

# NEWSLETTER



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## Obama's health care reform

Much has been said about the reform of the health care system in the US, reform which is still far from complete. With no need to delve into the objectives presented, the formulas suggested and the economic theory on which it is based, we believe certain conclusions for reflection can already be extracted.

First. The fact that the need for universal health care coverage is addressed in the US is without a doubt a radical change. From a European perspective, we could think that it is indeed an important step forward, but large segments of the US population do not regard it as progress but rather as a step backwards. Even if Obama's objective is reform that strives towards universal coverage and public insurance (implemented in Europe by Ms. Thatcher's government), that does not mean that it will end up having this format. In fact, the very creation of Medicare and Medicaid was, in 1965, a solution to avoid the creation of the public system that is now being asked for.

Second. Health care reform in the US can have important consequences in the health care markets of Latin America, given that in many cases the US is a model to follow. In fact, in the past few years, some of these countries (Brazil in the forefront, but also Colombia and Bolivia)

have initiated structural reform to ensure more uniform coverage for the population.

Third. Reform of the health care system makes pressure groups very visible, a fact we Europeans are not so used to. There are few examples which demonstrate the existence of these groups as clearly as in the US, where the primary potential affected sectors of the population carry out extensive campaigns to fight against reform. Paul Krugman explains that this reaction is so vile and visceral that it is precisely what justifies reform, and that the excesses of this campaign have helped reform progress by marking its limits more clearly.

And fourth. As Obama presents reform as a way to control the total expense of the health care system, he also assigns a budget without precedents to research as a way to stimulate the economy. A significant portion of this budget is directed towards translational research, which aims to implement the findings of others into daily practice. The economic moment has justified investment in research, in order to prevent new crises. Or, as a scientist from our own institution used to say "if research is expensive, try ignorance".

We shall see.



## Finally, an evidence-based approach to child and adolescent obesity

Child and adolescent obesity is an important health problem in Spain due to its increasing prevalence, persistence in adulthood and association with other diseases, as well as the large economic impact it entails. Changes in diet and lifestyle have exacerbated the increase of this pathology.

In response to this problem, in 2007 an agreement between the Carlos III Health Institute, the Iberoamerican Cochrane Centre and the CAHTA was signed within the collaboration framework forecasted in the Quality Plan for the National Health System in order to develop a guideline on child and adolescent obesity.

This guideline provides recommendations for strategies in the educational, health care, community and health policy sectors that enable the prevention of overweight and obesity and the maintenance of proper weight. In terms of treatment (changes in eating and physical habits, drugs, surgery and alternative treatments), the guideline presents recommendations for child and adolescent overweight and obesity.

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Title of the publication:  
**Clinical Practice Guideline**  
for the prevention and  
treatment of child and  
adolescent obesity.  
Full text available at:



## Rapid HIV detection test: a new option to prevent infection?

Early detection of HIV infection offers the possibility of benefiting from antiretroviral therapy in early stages of the infection, as well as modifying behaviours that favour transmission of the virus to other people.

According to studies analysed by the CAHTA, 40.5% of new AIDS patients diagnosed in Spain in 2007 were unaware of being serological carriers of the virus. It has been observed that a significant number of people with a positive HIV test result (in the US this number has been estimated to be 31%) do not pick up their test results.

A comprehensive review of the literature has enabled the identification of indications for the rapid HIV test and the assessment of its applicability in our setting. Out of the indications that have been identified, the following should be highlighted:

- screening of women who reach labour and delivery unaware that they are carriers of the virus
- screening of adolescents and adults who engage in risky behaviours
- emergency services in health care centres
- occupational/non-occupational post-exposure
- programmes with direct access to populations at risk of HIV infection

Based on the results obtained, this test could be useful in programmes that have direct access to populations at risk of HIV infection and who are not usually users of conventional medical care in our country. Its use in health centres and hospitals should be assessed according to the characteristics of the population managed and the urgency of having the serological result.

Title of the publication:  
**Rapid HIV detection test.**  
Full text available at:



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## The electronic prescribing system is deployed throughout the Catalan territory

The new **electronic prescribing** or **e-prescribing** system, which is currently in the process of being adopted, will translate into improved patient accessibility to treatments, prescription and dispensation of drugs and information received by health care staff in regards to the patient's pharmacotherapeutic follow-up.

The replacement of traditional prescribing by the new electronic prescribing system will not entail any changes in health care services or in our usual relationship with physicians and pharmacists. However, it will favour better coordination between them, facilitating access to information concerning patients' prescriptions in real time. It will hence improve personalised care and favour the detection of possible interactions or incompatibilities between pharmacological treatments.

