

# Business plan 2022 - Cluster for assessment of measures

## Table of contents

|   |   |
|---|---|
| 1 Organization .....  | 1 |
| 2 Social mission .....  | 1 |
| 2.1 Summary of research .....   | 2 |
| 2.1.1 Deliveries to the Directorate for Children, Youth and Family Affairs .....                      | 2 |
| 2.1.2 Deliveries to the central health administration .....   | 2 |
| 2.1.3 Deliveries to the specialist health service (New methods) .....                                 | 3 |
| 2.1.4 Other deliveries of knowledge summaries .....   | 4 |
| 2.2 Other activities .....  | 5 |
| 2.2.1 Teaching .....  | 5 |
| 2.2.2 Other .....   | 5 |
| 3 Planned activities 2022 .....   | 7 |
| 3.1 Deliveries of knowledge summaries .....   | 7 |
| 3.2 Teaching (all externally funded).....   | 7 |
| 3.3 Development areas .....   | 7 |
| 4 Appendix - Changes and developments over the next two to five years (note to area management) ..... | 8 |

## 1 Organization

The cluster for assessment of measures is headed by Kåre Birger Hagen. The cluster consists of four staff groups (HTV 1-4) led by Rigmor Berg, Hege Kornør, Martin Lerner and Kjetil G Brurberg.

The technical director and the four departmental directors make up the cluster management team. The department directors have personnel responsibility for employees in the four personnel groups. The cluster management will jointly ensure the management of the cluster. At the beginning of 2022, the cluster had a total of approximately 60 full-time equivalents divided between 70 employees.

## 2 Social mission

The cluster will support NIPH's vision of better health for all and sustainable health and care services through systematic knowledge acquisition and dissemination. The knowledge summaries and health technology assessments provided by the cluster are used as a basis for decision-making in guideline and prioritization processes, and will thus contribute to open and fair distribution. With reference to the area's target memorandum for 2021-22, by the end of 2022 we will be clearly established as a leading international environment for knowledge summaries and health technology assessments and be the preferred supplier nationally. Furthermore, we must be able to document that we effectively

deliver on time and with the agreed quality and that we have established long-term collaboration with municipalities in at least two regions.

## 2.1 Summary of research

We offer various types of evidence summaries, which are tailored to the client's needs. We work primarily with questions relating to the effects of preventive, treatment and rehabilitation measures. We also summarize research on the effects of organizational interventions, clinical utility and accuracy of diagnostic tests and user experiences.

A health technology assessment (HTA) is a systematic assessment of research on the efficacy and safety of interventions for prevention, diagnosis, treatment, rehabilitation or organization of health services. Central to most HTAs is also an assessment of economics, in the form of cost-effectiveness and/or budget consequences. An HTA may also include an assessment of the needs of the target group, the severity of the condition, and the ethical, social, organizational and legal consequences of various decisions.

The cluster only delivers knowledge summaries and health technology assessments on behalf of external clients and has three main delivery lines.

### 2.1.1 Deliveries to the Directorate for Children, Youth and Family Affairs

The cluster has a framework agreement with Directorate for Children, Youth and Family Affairs (Bufdir). The agreement means that we deliver knowledge summaries that will help to establish a knowledge base for important policy and practice decisions and develop knowledge-based services for child protection, child welfare, childhood, youth and adolescence, adoption, family protection, equality and non-discrimination and violence and abuse in close relationships. The knowledge summaries for Bufdir deal with, among other things, the organization, experience and effect of services. Six of the deliveries in 2021 concerned the corona pandemic. Bufdir commissions knowledge summaries on an ongoing basis throughout the year. Based on our role as a national knowledge provider in the field of welfare services for 10 years, we have played a key role in the establishment of an international network of institutions with similar roles, the International Network of Social Intervention Assessment (INSIA). The network was formally established in November 2021 and Rigmor Berg has been elected as deputy chair. The collaboration is in a start-up phase and could potentially become an important network for method development in this area.

### 2.1.2 Deliveries to the central health administration

We are commissioned by the Norwegian Directorate of Health to deliver systematic reviews to be used in national guidelines. We receive six to eight "simple" effect questions for systematic reviews each year. The delivery time is 4-6 months from order. These deliveries are regulated in the service agreement between NIPH and the Directorate of Health.

