Biography

Wim Goettsch, PhD is currently Special Advisor HTA at the Dutch National Health Care Institute He was the Director of the EUnetHTA JA3 (2016-2020) Directorate and Chair of the Executive Board of EUnetHTA between June 2016 and March 2018. Since 2019, he also has a position as an Associate Professor at Utrecht University (NL) where he is leading a new H2020 consortium with fifteen partners around Europe, called HTx, new methods for Health Technology Assessment (2019-2024). Between 2010 and 2015 he was the Project Leader of Work Package 5 of EUnetHTA Joint Action 1&2 in which rapid joint assessments of relative effectiveness of pharmaceuticals were piloted between more than 25 HTA organisations around Europe. Between 2010 and 2013, he was the Deputy Secretary of the Medicinal Products Reimbursement Committee at Dutch National Health Care Institute. He is currently Member of the HTAi Policy Forum Committee and has been (2013-2015) Director in the Board of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) and

Before joining the National Health Care Institute, he worked as a research manager for the PHARMO Institute and was responsible for coordination of numerous pharmacoepidemiological and outcomes studies for international offices of pharmaceutical companies such as AstraZeneca, Novartis, Pfizer and GSK. He also worked as a senior epidemiologist in the field of antimicrobial resistance for the National Institute for Public Health and the Environment in the Netherlands and was involved in the initiation of the European Antimicrobial Resistance Surveillance Network (EARS-Net) that is now coordinated by the ECDC. He was also seconded as a scientific secretary for Dutch National Health Council on the topic of antimicrobial growth promotors in animal feed (1997-1998). He has a PhD in immunology and an advanced education in (pharmaco)- epidemiology and pharmaco-economics. He has more than 70 publications in peer-reviewed international journals.

Vision Statement

All over the world there have been increasing developments towards the increased use of health technology assessment (HTA) for decision making regarding the use and reimbursement of (new) health technologies. In addition to the increasing importance of HTA there is also a growing interest in the harmonization of the methodologies employed for conducting these HTA assessments. These discussions on harmonization take place on different levels, between HTA agencies in different countries and continents but also between different stakeholder groups such as industry, payers, patients, healthcare providers and academia. HTAi is the global organization that includes the scientific community but also the different stakeholders and is therefore perfectly suited to enhance this collaboration between these different harmonization initiatives. As an example, the growing discussion on how non-RCT data should be used in the assessment of effectiveness is an important aspect of national, regional and local HTAs, and needs HTAi as a platform to bring the discussion forward.

Currently, the focus has been, especially in harmonization efforts, on the clinical evaluation of single technologies. At the same time, the treatment of patients has become much more complicated due to the development of tailored health technologies including combinations of technologies, co-dependent technologies and personalised medicine. Therefore, a need has arisen for HTA that is more capable of identifying, on a level of very specific subgroups or even on an individual level, for whom health technologies work and for whom they are not essential. I believe that HTAi should be THE platform for these developments and support the discussion on especially the use and implementation of new innovative HTA methods that also apply prediction modelling, machine learning and artificial intelligence.

I would be honoured to serve as a director in the HTAi Board and use my experience in HTA and observational studies to bring the different worlds of academia and decision makers closer together. I bring in experience in HTA on a national and international level, for instance being actively involved in EUnetHTA for many years and currently leading a new H2020 consortium on new methods for HTA. I have been leading and chairing many national and international activities in HTA. Moreover, because of my current role at the Dutch national HTA organization in which I focus on standardisation of use of patient registries for HTA and a position as an Associate Professor at the University Utrecht, I have the opportunity, using the HTAi platform, to assist in bridging the gap between methodological needs of HTA agencies, scientific developments and the questions of patients, payers and technology producers.