El idioma disponible es el propio del país y en el 69,4% además en inglés. El 48,38% declaran publicar en artículos y el 32,25% a través de comunicaciones a congresos. El uso de medios de comunicación es llevado a cabo por el 25,80%. Todas cuentan con documentos en bases de datos de ámbito especializado. En lo que respecta a las bases de ámbito general, cinco agencias no tienen presencia en ninguna de ellas, dos no cuentan con documentos en Medline y seis agencias no tienen presencia en la base de datos del Web of Knowledge. Veintiuna agencias declaran tener entre sus tareas anuales la elaboración y/o coordinación de cursos de formación continuada.

4b.- EXPERIENCIA DE LAS ETS EN ESPAÑA. Los resultados obtenidos de este estudio fueron:

Tipología documental: los IE (100%), CT (28,57%) y FT (57,14%). Prácticamente todas las agencias declaran elaborar esporádicamente documentos metodológicos, pero sólo el I+CS ha constituido como una serie propia estos documentos. Todas están disponibles a texto completo en web, en castellano y/o idioma oficial de la Comunidad Autónoma.

Audiencias: en la actualidad están identificadas las audiencias legislativa y administrativa (100%), la clínica (100%), público (25%) y audiencia industrial (12,5%). Además, se han localizado otros públicos hasta ahora desatendidos: académica (12,5%) y medios de comunicación (25%).

Estrategias de difusión y diseminación: la página web es el método más empleado, excepto el I+CS. Todas están disponibles en castellano

y cuatro agencias disponen la opción de consultar la página también en inglés. La presentación de resultados en conferencias y congresos es realizado en ocho agencias. Todas declaran publicar sus estudios en artículos científicos. No se ha localizado información para pacientes. Todas cuentan con programas de formación, a través de la participación de cursos de posgrado u otro tipo de formación.

CONCLUSIONES-DISCUSIÓN

La tipología documental resulta variada. Las agencias centran su trabajo en informes de evaluación, seguido de consultas técnicas y fichas técnicas. Estos documentos están básicamente dirigidos a la audiencia administrativa. En estos casos no parece haber ningún formato específicamente adaptado a estos usuarios más que las versiones breves y completas. La audiencia clínica se sitúa en segundo lugar. En la mayoría de los casos se centran en clínicos, siendo anecdóticos los casos que dirigen a otras profesiones del ámbito sanitario. El resto de usuarios (comunidad investigadora, medios de comunicación...) aparecen reflejados de modo anecdótico.

La página web es el elemento más empleado, con información sobre la misión, estructura o actividades llevadas a cabo. Sin embargo, en pocas ocasiones se especifican claramente los usuarios. La presencia de estos documentos en bases de datos especializadas es prácticamente total, pero no sucede lo mismo en el ámbito general.

RECOMENDACIONES

Las recomendaciones elaboradas por el grupo de trabajo se pueden resumir en los siguientes puntos:

Propuesta de audiencias diana: la clasificación acordada por los miembros del grupo de trabajo ha sido la siguiente: legislativa y administrativa, profesionales pertenecientes al ámbito sanitario, académica, investigadora, ciudadanos, industria médica, y laboratorios y medios de comunicación (prensa local, especializada…).

Propuestas de tipología documental: se recomienda normalizar la denominación de los diferentes tipos de documentos a través de un glosario común de todas las agencias, así como una definición y clasificación de tipología documental. Para cada tipología documental deberían realizarse, de forma sistemática, diferentes versiones. Las características de cada versión deberán ser adaptadas a la población diana a la que se dirigen. Se recomienda

la elaboración de guías metodológicas para estandarizar la estructura y formato de las diferentes versiones. Asimismo, el idioma deberá adaptarse al ámbito geográfico de la población objetivo: ámbito local, regional, nacional y/o internacional. Se recomienda que, con objeto de mejorar la visibilidad e impacto de los productos en la comunidad científica internacional, siempre que sea factible, se faciliten en inglés todos los documentos, o por lo menos, las versiones resumidas de los mismos.

Debido a la rápida obsolescencia de los documentos, así como los costes que supone su publicación y distribución en soporte papel, esta opción debería considerarse tan sólo en casos muy justificados. Para mejorar las actuales ediciones en soporte electrónico, se recomienda añadir diferentes tipos de archivos, como el PDF navegable y el HTML.

Estrategias de difusión y diseminación: se recomienda la publicación sistemática de resultados en las principales revistas de la especialidad estudiada, y la publicación de resúmenes ejecutivos que mantengan al día al profesional sin necesidad de consultar documentos tan extensos. Un elemento clave para la mejora es la indización de los documentos en las principales bases de datos biomédicas, tanto de ámbito nacional como internacional. Además, se recomienda la potenciación de un portal sanitario común para todos los miembros de AUnETS que permita integrar mejores estrategias de difusión y diseminación de forma eficiente.

Summary

INTRODUCTION

At present there are many organisations in the world engaged in health technology assessment (HTA) and all produce documents targeted at helping decision-making in the introduction of new technologies and appropriate use of existing technologies. These documents are published in the form of assessment reports (ARs), technical reports (TRs), technological briefing (TBs) and clinical practice guidelines (CPGs), among others. Despite the importance and repercussion of these studies, locating them does not tend to be an easy task due to their not being indexed in traditional bibliographic databases, which is why effective dissemination of such information assumes special relevance.

OBJECTIVE

To analyse experiences in diffusion and dissemination of products issued and activities undertaken by HTA agencies and units, both at home and abroad.

METHODOLOGY

Selection of agencies and units: the study was limited to agencies belonging to the International Network of Agencies for Health Technology Assessment (INAHTA). In the case of Spain, this was extended to HTA agencies and units belonging to the AUnETS network (Agencias y Unidades de Evaluación de Tecnologías Sanitarias - health technology assessment agencies and units).

Our study was essentially based on three main data sources, i.e., Internet web pages, bibliographic reviews (in specialised systematic and general review databases) and a survey sent to Spanish HTA agencies. From among the data located, the following items were selected for analysis: type of document and versions available; potential users; and diffusion and dissemination strategies.

To draw up the recommendations, a technical working group was set up and tasked with agreeing upon and making different contributions.

RESULTS

Study results were divided into two groups:

4a.- COUNTRY-SPECIFIC EXPERIENCES. A total of 37 agencies were identified. The results were as follows:

I.- Type of document: a percentage breakdown showed ARs as being drawn up by all but one agency, CTs (38.88%), TBs (33.33%), CPGs (27.77%) and other types of documents (27.77%).

II.- The principal audience: this was divided into administrative (100%), legislative (85.72%), clinical (82.85%), consumer (40%) and industrial segments (11.42%). Furthermore, certain agencies had included other profiles, such as research community (17.45%), media (1.42%) and medical industry (8.57%).

III.- Diffusion and dissemination strategies: save for one agency, the remainder possessed their own web pages. The language available was that of the country concerned, with English being additionally provided in 69.4% of cases. A total of 48.38% agencies reported publishing in the form of scientific papers and 32.25% reported publishing in the form of communications delivered to meetings. The use of the media was reported by 25.80%. All had documents in specialised databases but insofar as general databases were concerned, five agencies had no presence in any, two had no documents in Medline, and six agencies had no presence in the Web of Knowledge database. Among their annual tasks, twenty-one agencies listed the provision and/or co-ordination of continuous education courses.

4b.- HTA EXPERIENCE IN SPAIN. The results obtained from this study were:

Type of document: ARs (100%), CTs (28.57%) and TBs (57.14%). Practically all agencies reported sporadically producing methodological documents, but only I+CS had compiled these documents into a formal series. In every case the complete text was available on the Internet web page in Spanish and/or in the official language of the Autonomous Region (comunidad autónoma) in question.

Audiences: to date legislative and administrative (100%), clinical (100%), general public (25%) and industrial (12.5%) audiences have been identified. In addition, other previously ignored sectors were located, e.g., academics (12.5%) and the media (25%).

Diffusion and dissemination strategies: except for I+CS, web pages were the most widely used method. All were available in Spanish, and four agencies also provided the option of accessing their web pages in English. Results were presented at conferences, meetings and symposia by eight agencies, all of which reported publishing their studies in scientific papers. Information for patients was not located. All agencies had education programmes, through participation in postgraduate courses or other types of training.

CONCLUSIONS-DISCUSSION

The type of document varies. Agencies focus their work on assessment reports, followed by technical reports and technological briefing. These documents are basically targeted at an administrative audience. In such cases, there seems to be no format specifically adapted to these users, other than abridged and complete versions. The clinical audience ranks second. In most cases focus tends to centre on clinicians, with other health professions being targeted by way of exception. The remaining users (research community, media, etc.) appear to be sporadically reflected.

Web pages are the most widely used element, with information on the mission, structure and activities undertaken. Yet, users are seldom clearly specified. While practically all these documents are present in specialised databases, the same cannot be said of general databases.

RECOMMENDATIONS

The recommendations drawn up by the working group can be summarised under the following heads:

Proposed target audiences: the classification agreed upon by the members of the working group is as follows: legislative and administrative; health professionals; academics; research; citizens; medical industry; laboratories; and media (local, specialised press, etc.).

Proposed type of document: the denomination of the different types of documents should be standardised through the introduction of a common glossary for all agencies, and the definition and classification of document type. Different versions should be systematically drawn up for each type of document, with the characteristics of each version being adapted to the target population. Methodological guidelines should be drawn up to standardise the structure and format of these different versions. Similarly,

the language will have to be adapted to the geographical setting of the target population, i.e., local, regional, national and/or international. In order to improve product visibility and impact on the international scientific community, English should, where feasible, be provided in all documents, or at least in the summarised versions of these.

Due to the rapid obsolescence of documents, as well as the costs entailed in their publication and distribution in paper format, this option should only be considered in well-justified cases. To improve publications currently in electronic format, it is recommended that different types of files, such as browsable PDF and HTML, be added.

Diffusion and dissemination strategies: recommendations include systematic publication of results in the leading journals of the specialisation studied, and publication of executive summaries that would keep professionals up to date without the need to consult such lengthy documents. A key element for improvement is the indexing of documents in leading biomedical databases, both national and international. Furthermore, impetus should be given to creating a common health portal for all AUnETS members, which would enable efficient integration of better diffusion and dissemination strategies.

1. INTRODUCTION

This section describes the principal products of health technology assessment agencies and the most widely used pathways for diffusion and dissemination.

It seeks to answer the following questions: What are these HTA products?; and, What pathways are used for their diffusion and dissemination?

1.1. Diffusion and dissemination of scientific knowledge

In recent years, the increase in scientific production, growing media attention to scientific findings, and political demand have heightened the need for effective dissemination of information in the health care field [2]. The influence exerted by information on the scientific community depends, in great part, on the fact that such information reaches the right end-users and that the latter put the results of such research into practice [1]. The attainment of this goal calls for the development of so-called "knowledge transfer", "knowledge translation" or "knowledge exchange" [3-5], understood as the exchange, synthesis and ethical application of knowledge among researchers and the end-users of such research.

Within these rather broad concepts, three levels can be distinguished, i.e., diffusion, dissemination and implementation. The differentiation of these concepts has been widely debated in the scientific literature [6-12]. Insofar as our paper is concerned, they would be defined as follows:

- Diffusion: the distribution of information to the end-user, which encompasses the issue and distribution of documents and their presentation at different fora and platforms.

- Dissemination: the process that seeks to transmit the content to a given public, with the aim of improving their knowledge and skills in respect of the topics addressed. It involves the orientation and adaptation of the message to a target audience.

- Implementation: this implies effective communication strategies and identifying and overcoming the difficulties or barriers posed by the local setting, with the aim of introducing the recommendations

proposed. Implementation is far more active process than dissemination, and entails systematic efforts to foster the adoption of evidence, by identifying and establishing measures for overcoming barriers

If dissemination is construed as a process which seeks to ensure that key messages reach specific groups, three principal elements other than the message itself must be borne in mind [12], namely, the source, target public and media whereby the message is spread.

1.2. Health technology assessment

Concern about the incessant growth of health care costs and variability in clinical practice gave rise to a need to conduct studies into the level of efficacy and the latter's financial and social impact on healthcare. Assessment of health technologies (HTA) arose as a response to all these problems.

The expression "technology assessment" (TA) appeared for the first time in 1966, in an official document drafted by the US Congress on the collateral effects of the innovation of a technology, in which the creation of an early warning system was requested.

In 1972, the Technology Assessment Act was passed and the Office of Technology Assessment (OTA) was created by the US Congress, the first agency of its type in the world, with the mission of advising Members of the House on the consequences of adopting political decisions about the development or introduction of new technologies [13]. It was precisely this agency which in the 1970s coined the term "health technology assessment" to denote the form of research that examines the clinical, financial and social consequences, both short- and medium-term, along with the direct, indirect, desired and undesired effects of using a technology [14].

"Technology assessment" is currently taken to mean a set of methods that analyses the different and varying impacts or effects deriving from the application of technologies, studies the effects possible alternative technologies, and identifies which social groups may be affected. Its ultimate aim is to endeavour to reduce or eliminate the negative effects of some prevailing technologies, by optimising their positive effects and so contributing to their acceptance by society [13].

Pre-eminent among its fundamental goals is that of furnishing reliable, relevant and useful information, not only for decision-making (by identifying

gaps in knowledge and fostering research), but also for the introduction of health technologies [15]. HTA has a clear supportive role in decision-making at various levels, inasmuch as it lends support to health care managers and administrators (by providing them with criteria of the suitability of coverage afforded by the health care system), helps managers define health care services and helps industry verify the results of its products. It likewise furnishes health professionals with criteria of appropriate use, and patients with grounds for choosing alternatives [16].

At present there are around two hundred organisations (public and private) in the world devoted to undertaking HTA, including units created by ministries of health, private agencies, professional organisations, universities, etc. Such units have been shaped to inform in different contexts, i.e., regional, national or supranational, and so their respective approaches are different.

All the agencies issue documents aimed at helping clinicians, administrators, insurers and public bodies make decisions about the introduction of new technologies and the appropriate use of those already in place. These documents vary considerably in scope and methodology, according to the angle given to them, the context within which they are drawn up and the end-users at whom they are targeted. Most studies (close on 95%) are systematic reviews based on a summary of primary studies [17], and take the form of ARs, TRs, technological briefing and clinical practice guidelines, among others.

The task of locating such documents is not an easy one, since they are not indexed in traditional bibliographic databases. Accordingly, to render them more visible, specific databases which tend to collect these types of documents, emerged from the late 1990s onwards. The Health Technology Assessment (HTA) database was created by the Centre for Reviews and Dissemination (United Kingdom) in 1998 and is at present run and operated in collaboration with the secretarial office of the International Network of Agencies for Health Technology Assessment (INAHTA), based at the SBU, the Swedish agency. This database contains abstracts of assessment reports, information on ongoing projects and publications issued by HTA organisations, and can be consulted free of charge [18].

1.2.1. Assessment reports (ARs), HTA reports, technical assessment reports (TARS) and full-length reports

These are documents in which a specific health technology is assessed by means of a systematic review of the scientific literature. Apart from such a technology's efficacy, effectiveness, efficiency and safety being analysed, its impact on the health care system is put into context and appraised [1].

Despite being produced by a wide array of organisations, these reports are specifically drawn up by formally defined HTA units. In particular, mention must be made of the agencies that make up the international network of HTA agencies, INAHTA, sponsored for the most part by public bodies and focused on providing information to national or regional authorities, though they also have other groups of end-users [1].

There are a number of end-users at whom these documents are targeted, including health managers, health professionals, patient associations, the general public and the industry.

Current dissemination vehicles centre on Internet publishing via the web pages of the agencies themselves, e-mailing and publication in journals, though in general these tend to be ineffective [1]. At present, one of the most important dissemination vehicles for these types of documents are HTA databases, which contain information on health technology assessment agencies' ongoing projects and publications.

1.2.2. Technical reports (TRs), rapid reviews and rapid assessments

These are documents in which systematic reviews are used to assess specific aspects of a technology. Unlike the above-mentioned reports, these are intended to respond to specific queries [19]. Decision-making in health care management calls for great speed in coming to a decision, something that clashes head-on with the methodology required for ARs, the publication of which demands time. This is why there has been such a sharp increase in the use of so-called rapid reviews in recent years. Nevertheless, agencies have still not reached a consensus as to the validity and most suitable methodology for drafting the latter [20].

There are a number of end-users at whom these are targeted, including health care managers, health professionals, patient associations, the general public and industry.

Current dissemination vehicles centre on Internet publishing of agency web pages, e-mailing and publication in journals, though in general these tend to be ineffective and are not interactive [1].

1.2.3. Technological briefing (TBs)

These are brief documents that summarise the most relevant scientific evidence on new and emerging technologies, so as to provide support for decision-making [21].

They have a number of goals, e.g., detection of new technologies, prioritisation in research as well as control, adoption and diffusion of technologies in the promotion phase, whether by the health care industry, professionals or opinion leaders [22].

TB development came about in the mid-1980s, as a result of a Norwegian-German study being undertaken which forecast the appearance of a series of technologies of great importance for their respective health care systems. This led to the creation of a permanent system for identifying technologies even before they had a chance to be widely introduced in the market [23]. One of the first countries to implement this system was Germany, followed by Sweden in 1997 [24]. Dating roughly from the 1990s, early identification of new and emerging technologies began to assume prominence [25, 26] and, indeed, an international collaboration called EuroScan came into being. Identification and assessment of new health technologies must be closely accompanied by diffusion and implementation of results.

There are a number of end-users at whom these are targeted, including health care managers, regulatory bodies, research funding entities, insurers, health professionals, patient associations, general public and industry.

Avenues of dissemination centre on Internet publication in the web pages of the respective issuing agencies, with TB being sometimes published in journals of international scope vaguely connected to health technologies.

Currently, there are specialised databases which exclusively store technological briefing.

- In 1998, following a meeting of agencies interested in the matter, an International work network was set up, known as the International Information Network on New and Emerging Health Technologies (EuroScan), with its secretariat based at the UK's National Horizon Scanning Centre (NHSC) in Birmingham. Its goal is to share

information on selected emerging technologies or new applications of existing technologies. This network (http://www.euroscan.org.uk) groups together some 20 agencies from 16 countries (Canada, Denmark, Norway, Sweden, Australia, New Zealand, The Netherlands, United Kingdom, Israel, Spain, France, Italy, Germany, Austria, Ireland and Switzerland), plus other private organisations that inform different clients' decisions (the most important being the ECRI Institute and Hayes, both in the USA).