For several years, we have tried to support the Directorate of Health's work on cancer action plans. Our role and contribution in this area has been unclear and remains unresolved. In 2020, the Ministry of Health and Care Services decided that the decision-making process for evaluating and establishing new screening programs will be led by the Directorate of Health. The Norwegian Directorate of Health expects NIPH to deliver knowledge summaries and health technology assessments that support these

decision-making processes. Our contribution to cancer action plans and screening programs is unclear and currently not regulated in the service agreement, nor is it funded.

Every year, we are also commissioned by the Ministry of Health and Care Services to conduct knowledge summaries through our letter of allocation.

The cluster's employees also contribute to knowledge summaries that are anchored in other areas at FHI. In connection with the COVID-19 outbreak, several of the cluster's employees have contributed to several knowledge summaries on SARS-CoV-2 and COVID-19. At the start of 2022, we have allocated significant resources to this work.

### 2.1.3 Deliveries to the specialist health service (New methods)

We deliver health technology assessments to the national system for the introduction of new methods in the specialist health service (New methods). The regional health authorities (RHF) are the system owners. The commissioning forum for new health technologies meets every month and commissions national HTAs. We are receiving an increasing number of assignments for less comprehensive assessments and surveys. To ensure that our deliveries are in line with the needs of New Methods, we have expanded our product portfolio. It now consists of three main categories: full HTAs, rapid HTAs and simplified HTAs.

As a key player in the New Methods system, NIPH is also responsible for the following tasks:

- Suitability assessments on all proposals received for non-pharmaceutical methods.
- National support function for mini-method assessment, including operation of the national database for mini-method assessments.
- Operation of the method notification function in collaboration with the Norwegian Medicines Agency.
- Representation in Bestillerforum for new methods (two representatives) and Beslutningsforum for new methods (one representative).
- Member of the Reference Group for New Methods.
- Participate in dialogue meetings between New Methods and industry organizations.
- Participate in international collaboration within health technology assessment and method notification.

In the assignment document from HOD for 2019, the regional health authorities, the Norwegian Institute of Public Health, the Norwegian Medicines Agency and other stakeholders in New Methods were tasked with developing models for phasing out/reassessing treatment methods in the specialist health service in the New Methods system. FHI has played a key role in the project by providing method warnings and method assessments for four pilots. The project is scheduled for completion in 2022.

Over the past year, we have received several assignments in the field of personalized medicine in the area of cancer. These assignments attract a lot of media attention and require both method and system development. Throughout 2021, the cluster has published several pilots related to the assessment of diagnostic tests ('companion diagnostics'), and has learned that HTAs that exclusively assess tests are difficult to link to the prioritization criteria. Going forward, the cluster will actively

contribute to finding proposals for how the combination of diagnostic tests and targeted treatment can be evaluated in the New Methods system.

The NIPH is also expected to contribute to the development and renewal of new methods for a sustainable national prioritization system, and in recent years we have worked to become a more active and outward-looking system player. System development tasks come in addition to HTA assignments and often require significant resources and different expertise than traditional HTAs.

Some development tasks will require significantly more effort and resources in 2022 than in a normal year. This applies in particular to the follow-up of the evaluation of New Methods. The evaluation and its follow-up have received a lot of attention and will be crucial for the entire system and NIPH's role in this. The preliminary allocation letter states: *"The Norwegian Institute of Public Health, in collaboration with the regional health authorities, the Norwegian Medicines Agency and the Norwegian Directorate of Health, shall follow up the evaluation of New Methods in its area of responsibility, with measures for faster case processing and greater user and clinician involvement, including for the handling of different types of medical devices in the system, and contribute to the preparation of an overall process guide for case processing in the system. The Institute of Public Health's follow-up will be included in the joint status report for the work submitted by the regional health authorities on June 1, 2022."*

In 2018, the European Commission proposed a regulation on cooperation on health technology assessment (HTA). This proposal has subsequently been revised and was adopted in its final form in December 2021. The regulation aims to reduce duplication of work and streamline the work on HTAs. The regulation is implemented in the EEA area and will thus affect the Norwegian system. This will require significant involvement from our side in 2022. This applies in particular to the establishment and representation in important forums in the future European HTA collaboration.

In 2020, the Ministry of Health and Care Services decided that the Norwegian Institute of Public Health and the Norwegian Medicines Agency will participate in and co-finance the newly established international collaboration on method notification International Horizon Scanning Initiative (IHSI). Norwegian participation in IHSI is planned to relieve national resources by allowing the IHSI database to be used as a supplement or replacement for current sources on new medicines and, in the long term, hopefully medical devices that are entering the market. NIPH has actively worked to focus on medical devices within the collaboration, and since June 2021 a working group has been established for this. This group is led by NIPH together with Zorginstituut Nederland (ZIN). The working group is scheduled to deliver a concrete proposal for an international horizon scanning system for medical devices in 2022, which will require significant efforts and resources.