For the Catalan health care system it will represent improved control, management and rationality of health care costs. At present, 650,000 Catalans are already enjoying the benefits of e-prescribing, with 10 million electronic prescriptions dispensed. Complete

implementation of electronic prescribing in primary care in Catalonia is forecasted to be finalized during the first trimester of 2010.

As they have been doing up until now, patients will have to bring their health care card when they come to the medical centre. When the physician prescribes a drug he/she will do so via a software programme that will issue a paper document for the patient, called the **medication plan**. This document contains the information needed by patient in order to ensure proper treatment follow-up (dose, frequency or duration of treatment).

With this new document and the health care card in hand, the patient will go to the pharmacy, where the pharmacist will deliver the drugs needed with utmost safety and confidentiality.

**Over the course of the treatment, patients will not have to return to the medical centre to renew their prescriptions, as they will be able to pick up their prescribed drugs at the pharmacy according to the dosages established in their medication plans.**

The electronic prescribing system is not only a technological improvement that reduces the use of paper and the number of bureaucratic visits to the medical centre, but also a health tool that favours health care quality and boosts the rational use of drugs.

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## Aetiology and treatment of multiple chemical sensitivity

The prevalence of this problem ranges from 1-12% amongst people who have been exposed to organic solvents and pesticides in their job. Their diagnosis is clinical by application of certain criteria (currently undergoing the consensuation process). There are no specific analytical complementary tests that enable us to clearly confirm or reject its existence.

Multiple chemical sensitivity is caused mainly by initial exposure to a chemical substance, generally at high concentrations. A few months later, exposure to lower concentrations causes an attack that affects the central nervous system, part of the air pathways, lungs, skin, digestive system, etc., its course usually being chronic. The first series of fifty two Spanish cases of multiple chemical sensitivity was described in 2007.

The primary conclusions suggested by the review of the evidence conducted by the CAHTA in regards to the aetiology and treatment of this syndrome are that "although there is considerable uncertainty about multiple chemical sensitivity, current knowledge indicates that it is a reality and that some people are especially sensitive to exposure to low concentrations of chemical substances". "At present there is no etiological or specific treatment that has been proven beneficial for this syndrome. However, the implementation of prophylactic measures can prevent more people from suffering from this disorder".

Title of the publication:  
**Multiple chemical sensitivity: state of knowledge  
regarding its aetiology and treatment**

Full text available at:



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## Positron emission tomography in Catalonia

At present in Catalonia positron emission tomography, in combination with other complementary techniques such as computerised tomography (PET/CT), is a technique used primarily for the diagnosis of certain types of cancer and, to a lesser extent, for brain and cardiovascular studies.

The Diagnostic Imaging programme (PDI acronym in Spanish) of the Department of Health aims to promote the proper and rational use of diagnostic imaging techniques. With the aim of ascertaining the current use of PET/CT in standard clinical practice in our setting and prioritising adequate indications, the PDI has assigned its study to the CAHTA. This project will be carried out with the collaboration of nuclear medicine services that employ PET/CT to identify the use of this technology and with the consensus of a wide range of professionals.

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Canada and Great Britain are probably two of the countries that have historically led the search process for a validated method to assess social, economic and health impact. They are not, however, the only ones to have carried out this task.

## The challenge of attributing social impacts to research

As democratic societies progress towards the adoption and implementation of a culture of assessment, organizations related with the world of research are becoming increasingly aware of the importance of proper planning of the agenda and investment in research. Even though research costs are well-known by the entire OCDE, the knowledge that can be attributed to payback from public and private resources employed in research is not. In contrast, the need exists, especially to demonstrate the value of investment and to find a tool that helps improve the planning of the research agenda.

Currently available and validated approaches can be summarised in two types: "top down", very popular amongst economists and which are based on econometric techniques, and "bottom up", which are basically represented by case studies combined with expert reviews and analysed using qualitative techniques. The most commonly used conceptual framework in the literature for the application of the latter methods is the so-called payback model, developed by Buxton and Hanney of Brunel University in Great Britain. Despite efforts to assess research using these methods, the great complexity of the matter translates into the persistence of substantial gaps that have not yet been resolved.

The Canadian Academy of Health Sciences (CAHS) has recently disseminated an analysis framework that could conciliate both approaches. The CAHS framework seems to be the answer to one of the greatest difficulties of previous approaches, the matter of attribution. That is, "the inability to determine the exact contributions of medical research (versus other factors) in the achievement of its final objectives: positive changes in health, medical assistance, and in the improvement of social and economic prosperity" –using the definition developed by Edward Nason and Cyril B. Frank.