- There are other non-EuroScan institutions which provide similar services, not financed with public funds, such as the University Health System Consortium in the USA, etc.

1.2.4. Clinical practice guidelines (CPGs)

These appeared in the 1970s, when the US National Institutes of Health first responded to variability by holding consensus-seeking meetings. With the rise of the evidence-based medicine movement in the 1990s, these conferences began acquiring a more formal organisation and giving shape to present-day CPGs.

CPGs are defined as a set of recommendations drawn up systematically, with the aim of guiding professionals and patients in taking the most appropriate decisions when dealing with a specific clinical condition. Guidelines must be drafted having regard to the use of rigorous, explicit methodology, and recommendations must be based on the best scientific evidence available, with all the particular circumstances taken into account and due consideration given to patients' preferences [27].

There are a number of end-users at whom CPGS are targeted, including health care managers, health professionals, patient associations, the general public and industry.

CPGs can come in different versions and formats, according to their use and the end-users at whom they are targeted [28].

- The complete version sets forth all the recommendations plus information on the methodology used and the scientific evidence on which the guidelines are based.

- The summarised version essentially gives a brief account of the clinical chapters, recommendations and any other data necessary for managing the process in question. Diagnostic principles and

therapeutic algorithms are usually included in the appendices. When it comes to implementing the guideline, the principal recommendations of interest should be stressed.

- Rapid reviews, rapid consultation tools or brief guides are crucial for rendering the use of guidelines under real clinical practice conditions easier. They should contain the main algorithms and recommendations, in a way that makes it extremely simple to locate and apply the answers to any doubts that may arise in the management of the condition addressed by the CPG.

- The patient's version seeks to help patients, family members and caregivers understand the CPG recommendations and to offer information needed to facilitate decision-making by them. They help improve doctor-patient communication.

Drawing up CPGs requires major financial resources, rigorous methodology and time, which is why only a select number of institutions issue them.

The principal pathways of dissemination are complex and somewhat varied. Owing to the structure and special nature of these documents, they tend not to be published in journals and, as a result, are not indexed in traditional databases. Nevertheless, specific CPG databases have been in existence for some years now [29]. Certain official bodies, with a tradition of drafting or compiling guidelines, place these resources at end-users' disposal via the Internet. In this connection, special mention should be made of the various national digital platforms that seek to group together guidelines drawn up in different countries, such as the case of *GuíaSalud*, which compiles Spanish guidelines, and the CMA Infobase, which provides access to guidelines issued in Canada, etc [29]. The most important international database is found in the USA and is operated by the US-based HTA agency, the Agency for Healthcare Research and Quality (AHRQ): this is the National Guideline Clearinghouse (NGC), which can be accessed at http://www.guidelines.gov.

2. BACKGROUND: international experiences in HTA diffusion and dissemination

This section describes the results of the principal European-based projects that address aspects relating to the diffusion and dissemination of HTA products. In addition, a short summary of the leading publications in this field is provided.

The answers to the following questions are sought: What kind of trend has there been?; and, What conclusions and recommendations have been furnished by the projects and studies undertaken?

Concern about achieving effective dissemination of HTA results is nothing new. In the 1990s, different studies appeared which attempted to analyse, not only the information needs of end-users in HTA, but also the barriers that confronted agencies when it came to spreading their results and the diffusion and dissemination strategies used.

EUR-ASSESS (1994-97). Financed by the European Commission, this project's designated aim was the methodological harmonisation of the various agencies, not only for evaluation and prioritisation purposes, but also for dissemination of results. Different subgroups were set up, one of which focused on the dissemination and impact of the products developed: this was the so-called *Eur-Assess Project Subgroup on Dissemination and Impact*. By means of a bibliographic review and a survey, a number of relevant topics were identified for dissemination [30].

According to these studies, the types of reports issued were very varied (reports, TRs, patient guidelines, CPGs, etc.) and the end-users at whom this information was targeted were narrowly defined (health managers in the first place, followed by clinicians and the public, without overlooking the influence exerted on these three groups by the media, as well as by trainers, teaching staff and the medical industry). Nevertheless, the strategies for disseminating results were very limited, since they concentrated on the use of mailing, with publications and presentations at conferences and congresses being few in number.

The EUR-ASSESS recommendations revolved around the following goals:

- Tailoring messages to the needs of each audience, and evaluating the message within the context of standard practice. Consideration was to be given to: whether there was clinical variability surrounding the study topic; whether messages were adapted to existing reality; and whether there were other similar messages from other sources.

- Simultaneous use of different means and tools in line with the characteristics of each type of end-user, bearing in mind that:

  — the most effective way of reaching managers would be through personal dissemination, newsletters and executive summaries, in addition to relying on the media as a tool for exerting pressure on public opinion;

  — the most suitable medium for reaching health professionals would be sources of acknowledged prestige, such as peer-reviewed journals and conferences; and,

  — patient guidelines and the media are the ideal means for reaching patients and the general public.

- Implementation of results: the success of dissemination depends in great part on ensuring that there is co-ordination between those in charge of implementation and the performance of dissemination tasks.

- Regular evaluation of the impact of products: at the date of study, impact was evaluated only sporadically, and in every case using a questionnaire administered to health care managers. The study stressed the need to introduce new tools that would enable the impact of such studies to be assessed, i.e., use of sources, group interviews, audits, reports, etc.

HTA EUROPE PROJECT (1997-99). Also funded by the European Commission, this came into being with the aim of promoting co-operation among European countries in the field of HTA. The project was structured into five sections, four of which centred on dissemination. In reality, this project consisted of an analysis of the status of 16 European agencies [31].

In 2000 **Drummond and Weatherley** conducted a bibliographic review addressing the problems of dissemination and implementation then confronting them [32]. The first point to be considered was that agencies wished to ensure that their results reached a wide spectrum of actors within the

health care system (managers, clinicians, health care industry, etc.), each with his/its own work dynamic, technical jargon and communication channels.

- The principal barrier facing the authorities was lack of time (health care decisions must be taken in a short space of time, whereas the drawing-up of HTA documents is a lengthy process, and so sometimes decisions were not reached in time).

- From the health professionals' standpoint, the limitations were dictated by the setting in which the clinical activity took place. Work load, patients' expectations or an increase in legal actions were some of the many factors that clinicians took into account.

- The public was an important though little studied focal point in the implementation of findings, inasmuch as it was seldom seen as the target audience.

In the light of the problems and barriers posed, the authors put forward two new elements, namely: the need for different strategies tailored to the type of end-user as well as the type of technology assessed; and the need to evaluate and assess the cost-effectiveness of diffusion and dissemination strategies.

According to these same authors, the great paradox of HTA is that its mission entails, not only assessing the impact of different health technologies, but also enhancing their effectiveness. Yet, the implementation of studies does not come within agencies' responsibilities. In the authors' opinion, therefore, there is a need for clarification of roles in terms of responsibility for implementing and developing processes and mechanisms geared to introducing the technologies assessed.

ECHTA/ECAHI (*European Collaboration for Health Technology Assessment)* (2000-2005). The working group's goal was the co-ordination of HTA activities in the context of the European Union. Made up of fifteen Member States [33], the group sought to unite efforts in prioritisation, continuous education and dissemination. For the purpose of setting goals, six sub-groups were created. The working group focused on dissemination of results with the aim of improving communication of HTA to managers, clinicians, industry and citizens.

The work was divided into two parts, i.e., the conducting of a bibliographic review, and the plotting of a map for decision-making by the

different European health care systems. Participant countries had similar dissemination strategies, with results being seldom published in scientific journals, but instead being issued, for the most part, in technical reports and other sources not included in the databases used in biomedical research.

Other conclusions were added to the results contributed by previous working groups. Emphasis was laid on the importance of involving opinion leaders from the outset for subsequent implementation of study results, and on the need for a database for health professionals with information on HTA implementation and e-bulletins, for knowledge-sharing purposes.

In 2006, **Battista** [34] considered that agencies had limited themselves to the task of publicising on the basis of a simple dissemination model (drawing up a document and publishing it), without taking due account of interpretation of results within a given context (be it political, managerial or clinical). All this had led to dissemination being divorced from decision-making. The author considered that classification of target audiences should be determined by macro-, meso-and micro-levels.

- *Macro* (managers): success in conveying information to these end-users resides in the creation of exchange fora, development of policies for greater prioritisation and setting-up of knowledge networks for appropriate knowledge transfer.

- *Meso* (institutions): the key lies in finding the necessary links between HTA results and decision-making. It is at this point where academic centres play a basic role as leaders of institutional adoption. It would seem that these initiatives are being developed in countries such as Italy, Denmark, Australia or Switzerland, by involving academic centres.

- *Micro* (health professionals and patients): parity of information between professionals and patients (mainly due to the appearance of Internet) has led to an important change in decision-making by clinicians, a change that should bring clinicians closer to incorporating HTA results into their standard practice.

In 2007, **Martelli** [35] conducted a study into various organisational aspects of agencies, by means of an electronic questionnaire sent to thirty agencies. In most cases, tasks of disseminating reports were performed only in print format (91.7%), followed by web pages (16.7%) and seminars for experts in the field of study. Dissemination work done by these agencies at

the date of study was minimal, and consisted basically of expert seminars (12.5%), newsletters and new electronic formats (66.7% of agencies).

In 2008, **Tetroe** [11] administered a questionnaire to thirty-three HTA agencies in nine countries. This author felt that knowledge-transfer-related activities should be regarded as an integral part of the research process, and just another task to be performed by the agency. With respect to the tools and strategies used for diffusion of the main research results, all the agencies had dissemination plans that formed part of the work of the researchers themselves and were included in the budgets of the respective projects. Participation in workshops was the most frequent activity (21 agencies), followed by publication tailored to different audiences using documents, bulletins and pamphlets (18 agencies), and dissemination (17 agencies). Translation of reports into other languages (11 agencies) and development of web pages were other activities envisaged. A large proportion of agencies stated that they provided methodological support to researchers and end-consumers/patients. Another of the tasks undertaken by these agencies was setting up different working groups with respect to the principal settings and audiences.

EUnetHTA-PROJECT (2006-2008) [36]. The goal of this project, funded by the European Commission within the Programme of Community Action in the Field of Public Health (2003-2008) was to set up an effective and stable HTA collaboration network in Europe. It was made up of 59 organisations, which included the co-ordinating group (the Danish Centre for Evaluation and HTA, DACEHTA), 34 associated groups and 24 collaborating groups. In all, 27 States were represented. The project was made up of eight working groups, including Work Package 2-Communications. Its aim was to draw up communication strategies that would facilitate collaboration among the different components of the network, as well as dissemination of assessment documents. The results of this study were presented at the 2008 EUnetHTA Conference in Paris.

> Internal communication: This entails boosting standardised channels of communication among the different agencies. With this goal in mind, guidelines are being drawn up on the principles of publication, presentation and any other public communication of results by EUnetHTA members. The communication channels established will essentially be personal (face-to-face or via conventions and other symposia) and electronic (via web pages, newsletters, e-mail or e-meetings).

External communication: This was created in order to improve relations with the various international health care systems and involve opinion leaders in the HTA process. To establish a target audience, attention was focused on other agencies and related bodies, health care managers and political decision-makers, health professionals and patients, to say nothing of the media. The communication channels established were of different types, ranging from electronic (EUnetHTA and other web pages, newsletters and e-mail), to personal (presentation of communications at meetings and conferences) and media (both scientific and general in scope).

This document seeks to serve as a guideline to improve the diffusion and dissemination strategies of the different products put out by assessment agencies. It is proposed as a guiding element which, far from having to be followed to the letter, simply attempts to reflect what, according to the literature and recommendations generated by experts' opinions, should be done to ensure adequate diffusion and dissemination of information.

3. OBJECTIVES

This section describes the principal goals that were set for the drawing-up of this document, and that centred on analysing the different HTA agencies' and units' experiences in diffusion and dissemination, and devising tools to improve dissemination.

The aim of this study was:

1. to analyse experiences in the diffusion and dissemination of products and activities developed by the various HTA agencies and units both international and national in scope; and,

2. to devise tools that would make for improvement in dissemination of the different products generated by HTA agencies and units.

4. METHODOLOGY

This section describes the main characteristics of the methodology used and is structured under the following heads:

- **selection of agencies and units**
- **creation of working group**
- **search for information**
- **establishment and analysis of study variables**
- **drawing-up of final recommendations**

4.1. Selection of agencies and units targeted for study

- In order to learn about international HTA dissemination experiences, different agencies devoted to this activity were selected. In view of the sheer number of bodies connected with this topic, the field of analysis was limited to assessment agencies belonging to the INAHTA.

- With the aim of learning about current experiences in Spain insofar as HTA dissemination was concerned, a bibliographic review was conducted and a questionnaire was drawn up and addressed to the management of agencies and units of the AUnETS network, regarding the official channels for diffusion and dissemination of products.

4.2. Creation of working group

To draft this document, the following two independent working groups were set up:

- a technical group, made up of the project co-ordinator, documentalist and management of the Galician agency, avalia-t. This group's work involved searching for information and conducting bibliographic reviews; and

- a working group, made up of documentation technicians and experts of the respective HTA agencies in the AUnETS network. The tasks performed by this group centred on reviewing the text and drawing up recommendations.

4.3. Data sources

4.3.1. Location of web pages

For data-collection purposes, the web pages of INAHTA [37] and of each of the agencies consulted were accessed. The task of locating this information was performed during the months of February and March 2008. Agencies that joined INAHTA after this date were not included.

4.3.2. Bibliographic review

In line with the designated goals, a bibliographic search was made -initially in January 2008 and subsequently updated in December of that same year- of specialised systematic review (HTA and DARE) and general databases, both international (Medline, Pubmed and ISI Web of Knowledge) and domestic (*Índice Médico Español*-Spanish Medical Index/IME) (see Appendix II).

4.3.3. Survey of Spanish HTA agencies

In order to gain more in-depth knowledge of the dissemination strategies pursued at each of the Spanish agencies and units constituting the AUnETS network [38], a survey was drawn up and circulated to staff members in charge of dissemination at the respective agencies. In line with the ideas generated on the basis of this questionnaire, a first working document was drawn up, and its conclusions were sent to the representatives of all the Spanish agencies and units in order to reach a consensus with respect to the most important results and recommendations.

4.4. Establishment of study variables

From among all the data located, the items detailed below were analysed (data shown in Appendix I):

A. DOCUMENT TYPE. This includes the different types of documents with which the agencies work and the versions available of each:
   - Assessment reports (ARs).
   - Technical reports (TRs).
   - Technological briefing (TBs).
   - Clinical practice guidelines (CPGs).

- Other documents: this category includes any document not covered under the preceding heads.

B. TARGET AUDIENCE, i.e., the potential end-users at whom information is targeted. Taking García Caballero's study [39] as reference, five possible audiences were considered:

- Legislative audience: this includes health care managers and interest groups. This audience's information needs are defined by the description of the problem and the generation of ideas for health planning.

- Administrative audience: made up of planners, health care managers, senior managers and administrators. The information required by this audience centres on assessment of programmes, statistics on the variability of clinical practice and cost-effectiveness studies.

- Clinical audience: formed by clinicians and other health professionals, professional societies and panels of experts. Their information needs are demarcated by studies on effectiveness, efficiency, variability, etc.

- Industrial audience: investors and medical industry. They play a fundamental role in the adoption of technologies.

- End-consumers: patients/general public. This group includes consumers, both individually (patients, family members and caregivers) and collectively (patient associations, etc.) [40]. This audience's information needs are delimited by basic information requirements vis-à-vis diagnosis and possible treatments. The formats, language and presentation of results are the opposite of those required in the scientific field (with a short question-and-answer format being the most suitable) [41].

C. DIFFUSION AND DISSEMINATION STRATEGIES. Instruments and/or procedures used by the respective agencies for dissemination of their documents.

- Web page: existence of agency's own web page and languages in which this is available. Moreover, the availability of the content matter offered (for instance, whether complete documents were offered) and the different possibilities of access (free of charge and universal, subject to registration, etc.) are also assessed.

- End-user information services: information may be circulated via newsletters (bulletins which periodically report on agency activities), mailing or distribution lists. An assessment is made of the languages in which these are available.

- Adaptation of formats and content matter to the different end-users: evaluation of whether documents are published in different formats tailored to the various audiences (legislative, clinical, industrial or briefings intended for patients).

- Data-indexing and retrieval services: data retrieval, based on the presence of each of the agencies in databases and repositories by reference to the authors' workplace, was tested in specialised (Cochrane Library, HTA and Tripdatabase in the international field, and Cochrane Plus and AUnETS in the domestic field) and in clinical databases (Medline and ISI Web of Knowledge). Domestic databases (IME and IBECS) could not be analysed because they do not include the workplace of the named authors.

- Training: organisation, management and methodological support for the holding of training courses for the respective target audiences.

4.5. Drawing-up of recommendations

To draw up recommendations, a technical working group was set up to agree upon and make different contributions. Involvement, in the person of their information specialist, of the respective agencies and units that go to make up the AUnETS network, lent the project greater visibility. The working group acted as a consultant for and reviewer of the project, and treated it as its own.

The members of the group communicated by telephone and e-mail. Moreover, a face-to-face meeting was held in November 2008 to present the final draft of the recommendations.

4.6. Study limitations

4.6.1. Selection of HTA agencies and units

Currently, there are numerous organisations active in the HTA field. Due to the impossibility of carrying out an analysis of each, this study focused instead on analysing the units and agencies included in the INAHTA network, owing to their public nature and widespread geographical

distribution. Accordingly, this analysis was confined to a sample rather than encompassing the totality of HTA agencies.

4.6.2. Data sources

The sources used for this study consisted of bibliographic references retrieved (see Appendix II) and data furnished by the web pages hosted by the INAHTA and each of the other agencies analysed. In no case was an attempt made to verify the veracity of the information stated, though it can at least be checked against existing public information.