In terms of other international cooperation, we are involved in several activities through various international organizations and networks. These activities have been poorly coordinated, and we have therefore taken the initiative to gather and coordinate these activities in 2022.

#### 2.1.4 Other deliveries of knowledge summaries

*External*

We have entered into a collaboration agreement with Samvalgssenteret at the University Hospital of North Norway HF (UNN), which means that Samvalgssenteret submits medical issues to us and that we prepare simple knowledge summaries in accordance with the agreed methodology.

In 2018, we initiated a collaboration with Kunnskapskommunen Helse og Omsorg Vest (11 municipalities in the Bergen area) on a pilot project in which we developed and piloted a system for ordering and delivering knowledge summaries to the municipal sector. This collaboration will be continued with support from the "Innovation in the public sector" program of the Research Council of Norway in the period 2021-23 in collaboration with several municipalities in Western Norway and Western Norway University of Applied Sciences. This work must be seen in the context of the Storting's consideration of Meld. St. 38 2020-2021 "*Nytte, ressurs og alvorlighet. Prioritization in the health and care services*", which proposes common prioritization criteria for the primary and specialist health services. The Storting will discuss the follow-up of the report in 2022, and it can be expected that NIPH will play a key role in this work.

To some extent, we have taken on externally funded assignments for knowledge summaries from other external actors, but currently have no agreements for such deliveries in 2022.

## 2.2 Other activities

### 2.2.1 Education

Teaching activities are now organized in a separate team with a contact point in the cluster management. We take on teaching assignments provided that the activities are fully funded by the client, concern knowledge management and can be planned and implemented without delaying ongoing deliveries. As of 2020, a three-year framework agreement has been signed with Western Norway University of Applied Sciences (HVL) corresponding to a 20% position. We also contribute to the course program in the specialist training in community medicine.

### 2.2.2 Other

In recent years, the cluster has worked purposefully to phase out activities that are not assigned core tasks, and to streamline its own work processes when it comes to the production of knowledge summaries and methodological assessments. The 'Workflow for summarized research' project has been particularly important. The workflow project focused largely on our internal work processes and how these could be improved and streamlined. In addition, the workflow project has provided the area with expertise on methods for continuous improvement. In 2022, we will build on and strengthen this work, which will be particularly important in connection with the assignment letter from HOD asking us to implement measures for faster case processing in New Methods. The use of machine learning in knowledge summaries has been a priority development area in 2021. Experience so far indicates that machine learning can provide significant efficiency gains, and we will intensify our work on the use of machine learning in 2022. We also plan to develop and test a methodology for delivering knowledge summaries faster, where team members spend most of their capacity on one project in a short and intensive period. In this way, we hope to reduce the calendar time spent on the knowledge synthesis processes.

The cluster has also been given the main responsibility for preparing a cross-departmental method book for summarized research for NIPH, based on "How we summarize research" from the former Knowledge Center. This work was partly put on hold due to the pandemic, but was resumed in 2021 and will be completed in 2022.



### 3 Planned activities 2022

#### 3.1 Deliverables knowledge summaries

| Delivery line  | Contact point | Financing              | Remaining assignments from previous years | Estimated orders 2022 |
|--|---------------|------------------------|---|-----------------------|
| buffer wires   | Rigmor        | External: 6 mill       | 3   | 10                    |
| Hdir, guidelines   | Hege          | pile driver            | 4 (5)                                     | 6-8                   |
| HOD  | Hege          | pile driver            | 0   | 2                     |
| FHI-covid  | Kjetil        | Frame+addition         | 0   | 6-8*                  |
| FHI-other  |               | Frame/external         | 1(2)                                      | ?                     |
| UNN co-optation  | Hege          | External: per delivery | 0   | 2-5 revisions         |
| New methods - method assessment  | Kjetil/Martin | Pile driver            | 20  | 15(?)                 |
| New methods - method notification suitability assessment                 | Martin        | pile driver            | NA  | NA                    |
| <b>Unclear:</b> Hdir cancer action plans and screening programs          |               |                        |   |                       |
| *Many assignments are limited, but require regular updating and revision |               |                        |   |                       |

