

# The librarian's role in accessing the evidence for policy decisions in healthcare: some international comparisons.



by Susan Golder, Information Officer.

## Introduction

- There is increasing pressure on governments throughout the world to base healthcare policy decisions on the best available evidence.
- Health Technology Assessment (HTA) organisations around the world have developed a pivotal role in providing clinical and cost effectiveness evaluations which can inform the decisions of government bodies.
- Despite the similar aims and objectives of these HTA organisations there are differences in the methods they employ to retrieve the research evidence.

## Purpose

- To compare the role of the healthcare librarian in the production of clinical and cost effectiveness evaluations in Australia, New Zealand and the UK.

## Methodology

- This work draws on interviews and observations conducted during a study tour of Australia, New Zealand and the UK in 2001.
- The organisations examined were the Centre for Clinical Effectiveness (CCE) in Melbourne, the New Zealand Clearing House for Health Outcomes and Health Technology Assessment (NZHTA) in Christchurch and the NHS Centre for Reviews and Dissemination (CRD) in York.

## Background

### Australia

Population: 19.5m  
Area: 7,682,300-sq. m  
94% European descent, 4% Asian and 1.5% aboriginal



- The costs of pharmaceuticals approved by PBAC and other health technologies approved by MSAC are subsidised by the government.
- PBAC require a submission from industry in the form of a clinical and cost effectiveness study which is then assessed by academics in a six week period. All data is strictly confidential.
- MSAC require a clinical and cost effectiveness study to be undertaken by an independent academic organisation over 4 months. Results are published on the Internet and in paper format.

### New Zealand

Population: 3.8m  
Area: 269,000 sq. km  
88% European descent, 12% Maori and Polynesian



- Pharmaceuticals approved by PHARMAC are eligible for government subsidies.
- The Ministry of Health assesses medical technologies and procedures and service delivery and organisation of healthcare. Systematic reviews take approximately 6 months and are published on the Internet and in paper format.
- The Accident Compensation Corporation (ACC) assesses the effectiveness of diagnostic tests and treatment for injuries.

### United Kingdom

Population: 59.6m  
Area: 243,400 sq. km  
English, Welsh, Scottish, Irish, Anglo-Saxons, West Indians, Pakistanis, Indians



- The UK does not use "positive lists" as in Australia and New Zealand.
- The National Institute for Clinical Excellence (NICE) commissions appraisals of all health technologies and advises which technologies should be available on the NHS.
- Technology appraisals take between 6 months and a year and are published on the Internet and in paper format.
- NICE also produces clinical guidance for England and Wales. The Scottish Intercollegiate Guidelines Network (SIGN) produces guidance for Scotland.

## Discussion

### Staffing issues

- Not all HTA organisations use Information Specialists. This is disappointing as studies have reported on the higher quality of searches carried out by Information Specialists. The questionable quality of the searches is more apparent in areas where methodologies are currently less well developed (i.e. searches for studies other than RCTs) and for more complex topic areas such as service delivery and organisation of healthcare.
- The rise in the demand for technology appraisals world wide has not been met with an equivalent increase in supply of individuals with the appropriate expertise. In the UK, CRD has recently developed a training role to help to rectify this situation.

### Database Selection

- There is a strong bias in each country to use local resources and databases, particularly in New Zealand and Australia. This is in an attempt to find evidence to help generalise the results to their own settings and in New Zealand to find information specific to the Maori population.
- Evaluating new technologies with limited published data is a concern in all countries. Searches therefore need to find ongoing studies and soon to be published studies.

### Search Techniques

- Search protocols have been developed at CRD (<http://www.york.ac.uk/inst/crd/report4.htm>) and NZHTA (<http://nzhta.chmeds.ac.nz/nzhtainfo/protocol.html>).
- Australian and New Zealand authorities have separate approaches to evaluate pharmaceuticals and other technologies. Searches for pharmaceutical evidence are conducted by industry and then re-run and validated by a HTA organisation. Search strategies for other health technologies are carried out by the commissioned organisation.
- Search approaches for the economic component of a health technology assessment are not as well developed as the effectiveness component especially in Australia and New Zealand. In the UK, CRD has devised a search strategy for economic evaluations which remains to be formally evaluated.

### Constraints

- Timeframes vary considerably for conducting systematic reviews: from two months to two years. This has obvious repercussions on the quality of a study, on how extensive the literature search can be and on how many papers can be obtained.
- Industry appeals against and public pressure to reverse funding decisions is a common occurrence. This emphasises the need for the search not to miss any relevant studies.
- Drug evaluations in Australia and New Zealand are confidential and consequently collaboration even in search methodologies is made very difficult.

## Way Forward

- Development of evidence-based search protocols, that can be applied internationally, to improve consistency and raise standards in literature searching methodology.
- The InterTASC (Technology Assessment Services Collaboration) network for information professionals in the UK is planning to develop methods for information retrieval in HTA organisations.
- The international collaboration of HTA information specialists, the sharing of knowledge, ideas and information sources should be encouraged. In particular this would enhance awareness of local resources. Collaboration between information specialists is already being developed by the Special Purpose Interest Group on Information Resource (SPIG-IR) of ISTAHC
- Short timeframes now imposed on technology appraisals have led to the need for research into how to make best use of the limited time available for searching.
- International, or at least national, collaboration of reviewers may form a stronger voice to encourage policy makers into giving appropriate time frames so that the quality of evaluations is not compromised.

## Further Information

This study was made possible by a Winston Churchill Travelling Fellowship. The Winston Churchill Memorial Trust offers Fellowships to men and women from all walks of life and from every corner of the United Kingdom to acquire knowledge and experience abroad. For more information, visit their web site at: <http://www.wcmt.org.uk/>

For a more detailed account of this fellowship and its findings please refer to my report available from:

<http://www.york.ac.uk/inst/crd/spg/wctf.htm>