Both the bibliographic search and the perusal of web pages were restricted to studies in English or Spanish, with no information available in other languages being taken into account. Furthermore, no specific search was made to locate the bibliography of clinical practice guidelines.

Due to the study design, analysis was limited to complying with the items stipulated, regardless of the quality or quantity of each of the variables.

5. RESULTS

This section analyses the types of document, the target audiences to which the information addressed, and the diffusion and dissemination strategies pursued by these agencies and HTA units in the international (this study was limited to agencies belonging to the INAHTA) and domestic fields (agencies and HTA units belonging to the AUnETS network were included in this section).

5.1. Results of experiences in HTA diffusion and dissemination, broken down by country

The International Network of Agencies for Health Technology Assessment (INAHTA) emerged in 1993 as a forum for identifying and lending impetus to projects of common interest among HTA agencies. Its creation has enabled the adoption of common assessment methods and procedures, prevented the duplication of work thanks to information exchange systems, and enhanced the diffusion and impact of results [43]. At the date of study, it was made up of 47 public and non-profit agencies and units across America, Europe and Australia, linked to regional authorities or nations [37].

Excluding the Spanish agencies, which will be analysed in the next section, a total of 37 agencies belonging to the INAHTA network were identified (see Appendix V). Nevertheless, only 36 agencies were analysed because there was one case, that of the Latvian agency (VSMTVA), in which no information could be located.

5.1.1. Document types

The types of documents detected in the 36 agencies were as follows:

- Assessment reports were drawn up by all agencies, except the NHSC (United Kingdom), specialised in emerging technologies. All such reports were exclusively available in their original languages, with the exception of the IQWiG (Germany), which supplied its documents in English and German, and the KCE (Belgium), which published them in English, French and Flemish. The remaining agencies limited their English content matter to the executive summary, as stipulated by the INAHTA.

- Technical reports were undertaken by 14 agencies (38.88% of the total). All TR were exclusively available in their original languages, with the exception of IQWiG (Germany), which provided them in English and German, and two Canadian agencies, which drafted them in French and English.

- Technological briefing were issued by 12 agencies in 9 countries (33.33%). Switzerland and Israel, despite forming part of the EuroScan network, furnished no information on their web pages about the drawing-up of technological briefing.

- Clinical practice guidelines were issued by 10 agencies (27.77% of the total) in 8 countries. All CPGs were available in their original languages.

- Other types of documents (27.77% of the total) appeared in various centres, e.g., non-evidence-based clinical guidelines (Denmark), summaries of reports from other agencies (Finland), hospital accreditation systems (France), information summarised for patients (USA and Australia), or methodological documents addressing HTA, which were issued solely by the CRD (United Kingdom).

Table 1. Types of documents issued by international HTA agencies

		ARs	TRs	TBs	CPGs	OTHERS
Germany	DAHTA-DIMDI	X				
	IQWiG	X	X			
Austria	LBI of HTA	X	X			
Belgium	KCE	X	X		X	
Denmark	DACEHTA	X		X	X	X
	DSI	X			X	X
Finland	FinOHTA	X	X			X
France	CEDIT	X		X		
	HAS	X	X	X	X	X

		ARs	TRs	TBs	CPGs	OTHERS
Holland	ZonMw	X		X		
	GR	X				
	CVZ	X				
Hungary	HunHTA	X				
Latvia	VSMTVA	?	?	?	?	?
Norway	NOKC	X		X		X
Poland	AHTAPol	X				
United Kingdom	CRD	X				X
	NSHC			X		
	NCCHTA	X				
	IAHS	X				
	NHS QIS	X	X		X	X
Sweden	SBU	X	X	X		
	CMT	X				
Switzerland	MTU-SFOPH	X		X		
USA	AHRQ	X			X	
Argentina	IECS	X	X		X	X
Canada	VATAP	X	X			X
	AETMIS	X	X			
	CADTH	X		X		X
	MAS	X	X			
Brazil	DECIT-CGATS	X				
Mexico	IMSS	X	X			
	CENETEC	X	X		X	
Israel	ICTAHC	X				
Australia	ASERNIP-S	X	X	X	X	
	MSAC	X		X		
	AHTA	X		X	X	

5.1.2. Target audience

Excluding the case of Hungary (we were unable to find information on potential end-users), the principal audiences of the 35 remaining agencies broke down as follows:

- Administrative audience (made up of health managers and planners): appeared in 100% of the cases analysed (35).
- Legislative audience (health authorities): accounted for 85.72% (30 agencies).
- Clinical audience (clinicians and other health professionals): accounted for 82.85% (29 agencies).
- End-users/consumers: appeared reflected in 14 of the agencies (40%).
- Industrial audience: 4 agencies (11.42%) reported targeting their information at an industrial audience (whether insurers or the medical industry).

In addition to the audiences envisaged at the beginning of the study, certain agences had included other professional profiles among their target audience,

- Research community: this was covered in 6 agencies (17.45%).
- Media: appear as intended recipients in four of the cases analysed (11.42%).
- Medical industry: 3 agencies (8.57%) were located which reported relying on industry among their end-users.

Table 2. Target audiences of international HTA agencies

		Health authorities	Health managers	Health professionals	End-consumers	Others
Germany	DAHTA	X	X	X	X	
	IQWiG	X	X	X	X	Research community
Austria	LBI	X	X	X		
Belgium	KCE	X	X			Research community

		Health authorities	Health managers	Health professionals	End-consumers	Others
Denmark	DACEHTA	X	X	X		Research community
	DSI	X	X	X		Industry
Finland	FinOHTA	X	X	X		
France	CEDIT	X	X	X		
	HAS	X	X	X	X	MEDIA
Holland	ZonMw	X	X	X	X	Research community
	GR	X	X			
	CVZ	X	X	X	X	Insurers
Hungary	HunHTA	?	?	?	?	?
Latvia	VSMTVA	?	?	?	?	?
Norway	NOKC	X	X	X	X	MEDIA
Poland	AHTAPol	X	X			
United Kingdom	CRD	X	X	X		Research community
	NSHC	X	X	X		
	NCCHTA	X	X			
	IAHS	X	X	X		
	NHS QIS	X	X	X		
Sweden	SBU	X	X	X	X	MEDIA
	CMT	X	X	X		MEDIA
Switzer-land	MTU-SFOPH	X	X	X		
Canada	AETMS	X	X			
	CADTH	X	X			
	MAS		X	X		
United States	VATAP		X	X	X	
	AHRQ		X	X	X	
Argentina	IECS	X	X	X		Research community

		Health authorities	Health managers	Health professionals	End-consumers	Others
Brazil	DECIT	X	X	X	X	
Mexico	IMSS		X	X	X	
	CENETEC		X	X	X	
Australia	ASERNIP	X	X	X	X	
	MSAC	X	X	X	X	Industry
	AHTA	X	X	X		Industry
Israel	ICTAHC	X	X	X		

Res.Com.: Research community MM.: Mass Media

5.1.3. Diffusion and dissemination strategies

Presence of web page

One agency was found which had no web page of its own (IAHS, United Kingdom). In the 36 remaining agencies

- 11.11% (Poland, AHTAPol; Latvia, VSMTVA; Argentina, IECS; and Switzerland, MTU-SFOPH) require a code for accessing content matter or additional information about these institutions.

- Web pages were available in the country's own language, and in 69.4% (25) of cases they were also provided in English (the English, Canadian, American and Australian agencies would fall within this category), which accounted for 91.17% of the total.

End-user information services

We were unable to check the information issued by the agencies in Poland (AHTAPol), Latvia (VSMTVA) and Argentina (IECS). Of the 33 remaining agencies, 19 (57.57%) had their own in-house bulletins for disseminating agency news.

- *Distribution:* 11 agencies used the Internet, 5 agencies used e-mail, and very few used RSS [Rich Site Summary or Really Simple Syndication] format.

- *Languages:* while content matter was provided in English in 6 cases (including the agencies in the English-speaking countries), in the remainder the information was made available in the original language.

- *Frequency:* this varied considerably from one agency to the next, though in most cases it usually took the form of a monthly bulletin.

Table 3. News bulletins issued by international HTA agencies.

		BULLETIN	DISTRIB.	LANGUAGE	FREQUENCY
Germany	DAHTA	X	E-mail	English	
	IQWiG	-------	---------	----------	----------
Austria	LBI	X	WWW	German	Monthly
Belgium	KCE	--------	--------	--------	-------
Denmark	DACEHTA	--------			
	DSI	-----	----	----	----
Finland	FinOHTA	X	WWW	Eng./ Finnish	Two-monthly
France	CEDIT	-----	-----	----	-----
	HAS	X	WWW	French	Monthly
Holland	ZonMw	X	WWW	Dutch	Monthly
	GR	X	E-mail	Eng./Dutch	
	CVZ	X	WWW	Dutch	Monthly
Hungary	HunHTA	-----	----	-----	----
Latvia	VSMTVA	-----	----	---	----
Norway	NOKC	X		Norwegian	Quarterly
Poland	AHTAPol	?			
United Kingdom	CRD	X	E-mail	English	
	NSHC	------			
	NCCHTA	X	RSS	English	
	IAHS	------			
	NHS QIS	------			
Sweden	SBU	X	WWW	Swedish	Quarterly
	CMT	X	WWW	Swedish	
Switzerland	MTU-SFOPH	X	WWW	German	Monthly

		BULLETIN	DISTRIB.	LANGUAGE	FREQUENCY
Canada	AETMIS	X	E-mail	French	
	CADTH	X	WWW	English	Four-monthly
	MAS	X	WWW	French	Irregular
USA	VATAP	X	E-mail	English	Irregular
	AHRQ	X		English	Irregular
Australia	ASERNIP-S	------			
	MSAC	------			
	AHTA	------			
Argentina	IECS	-----			
Brazil	DECIT-CGATS	------			
Mexico	IMSS	X	WWW	Spanish	Irregular
	CENETEC				
Israel	ICTAHC	------			

Adaptation of formats to end-users' needs

A total of 31 agencies could be analysed. The results are shown below:

- 15 agencies (48.38%) reported publishing the most important results in journal papers. Only four web pages provided a list of publications.
- 10 agencies (32.25%) stated that they periodically published the principal results via communications to congresses and conferences. Of these, only one (LBI, Austria) made the complete text available to the end-user, and two provided a list. The remainder provided no information on this aspect.
- 8 agencies (25.80%) reported maintaining some type of link with the media for dissemination of their main results to the general public.
- Web pages for patients. Of the agencies which reported having the public as their target audience, 8 had a section or web page that was devoted exclusively to patients and was suitably tailored by use of the appropriate format, content matter and language.

Table 4. Adaptation of content to different formats

		CONFERENCES AND MEETINGS	JOURNALS	MEDIA	PATIENTS
Germany	DAHTA	X	-----	X	X
	IQWiG	X (list)	------	X	X
Austria	LBI	X (complete text)	------	------	
Belgium	KCE	------	------	X	
Denmark	DACEHTA	X	X	------	
	DSI	------	X	------	
Finland	FinOHTA	------	X	------	
France	CEDIT		------	------	
	HAS	X	X	X	X
Holland	ZonMw	------		X	X
	GR	------	X	X	
	CVZ	------	------	X	
Hungary	HunHTA	------	------	------	
Latvia	VSMTVA	------	------	------	
Norway	NOKC	------	------	------	X
Poland	AHTAPol	???	????	???	
United Kingdom	CRD	------	X (list)	X	
	NSHC	------	X	------	
	NCCHTA	------	X (list)	------	
	IAHS	------		------	
	NHS QIS	------	X	------	
Sweden	SBU	------	X	------	
	CMT	------	X (list)	------	
Switzerland	MTU-SFOPH	------	X	------	
Canada	AETMIS	------		------	
	CADTH	------	X	------	
		------	------	------	

		CONFERENCES AND MEETINGS	JOURNALS	MEDIA	PATIENTS
USA	VATAP	------	------	------	X
	AHRQ	X	X	------	X
Australia	ASERNIP-S	------	------	------	
	MSAC	------	------	------	X
	AHTA	X (list)	X (list)	------	
Argentina	IECS	------	------	------	
Brazil	DECIT-CGATS	X	------	------	X
Mexico	IMSS	------	------	------	
	CENETEC	X	------	------	
Israel	ICTAHC	X	------	------	

Data-indexing and -retrieval services

Two types of databases were analysed, namely: specialised in systematic reviews and other documents of a specialised scope (HTA, Cochrane and Tripdatabase); and those of a general nature (Medline and ISI Web of Knowledge) (See Appendix IV).

- All the agencies had documents in specialised databases and meta-search engines.

- Insofar as general databases were concerned, 5 agencies were present in none, 2 had no documents in Medline, and 6 had no presence in the ISI Web of Knowledge database.

Table 5. Presence of international HTA agencies in international databases.

	HTA	Cochrane	Tripdatab	Medline	WOK
AETMIS	X	X	X	6	9
AHRQ	X	X	X	484	57
AHTA	X	X	X	32	-----
AHTAPol	X	X	X	-----	-----
ASERNIP-S	X	X	X	50	35

	HTA	Cochrane	Tripdatab	Medline	WOK
CADTH	X	X	X	6	9
CEDIT	X	X	X	4	13
CENETEC	X	X	X	-----	-----
CMT	X	X	X	61	20
CRD	X	X	X	166	15
CVZ	X	X	X	3	-----
DACEHTA	X	X	X	4	-----
DAHTA	X	X	X	-----	1
DECIT-CGATS	X	X	X	43	-----
DSI	X	X	X	10	22
FinOHTA	X	X	X	19	34
GR	X	X	X	12	4
HAS	X	X	X	10	46
HunHTA	X	X	X	4	-----
IAHS	X	X	X	46	1
ICTAHC	X	X	X	14	3
IECS	X	X	X	13	13
IMSS	X	X	X	-----	-----
IQWiG	X	X	X	54	26
KCE	X	X	X	35	38
LBI	X	X	X	6	-----
MAS	X	X	X	-----	9
MSAC	X	X	X	1	-----
MTU-SFOPH	X	X	X	-----	-----
NCCHTA	X	X	X	2	5
NHS QIS	X	X	X	13	1
NOKC	X	X	X	74	-----
NSHC	X	X	X	2	-----
SBU	X	X	X	86	145
VATAP	X	X	X	5	-----
VSMTVA	X	X	X	-----	-----
ZonMw	X	X	X	6	8

Each of the searches indicated above was limited to the field of workplace or [Affiliation]. Date of consultation: February 2009

Among their annual tasks, 21 agencies reported the holding or co-ordination of continuous education courses.

5.2. Conclusions

Locating the information proved to be an arduous task, since there is no standardisation in the names adjudicated to the different types of documents in existence.

- Hence, in the case of ARs, depending on the issuing agency, they received different names, such as TARS, systematic reviews, HTA reports, advisory reports, etc. Technological briefing, likewise, could be located under different denominations, such as early warning systems, alert reports, emerging health technologies, horizon scanning reports, technology briefings, etc.

Document types proved to be varied. Most agencies focused their work on the drawing-up of ARs, followed by TR (37.83%) and TB (33%). It is remarkable that, despite the problem posed to target audiences by the time and space required for an AR, there are so few agencies that undertake technical reports, which are swifter and easier to handle than ARs. CPGs were one of the most recent products to be incorporated into HTA and, as a result, were only issued in 27.02% of cases. Similarly noteworthy was the negligible development of methodological documents addressing HTA, which were drawn up solely by the CRD.

In terms of audiences, the production of these documents was aimed mainly at the administrative public (health managers and planners). In these cases, there would seem to be no format specifically adapted to these end-users, save the short and full-length versions of the documents themselves. The clinical audience ranked second. It should be stressed here that, in most of these cases, the target public consisted of clinical professionals (basically physicians), with cases of agencies which targeted their information at other health care professionals being marginal. At all events, even though the impact of the journals published could not be ascertained, there were few agencies that published in journals indexed in Medline, as shown by Table 4. A total of 40% reported targeting their information at citizens. Nevertheless, there were very few cases in which the information was tailored to this type of end-user. The remaining end-users envisaged (research community, media, etc.) were reflected only sporadically.

Among the various diffusion and dissemination strategies, web pages were, without doubt, the most widely used element. These tended to be web pages with access that was open and free of charge (in only four cases was access limited), and content matter that was available both in the agency's original language and in English. The information shown on most of the web pages was aimed at furnishing data on the agency's mission, functional structure, scientific production and activities. Yet, there was seldom any clear specification as to which end-users the information was meant to be targeted.

Although both the publication of information by agencies and their activities might well have an international focus, dissemination of their documents was undeniably limited, at least in the international field. All documents were exclusively available in the original languages, with some exceptions (the IQWiG in Germany, and two Canadian agencies).

Furthermore, the presence and visibility of HTA results should be noted. Although the presence of these documents in databases of a specialised nature (HTA, Cochrane, Tripdatabase) was practically universal, the same could not be said of the general field (Medline and ISI Web of Knowledge). From this it can be concluded that, at present, dissemination is mainly internal (among the HTA agencies themselves, or among persons and/or institutions interested in HTA). There were a number of problems detected in this respect, one of which was the lack of uniformity in the names used by the agencies (a single agency tends to use different names and abbreviations and, as a result, retrieval and visibility of these is not always real). For a correct interpretation of results, account should be taken of the fact that Medline has a clinical approach, whereas the Web of Knowledge displays greater influence in the research field.

5.3. Results of experiences in HTA diffusion and dissemination in Spain

At the instance of the central and various regional authorities, a series of agencies and HTA units have been set up in Spain to attend to assessment needs linked to the provision of health care services. The first initiative took place in 1984, with the creation of the High Technology Advisory Council in Catalonia, the precursor of the current Health Technology Assessment & Medical Research Agency (CADTHA). Subsequently, the Basque Office of Health Technology Assessment (Osteba) was created in 1992. The Carlos III Health Technology Assessment Agency (AETS) was established in 1994, while the Andalusian agency first saw the light of day in 1996. These were

followed by the Galician Health Technology Assessment Agency (avalia-t) and the Health Technology Assessment Unit, the latter being created within the Laín Entralgo Agency (Madrid Region) in 2003. In addition, there are other HTA-related services and units, coming under the health authorities and services, as well as other institutions, in regions such as the Canary Islands and Aragon.