The CAHTA's ISOR Group invited a renowned representative of each method to attend a round table meeting that took place last June in Malaga, within the framework of the 29th Conference on Health Economics. These guests were Stephen Hanney, from Brunel University, who presented and debated the challenge of attribution from a "bottom up" approach and offered the payback model perspective; Jorge Mestre-Ferrandiz, from the Office of Health Economics of Great Britain, who presented two applications from a "top down" approach using econometric methods; and finally, Cyril Frank, chairman of the CAHS panel, who presented the CAHS model and especially emphasised how to resolve the issue of attribution.

The debate was very lively and constructive for the work that we are carrying out in the ISOR GROUP. We hope it was also useful to our guests.

More information at:



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## Conference for the presentation of the 2004 CAHTA Research Call results

**CONVOCATÒRIA RECERCA 2004 AATRM** Canadian professor Cyril B. Frank, from the University of Calgary, was the primary guest in the public conference held for the presentation of the 2004 CAHTA Research Call results, in which he presented the conference "Making an impact: a preferred framework and indicators to measure returns on investment in health research". This event took place in Barcelona last November 27. CAHTA researchers Emilia Sanchez and Paula Adam respectively conducted the presentations: "Assessment of the 2004 CAHTA Call" and "Social impact of research in Catalonia". Researchers of the 22 projects granted in the call, as well as other third parties interested in the assessment of social payback of clinical, epidemiological, public health and health care services research, also attended the event.

During this event the Ernest Lluch Award was granted to the project "Cost-effectiveness and cost-utility of primary treatments for localised prostate cancer: 7 year follow-up study". This award is an initiative of the General Directorate for Planning and Assessment of the Department of Health, in collaboration with the Ernest Lluch Foundation.

More information:



## 14 new research projects, results of the 2008 CAHTA Call

List of projects that received granting to carry out clinical and health care research services projects in the CAHTA Research Call, as per the resolution published in the Official Gazette of the Generalitat of Catalonia (DOGC n°. 5464, 15.09.2009)

1. Systematic review of the effect of intensive perioperative management of glycaemia in patients who have undergone surgery and who have diabetes mellitus or perioperative hyperglycaemia.
2. Study of genotypic and phenotypic resistance to flu viruses in antiviral drugs in order to establish their use during periods of interpandemic and pandemic flu.
3. Effect of an educational intervention for carers on the nutritional state of the dependent patient
4. Study of resynchronization therapy in Catalonia (TRC-CAT, acronym in Spanish)
5. Cost-effectiveness and cost-utility of primary treatments for localised prostate cancer: 7 year follow-up study
6. Identification of prodromal Alzheimer disease in patients with mild cognitive deterioration using amyloid and neuronal damage markers in PET-PIB and magnetic resonance imaging with spectroscopy and diffusion-tension.
7. Incidence of acute renal failure caused by drugs in hospitalized patients, associated risk factors, morbidity and economic cost
8. Genetic determinants of toxicity due to chemotherapy in colorectal cancer: comprehensive study of the genome
9. Impact of the implementation of electronic clinical practice guidelines on cardiovascular pathology in primary care
10. Impact of fast diagnostic tests in the assessment and management of the nursing baby from 0 to 90 days presenting fever with no identified focal infection
11. Prospective randomized study on the effects of intensive medical treatment with or without Roux-en-Y gastric bypass on the carotid intima-media thickness in patients with grade I obesity
12. Study of the prevalence of urinary incontinence and pelvic floor pathology associated to women who visit the OBGYN. Analysis of their evolution after the application of standard clinical practice.
13. Effectiveness of the implementation of a guideline for prescribing hypolipemiant drugs, consensuated by primary care and hospitals, in the management of LDL cholesterol in ischemic cardiopathy
14. Protocol of the pilot study on HIFU treatment of hepatomas measuring less than 3 cm, on cirrhotic liver and with intent to cure

More information:



# TODAY THE DISCUSSION IS...



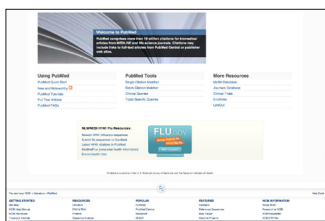
## The shared medical record in Catalonia (HC<sup>3</sup>) receives an international award

The HC<sup>3</sup> project has received one of the awards for creativity and innovation in information and communication technologies (ICT) within the health field granted by the World Summit Award (WSA). The objective of HC<sup>3</sup> is to enable organized access to relevant information needed to offer adequate high quality health care, acknowledging and respecting the different medical records models and information systems of each health care provider.