#### 3.2 Teaching (all externally funded)

| Ordering                         | Contact point. | Contents                       | Pile driver  |
|----------------------------------|----------------|--------------------------------|--------------|
| HVL                              | Rigmor         | Teaching, supervision, grading | 20% FTEs     |
| Norwegian blacksmith association | Rigmor         | Teaching                       | 70 hours     |
| Different clients                | Rigmor         | Teaching                       | 50-100 hours |

#### 3.3 Development areas

| Theme   | Contact point. | Financing            | Delivery   |
|---|----------------|----------------------|--|
| Machine learning  | Rigmor         | internal             | Final report, articles, conference presentations and implementation in the cluster |
| Fast and intensive work processes                               | Hege           | internal             | Knowledge summary produced in 6 weeks  |
| International Network of Social Intervention Assessment (INSIA) | Rigmor         | internal             | Build-up and active participation  |
| The method book   | Hege           | internal             | Updated method book  |
| Knowledge support for municipalities                            | Kåre Birger    | Partly external: 1.1 | Model development and knowledge summaries  |

|  |                             | million per year           |  |
|--|-----------------------------|----------------------------|--|
| Personalized medicine  | Kjetil                      | internal                   | Three reports and ongoing method development project within health economics   |
| Assignment HOD: follow-up evaluation of new methods  | Kjetil, Martin, Kåre Birger | internal                   | Contribute to further developing the system and improving your own work processes  |
| Register data in method assessments  | Martin, Kjetil              | internal                   | A recently started delivery to New Methods with data from the Medical Birth Registry (MDF) + Collaboration with HTH?                               |
| Reassessment   | Martin                      | Partly external: 2 million | Delivered four health technology assessments. To be completed 2022   |
| Digital home follow-up   | Kåre Birger                 | Internal                   | Pilot mini-method assessment Vestre Viken HF. Possible pilot in municipalities   |
| Implementation of the regulation on European HTA cooperation   | Martin, Kjetil, Kåre Birger | internal                   | Ensure representation in the coordination group (the future European 'commissioning forum') and contribute to the implementation of the regulation |
| International Horizon Scanning Initiative  | Martin                      | internal                   | Lead the group that will investigate medical devices and help ensure that medical devices are included in the collaboration.                       |
| Reference group for national coordination of co-selection and Interregional working group for co-selection | Hege                        | internal                   | Represent NIPH in national collaboration on the development and implementation of co-selection in the specialist and primary health service.       |

#### 4 Appendix - Changes and developments over the next two to five years (memo to area management)

**Purpose/vision:**



The cluster for assessment of interventions will contribute to better health, care and welfare services nationally by providing knowledge summaries and health technology assessments to relevant decision-makers.

**Main categories of deliveries:**

The cluster has three main delivery lines. We deliver knowledge summaries and health technology assessments to the Norwegian Directorate for Children, Youth and Family Affairs, the central health administration and the New Methods system.

**Deliveries that should have been ramped up in two to five years:**

We see a great need for escalation in all delivery lines. In particular, we believe there is a need for more care and welfare directorates to use knowledge summaries in practice and policy formulation. Furthermore, there is an expectation and a need for us to take a more active role as a system player in New Methods. There is also an expectation that we take an active part in the development and implementation of the European HTA collaboration.

**Deliveries that should have been phased out in two to five years:**

In recent years, the cluster has worked systematically to discontinue or scale down deliveries where NIPH's role is unclear and where the deliveries have little impact on or contribute to more knowledge-based decisions. Assistance with the Directorate of Health's cancer action plans is an example of a delivery line where NIPH's role has been unclear, and where we have had some deliveries in the last two years. We must also continue to improve our dialogue with external clients with the aim of avoiding individual assignments that are not suitable for knowledge summaries or health technology assessments.

**New types of deliveries over the next two to five years:**

We believe it is realistic that in the next two to five years, NIPH will play a key role in the development of a knowledge system for the municipalities and deliver knowledge summaries and health technology assessments to such a system. We should develop our product portfolio to meet current and new clients' needs for new types of knowledge summaries. This could include, for example, including other types of data (e.g. register data), combining primary research and evidence summaries and "living evidence summaries" (i.e. evidence summaries that are continuously updated as new research emerges). We believe there will be a need for closer collaboration with other actors, including health enterprises and municipalities, on customized minimum method assessments related to digital health and care services. We need to clarify expectations for our function in terms of which methods are to be proposed for assessment in New Methods (method notification and suitability assessment). We must streamline our own working methods and make use of digital tools such as machine learning and automation of information retrieval.