Notwithstanding the existence of these bodies, our searches detected hardly any related bibliography pertaining to HTA diffusion and dissemination strategies. In 2000 [125], the year in which the only study located was published, the then existing agencies were focused on health care management. The ARs had formats tailored to end-users in line with a basic structure, and included an executive summary to facilitate a quick grasp of the main points.

At present, Spain has 7 HTA agencies and units, one at a national (AETS) and 6 at a regional level (see Appendix VI). The results of our analysis are shown below.

5.3.1. Document types

- ARs were drawn up in 100% of cases. While the complete text of these was made available on agency web pages, either in Spanish or the official language of the relevant Autonomous Region, no documents were found (save for some sporadic cases) that were entirely in English. Instead, they were provided with an executive summary in this language, in compliance with the structure recommended by the INAHTA.

- TRs: at times the information furnished in the surveys failed to coincide with the information on the respective web pages, as was the case with the SESCS and UETS.

  — In the case of the SESCS, three types of documents were reported to be issued (ARs, TR and mini-HTA reports), yet the web page referred solely to ARs.

  — Although the UETS reported drawing up ARs, TR and CPGs, only two of these were offered on its web page, namely, ARs and CPGs.

- CPGs: if completed surveys are taken to be a data source, then CPGs were drafted in 28.57% of cases (only the AETS and the SESCS issued no guidelines).

- TBs were drawn up in 57.14% of cases (AETS, AETSA, Osteba and avalia-t). All these agencies belong to the nation-wide GENTecS and international EuroScan networks (except avalia-t).

- Six of seven agencies reported issuing other series of documents, such as consensus documents, evaluative research, etc. Although practically all the agencies stated that they occasionally drew up methodological documents, these were classified as ARs and were consequently extremely difficult to locate. Only the I+CS and Osteba had classed these documents as a separate series.

Special mention should be made of the existence of short reports, documents of internal use that are thus not published. Practically all the agencies stated that they issued these and that they published the titles but not the complete texts.

Table 6. Types of documents issued by Spanish HTA agencies.

	AETS	CADTHA	avalia-t	AETSA	I+CS	SESCS	Osteba	UETS
ARs	X	X	X	X	X	X	X	X
TRs	X	X	X	X		X	X	X
CPGs		X	X	X	X		X	X
Mini-HTA reports	X	X	X	X	X	X	X	X
TBs	X		X	X			X	
Others		X	ER	CDs	MDs		PHRs, Health regulations	AURs ER FARs

ER: evaluative research
MDs: methodological documents
PHRs: public health reports
CDs: consensus documents
EARs: Economic assessment reports
AURs: Appropriate use reports

In terms of the formats in which these documents are published, the web format was doubtless the most widely used, for both summarised and complete versions, followed by print.

- TBs: of the four agencies that produced TB, only the Galician agency exclusively published these documents electronically. The other agencies simultaneously published their documents in print and web formats.

- CPGs: a large proportion of the guidelines drawn up at the date of study were completed within the framework of the Quality Plan Agreement. It should be pointed out that, in such cases, formats and versions were the same in all agencies, since they were subject to the I+CS recommendations. The remaining guidelines appeared in their complete version, and whereas the UETS, CADTHA and Osteba published these in print and electronically, the I+CS and avalia-t deemed it sufficient for them to be exclusively published in electronic format. In their summarised versions, CPGs were simultaneously issued on paper and in electronic format by four agencies (CADTHA, I+CS, Osteba and avalia-t). The UETS reported drawing up summarised guidelines exclusively in electronic format.

Table 7. Publication of different products by Spanish HTA agencies

			CADTHA	AETS	AETSA	I+CS	SESCS	Osteba	avalia-t	UETS
Print format	Summarised version	ARs	X							X
		CPGs	X			X		X	X	X
		TBs							X	
	Complete version	ARs		X	X	X		X	X	
		CPGs	X					X	X	
		TBs		X	X				X	
CD format	Complete version									
	Extended version	ARs				X				
		CPGs				X				
Web format	Summarised version	ARs	X			X			X	X
		CPGs	X			X			X	X
		TRs								X
		TBs								X
	Complete version	ARs	X	X	X	X	X	X	X	X
		CPGs	X			X		X	X	X
		TRs								X
		TBs		X	X				X	X

5.3.2. Target audience

Data were obtained from the bibliographies consulted and the surveys sent out (target audiences were specified only on the CADTHA web page).

Of the five target audiences analysed at the commencement of the study (24), the following have been identified to date:

- Legislative and administrative audiences: all agencies (100%) came into being for the purpose of furnishing these audiences with reliable and relevant information for decision-making purposes.

- Clinical audience: all agencies (100%) reported targeting the information at the clinical sector, with other health professionals being occasionally mentioned.

- Public: two agencies (25%) stated that they aimed their information at the general public.

- Industrial audience: this was envisaged as the intended recipient by one agency (12.5%).

Likewise, we located other audiences which have been unattended until now and to which delivery of agencies' products should be directed, namely:

- Academic audience: one agency (12.5%) named the university world as a potential end-user.

- Media: we located two agencies (25%) that envisaged the media as their target audience.

Table 8. Target audiences of Spanish HTA agencies

	CADTHA	AETS	AETSA	avalia-t	I+CS	SESCS	Osteba	UETS
Managers	X	X	X	X	X	X	X	X
Clinicians	X	X	X	X	X	X	X	X
Professional societies	X	X	X	X	X	X	X	X (CPGs)
Health administration		X		X				
Patients					X	X		
Public						X		
Universities							X	
Health industry	X							
Media	X						X	

5.3.3. Diffusion and dissemination strategies

Presence of web page: this was the method most widely used for diffusion and dissemination by all the centres analysed (except the I+CS). All such web pages were available in Spanish and the language of the relevant Autonomous Region (CADTHA, avalia-t and Osteba). Only four agencies gave the option of consulting the page in English.

Adaptation of formats to audiences: results were systematically presented at conferences and congresses by six agencies, and occasionally by another two. All agencies reported publishing their studies in the form of scientific papers, with three doing so systematically and four occasionally. Insofar as information for patients was concerned, in no case was information located in a purpose-adapted format (language, structure and version).

Diffusion services: four agencies (50%) issued an electronic bulletin (e-bulletin) with information on studies and activities undertaken, yet personalised dissemination of information took place very occasionally (see Appendix IV).

Although the presence of agencies in specialised databases was high, the same did not apply to databases having a general scope (Medline and Web of Knowledge).

Table 9. Presence of documents issued by Spanish HTA units and agencies in databases

	HTA	DARE	Cochrane	Tripdatabase	Medline	AUnETS	Cochrane Plus
CADTHA	155	10	125	82	41	41	53
AETS	103	7	71	56	35	11	26
AETSA	131	5	131	26	13	76	43
avalia-t	36	3	36	17	17	38	37
I+CS	0	0	0	0	0	14	0
Osteba	134	7	109	42	6	21	43
SESCS	0	0	0	0	0	46	0
UETS	32	0	33	0	1	24	0

Each of the searches indicated above was limited to the field of workplace or [Affiliation]. Date of consultation: February 2009

Training: all agencies had training programmes, whether in the form of participation in postgraduate courses or other types of training. Five centres held these occasionally and three systematically. In most cases, there was occasional methodological support for those end-users interested in HTA.

Table 10. Continuous education and methodological support provided by Spanish HTA units and agencies

	CADTHA	AETS	AETSA	avalia-t	I+CS	Osteba	SESCS	UETS
Master's and post-graduate courses	Occas.	Occas.	System.	Occas.	Occas.	System.	Occas.	System.
Agency-led HTA training	Occas.	Occas.	Occas.	System.	Occas.	System.	System.	System.
Design, drafting and implementation of CPGs	System.	Occas.	Never	Occas.	System	System.	System.	Occas.
Prioritisation in HTA	Never	System.	Never	Occas.	Occas.	System.	Occas.	Never
Research projects in HTA led by other bodies	System.	System.	Occas.	Occas.	Occas.	System.	System.	
Others (commissioned projects)		---	Occas.				Occas.	___

Occas.: occasionally System.: systematically

Bibliographic impact: only the Osteba stated that it occasionally conducted a follow-up of bibliographic references. Monitoring of web page visits was more generalised (three agencies did so systematically and two occasionally).

Analysis of bibliographic references and number of web page visits

Table 11. Assessment of the impact of Spanish HTA agencies

		AETS	TAMRA	AETSA	I+CS	SESCS	Osteba	avalia-t	UETS
Print	Analysis of bibliographic references	Never	Never	Never	Never	Never	Occas.	Never	Never
Web	Monitoring website visits	Never	System.	Never	Sys-tem.	System.	Occas.	Occas.	Never
Others	Analysis of diffusion of specific tech-nologies						Occas.		
	Analysis of decision-making						Occas.		

5.4. Conclusions and discussions

The types of documents drawn up by the different agencies and HTA units belonging to the AUnETS network proved substantially uniform. All the bodies studied drew up ARs and all but one drafted TR. TB and CPGs were issued by a smaller number of agencies. Although the agencies reported considering more series, such as consensus documents or evaluative research, in many cases this information, rather than being reflected on their web pages, was instead obtained via the questionnaires sent to the agencies concerned. Special mention must be made of methodological documents which, though drawn up by all agencies, were in most cases included as ARs. Only the I+CS had included these as a separate series.

In terms of the audiences for whom the information was intended, just as in the international field, data were mainly targeted at a legislative, administrative and clinical public. Nevertheless, aside from the existence of complete and short versions of the various documents, content matter was tailored exclusively to professionals in the clinical area, in the form of scientific papers and presentations at conferences, with no more than incidental attention being paid to the remaining audiences and sectors of the public.

Insofar as diffusion and dissemination strategies were concerned, the pattern in the international field was once again repeated, with web pages

undeniably being the element most widely used as a platform for diffusion. In all cases these took the form of open-access web pages that were free of charge and carried information on the agencies' functional structure, scientific production and principal activities. Dissemination of the documents drawn up by these agencies was, however, at a far lower level. Despite being present in specialised databases of an international scope, only the executive summaries were in English, while the remaining documents were couched in Spanish or in the regional language. Only half the agencies used e-bulletins for diffusion purposes, with personalised dissemination being sporadic.

6. RECOMMENDATIONS

In the field of dissemination, a range of proposals have been put forward by bodies and working groups since the beginnings of the 1990s. In many cases, however, the lack of co-ordination in the region has meant that many of these proposals have gone unimplemented. This study's recommendations could be structured into the following sections

6.1. Proposal for target audiences

Prior to initiating any HTA product development process, the audience at whom the product is to be targeted must be clearly identified

The classification agreed upon by the members of the working group was as follows:

- Legislative and administrative: comprising senior health care staff and managers (central and regional administrations, central services and directors of health centres).

- Professionals belonging to the health care field: this category includes all health professionals involved in health care (clinicians, nursing staff, educators, etc.).

- Academic: new networks must be created in the academic field in order to heighten awareness of the need for HTA. All this would be achieved, not merely by diffusion and dissemination of the documents produced, but also by creation of methodological support networks.

- Research: composed of professionals who work in this field, within the framework of research institutes, units and groups or professionals linked to specific projects.

- Citizens: a group encompassing patients, family members, patient associations and the general public.

- Medical industry and laboratories: a category that includes, not only senior managers, but also the professionals in charge of the different departments, as well as members of foundations and other industry-related bodies.

- Media: local, specialised press, etc.

6.2. Proposals for document types

- The denomination of the different types of documents should be standardised through a common glossary being compiled by all the various agencies.

- A definition and classification of document types should be agreed upon.

- Methodological or support documents that enable end-users to acquire more in-depth knowledge of HTA functioning and principles, bearing in mind, moreover, the importance of HTA as a methodological support for all types of bodies.

6.2.1. Aspects relating to document versions

For each type of document, different versions should be systematically produced.

The characteristics of each version will have to be adapted to the target population for which it is intended. Methodological guidelines should be drawn up to standardise the structure and format of these different versions. By way of a guide, it is recommended that the versions:

- have a brief summarised structure, for the legislative and administrative audience;

- have a structure similar to that of a scientific paper, for health care professionals; and,

- be adapted to the AETSA guideline, for citizens.

Versions

At present, only two versions appear, i.e., full-length and summarised. In neither case are materials produced that are purpose-adapted to the audiences for which such documents are intended. The most suitable option would be for different versions of the same document to be drawn up systematically, according to the individual needs of the envisaged end-user. Where a product is to be targeted at different audiences, different versions of the same document should be drawn up, in line with their respective needs and languages.

After analysing each of the existing document types in greater detail, we arrived at the following approach:

- ARs and TR: to enhance dissemination of such documents, different versions should be drafted, tailored to the different types of end-users, namely:

  — versions for senior staff and health care managers, with brief summarised structures;

  — versions for health professionals, with the structure of a scientific paper; and,

  — versions for citizens. Currently, a study is being conducted by the AETSA into the most appropriate guidelines for drawing up information specifically targeted at citizens.

- TBs: at present technological briefing are published and stored in the databases compiled by the assessment agencies. Owing to the brevity of these types of documents, the best thing would be for these to be published in the form of a series, through the creation of an open-access publication in electronic format.

- CPGs: the principal audience for these documents is made up of professionals in the clinical field, methodology experts and patients. In line with these end-users, there should be several versions, namely:

  — a complete version;

  — a summarised version;

  — a version for patients;

  — a quick reference tool or quick guide; and

  — methodological material.

Format [42]

This is the material on the surface of which the information is recorded, such as paper, video tape or compact disc. Release and distribution in electronic format ought to take browsable PDF and HTML formats into account, a step that would mark an important improvement. Electronic format is the main form of communication of the agencies consulted. Owing to the

rapid obsolescence of documents, plus the cost of publishing in print, paper is an option that should only be considered in cases where there is ample justification.

6.2.2. Language

The language must be adapted to the geographical scope of the target population, i.e., local, regional, national or international.

In order to improve products' visibility in and impact on the international scientific community, all documents -or, at the very least, summarised versions of these- should, where feasible, be furnished in English.

6.2.3. Document publishing

Owing to the rapid obsolescence of documents, plus the cost of publishing and distribution in print format, paper is an option that should only be considered in cases where there is ample justification.

To improve current publishing in electronic format, different types of files, such as browsable PDF and HTML, should be added.

A standardised terminology and classification should be used to name versions and the different aspects relating to document publishing.

As a rule of thumb, types of publishing should be chosen to suit the different versions, i.e.,

- complete version, electronic publishing (e-publishing);
- summarised version, print and e-publishing.
- version for citizens, print and e-publishing.
- quick reference tool or quick guide, print and e-publishing; and,
- methodological material, e-publishing.

6.3. Diffusion and dissemination strategies

Something that is regarded as a key element is the creation of indexing strategies and hypertext linking policy, through the development of proactive activities for the inclusion of agencies and their documents in the different health portals and virtual libraries of the various autonomous regions.

Results should be systematically published in the leading journals of the specialisation studied, as should executive summaries, so that professionals can be kept up to date without the need to consult such lengthy documents.

A key element in bringing about improvement would be document indexing in the leading biomedical databases, both domestic and international in scope.

There is a need to create open-access publishing in electronic format, specialised in the technology assessment area, since this could well prove an extremely suitable strategy for health professionals.

Encouragement should be given to a common health portal for all AUnETS members, which would allow for more efficient incorporation of improved diffusion and dissemination strategies.

The principal characteristics and services which, in the opinion of the working group, such a common health portal should possess are described below.

Common health portal

In view of the existence of different initiatives in the domestic field (e.g., the case of AUnETS), it is suggested that the various proposals be pooled by means of this type of web site, which would provide:

- An agency product database, through which the following resources would be channelled

  — access to documents of all HTA agencies, with the possibility of consulting the executive summaries and full text of each document, and information for citizens. A further important feature would be the creation of a section devoted to methodological support tools;

— common glossary, which would allow for unification of criteria and terminologies among the different Spanish health technology assessment agencies and units; and,

— periodically updated information on the respective activities undertaken by the various assessment agencies..

- Information on continuous education: in different training activities, both in the workplace, via lectures or clinical sessions, and outside the workplace, via attendance at conventions or participation in practical interactive workshops.

- Publication of a common newsletter, which would be issued by a co-ordinating centre, would record the news from all the agencies, and would be electronically distributed to different audiences in different languages.

- Creation of different discussion groups and distribution lists that would endeavour to involve members of the legislative and clinical fields. Such fora could be grouped in accordance with the respective clinical or surgical fields.

- Creation of different news alert systems: personalised alerts or selective diffusion of information (SDI).

Indexing strategies and hypertext linking policy

The creation and boosting of Internet health portals affords great benefits to these professionals, by bringing together, in a single access point, very useful resources for updating knowledge and accessing information which would otherwise be dispersed. This would call for active policies designed to ensure the inclusion of agencies and their documents currently stored in the different health portals and the virtual libraries of the various autonomous regions.

- Systematic publication of results in leading journals of the specialisation studied, in which executive summaries should also be published, to ensure that professionals can be kept up to date without the need to consult such lengthy documents.

- Indexing of the results in the leading biomedical databases, both domestic and international in scope. At present, agency documents are indexed in the HTA database. Nevertheless, information is usually

located by searching biomedical databases, fundamentally Medline. Hence, to enhance document visibility, the journals in which the agencies publish their results should appear in these databases, both international and Spanish.

6.4. Impact assessment

Systematic studies should be conducted to ascertain and assess the results of the various diffusion and dissemination strategies.

There is a need for quality information that would enable assessment of the impact had by HTA products and activities. To this end, advances must be made in developing a common study methodology.

