

## A MESSAGE FROM THE EXECUTIVE DIRECTOR



In their popular book, *Built to Last: Successful Habits of Visionary Companies*, Jim Collins and Jerry Poras made a persuasive argument supporting something they called the "big hairy audacious goal" or BHAG. As they saw it, a BHAG was "...an audacious 10-to-30-year goal to progress towards an envisioned future." Collins further articulated the idea of the BHAG in his book, *Good to Great*. Boeing's decision in the 1950s to build a prototype commercial jet, allowing them to leapfrog McDonnell-Douglas, and U.S. President Kennedy's call in the early 1960s to place a man on the moon and return him safely to Earth within a decade – the definitive moon-shot moment – are famous examples of BHAGs.

The trend continues. As Collins himself puts it:

*The power of the BHAG is that it gets you out of thinking too small. A great BHAG changes the time frame and simultaneously creates a sense of urgency. It's a real paradox. So, on the one hand, you're not going to get a BHAG done in three years. You're not going to get it done in five years. A really good BHAG probably has a minimum length of about a decade, and many take longer than that.*

*On the other hand, the only way you can achieve something that big is an absolutely obsessed, monomaniacal, overwhelming intensity and focus that starts today and goes tomorrow and the next day and the next day and the next day for 365 days and then for 3,650 days—that's how you do it.*

It is now common to hear business executives talk about their BHAG. Much less common are conversations between those same executives, heads of state, Ministers of Health, the United Nations, foundations, academic institutions and other bodies about the absolute necessity to co-create a BHAG that responds to global healthcare challenges. Of course, there is a world of difference between maximizing private returns to a single firm, largely measured in money, against the much more complex and layered challenges of firstly keeping people healthy and secondly treating them compassionately, humanely, and efficiently when they become patients. Yet it seems clear that continued investment in the status quo will result in increasing levels of private luxury or health enjoyed by a few, with an ever-diminishing access to wellness and care for the rest of us – and continued and exaggerated suffering for billions in less developed countries.

By way of example, my home country of Canada spends somewhere on the order of \$250 billion annually on healthcare. A conversation about how that money is spent – upstream on prevention or downstream on treatment (or a nuanced combination of the two) is something that I'd like to see more of. Put another

way, where is Canada's health system BHAG?

What does all of this have to do with health technology assessment (HTA)? Two things. In the first instance, the multidisciplinary process that underpins HTA and that relies on explicit methods to determine the value of a health technology at different points in its lifecycle fits very nicely into a broader discussion of how science should meet policy to drive better outcomes – both in upstream wellness and in downstream treatment. Second, for health systems to become more equitable, efficient, and high-quality, we need to release our attachment to the status quo and dare to dream of something better – a BHAG for health systems in all countries. Health technology assessment has much to offer in this regard.



Rob Abbott  
Executive Director



### **New Webinar Series**

We will be offering a new live stream webinar series broadcast to all HTAi members and prospective members!

Stay tuned for announcements to be communicated in the coming weeks and keep an eye on your inboxes and our social media channels for more information. If you can't make it to a webinar, don't fret! -We'll rebroadcast them the following week in the alternate time slot to ensure anyone can view the sessions on our [YouTube channel](#).



### **Abstract Submissions**

HTAi is now accepting abstract submissions for all categories! Please keep the following deadlines in mind while completing your submission:

**Panel and Workshop Deadline: October 26, 2021, at 23:59 MST (UTC -6)**

**Oral and Poster Deadline: December 7, 2021, at 23:59 MST (UTC -6)**

Abstract submission guidelines are available on the [2022 Annual Meeting website](#). Please ensure you have read the guidelines before submitting your abstract and view our [writing resources page](#) for tips on writing a strong abstract.

### **Need a little help?**

View our recent live Q&A to answer all of your questions about the 2022 Annual Meeting Theme "Lifecycle Approach: Coming Together to Make it Happen." Join us for this webinar to hear from members of the ISPC who will be available to answer questions about the themes as you prepare your abstracts.

**Streaming Link:** <https://youtu.be/44tiACiepX4>

### **Participation Grants**

HTAi offers participation grants (former travel grants) to support HTA stakeholders who would otherwise not be able to attend the HTAi Annual Meeting to contribute their expertise, presenting their work or otherwise benefitting from participation in the global HTA community. If you would like to apply for a participation grant, visit [this page](#) and submit your application. Please note, the deadline to apply is **December 7, 2021, at 23:59 MST**.