APPENDICES

APPENDIX I.
DATA-COLLECTION FORM

Name of agency					
TYPE OF DOCUMENT	ARs	TRs	TBs	CPGs	OTHERS

AUDIENCES	Legislative	Administrative	Clinical	Industrial	End-consumers	Others

DIFFUSION AND DISSEMINATION STRATEGIES			
	Web page	Languages	Access

Indexing of international databases	HTA	DARE	Cochrane	Tripdatabase	Medline

Indexing in Spanish databases	AUnETS	Cochrane Plus	IME	IBECS

APPENDIX II. BIBLIOGRAPHIC SEARCH STRATEGY

Medline (pubmed)	Date of consultation: January 2008	Results: 211
#1 ("Technology Assessment, Biomedical/classification"[Mesh] OR "Technology Assessment, Biomedical/methods"[Mesh] OR "Technology Assessment, Biomedical/organization and administration"[Mesh]) OR "Technology Assessment" [Ti] OR "Technology Assessments" [Ti] OR HTA [Ti] OR "evidence based medicine" [Ti] OR ebm [Ti] #2 ("Information Dissemination/methods"[Mesh] OR "Diffusion of Innovation"[Mesh])OR (Disseminat* OR Spread OR Diffus OR "knowledge transfer" OR "knowledge Exchange") #3 #1 AND #2 Limits: English and Spanish and published from 1997 onwards Exclusion of opinion articles (editorials, notes, letters and comments)		

Isi WOK (Science citation index)	Date of consultation: January 2008	Results: 496
Topic=("Technology Assessment" OR HTA OR "evidence based medicine" OR ebm) AND Topic=(Dissemin* OR Spread* OR Diffus* OR (knowledge transfer*) Timespan=1997-. Refined by: General Categories=(science & technology or social sciences) Languages=(ENGLISH OR SPANISH)		

IME (SPANISH MEDICAL INDEX)	Date of consultation: January 2008	Results: 7
" Evaluación de tecnologías" or "Medicina basada en la evidencia"(descriptors) disem* difus* 1997-		

APPENDIX III. ASSESSMENT QUESTIONNAIRES SENT TO HTA AGENCIES

I.- GENERAL QUESTIONS (check the boxes applicable)	
Number of persons currently working in your agency.	
Does the agency have a member of staff devoted to diffusion and/or dissemination of the products generated by your agency?	
Does your agency have financial/material resources deployed exclusively in the diffusion /dissemination of products?	

II.- TARGET AUDIENCES							
	Managers	Clini-cians	Professional societies	General public	Patient associations	Health care companies	Others (specify)

III.- TYPE OF PRODUCTS GENERATED BY YOUR AGENCY	
HTA reports	
Technical or rapid reports	
Clinical practice guidelines	
Mini HTA or internal reports	
Technological briefing	
Others (specify)	

IV.- DOCUMENT DIFFUSION STRATEGIES				
		CPGs	ARs	TBs
Print	Summarised version			
	Extended version			
Electronic on CD	Summarised version			
	Extended version			
Web page	Summarised version			
	Extended version			

IV.a.- Publication of information			
	Never	Occasionally	Systematically
Publication of papers and publications			
Presentation at congresses and conferences			
Posted on web page			
E-bulletins			
News/information alerts			
Selective diffusion of information (SDI)			
Technical sessions at centres to announce the most relevant activities			
Others (specify)			

IV.b.- Continuous professional education			
	Never	Occasionally	Systematically
Agency-led HTA courses			
Participation in Master's degrees and postgraduate courses			

IV.c.- Collaboration in methodological support			
	Never	**Occasionally**	**Systematically**
Design, drawing-up and implementation of CPGs			
Prioritisation in health technology assessment			
HTA research projects led by other bodies			
Others			

V.- IMPACT ASSESSMENT				
		Never	**Occasionally**	**Systematically**
Print	Analysis of bibliographic references			
Web	Monitoring of web page visits/ downloads			
Others				

APPENDIX IV. SEARCH STRATEGIES USED TO ANALYSE INDEXING OF AGENCIES IN DATABASES

Table 12. Search strategy used by international HTA agencies

Germany	DAHTA OR"Deutsche Agentur für Health Technology Assessment" OR "German Agency for HTA"
	IQWiG OR "Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen" OR German "Inst Qual & Efficiency Hlth Care"
Austria	"LBI of HTA" OR "Ludwig Boltzmann Institute for Health Technology Assessments"
Belgium	KCE OR Kenniscentrum OR "Belgian Federal Health Care Knowledge" OR "Belgian Hlth Care Knowledge Ctr"
Denmark	DACEHTA OR"Danish Centre for Evaluation and Health Technology Assessment"
	DSI OR "Dansk Sygehusinstitut" OR "Danish Institute for Health Services Research"
Finland	FinOHTA OR "Finnish Office for Health Care Technology Assessment"
France	CEDIT OR "Comite d'Evaluation et de Diffusion des Innovations Technologiques" OR "Comite Evaluat & Difus Innovat Technol"
	HAS OR "Haute Autorité de Santé"
Holland	ZonMw OR "Nederlandse organisatie voor gezondheidsonderzoek en zorginnovatie" OR "Netherlands Organisation for Health Research and Development"
	GR OR Gezondheidsraad
	CVZ OR "College voor Zorgverzekeringen"
Hungary	HunHTA OR "Egészség-gazdaságtani és Technológiaelemzési Kutatóközpont" OR "Health Economics and Technology Assessment Research Centre"
Latvia	VSMTVA OR "Veselības statistikas un medicīnas tehnoloģiju valsts aģentūra" OR "Health Statistics and Medical Technologies State Agency"
Norway	NOKC OR "Norwegian Knowledge Centre for Health Services" OR Kunnskapssenteret

Poland	AHTAPol OR “Agencji Oceny Technologii Medycznych” OR “Agency for Health Technology Assessment in Poland”
United Kingdom	CRD OR "Centre for Reviews and Dissemination"
	NSHC OR "National Horizon Scanning Centre"
	NCCHTA OR “National Co-ordinating Centre for Health Technology Assessment”
	IAHS OR “Institute of Applied Health Sciences”
	“NHS QIS” OR “NHS Quality Improvement Scotland”
Sweden	SBU OR "Statens beredning för medicinsk utvärdering" OR "Swedish Council on Technology Assessment in Health Care" OR "Swedish Council Technol Assessment Hlth Care"
	CMT OR "Centrum för utvärdering av medicinsk teknologi" OR "Center for Medical Technology Assessment"
Switzerland	MTU-SFOPH OR “Medical Technology Unit Swiss Federal Office of Public Health”
USA	AHRQ OR “Agency for Healthcare Research and Quality”
Canada	VATAP OR “(Veterans Affairs Technology Assessment Program)
	AETMIS OR “Agence d’évaluation des technologies et des modes d’intervention en santé” OR “Quebec Hlth Serv & Technol Assessment Agcy”
	CADTH OR “Canadian Agency for Drugs and Technologies in Health”
	MAS OR “Medical Advisory Committee”
Argentina	IECS OR “Instituto de Efectividad Clínica y Sanitaria”
Brazil	DECIT-CGATS OR “Geral de Avaliação de Tecnologias em Saúde”
Mexico	IMSS OR “ Instituto Mexicano de Seguridad Social”
	CENETEC OR “Centro Nacional de Excelencia Tecnológica”
Australia	Asernip-s OR “Australian safety and efficacy register of new interventional procedures”
	MSAC OR “Medicare Services Advisory Committee”
	AHTA OR “Adelaide Health Technology Assessment”
Israel	ICTAHC OR “Israel Center for Technology Assessment in Health Care”

Date of consultation: February 2009

Table 13. Search strategy used by Spanish HTA units and agencies

AATRM	AATRM OR "'Agencia dAvaluacio de Tecnologia i Recerca Mediques" OR Aqura-health OR aQURASALUT OR "Agency for Quality, Research and Assessment in Health" OR CAHTA OR "Catalan Agency for Health Technology Assessment and Research" or "Catalan Agcy Hlth Technol Assessment & Res"
AETS	AETS OR "Agencia de Evaluación de Health technologies" OR "Agency for Health Technology Assessment, Carlos III" OR "Spanish Agency for Health Technology Assessment"
AETSA	AETSA OR "Agencia Andaluza de Evaluación de Tecnologías Sanitarias" OR "Andalusian Agency for Health Technology Assessment"
avalia-t	Avalia OR Avalia-t OR "Axencia de Avaliación de Health technologies de Galicia" OR "Galician Agency for Health Technology Assessment"
I+CS	I+CS OR "Instituto Aragones de Ciencias de la Salud"
Osteba	OsTeba OR "Basque Office for HTA" OR "Basque Office for Health Technology Assessment"
SESCS	(SESCS OR "Servicio de Evaluación del Servicio Canario de la Salud" OR "Planning and Evaluation Unit" OR "Planning and Evaluation Service" OR "Evaluation and Planning Service" OR "Planning & Evaluation Unit") AND Canary
UETS	(UETS OR Unidad de Evaluación de Tecnologías Sanitarias") AND Madrid

Date of consultation: February 2009

APPENDIX V. HTA AGENCIES AND UNITS IN THE INTERNATIONAL SPHERE BELONGING TO INAHTA

Europe

The commencement of HTA in Europe dates back to the late 1970s, when interest in the economic aspects of this field first blossomed. Researchers from a number of European institutions (health economists, epidemiologists and other professionals in the field of clinical research) began to study the financial and political consequences of medical practices. In HTA they found a useful tool to support what they were doing.

During the first half of the following decade, many European countries took part in HTA-related international activities. Although the process of reviewing the literature was initially based on the simple use of protocols and classification of evidence, these years witnessed a growing understanding of this methodology through the work of the Canadian Task Force on Preventive Health Care and McMaster University, among others, and, subsequently, through the papers published by Chalmers in the United Kingdom. At the beginning of the 1990s, systematic reviews assumed greater force with the appearance of the Cochrane Centre in 1991.

A new contribution to HTA development in Europe was the creation of numerous bodies. The first of these, the Swedish agency, the *Statens Beredning för Medicinsk Utvärdering* (SBU), came into being in 1987. Other countries followed in its footsteps, e.g., Spain (with the creation of the Catalonian agency (CADTHA), France and Holland. The major advance in the 1990s was the institutionalisation of HTA in the European Union. Other bodies or formal programmes were established in Switzerland, Austria, Denmark, Finland, Norway, Hungary and Poland [31, 44, 45].

As outlined below, there were 24 agencies in Europe at the date of our study:

Germany

Although interest in HTA first made its appearance in the 1980s in the context of different working groups (universities, private centres, etc.), it was not until the year 2000 that the German national agency was created. Only two papers on HTA were located in Germany [46, 47]. Currently, Germany

has two bodies tasked with HTA, which belong to the INAHTA network, namely:

DAHTA-DIMDI (*Deutsche Agentur für Health Technology Assessment*/ German HTA Agency at the German Institute for Medical Documentation and Information). Created in 2000 and attached to the Federal Ministry of Health, its aim is to organise HTA information through the drawing-up of ARs [48].

IQWiG (*Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen*). Private foundation created in 2003 and financed by medical insurance and Ministry funds. Its principal goal is to contribute to improving health care in Germany [49]. Among its tasks is that of evaluating medical drugs, surgical interventions and diagnoses.

Austria

Despite the fact that the only existing agency was not created until 2006, a paper from the year 2000 was located [50]. Already at that time, it highlighted the interest that existed in HTA by pointing to the creation of working groups within certain organisations, such as universities or other academic institutions, which succeeded in attracting the attention of health managers and politicians. As a result, 2006 saw the setting-up of a nation-wide agency, which is currently the only one in existence:

LBI of HTA (Ludwig Boltzmann Institute for Health Technology Assessment). This was founded in 2006 as the successor to the Austrian Academy of Sciences' HTA unit, which had been tasked with assessment of health technologies since 1990 [51]. Its mission is to define the annual research programme and furnish information to help decision-making.

Belgium

The creation of a national HTA agency in Belgium did not take place until 2002, yet university research groups, pharmaceutical companies, etc., which displayed a great interest in HTA development, had already begun to appear in the early 1990s. Among such groups, (non-systematic) reviews were undertaken with the aim of assessing new and emerging technologies. Owing to the negligible degree to which these groups were institutionalised, the concept of HTA was poorly defined, products were not comparable, and dissemination was scarcely developed (this basically took place via conferences or scientific journals, and at certain universities, through continuous education programmes). As in the previously mentioned cases,

there was almost no bibliography on HTA [52]. At present the country has a single national agency, namely:

KCE (*Kenniscentrum/Belgian Federal Health Care Knowledge Centre*). This is a semi-governmental institution (independent of the federal government) that was constituted in 2002 [53].

Denmark

Interest in HTA first arose in Denmark in the late 1970s and early 1980s, but it was not until the beginning of the 1990s that it took material shape with the creation of a national agency. At present, the country has two HTA agencies [54, 55], as well as other related bodies.

DACEHTA (Danish Centre for Evaluation and Health Technology Assessment). This was established under the auspices of the Ministry of Health in 1997. Apart from being the national HTA agency, the DACEHTA is responsible for providing health information services for decision-making purposes [56].

DSI (*Dansk Sygehusinstitut*/ Danish Institute for Health Services Research). Independent research organisation set up in 1975 by the Danish Government, Danish county authority association, and Copenhagen and Frederiksberg city councils. Its chief aim is to strengthen health service planning and management, and its main areas of specialisation include the health economy, pharmacoeconomics and HTA [57].

Finland

Certain institutional organisations, such as faculties and hospitals, had already initiated HTA from the late 1980s onwards, and at the present time the country has a nation-wide agency [58].

FinOHTA (Finnish Office for Health Care Technology Assessment). This organisation is responsible for HTA at a national level. It was created in 1995 as a state agency coming under the National Research and Development Centre for Welfare and Health (STAKES). Its mission consists of drawing up, pooling, assessing and disseminating scientific knowledge on HTA [59].

France

Despite the fact that interest in HTA appeared in France in the 1970s, the first national agency was not created until 1989. This was ANDEM, an independent body responsible for the development and dissemination of research results.

Our bibliographic search located two papers that addressed the dissemination strategies of French HTA agencies [60, 61]. According to these studies, potential end-users were basically institutional bodies, researchers, hospitals, health professionals, public health departments of medical faculties, and private consultants. Document types were structured in accordance with the different end-users, i.e., consensus conferences (targeted at experts in methodological support), clinical practice guidelines and assessment reports (including summaries of relevant medical information, expert opinions and financial assessments).

Currently, France has two HTA agencies, one at a state and the other at a hospital level, namely:

HAS *(Haute Autorité de Santé)*. As the result of the merger of the *Agence Nationale d'Accréditation et d'Évaluation en Santé*, the Transparency Committee and the Health Device & Health Technology Assessment Committee, the HAS was set up in 2005 to act as an independent scientific advisory body. It currently evaluates the clinical benefit of medicines, medical devices and therapeutic procedures [62].

CEDIT *(Comité d'Évaluation et de Diffusion des Innovations Technologiques)*. This was created in 1982 for the purpose of helping decision-making at Paris hospitals (this health care district, with a catchment area of over twelve million inhabitants, includes the metropolitan zone and other hospitals belonging to the same group). At present, the CEDIT is in charge of putting forward recommendations for the management of the above group [63]. In addition, it forms part of the Medical Activities Department, whose mission is to undertake analysis and strategies targeted at the provision of services within the Paris Hospital Public Healthcare system *(Assistance Publique- Hôpitaux de Paris/AP-HP)* [64].

Holland

The country's health care system is pluralist, yet the government retains a strong management role which affects practically all aspects of the health system [31].

During the 1960s, private institutions controlled by the health care authorities increased the number of new facilities and staff with no type of co-ordination, a phenomenon which gave rise to an increase in costs and which, by way of response, led to the establishment of a regulatory HTA structure. Thanks to the ministry's development policies pursued since the 1980s, there are now many institutions with links to HTA, e.g., universities, research institutes, government bodies, etc., something that has made for a strong tradition in the use of medical technologies and the creation of a defined and stable group of end-users, namely, hospital managers, clinicians and patients. In good measure, this situation is attributable to the forceful strategies adopted, not only of dissemination but also of implementation. The only studies located pertain to the year 2000 [65, 66].

ZonMw *(Nederlandse Organisatie voor Gezondheidsonderzoek en Zorginnovatie*/Netherlands Organisation for Health Research and Development). Created in 2001 and financed by the Ministry of Health, this is a national organisation that promotes quality and innovation in research and health care [67, 68] through the design of programmes, some of which are geared to the traditional field of research and others, directed by the ministry, are responsible for the communication and implementation of results. ZonMw carried out numerous internal changes in processes and activities to develop implementation, e.g., workshops, bases for review, guidelines and checklists for reviewers and leaders. Currently, the organisation provides advice, support and training (each report is tailored to the potential end-user).

CVZ *(College voor Zorgverzekeringen)*. The HTA programme was launched in 2001 and, at present, the CVZ participates in the assessment of new proposals from an insurance standpoint. It has a wide variety of functions, e.g., administration of health insurance, financing of insurance companies and supervision of the latter's expenses [69]. Its main task is the approval of new technologies on behalf of the Ministry of Health. While the brunt of its experience lies in the pharmaceutical field, it is also becoming active in advising on other health care areas.

GR *(Gezondheidsraad)*. The history of the Netherlands Health Authority *(Gezondheidsraad)* dates back to 1902. It is currently a government-funded independent body of experts responsible for advising on health, early alerts about emerging technologies and other matters relevant to policy making [70].

Hungary

HunHTA (*Egészség-gazdaságtani és Technológiaelemzési Kutatóközpont*/ Health Economics and Technology Assessment Research Centre). The Health Economy & Technology Assessment Unit was created in 2003 and forms part of the Public Policy & Management Department at Budapest's Corvinus University [71].

Latvia

VSMTVA (*Veselības Statistikas un Medicīnas Tehnoloģiju Valsts Aģentūra*/ Health Statistics and Medical Technologies State Agency). This is an agency supervised by the Ministry of Health, which was created in 1995 to collect and analyse health statistics and draw up recommendations for health care administration. Its aims focus on providing evidence-based information for decision-making at all health care levels (government, institutions, authorities, professionals and patients) [72].

Norway

Although the current Norwegian body was not constituted until 2004, the origin of HTA in this Scandinavian country harks back to 1997, with the creation of the Norwegian Centre for Health Technology Assessment. This is a national centre which comes under the Health & Welfare Department and, co-operating closely with clinical services, research centres and health authorities, is tasked with assessing the efficacy of methods in the Norwegian health service [73].

NOKC (Norwegian Knowledge Centre for Health Services). This was created in 2004 on the basis of the merger of the Norwegian HTA Centre, the Knowledge Management Division and the Health Research Service Foundation [74]. In addition to giving methodological support to the Cochrane and Campbell Collaboration [75], it currently disseminates information on the effect of health service interventions and develops resources to support decision-making. The centre is organised into the following seven groups, geared to the circulation of information and impact assessment: 1) surveys on patient experiences; 2) information exchange centre for quality indicators; 3) diffusion and development of decision-making support resources; 4) diffusion and methodological support for the Campbell Collaboration; 5) diffusion and methodological support for the Cochrane Collaboration; 6) Norwegian electronic health library; and 7) diffusion and cost-benefit analysis. The focus is on pharmaceutical products.

Poland

AHTAPol (*Agencji Oceny Technologii Medycznych*/Agency for Health Technology Assessment in Poland). This is an agency which has been financed by the Ministry of Health since 2005 to act as an advisory organ in support of the decision-making process.

United Kingdom

In recent years, the United Kingdom health system has been hampered by rising costs and population ageing, with the result that the introduction of new technologies has exacerbated management problems. In this context, HTA has become a tool for enhancing the quality of health care. At present, HTA covers, not merely the assessment of medicines and equipment, but the entire spectrum of medical practice.

Although HTA was initially undertaken in the 1980s [75-77] by working groups drawn from institutional settings (medical and pharmaceutical industry, universities and research institutes), in recent years co-ordinating bodies have been created. In contrast to what happens in most European countries, the UK's approach has given rise to the creation of a national leader body within the Department of Health Research and Development. This process of co-ordination was entrusted to the National Co-ordinating Centre for Health Technology Assessment, in close collaboration with the Centre for Reviews and Dissemination and the UK Cochrane Centre.

CRD (Centre for Reviews and Dissemination). The CRD was created in 1994 to provide the British health care system with information on the effectiveness of health care interventions [78-80]. It is currently set up as a department at the University of York and forms part of the National Institute for Health Research. The CRD is tasked with furnishing information on the effectiveness of treatments. The centre is structured into three sections, namely, comments, diffusion and information, with the latter being made available to health professionals, researchers and administrators [81]. Three databases are placed at the public's disposal [79, 80, 82]: in addition to the HTA database, there is the Database of Abstracts of Reviews of Effectiveness (DARE), which summarises systematic reviews published and identified through searches made in the leading medical journals and bibliographic databases; the National Health System Economic Evaluation Database (NHS EED) stores summaries of papers on economic evaluations in health care [82, 83].

NHSC (National Horizon Scanning Centre), a specialised unit created in 1998 by the Directorate for Research and Development of the English Health Department, in collaboration with the Department of Public Health and Epidemiology of Birmingham University [84]. Its aim is to give the Department of Health and National Health Service notice of new and emerging technologies. It likewise acts as the secretariat of EuroScan [24] and currently informs the National Institute of Clinical Excellence (NICE).

NCCHTA (National Coordinating Centre for Health Technology Assessment). This was launched in 1996 to support the HTA programme funded by the Health Department, in the identification and use of health technologies [85]. Its mission is to provide evidence to help decision-making and research-topic prioritisation, and to disseminate the results to decision-makers in the health service.

IAHS (Institute of Applied Health Sciences). The Institute was set up in 1999 through the incorporation of the Health Economy Research and Health Services Research Units, both funded by the Scottish government's Public Health Department. It provides its services to the United Kingdom via the National Health Service and the National Institute for Clinical Excellence (NICE). It also co-chairs the Cochrane Economics Methods Group [86].

NHS QIS (NHS Quality Improvement Scotland). The NHS QIS was established as a special health board in 2000 with respect to Scottish health service, and in 2003 merged with other organisations to form the present institution. In 2005, the Scottish Intercollegiate Network (SIGN), a key body in the international field thanks to its experience in developing CPGs, joined to form part of the NHS QIS. SIGN was established in 1993 in Scotland to sponsor and foster the development of tests based on clinical guidelines for the NHS Scotland [87]. In addition, the NHS QIS works in close collaboration with the Scottish Medicines Consortium and Scottish Health Authority.

Sweden

Sweden has a highly decentralised administrative system, with responsibility for health care almost completely divided up among its 24 county authorities, responsible for responding to the needs of their local populations and providing publicly funded health care services. These authorities thus have a high degree of autonomy and are free, for instance, when it comes to taking decisions regarding major investments in new technologies and organisational structures. Nonetheless, the Ministry of Health is in charge

of developing guidelines, services and health insurance [88]. It was in this context, and in order to provide the central government and health providers with rigorously up-to-date scientific information, that the two existing HTA agencies came into being.

SBU (*Statens Beredning för Medicinsk Utvärdering*/Swedish Council on Technology Assessment in Health Care). Established in 1987, this was the first national body of its type to be created in a European country. It has been the national HTA agency since 1992 and is tasked with undertaking health care assessment and cost evaluations [89], as well as early identification and evaluation of new methods on a national scale [87, 88, 90]. The SBU has actively supported international collaboration and, since 1996, has been home to the INAHTA secretariat.

CMT (*Centrum för Utvärdering av Medicinsk Teknologi*/Center for Medical Technology Assessment). The CMT was created in 1984 at the University of Linköping, thanks to an agreement between this institution and the Östergötland County Authority. It is currently structured as an independent research institute affiliated to the Medical Services & Health Sciences Department. Its purpose is to promote technology in the area of health, evaluation and evidence-based medicine. To this end, it concentrates on the development, diffusion and assessment of methods. Among the technologies targeted by it are prevention programmes, economic evaluation of pharmaceutical products and medical devices, and rehabilitation technologies [91].

Switzerland

We were only able to locate one paper addressing HTA in Switzerland, though this study did not mention the dissemination strategies used [92]. Until the creation of the MTU SFOPH, Switzerland had no national HTA agency, with the result that programmes were developed through various types of organisations, such as associations or institutes [93].

MTU SFOPH (Medical Technology Unit - Swiss Federal Office of Public Health). The Office was set up in 1960 as an advisory body and since 1980 has borne the responsibility of assessing technology for health insurance purposes [93]. In 1999 the unit was reorganised and, as a result, has since come under the Health Insurance Division [92].

Canada and the USA

Canada

Canada has ten provinces and three regional health ministries which take their own decisions as to which technologies to include in the health service delivery system for their respective territories. In the federal field, HTA comes within the purview of the Canadian Coordinating Office for HTA (CCOHTA), created in 1989 by the federal government to facilitate the exchange of information, pooling of resources and co-ordination in the field of HTA, so as to guarantee the appropriate use of profitable technologies.

In 1998, the Canadian Emerging Technology Assessment Programme was implemented, with the goal of ensuring the swift output and dissemination of information of interest about new and emerging technologies and thereby achieving better planning and control over the introduction and diffusion of new technologies in the health care system [94].

At the present time, Canada has a federal structure made up of a series of subnational agencies co-ordinated by a state body, the CCOHTA, based in Ottawa, known these days as the Canadian Agency for Drugs and Technologies in Health. This institution, apart from having its own research goals, is responsible for the production, co-ordination and diffusion of information generated in the field of HTA. Its mission is to co-ordinate and prevent duplication of work done in this field by the remaining centres having the necessary competencies. Coming under the umbrella of this organisation are another six agencies, namely, the *Agence d'Évaluation des Technologies et des Modes d'Intervention en Santé* (Quebec), Institute for Clinical Evaluations Sciences (Ontario), Manitoba Centre for Health Policy (Manitoba), Health Services Utilization and Research Commission (Saskatchewan), Alberta Heritage Foundation for Medical Research (Alberta) and British Columbia Office of Health Technology Assessment (British Columbia).

As a result of its long HTA tradition, Canada ranks as one of the countries with the greatest bibliographic contribution insofar as dissemination is concerned [95-100]. The first study, conducted in 1999, reflected the results of an interview with six Canadian agencies [97, 98]. At this time, dissemination was considered a fundamental factor by Canadian agencies and potential end-users were closely defined by all of them, i.e., health care bodies, and medical and clinical associations. At all events, when it came to drawing up recommendations all the agencies took their end-users into account.

Yet the budget allocated to dissemination was 5%, and strategies in this field were very uneven as between the various agencies. All laid down that formats were to be tailored to the different end-users. The distribution channels were fundamentally web pages, dissemination services, e-mails (addressed to individuals and institutions alike), DSI, and the holding of meetings and conferences with opinion leaders and health care managers. There very few occasions on which contact was made with the media.

Of the six agencies mentioned, only three belonged to the INAHTA network and these were therefore targeted by our study:

AETMIS *(Agence d'Évaluation des Technologies et des Modes d'Intervention en Santé)*. This body was created by the Quebec Government in 2000 as an independent organisation, with the aim of helping HTA decision-making [94].

CADTH (Canadian Agency for Drugs and Technologies in Health). In 1994 the CADTH was established as Canada's permanent federal body and nowadays acts as the national agency for assessing informed decisions on the adoption and use of medications and other technologies, and for co-ordinating HTA activities country-wide [101].

MAS (Medical Advisory Committee). A division of the Ontario Ministry of Health, this body's principal aim is advising on evidence-based policies, and co-ordinating the inclusion of new health interventions for the health care system and other government bodies [102].

USA

The origin of HTA in this country dates back to 1972, with the creation of the Office for Technology Assessment (OTA) under the auspices of the US Congress. Its mission was to make assessments of an informative nature for decision-making by Congressional committees. The OTA was closed down in 1995.

In the USA, HTA is currently undertaken within a system that is loosely structured and difficult to manage. Owing to the nature of this system, there are many public and private organisations involved [103, 104] and, consequently, goals, methods and activities tend to differ substantially among these. In the USA there are at least 53 organisations linked to this activity, so that the system has been described as decentralised, fragmented and duplicated. As a result, HTA has a much greater impact here than it does in other countries [105].

As mentioned above, a great number of public and private organisations are involved in HTA. The activities undertaken by these are therefore approached with different goals and different methods.

- public bodies form part of the network of National Health Institutes which fund much of research;

- industry plays a key role in HTA, inasmuch as it is one of the most important funders of research. Most of the programmes are implemented by insurance companies, hospital suppliers, consultants and professional societies. As a consequence, the greater part of all HTA documents drawn up tend not to be distributed or, at least, placed at the public's disposal. Most of the activities sponsored by the private sector are based on summarising and condensing existing information. The majority of these private organisations reveal little information with respect to their activities, and confine themselves to examining their patented products, with a view to meeting their own organisational needs; and,

- a last group of players in the USA are the hospitals. These have a budgetary system which insists on supervision of acquisition of any new technologies and which, to some extent, can be identified with HTA. These centres have special committees for undertaking such assessments.

In contrast, the public health care sector is, insofar as HTA is concerned, undeniably in the minority, as shown below.

AHRQ (Agency for Healthcare Research and Quality). This agency was created in 1989 for the purpose of advising the Medicare programme on matters of coverage of new technologies. In 1999, Congress redefined it as the Agency for Health Care and Quality, with the aim of broadening the concept of research, in order to assess the cost of, use of and access to health services [106-108]. The AHRQ is currently the US federal agency responsible for improving the quality, innovation, safety, efficiency and effectiveness of health care. Its mission is to conduct studies and provide support to the country's health services at all levels [103, 109] through the following programmes:

- Evidence-Based Practice Centres (EPCs). There are thirteen evidence-based centres in the USA, which draw up HTA reports for the Medicare (health insurance programme for persons aged over

65 years). These centres prepare evidence reports or technology assessments for the Medicare and Medicaid services (US health insurance). Their reports are available on the AHRQ web page.

- National Guideline Clearinghouse (NGC). In collaboration with the American Association of Health Plans and American Medical Association, the NGC is a source of clinical practice guidelines. It acts, among other things, as a repository for the guidelines drawn up by the AHRQ and the Veterans Affairs-Technology Assessment Program (VATAP).

- Centers for Education and Research on Therapeutics. The seven component and co-ordinating centres' mission is to enhance the control and use of new medications and biological products, and provide information to end-users, managers, pharmacists, etc.

- US Preventive Task Force. Independent panel of experts in the private sector specialised in primary care and prevention. Its goal is to assess the benefits of individual services and identify any matters that call for investigation.

- Technology Assessment. Responsible for obtaining assessments for Medicare.

VATAP (Veterans Affairs-Technology Assessment Program). National programme coming within the US Army Office of Patient and Family Care Services, set up in 1994 to promote evidence-based information in decision-making. Its activity extends to devices, medications, procedures and other systems used in health care [110].

Latin America

Despite the fact that there are many Latin American countries that have bodies devoted to HTA (most of these countries have set up national agencies), few have any presence in the INAHTA network under study here.

Argentina

In Argentina, incorporation of health technologies has been undertaken in a somewhat irrational manner owing to the characteristics of the country's health system. The presence of an extremely high degree of fragmentation has led to a rather unstrategic distribution of resources. Currently, Argentina has no

government-sponsored technology assessment agencies. Although the 2004 Federal Health Plan proposed the creation of a health technology regulation agency, until now no steps have been taken in this direction. At this point in time, the only HTA-related agency is the Clinical & Health Care Effectiveness Unit (*Instituto de Efectividad Clínica y Sanitaria - IECS*), an independent, non-profit organisation.

IECS *(Instituto de Effectiveness Clínica y Sanitaria)*. This is an independent, non-profit organisation created by health professionals engaged in research, education and technical support. Its aim is to foster research into and assessment of projects, so as to provide a response to local demand. In addition, it acts as the headquarters of the Argentine Cochrane Centre *(Centro Cochrane Argentino)*, a member of the Latin American Cochrane Network *(Red Cochrane Iberoamericana)*. Similarly, it collaborates with non-governmental organisations and private institutions for the purpose of deciding on strategies to improve health care accessibility and quality [111].

Brazil

At present, Brazil has only one HTA centre, set up as a national agency.

DECIT-CGATS *(Geral de Avaliação de Tecnologias em Saúde)*. In 2005, the Science & Technology Department (*Departamento de Ciencia y Tecnología - DECIT*) created an HTA development co-ordination unit, namely, the *Coordinación Geral de Avaliação de Tecnologias em Saúde* (CGATS). This unit is tasked with the co-ordination, promotion and diffusion of HTA, with the basic goal of supervising studies undertaken by academic institutions, issuing reports to aid decision-making, promoting the importance of HTA as a management instrument, establishing international co-operation and engendering actions with other bodies, the Ministry of Health, the teaching community, research institutions, local and state governments, and social authorities. It works with research institutes and universities [112].

Mexico

IMSS *(Instituto Mexicano de Seguridad Social)*. Although the institute was created in 1943, interest in HTA has recently seen a resurgence with the creation of the Medical Technology Assessment and Management Programme by the IMSS Directorate for Medical Services. The work done by this institution is geared to designing and developing health policies and strategies, and HTA programmes [113].

CENETEC *(Centro National de Excelencia Tecnológica)*. This organ, which comes under the Subsecretariat for Innovation and Quality, was born of the need to have information for decision-making and optimal resource use. In reality, this centre is structured into the following two well-differentiated subdirectorates [114]: the Subdirectorate for Technological Assessment & Diffusion which, acting at the request of health organisations or on its own initiative, draws up assessments in the form of short or full-length reports; and the Subdirectorate for Clinical Practice Guidelines, the aim of which is to foster the incorporation of CPGs and to help professionals and patients take the right decisions. The CENETEC is a member of both the Latin American Clinical Practice Guidelines Network *(Red Iberoamericana de Guías de Práctica Clínica)* and the Guidelines Internet Network (GIN).

Australia

The start of HTA in Australia goes back to the early 1980s, and responded to the increase in health care costs and the need for ongoing financial assessments [115-117].

MSAC (Medicare Services Advisory Committee). The MSAC is an interdisciplinary expert-based body established in 1998 to advise the government on the use and implementation of new medical technologies in terms of safety and efficacy [117]. It is currently constituted as a national agency in the field of HTA [118]. It is also the body responsible for the Australia and New Zealand Horizon Scanning Network (ANZHSN) [119], which forms part of EuroScan. This network groups together a number of units, which then prioritise technologies to be assessed so as to prevent work being duplicated.

ASERNIP-S (Australian Safety and Efficacy Register of New Interventional Procedures – Surgical). This is a programme that was created in 1998 under the aegis of the Royal Australasian College of Surgeons for the promotion of evidence-based medicine and use of CPGs [120]. Its mission is to evaluate new technologies by means of systematic reviews, audits or clinical trials, identify emerging technologies and draw up CPGs. At present it is the only HTA group focusing on surgical procedures.

AHTA (Adelaide Health Technology Assessment). The AHTA was set up in 2001 to provide consultancy services to a number of organisations within Adelaide University, though nowadays it also works for the Australian Health Department. Its mission is to identify and assess emerging

technologies, pharmaceutical services and products, inform governments and international collaborators, and draw up clinical practice guidelines [121].

Asia

The Asian HTA network was created in 1996 in response to the annual meeting of the International Network of Agencies for Health Technology Assessment on the creation of special interest groups in developing countries [122]. The network established the pooling of available resources or the creation of an HTA capability in countries where this did not exist. The network is still active and has been able to foster interest in HTA, continue implementing it in different countries, and adopt HTA recommendations that have been successfully applied in other regions. HTA has been introduced in countries such as Pakistan, Indonesia, China, the Philippines, Singapore, Thailand, Malaysia, India, Iran, Korea, Taiwan and Vietnam. At the date of study, however, Israel was the only country in the Asian HTA network which was present in the INAHTA network.

Israel

The Israeli health care system is regarded as one of the leading western health care systems, as can be seen from the wide range of sophisticated health technologies financed with public funds. While the system has achieved a high level of medical care in line with the demographic parameters, demand for health technologies continues to rise.

ICTAHC (Israel Center for Technology Assessment in Health Care). This Israeli centre was established in 1998 at the Epidemiology & Health Policy Research Institute [123]. It is an independent research centre, tasked with advising the Ministry of Health on technology management. Its main aims are to serve as a research and management centre for the Ministry of Health, and as a educational centre for students and policy-makers at Israeli universities [124].

APPENDIX VI. HTA AGENCIES AND UNITS IN SPAIN

AATRM *(Agència d'Avaluació de Tecnologia i Recerca Mèdiques)*/ **CADTHA** (Health Technology Assessment & Medical Research Agency). Although it began as a unit of the Catalonian Department of Health, it is now an independent body within the Catalonian public health care system [126, 127]. It fosters health service research and oversees the TV3 TeleMarathon aid plan.