### **Plenary Themes**

The 2022 Annual Meeting's main theme is *Lifecycle Approach: Coming Together to Make it Happen*. Discussions will offer a global platform to deepen awareness of the consequences of a lifecycle approach to HTA from pre-market, market approval, post-market and disinvestment; improve knowledge of suitable methods and processes; strengthen connections across stakeholders; and prioritize activities. In support of this theme, three plenaries will explore the following topics:

#### **Plenary One: Adopting a Lifecycle Approach in HTA: Consequences for Priority-Setting and International Collaboration**

Adopting a lifecycle approach in HTA is likely to have far-reaching consequences for the practice of HTA. Among many other things, it will increase the need for priority-setting and international collaboration. In this plenary, implications of adopting a lifecycle approach will be explored from various perspectives: where are we now, how are we going to make the transition and the risks and benefits involved?

#### **Plenary Two: Public Confidence in Healthcare Decision-Making**

The legitimacy of healthcare decision-making has never been so fiercely debated as in the COVID19 pandemic. It has highlighted significant differences between public worldviews, including skeptical populations of science and distrust governments and health systems. Within this climate, HTA depends on public confidence for its funding and the implementation of its recommendations or advice. This plenary will explore the nature of public confidence and how it might influence how we reconceptualize HTA's place in our societies' lifecycle. It will elicit different stakeholders' experiences of integrating perspectives in HTA and challenge the community to critically view HTA's contribution to public confidence in health and science.

### **Plenary Three: Running Around in Circles; Time for Real Collaboration between Regulators, HTA Bodies and Clinicians**

Regulators, HTA bodies, and clinicians may provide recommendations regarding health technologies' (cost-effectiveness) during their lifecycle. Their recommendations may not always align, leading to hampered and delayed access to these technologies and uncertainty for patients and health professionals. Different types of evidence, like RCTs or clinical practice data, may be available to support recommendations during the life of health technologies. Still, these types of evidence may be perceived differently. This third plenary will explore the impact of regulators, HTA bodies and clinicians on the quality and efficiency of healthcare by focusing on their laid-out roles, their interaction and alignment of their processes. It will use the experiences of innovators and patients to assess this impact and the exchange of these regulators, HTA bodies and clinicians.

Read more about the plenaries [here](#).

### **Spread the word**

Help HTAi get the news out about all things Annual Meeting!

The Annual Meeting Team has provided a promotional toolkit to help you share information, updates, and deadlines for the 2022 Annual Meeting in Utrecht, Netherlands. The toolkit includes sample posts for social media images on each social media platform (or in email) and important hashtags and handles for tagging.

[Click here](#) to see all the tools available.

If you have any questions regarding the Annual Meeting, please email [annualmeeting@htai.org](mailto:annualmeeting@htai.org).

**INTEREST GROUPS**



## PCIG appoints two new Steering Committee members

The HTAi Patient and Citizen Involvement Interest Group (PCIG) Steering Committee have unanimously voted to appoint two new Steering Committees: Dr. Ana Toledo Chávarri and Kate Morgan.

Dr. Ana Toledo Chávarri brings solid experience in an HTA agency, including evaluating patient involvement. She is an anthropologist and the coordinator of P.I. in the Evaluation Unit in the Canary Islands Health Service (SESCS) and the P.I. Interest Group in The Spanish Network of Agencies for Health Technology Assessment and Services of the National Health System (RedETS). She's a valued member of the PCIG project sub-committee on stakeholders' perspectives of the impact of patient involvement in HTA and presented her evaluation research at our PCIG Exchange in May this year.

Kate brings a strong patient advocacy background. She is Head of Policy and Access at Myeloma Patients Europe, a pan-European umbrella organization of over 50 myeloma and A.L. amyloidosis patient groups in 30 different countries. She's been an active member of PCIG project sub-committees, including Patient Preferences and the International Template for Summary Information for Patients. She is now co-leading the latter group with Martin Coombes (BMS) in its Implementation phase.

Sadly, PCIG is also farewelling Dr. Hervé Nabarette (Deputy Director of Public Affairs, Access to care and treatments, AFM-Téléthon) as he completes his term with the Steering Committee. The Steering Committee has greatly valued Hervé's knowledge and perspective and generous contribution to PCIG's work. He will continue to lead the study into patient participation at the organizational level (due to be completed this year). He will present the findings to the Steering Committee for discussion at the November meeting.

## Can you bring an HTA body perspective to PCIG's patient preference project?

PCIG undertook a call for Expressions of Interest for new Steering Committee members following its 2021 Annual Business Meeting in line with its Terms of Reference.

The group is looking for a new member with HTA experience/perspective, either currently working at an HTA body or having had a direct, recent incident at an HTA body.