AETS *(Agencia de Evaluación de Tecnologías Sanitarias)*/(Health Technology Assessment Agency). This body was founded in 1994 within the Carlos III Institute of Health, to lend scientific support to the Ministry of Health & Consumer Affairs, the respective regional health authorities and National Health System. Its main aims are to assess technologies for policy making with respect to their selection and application in the National Health System, promote appropriate use of existing technologies, and foster co-operation at home and abroad. In addition, it is the body responsible for fostering HTA research at both a national and international level [128]. It currently comes under the Ministry of Science & Innovation.

AETSA *(Agencia de Evaluación de Tecnologías Sanitarias de Andalucía)*/ (Andalusian Health Technology Assessment Agency). It was created by the Andalusian Regional Authority in 1996. Its goal is to help decision-making and provide health professionals with information on the most efficient use of health care resources [129].

avalia-t *(Axencia de Avaliación de Tecnoloxías Sanitarias de Galicia)*/ (Galician Health Technology Assessment Agency). This agency was set up in 1999 by the Galician Regional Authority. It mainly undertakes its activities at the request of bodies belonging to the Galician Regional Health Authority, though sometimes it acts on its own initiative or at the instance of other entities or private organisations [21].

I+CS *(Instituto Aragonés de Ciencias de la Salud)/* (Aragon Health Sciences Institute). Created in 2002, the I+CS is a public corporation coming under Aragon Regional Authority's Department of Health. It was established to facilitate the transfer of scientific knowledge and research technology to the health care process, and thereby make advances in the provision and quality of health services. Its activity centres on the training of human resources, fostering research, providing advice and co-operation, and increasing the store of knowledge on population health and its determinants.

Likewise, the I+CS is also charged with the setting-up and maintenance of a health sciences archive. At present, it is the centre responsible for managing the National Health System's CPG health guidance library *(GuíaSalud-Biblioteca)*.

The I+CS has been operating as an HTA unit since 2006, so that its activity and production in this field is very recent. At the date of our study it did not possess an active web page.

Osteba *(Euskal Herriko Osasun Saileko-Osasun Teknologien Ebaluazioko Zerbitzua)*/ (Basque Office for Health Technology Assessment). This office first saw the light of day in 1992, within the context of the Directorate for Planning & Assessment of the Basque Country Health Department, with the result that its reports are used by the Health Department for policy-making and for managing hospitals and health care providers, with the aim of improving medical practice and the organisation and delivery of health care [130]. It currently directs the EuroScan network and co-ordinates the GEnTECS network. The Osteba fosters health service research in the regional field and oversees a multi-annual aid plan in this respect, known as *Investigación Comisionada*. In collaboration with the *Osakidetza*-Basque Health Service, it is shaping a plan for the drawing-up of clinical practice guidelines.

SESCS *(Servicio de Evaluación del Servicio Canario de la Salud)*/ (Canary Island Health Assessment Department). This is a unit that falls under the Directorate of the Canary Island Health Service within the Canary Island Regional Health Authority. Its function is to provide information for health policy decision-making purposes and evaluate the consequences.

UETS *(Unidad de Evaluación de Tecnologías Sanitarias)*/ (Madrid Regional Health Technology Assessment Unit). It was established in 2003 as the Health Technology Assessment Agency for the Madrid Region. Its mission is to generate scientific information to facilitate decision-making in this region's health care system [131, 132].

APPENDIX VII. RESULTS OF EXPERIENCES IN HTA DIFFUSION AND DISSEMINATION, BROKEN DOWN BY COUNTRY

Europe (except Spain)

Table 14. Results of analysis of diffusion and dissemination in Germany

DAHTA	D*eutsche Agentur für Health Technology Assessment*/ German Agency for HTA at the German Institute for Medical Documentation and Information. http://www.dimdi.de/static/en/hta/index.htm
	Almost exclusively issues ARs or HTA reports (available in German: "*HTA Bericht*").
	In addition to the Ministry itself, defined potential end-users include health care managers, physicians, nurses and patients.
	Dissemination activities include publishing reports in print and electronic formats via the web page (in German and English). It also has a news bulletin in English ("*DIMDI Aktuell*") and puts out an electronic journal, the *GMS e-journal*, which appears annually, but does not publish results in scientific journals. Furthermore, it distributes information via press releases, pamphlets and news bulletins. Documents are indexed in the HTA database, Cochrane Library and Tripdatabase. We located no papers authored by the agency in Medline and only one in the ISI Web of Science. Training tends to centre around the holding of workshops and courses for physicians.
IQWiG	*Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen.* http://www.iqwig.de
	This Institute draws up ARs and TR on request from the Ministry, on its own initiative, or under commission from third parties. Although there are very few documents available, they are in English and German.
	Aside from the Ministry itself, information is targeted at managers and health professionals. In addition, there is public health information for patients and the general public.
	It lists its publications on its web page (in German and English) but does not permit access to complete texts (these must be requested by e-mail). It also has a bilingual web page for patients (Informedhealthonline), sponsored by the Ministry. It occasionally publishes the results of its studies in journals. Mentions should be made of its relations with the media via press releases. Reports are indexed in the HTA databases, the Cochrane Library and Tripdatabase. A total of 54 papers authored by the agency were located in Medline and 26 in the Web of Knowledge database. The IQWiG also hosts scientific meetings and training workshops.

Table 15. Results of analysis of diffusion and dissemination in Austria	
LBI of HTA	Ludwig Boltzmann Institute for Health Technology Assessment. http://hta.lbg.ac.at
	Documents issued include ARs (HTA project reports) published in series, TR (rapid assessments), and so-called "decision support documents" (mini-assessments drawn up in the space of a month). All are exclusively available in German.
	The programmes implemented by this unit are chiefly intended for the Ministry and research services, health care managers and, to a lesser extent, clinical staff.
	Documents are disseminated specifically among groups of interest and openly via the web page (in English and German). It issues a monthly bulletin in German ("*HTA Newsletter*"), and publishes papers Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located only one paper in Medline and no documents in the Web of Knowledge. The Institute holds seminars and takes an active part in national conferences.

Table 16. Results of analysis of diffusion and dissemination in Belgium	
KCE	*Kenniscentrum*/Belgian Federal Health Care Knowledge Centre. http://kce.fgov.be
	Although information on document types proved somewhat confusing, the issue of ARs (*KCE reports*), TR or rapid assessments, and clinical guidelines was in evidence. Most of these were available in English, French and Flemish.
	This Centre is responsible for advising the Ministry and policy-makers for the purpose of efficient allocation of health care resources.
	Dissemination activities centre on web page publication (in English, Flemish and French). These publications also include press releases. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. A total of 35 papers authored by the agency were located in Medline and 38 in the Web of Knowledge. The *Kenniscentrum* holds seminars within its field of research.

Table 17. Results of analysis of diffusion and dissemination in Denmark	
DACEHTA	Danish Centre for Evaluation and Health Technology Assessment. http://www.dacehta.dk
	This body issues ARs (HTA reports), TB (early warning systems) and clinical guidelines, as well as consensus lectures and reviews based on panels of experts. Most of these documents are in Danish.
	The main audiences targeted are managers and health professionals of all levels, and the research community.
	Dissemination activities are fundamentally channelled through the web page (available in Danish and English), mailings, and publication of results in scientific journals. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. Four papers were located in Medline and none in the Web of Knowledge. It also participates in postgraduate and continuous education (courses and seminars) for health professionals, managers and politicians.
DSI	*Dansk Sygehusinstitut*/Danish Institute for Health Services Research. http://www.dsi.dk
	The Institute issues ARs (DSI reports), clinical guidelines and other types of publications, such as memoranda.
	Information is mainly targeted at the health authorities and decision-makers, as well as health professionals (hospitals, primary care and the pharmaceutical sector).
	It has a web page (in English and Danish), via which access can be had to documents drawn up by the agency. In addition, many of these documents are published in print. Papers are also published in journals. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. The search in Medline located 10 papers authored by this agency and 22 in the Web of Knowledge. It collaborates in the holding of postgraduate courses and seminars designed for health professionals, administrators and managers.

Table 18. Results of analysis of diffusion and dissemination in Finland	
FinOHTA	Finnish Office for Health Care Technology Assessment. http://www.stakes.fi/finohta
	This agency puts out four series of publications, namely: ARs (*FinOHTA Reports*) in Finnish and, sometimes, in English as well; TR (rapid reviews); and *TAupdates (TAseloste)*, summaries, translated into Finnish, of reports from other countries; and it also issues Finnish translations of external assessment summaries, in the form of *"Arviointiseloste"* pamphlets (rapid assessments).
	End-users include health authorities, managers and clinicians, and in the near future the agency hopes to include the general public as an active end-user.
	It disseminates information via its web page (in Finnish and English). The FinOHTA issues the bulletin "*Impakti*", targeted at politicians and health care managers (this is published six times a year, in English and Finnish). It also publishes in professional journals. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located 19 papers published in Medline and 34 in the Web of Knowledge. The agency holds lectures and courses, and takes part in international collaborations with organisations connected with methodology and the development of systematic reviews and CPGs, e.g., the Cochrane Organisation, AGREE Collaboration and Guidelines Internet Network (GIN).

Table 19. Resultados de los análisis de difusión y diseminación en Francia	
HAS	*Haute Autorité de Santé.* http://www.has-sante.fr
	The HAS issues reports (in the form of both full and rapid assessments), TB and clinical guidelines, and also draws up disease or health care organisations accreditation programmes. All of these are exclusively available in French.
	Potential end-users include senior management bodies of the French health care system, health professionals, the media and the general public.
	Studies are sent to the senior management of the Paris Hospital Public Healthcare system (*Assistance Publique-Hôpitaux de Paris/AP-HP*) and ministerial departments, hospital managers, clinicians and experts. Moreover, the recommendations contained in these reports are to be found on the web page (in French and English), though application (free of charge) must be made to obtain the complete text. As shown by the search made in Medline, the HAS makes scant use of publication in international scientific journals for dissemination purposes. It has a monthly news bulletin ("*HAS Actualités & Pratiques*") in French. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located 10 papers in Medline and 46 in the Web of Knowledge. In addition, the agency holds events targeted at AP-HP physicians or directors.
CEDIT	*Comité d'Évaluation et de Diffusion des Innovations Technologiques.* http://cedit.aphp.fr
	The Committee issues ARs and TB for the identification of emerging technologies.
	Potential end-users include the Secretariat-General of the Paris Hospital Public Healthcare system (*Assistance Publique-Hôpitaux de Paris/AP-HP*), senior management bodies and medical departments of the above health area, and clinicians.
	Studies are sent to *AP-HP* senior management and ministerial departments, hospital managers, clinicians and experts. Moreover, the recommendations contained in these reports are to be found on the web page (in French and English), though application (free of charge) must be made to obtain the complete text. As shown by the search made in Medline, it makes scant use of publication in international scientific journals for dissemination purposes. It has a monthly news bulletin ("*HAS Actualités & Pratiques*") in French. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. Four papers published by the agency were located in Medline and 13 in the Web of Knowledge. In addition, the CEDIT holds events targeted at AP-HP physicians or directors.

Table 20. Results of analysis of diffusion and dissemination in Holland	
ZonMw	*Nederlandse Organisatie voor Gezondheidsonderzoek en Zorginnovatie*/Netherlands Organisation for Health Research and Development. http://www.zonmw.nl
	Production tends to centre on the drawing-up of ARs and TB.
	Intermediary between health authorities, research and practice. Consequently, interested parties are researchers, health authorities, health professionals and the general public.
	Dissemination activities include the publication of reports via a range of media, web pages (in English and Dutch) and press releases. There is no active policy for applying study results. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. Only 6 papers were located in Medline and 8 in the Web of Knowledge.
CVZ	*College voor Zorgverzekeringen.* http://www.cvz.nl
	The CVZ draws up full-length ARs (exclusively available in Dutch).
	Information is principally targeted at the central government, health insurers and managers, and the general public.
	Dissemination activities include the dispatch of reports in print to institutions (medical unions, the medical profession and insurance companies) and publication via its web page (available in English and Dutch). Summaries of reports are published in a Dutch medical journal ("*CVZ Magazine*"), exclusively available in Dutch. It also puts out a monthly Dutch news bulletin, the "*CVZ-Nieuwsmail*", and issues press releases, depending on the subject matter. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. Insofar as publication of results in journals is concerned, 3 papers were located in Medline.
GR	*Gezondheidsraad* http://www.gr.nl
	This published so-called advisory reports and TB (in Dutch). An increasing number of reports are translated into English.
	End-users basically tend to be ministerial bodies and health care managers.
	Reports are sent in print format to many institutions, in keeping with the topic matter, and are available on the web page (in English and Dutch). Furthermore, the GR publishes a bulletin on new activities and publications ("*Graadmeter*") in Dutch and English, distributed via e-mail. The GR's press releases are circulated by the media. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located 12 papers published in Medline and 4 in the Web of Knowledge.

Table 21. Results of analysis of diffusion and dissemination in Hungary	
HunHTA	*Egészség-gazdaságtani és Technológiaelemzési Kutatóközpont*/Health Economics and Technology Assessment Research Centre. http://hecon.uni-corvinus.hu/
	The HunHTA issues ARs, in all cases consisting of economic evaluations.
	Potential end-users at whom the information is targeted are the government and parliament.
	The Centre has a web page in English and Hungarian carrying information on the agency's publications and activities. Users require a code to access these documents. Only 4 documents authored by the Hungarian agency were located in Medline.

Table 22. Results of analysis of diffusion and dissemination in Latvia	
VSMTVA	*Veselības Statistikas un Medicīnas Tehnoloģiju Valsts Aģentūra*/Health Statistics and Medical Technologies State Agency. http://www.vsmtva.gov.lv
	A code is need to access this web page, which rendered it impossible to gather information on the site.
	No information on the web page's potential end-users could be traced.
	Information on the web page is accessible in Latvian and English. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. The Agency also organises consensus conferences and participates in educational activities, in most cases relating to analysis of statistical data.

Table 23. Results of analysis of diffusion and dissemination in Norway	
NOKC	Norwegian Knowledge Centre for Health Services. http://www.nokc.no
	The Centre issues ARs (*rapport: stifelsen gruk*) and early alert TB, as well as surveys. All of these are exclusively available in Norwegian. Furthermore, as a result of its methodological support of and joint work with the Collaboration Cochrane, it draws up other types of systematic reviews.
	It is tasked with formulating policies and disseminating information to health care managers, clinicians, the media and general public.
	The NOKC publishes reports, which are circulated in print format to defined recipients and which are available via the web page (in Norwegian). It likewise issues a quarterly bulletin and publishes the results of some of its reports in journals. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. A total of 74 publications appear in Medline but none in the Web of Knowledge. The Centre holds workshops and seminars for specific groups.

Table 24. Results of analysis of diffusion and dissemination in Poland	
AHTAPol	*Agencji Oceny Technologii Medycznych*/Agency for Health Technology Assessment in Poland. http://www.aotm.gov.pl
	Its activities centre on the production of ARs, exclusively available in Polish.
	Potential end-users include the Ministry of Health and policy-makers.
	The web page is solely available in Polish, so that we were unable to ascertain the types of documents issued. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase.

Table 25. Results of analysis of diffusion and dissemination in the United Kingdom	
CRD	Centre for Reviews and Dissemination. http://www.york.ac.uk/inst/crd/
	This Centre draws up ARs ("*CRD reports*") in English, and methodological documents, all exclusively in English.
	Defined end-users are health care managers, clinicians and the research community.
	The CRD has a web page in English, via which it provides access to documents issued and activities undertaken by the agency. Publication of content matter is adapted to the characteristics of the target audience (i.e., tailored in terms of both format and style). The Centre endeavours to choose journals indexed in Medline in order to reach clinicians. It publishes a newsletter, bulletins containing some summaries with a management approach ("*Effective Matters*" and "*Effective Health Care*"), and others with a clinical approach ("*Clinical Evidence*", "*Bandolier*", etc.), as well as pamphlets for patients. Moreover, the National Health Service is intent on improving the information via the NHS Direct Online portal (NHS Direct), which puts together informative material targeted at patients. Three databases are placed at the public's disposal. Thus, in addition to the HTA database, it has: the Database of Abstracts of Reviews of Effectiveness (DARE), which summarises and condenses systematic reviews published and identified through searches of leading medical journals and bibliographic databases; and the National Health System Economic Evaluation Database (NHS EED), which includes abstracts of papers on economic evaluations in health care [82, 83]. A total of 166 papers were located in Medline and 15 in the Web of Knowledge.
NHSC	National Horizon Scanning Centre. http://www.pcpoh.bham.ac.uk/publichealth/horizon
	This body concentrates on drawing up and compiling TB, i.e., technology briefings, in English.
	Targeted mainly at health authorities and managers, as well as clinicians.
	Insofar as its dissemination activities are concerned, the NHSC publishes all the information on its web page (available in English) and in the EuroScan database. Only 2 of this agency's papers were traced in Medline. It also hosts courses and seminars.
NCCHTA	National Co-ordinating Centre for Health Technology Assessment. http://www.hta.ac.uk
	The NCCHTA focuses on research, both primary and secondary, through the publication of systematic reviews and ARs.
	Aside from health authorities and bodies belonging to the health care system, documents are also targeted at managers.
	Among its dissemination activities, the Centre issues summaries and reports, available by mail, in print format and via the web page. It has a news bulletin in English, distributed by means of the RSS system. Despite the fact that the journal which it publishes, "*Health Technology Assessment*", is indexed in Medline, we located 2 papers authored by this agency in Medline and 5 in the Web of Knowledge.

IAHS	Institute of Applied Health Sciences
	Drawing-up of reports or technology assessment reviews (TARs) for other bodies in the National Health System.
	No information could be traced.
	The IAHS does not have its own web page, so that documents can be disseminated: 1) via the NICE web page; 2) as NCCHTA (National Co-ordinating Centre for Health Technology Assessment) monographs, both in print and in electronic format; 3) by publication in medical journals. Documents indexed in the HTA database, the Cochrane Library and Tripdatabase. A total of 46 papers were located in Medline and only 1 in the Web of Knowledge.
NHS QIS	NHS Quality Improvement Scotland. http://www.nhshealthquality.org
	This agency issues ARs (targeted at managers and professionals), TR or evidence notes (targeted at health planners) and clinical guidelines (for professionals, managers and the general public). Additionally, it draws up the NHS QIS Standards (statements of performance intended for professionals, managers and the general public) and Best Practice Statements (these are targeted at health professionals -and nursing staff in particular- and describe best practices in patient care).
	The NHS QIS caters to health professionals, managers and health authorities.
	The web page (in English) is a vital tool for dissemination of information. It has a direct mailing list for dissemination of documents. In the case of guidelines, the principal channel of dissemination is the Scottish Intercollegiate Network (SIGN) website. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. A total of 13 papers were located in Medline and one in the Web of Knowledge. The NHS QIS participates in educational initiatives and hosts workshops and seminars on methodological trends.

Table 26. Results of analysis of diffusion and dissemination in Sweden	
SBU	*Statens Beredning för Medicinsk Utvärdering*/Swedish Council on Technology Assessment in Health Care. http://www.sbu.se
	The Swedish Council draws up reports, TR (yellow and white reports) and TB (alert reports). In addition, it publishes versions of reports adapted for the general public.
	The target public varies according to the subject matter but in general is viewed as comprising managers and decision-makers in government administration plus the general public.
	Reports are disseminated in print format to predefined groups and are published in full on the web page. All alert summaries are translated into English and are published on the web page (in English and Swedish). The SBU puts out a quarterly bulletin in Swedish ("*SBU Newsletter Medical Science & Practice*"). Furthermore, report summaries are published in English as supplements in scientific journals. Press releases are usually drawn up for the media and circulated free of charge via an Internet subscription service. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. A total of 86 papers were located in Medline and 145 in the Web of Knowledge. The SBU holds seminars, courses, lectures and clinical sessions. In addition, it acts as the INAHTA secretariat.
CMT	*Centrum för Utvärdering av Medicinsk Teknologi*/Center for Medical Technology Assessment. http://www.cmt.liu.se
	Its activity focuses mainly on drawing up ARs ("*CMT rapports*") and other types of documents.
	Its output is targeted at health professionals, health policy-makers and the media.
	The CMT has a web page (in English and Swedish) and publishes its own series of reports in Swedish, papers in scientific journals in English, news in Swedish, and a free quarterly e-bulletin, the "*CMT Nyhetsbrev*", exclusively available in Swedish. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located 61 papers in Medline and 20 in the Web of Knowledge database. In the field of education, it carries out teaching activities for professionals and managers, as well as at a graduate and postgraduate level.

Table 27. Results of analysis of diffusion and dissemination in Switzerland	
MTU-SFOPH	Medical Technology Unit - Swiss Federal Office of Public Health. http://www.snhta.ch
	The documents issued by the MTU-SFOPH basically consist of ARs. Access to content matter is restricted to members by means of the use of a code.
	The principal end-user is the Swiss Department of the Interior.
	Apart from disseminating content matter and activities via its web page (available in English), the Swiss Federal Office has its own monthly bulletin, the "*SNHTA-Newsletter*", distributed by e-mail. It also periodically publishes in leading peer-reviewed journals and takes an active part in courses and seminars. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located 31 papers in Medline authored by this agency.

Canada and the USA

Table 28. Results of analysis of diffusion and dissemination in Canada	
AETMIS	*Agence d'Évaluation des Technologies et des Modes d'Intervention en Santé.* http://www.aetmis.gouv.qc.ca
	The AETMIS concentrates on the drawing-up of ARs, in full-length or rapid response format, in English and French in both cases.
	Assessments are generally targeted at the Ministry and decision-makers in the Canadian health care system.
	Dissemination is undertaken by the web page (in English and French), the agency's e-bulletin ("*Cyber-nouvelles*") available in French, and e-mail. Publication of results in international scientific journals is marginal, as is reflected in Medline. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located 5 papers in Medline and 6 in the Web of Knowledge. A search of the Catalogue and Index of French-language Health Internet Resources (*Catalogage et l'Indexation des Sites Médicaux Francophones - CISMeF*) retrieved 4 documents drawn up by the agency. This agency takes part in organising courses and conferences.

CADTH	Canadian Agency for Drugs and Technologies in Health. http://www.cadth.ca
	The agency issues ARs, as full-length documents (technology reports) and as summaries of complete reports (technology overviews), plus documents on emerging technologies (published in the bulletin, "*Issues in Emerging Health Technologies*") and the "*Emerging Drug List*" (on-line series containing data on new medications and vaccines in the development phase, which, it is hoped, will be of high impact). All of these are available in English and French. As a consequence of the co-ordinating role that it plays, methodological manuals are also issued.
	The agency basically produces information targeted at health authorities and information managers.
	The CADTH's activities include further developing its web page (in English and French) and drawing up summaries, e-bulletins ("*Health Technology Update*": bulletin with papers on new and emerging technologies) and papers published in peer-reviewed journals. In addition, academic conferences and workshops are also held. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located 9 papers authored by the agency in Medline and 9 in the Web of Science. A search of the *CISMeF* retrieved 1 document drawn up by the agency.
MAS	Medical Advisory Committee. http://www.health.gov.on.ca/english/providers/program/mas/mas_about.html
	The Medical Advisory Committee conducts systematic reviews of evidence and consultations with community health-care-service experts.
	Assessments are generally targeted at the Ministry of Health, other government agencies and decision-makers.
	Dissemination activities centre on publication of reports via the web page (in English and French) and the issue of a periodic e-bulletin, in which providers and managers are informed of the Ontario Health Technology Advisory Committee (OHTAC) recommendations. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. A total of 28 papers authored by the agency were located in the Web of Knowledge database.

Table 29. Results of analysis of diffusion and dissemination in the USA	
AHRQ	Agency for Healthcare Research and Quality. http://www.ahrq.gov/
	In view of this organisation's open structure, a range of documents are drawn up, namely, evidence reports, technology assessment reports and CPGs, among others.
	This agency's output covers all health care levels, i.e., clinicians, managers and the general public.
	On-line dissemination strategies are personalised according to subject matter and potential end-users, as can be clearly seen from its web page, which furnishes separate information for managers, clinicians and patients (88). Mention should be made of the strong presence of papers published by this agency (484 papers in Medline and 57 in the Web of Knowledge).
VATAP	Veterans Affairs-Technology Assessment Program. http://www.va.gov/vatap
	Among the types of documents provided by the VATAP are full reports (lengthy reviews and assessments), TR or short reports (concise systematic reviews) and full-length systematic reviews. Accompanying most of the reports are summaries geared to the patient, and documents presented in question-answer format.
	A wide variety of products and services are provided for clinicians, managers and patients.
	Electronic media are the main methods of dissemination. The Internet site affords access to products and activities, and has a section with information for patients. E-mail is used for dissemination of content matter and there is a service alerting readers to the publication of new documents. From time to time the VATAP also issues its e-bulletin, "*Tech Watch*". Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. Only 5 papers authored by this agency were located in Medline. The agency is an active participant in various fora.

Latin America

Table 30. Results of analysis of diffusion and dissemination in Argentina	
IECS	*Instituto de Effectiveness Clínica y Sanitaria* (Clinical & Health Care Effectiveness Unit) http://www.iecs.org.ar
	Documents are classified into HTA documents, rapid response or short reports, practice guidelines and measurement of indicators (to monitor appropriate use of a technology or detect deviations from national standards). All are to be found in Spanish.
	Information is mainly targeted at health authorities, managers, health professionals and researchers.
	Dissemination activities rely on publications in print and electronic format (subject to registration and solely accessible if requested for academic purposes), with access to summaries (in Spanish and English). An e-bulletin is under development. The IECS also acts as Argentina's network collaborating with Nevalat (Latin American Economic Evaluation and Decision-making Network), directed by the Centre for Health Economics at the University of York (UK). Reports are indexed in the HTA databases, the Cochrane Library and Tripdatabase. A total of 13 papers authored by the agency were located in Medline and 13 in the Web of Knowledge. In addition to a Master's Degree in Clinical Medicine and Health, the agency also takes part in post-graduate courses.

Table 31. Results of analysis of diffusion and dissemination in Brazil	
DECIT-CGATS	*Geral de Avaliação de Tecnologias em Saúde* http://portal.saude.gov.br/portal/saude/area.cfm?id_area=1026
	This agency conducts systematic reviews of scientific evidence.
	Information is targeted both at health authorities and at health professionals, be they clinicians, managers or the general public.
	Apart from its participation in various fora and bodies, the DECIT-CGATS chiefly uses its web page (available in Portuguese, Spanish and English) to disseminate its studies. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. The agency undertakes training activities through the holding of technical meetings, events, lectures and conferences

Table 32. Results of analysis of diffusion and dissemination in Mexico	
IMSS	*Instituto Mexicano de Seguridad Social.* http://www.imss.gob.mx/imss/imss_sitios/dpm/informacion/tecnologia/principal.htm
	The IMSS exclusively issues ARs.
	Information is targeted at patients and at health professionals, be they clinicians or administrators.
	Dissemination activities are mainly carried out via the Internet. The agency issues an e-bulletin, the "*Boletín de Evaluación de Technology para la Salud*", which is published every four months and is targeted at health professionals. In addition, it puts out press releases. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase.
CENETEC	*Centro Nacional de Excelencia Tecnológica.* http://www.cenetec.gob.mx
	It issues ARs (whether full-length or rapid responses) and CPGs.
	Although no information could be found on this aspect, the conclusion to be drawn from the agency's structure and organisation is that its potential end-users are health care bodies and managers as well as clinical staff.
	The CENETEC has a web page in Spanish with information on its activities and publications, as well as a news bulletin ("gacetas"). Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. Similarly, the agency participates actively in HTA workshops within the context of the lectures and conferences that it holds.

Australia and Asia

Table 33. Results of analysis of diffusion and dissemination in Australia

MSAC	Medicare Services Advisory Committee. http://www.msac.gov.au
	The Committee draws up ARs and TB (known as "horizon scanning reports").
	Its principal end-users include the Ministry, industry, medical organisation and, to a lesser extent, individual end-users.
	Activities are widely disseminated over the web page and via e-mails, in the form of reports and news bulletins targeted at professional boards and organisations, different government and health authorities, hospitals and other interested parties. It is also the body responsible for the Australia and New Zealand Horizon Scanning Network (ANZHSN). Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. We located 6 papers authored by this agency in the Medline database.
ASERNIP-S	Australian Safety and Efficacy Register of New Interventional Procedures-Surgical. http://www.surgeons.org/asernip-s
	This organisation issues ARs, among which are the *ASERNIP-S Systematic reviews, ASERNIP-S accelerated systematic reviews and ASERNIP-S technology overviews* (formats tailored to health care managers). In addition, it draws up clinical guidelines and TB, the latter via the New and Emerging Techniques-Surgical group. The ASERNIP-S also issues other types of publications and information targeted exclusively at patients.
	The agency's principal end-users are the government and consumer organisations, as well as any other institutions and individuals that might suggest procedures for assessment and so come to constitute a target audience.
	Documents are published on the web page (in English) in their entirety, with abstracts being disseminated to the scientific community, authorities, hospitals and consumer committees by various means (mail, journals, bulletins and web pages). Summaries for end-users are likewise an important part of dissemination and are also available on the web page, visits to which are monitored. The ASERNIP-S is a member of the Australia and New Zealand Horizon Scanning Network (ANZHSN) in the field of emerging technologies. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. This agency has a major presence in both the Medline (50 papers) and WOK databases (35).
AHTA	Adelaide Health Technology Assessment. http://www.public-health.adelaide.edu.au/consult/health_techn_assess.html
	The AHTA carries out systematic reviews, draws up CPGs and, along with the ANZHSN, participates in issuing early alerts via the National Horizon Scanning Unit working group.
	Although there is no information on this aspect, the conclusion to be drawn from the structure of the content matter is that potential end-users include health care bodies and managers, and, to a lesser extent, clinicians.
	Access to information on activities and reports is provided via the web page. Principal research results have been published in journals or publicised through national and international conferences and workshops. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. There are 32 papers authored by the agency in the Medline database.

Table 34. Results of analysis of diffusion and dissemination in Israel	
ICTAHC	Israel Center for Technology Assessment in Health Care. http://www.health.gov.il/english/pages_e/default.asp?pageid=28&parentid=15&catid=13&maincat=2
	The ICTAHC is exclusively involved in drawing up HTA reports.
	Its principal potential end-users include the Ministry of Health, public hospitals, private clinics and health funds.
	Dissemination activities concentrate on the web page (available in English and Hebrew). The centre plans to broaden the scope of HTA training to include professionals and national consensus conferences on health matters. Reports are indexed in HTA databases, the Cochrane Library and Tripdatabase. It has 3 papers on the Web of Knowledge database. The ICTAHC holds courses in medical and administration departments.

Spanish agencies and units

Table 35. Spanish agencies and units	
AATRM	*Agència d'Avaluació de Tecnologia i Recerca Mèdiques*/Health Technology Assessment & Medical Research Agency (CADTHA). http://www.aatrm.net
	The agency furnishes ARs, TR or immediate response services, and CPGs. It provides access to documents in Catalan and Spanish, with summaries in English (documents can sometimes be found with the full text in English).
	Its output is targeted at hospitals, primary care centres, universities, health authorities and private agents (industry, pharmaceutical companies or consultants).
	Among its dissemination activities, special mention should be made of its use of the web page (in English, Spanish and Catalan). In addition, this agency puts out a quarterly bulletin ("*Informatiu*"), publishes results in scientific papers, issues briefings in Catalan and Spanish and some reports in English. The documents drawn up by this agency are recorded in specialised databases, both international and domestic in scope. Output in databases of a general scope is of marginal interest only (see Table 10). It provides training activities at a post-graduate level, continuous education and on-line learning.
AETS	*Agencia de Evaluación de Tecnologías Sanitarias*/Health Technology Assessment Agency (AETS). http://www.isciii.es/htdocs/en/investigacion/Agencia_quees.jsp
	This body issues public HTA reports and TR drawn up by senior management units of the Ministry of Health or other government departments, as well as TB, all within the system of emerging technologies. It also issues other types of documents, such as monitorised use (assessment geared to remedying situations where there is insufficient information for deciding upon the inclusion of a health technology in the service portfolio). Documents are exclusively available in Spanish.
	No information could be found regarding the target audience for this agency's reports.
	Dissemination activities varied in accordance with the nature of the report but most of these were circulated by selective mailing, without forgetting dissemination via the agency's web page (in Spanish and English). In addition, the *AETS* played an active part in meetings of scientific and professional societies. Its publications are indexed in specialised databases and repositories, both international and domestic in scope. Output in databases of a general scope is of marginal interest only (see Table 10). It offers training courses for clinicians and managers.

AETSA	*Agencia Andaluza de Evaluación de Tecnologías Sanitarias*/Andalusian Health Technology http://www.juntadeandalucia.es/salud/orgdep/AETSA/
	The different types of documents issued by this agency include ARs (full-length, short and rapid response TR) as well as TB. In addition, it draws up consensus documents.
	No specific information was found as to the different potential end-users of these documents.
	The AETSA publishes its content matter via its web page (in Spanish and English) and, in specific cases, disseminates reports in print format. It also puts out a bulletin, "Noticias de Evaluación de Tecnologías Sanitarias" (NETS), which is circulated to health policy-makers, health professionals, end-users, libraries and other member bodies of the INAHTA. The documents drawn up by this agency are recorded in specialised databases and repositories, both international (HTA, Tripdatabase) and domestic in scope. Output in databases of a general scope is of marginal interest only. It holds meetings and lectures on HTA methodology for health professionals.
avalia-t	*Axencia de Avaliación de Tecnoloxías Sanitarias de Galicia*/Galician Health Technology Assessment Agency. http://avalia-t.sergas.es
	Document types can be classified into ARs (full reports, TR or short reports), CPGs, TB and evaluative research.
	No specific information was found as to the different potential end-users of these documents.
	Full-text documents are offered free of charge via the web page (in Galego and Spanish) and notice of their publication is e-mailed to professionals and health service administrators. Some are published in scientific journals or institutional publications. The documents drawn up by this agency are recorded in specialised databases, both international and domestic in scope. Output in databases of a general scope is of marginal interest only (see Table 10). The agency holds courses and lectures for health professionals on HTA methodology.
I+CS	*Instituto Aragonés de Ciencias de la Salud*/Aragon Health Sciences Institute (I+CS).
	At the date of study it had no active web page.

Osteba	*Euskal Herriko Osasun Saileko Osasun. Teknologien Ebaluazioko Zerbitzuak*/Basque Office for Health Technology Assessment (Osteba) http://www.osasun.ejgv.euskadi.net/r52-20726/es/contenidos/informacion/temas_evaluar/es_1211/inv03.html
	Document types can be structured under ARs and informative consultations, which can in turn be classified into review reports, the *Osteba Responde* series (rapid response comprising a bibliographic review without interpretation of results), TB and CPGs. It also has a section dedicated exclusively to methodological documents.
	No specific information was found as to the different potential end-users of these documents.
	Its reports are distributed by mail and the web page (in Spanish and Basque). In addition, it issues a news bulletin, the "*Osteba Berriak*". Press releases are issued for each report. The documents drawn up by this agency are recorded in specialised databases, both international and domestic in scope. Output in databases of a general scope is of marginal interest only. The Basque Office gives courses and lectures to clinicians and managers.
SESCS	*Servicio de Evaluación del Servicio Canario de la Salud*/Canary Island Health Assessment Department (SESCS). http://www.gobiernodecanarias.org/sanidad/sescs/
	Exclusively devoted to drawing up ARs.
	No specific information was found as to potential end-users.
	Reports are disseminated free of charge via the web page (in English and Spanish). The principal results are published in journals in the clinical field. No publication could be located in any of the databases analysed. This department holds courses and seminars, and participates in conferences.
UETS	Unidad de Evaluación de Health technologies/Madrid Regional Health Technology Assessment Unit (UETS). http://www.madrid.org/lainentralgo/estudios/marcevalua/ffevalua.htm
	ARs and CPGs: exclusively available in Spanish.
	No specific information was found as to the different potential end-users of these documents.
	Dissemination activities can vary according to the nature of the report. Most are of limited circulation. All documents are disseminated via the web page (available in Spanish).

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