The multidisciplinary group meets approximately 8-10 times per year for 1 hour, virtually, with communication by email between meetings to develop documents, develop ideas and gather perspectives. If you are interested in joining this group, please send Barry Liden ([barry\\_liden@edwards.com](mailto:barry_liden@edwards.com)) and Simon Fifer ([simon.fifer@cappre.com.au](mailto:simon.fifer@cappre.com.au)) an email document indicating:

- your name and contact details
- current role
- how you have been engaged in patient preference studies for HTA
- your interest in this working group

This should be no more than two/three paragraphs.

The deadline for applications is **October 15, 2021**. The successful applicant will be notified by **November 15, 2021**.

**Please note:** The Terms of Reference for the group state that applicants should be HTAi PCIG member; however, information can be provided on how to join the PCIG if you are not already a member.

## **Incoming Executive and Steering Committee for the HTAi Information Retrieval interest group (IRG)**

We are looking forward to the 2021-2023 term of our special interest group!

### **Executive Team**

Ingrid Harboe is the incoming Chair of IRG. She has been working as an information specialist since 2007 at the Norwegian Institute of Public Health in Oslo, a former Norwegian Knowledge Center for Health Services. Ingrid works with developing and peer-reviewing comprehensive search strategies for conducting systematic reviews and health technology assessments. She is also involved in exploring new information retrieval methods. Ingrid holds a Master's degree in Evidence-based Practice.

Amanda Hodgson is the incoming Co-Chair of the Information Retrieval Group (IRG). She joined the Canadian Agency for Drugs and Technologies in Health (CADTH) in 2006 as an information specialist and has been a manager with the Research Information Services team since 2010. She has also worked as a librarian at Health Canada and the University of Ottawa medical school. She received her MLIS from McGill University.

### **IRG Steering Committee**

Catherine Voutier works at the Royal Melbourne Hospital in a small team of clinical and research librarians. In this role, she works with review and guideline teams. Previously, she worked at the Centre for Clinical Effectiveness, a former HTA organization based at Monash Health. Catherine was Chair of the IRG from 2011-2013.

Diane Lorenzetti is the Director of the Health Sciences Library and an Adjunct Assistant Professor in the Cumming School of Medicine at the University of Calgary (Canada). Her previous role was as a Research Librarian for the Institute of Health Economics (Canada). She has 15 years of experience in medical librarianship and health technology assessment. Her research and teaching interests focus on knowledge synthesis methodologies, mentorship, and professional development. Diane has an MLS from the University of Toronto and a Ph.D. in medical education from the University of Calgary.

David Kaunelis is the Methods Specialist for Research Information Services (RIS) at the Canadian Agency for Drugs and Technologies in Health (CADTH) in Ottawa, Canada. He has more than 25 years of experience as an information specialist. As Methods Specialist, David is involved with methodological issues, search filter development, peer review of literature searches, and streamlining RIS processes at CADTH. He is an active member of the HTAi Information Retrieval Group, having previously served as chair and member of the Steering Committee.

Siw Waffenschmidt worked at the German Central Library of Sport Sciences before switching to IQWiG's Information Management Group in 2008. She has headed the newly established Information Management Unit since December 2011. Her primary responsibilities are developing comprehensive search strategies and reviewing the quality of literature searches. She has been active in the HTAi Information Retrieval Group for many years, previously serving as chair. She is looking forward to being a new member of the

Steering Committee.

Lisa Tjosvold is an Information Specialist at the Institute of Health Economics (IHE) with a cross-appointment at the John W. Scott Health Sciences Library at the University of Alberta in Edmonton, Canada. Lisa has over 20 years of experience with systematic review and health technology assessment searching through her work with the Alliance for Canadian Health Outcomes Research in Diabetes (ACHORD), the Cochrane Child Health Field, and the Alberta Research Centre for Health Evidence (ARCHE). She holds a Master of Library and Information Studies degree from the University of Alberta. She has served on the IRG Steering Committee since 2017 and is looking forward to doing another term.

### **Technical Officer**

*Tom Macmillan* is a senior systematic reviewer at Source Health Economics, working primarily on HTA submissions for pharmaceuticals and consulting on other research projects. He worked as an information specialist on NICE's medical technologies evaluation programme and as a librarian at the Royal College of Surgeons. He has been the technical officer for the HTAi Information Retrieval Group since 2018.

If you have any questions regarding Interest Groups or would like to submit a webinar topic, please email Sydney Ruller at [sruller@htai.org](mailto:sruller@htai.org).

### **We'd love to hear from you!**

Are you an active member with something you would like to add to the monthly HTAi Readers Digest? If so, please send your request to [nsuwinski@htai.org](mailto:nsuwinski@htai.org).