More information: [CAHTA Newsletter Issue 45](#), page 3.  
Available at [www.aatrm.net](http://www.aatrm.net)

## The SNOMED CT standard for medical records will be available to all Catalan public and/or semi-private centres at no charge

The Office of Standards and Interoperability of the Health Department's TicSalut, an organization whose objectives are the development and use of information and communication technologies (ICTs) and networking in the field of health, is carrying out actions to implement health-related terminological standards in Catalonia, including the deployment of SNOMED CT (*Systematized Nomenclature of Medicine Clinical Term*). SNOMED CT, currently used in over 40 countries worldwide, is the primary standardized clinical terminology used at a global level and enables the efficient description and transmission of information contained in patients' medical records. This office is the interface in Catalonia with the Ministry of Health and Social Policy and is in charge of distributing SNOMED CT licenses, free of charge, to all public and/or semi-private (private) Catalan centres who request it.



## New look of the Cochrane Plus Library and PubMed

These two information sources have undergone important new changes in their presentation, structure and functions. Their transformation aims to facilitate searches and use. The most significant changes are found in more simplified, user-friendly and intuitive interfaces that will undoubtedly draw in more visitors and increase the number of searches performed in these websites.

One of the most noteworthy options is the possibility of performing searches, either through a basic search system, or through an advanced/assisted system, depending on the preferences and needs of each user.





## CONGRESSES, CONFERENCES AND COURSES OF INTEREST

### E-Health Week 2010

- The congress will take place **March 15-18, 2010** in Barcelona.

More information:

[www.ehealthweek2010.org](http://www.ehealthweek2010.org)

### HTAi 2010 – Annual Meeting

- The congress will take place **June 6-9, 2010** in Dublin (Ireland).

More information:

[www.htai2010.org](http://www.htai2010.org)

### CAHTA reports and technical consultations

- Ambrisentan in the treatment of pulmonary arterial hypertension
- Defibrillators in public spaces
- Miglustat (Zavesca®) in the treatment of type C Niemann-Pick
- Trabectedin (Yondelis®) in the treatment of soft tissue sarcomas
- Implementation and development of a treatment programme for peritoneal carcinomatosis in Catalonia. Indications and clinical results with the SugarBaker technique
- Effectiveness of the section of the *filum terminale* for the treatment of Chiari malformation type 1

CAHTA PUBLICATIONS

### Quality Plan for the National Health System

- Clinical practice guideline for the prevention and treatment of child and adolescent obesity
- Hadrontherapy in the treatment of cancer
- Influence of the existence of a health care intervention plan for acute myocardial infarction with elevated ST on delay times until reperfusion and type of reperfusion. Pilot study
- Development of a shared knowledge plan for the in-network on-line assessment of technological innovation in medicine
- Oncorisc AUDIT: information quality in the study on digestive oncological surgery outcomes

## PUBLICATIONS OF INTEREST

- HTA glossary for consumers and patients.

More information:

<http://www.inahta.org/News/HTA-glossary-for-consumers-and-patients/>

Catalan  
**NEWSLETTER**

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## « We want effective and fruitful coordination with our reference hospitals, by means of the use of new technologies »

### 📶 How does a regional hospital experience the advances in health technology in our country?

Regional hospitals such as ours, which cater to a spread out population and are located far from reference hospitals, need to benefit from the advances in health technology in order to deliver equal and high quality health care to our patients.

We want and have the need, due to our geographical location, to have an effective and fruitful coordination with our reference hospitals, which does not always happen. But when it does happen, we benefit from this friendly-based coordination to become pioneers in the acquisition and/or implantation of health technology, as is the case in the rest of North European countries, for as long as such technology adds value to our own clinical practice and the investment made in it is duly justified in accordance with the level of health care that we deliver to our citizens.

Therefore, as managers, we are committed to strategic investment in new technologies that prevent unnecessary trips for the population or, when care is needed, that trips are performed in an organized and coordinated manner amongst health providers in order to correct possible delays and errors in health care delivery outside our hospital setting.

### 📶 From your position of responsibility, do you somehow feel discriminated with regard to the implantation of health technologies in Catalonia?

These technologies are, in most cases, very costly and we have to adjust to very tight budgets. Our investment priorities are aimed primarily at replacing and updating our equipment, making it difficult for us to be able to buy new systems.

Even though the trend has been to test and assess these technologies in bigger cities, to the detriment of cities where we really need them due to our isolated location, we must admit that in the past couple of years, both the Alt Pirineu and

Aran Health Region and our hospital have made a big effort to become updated on the acquisition of new systems (4 crown CT, high resolution ultrasound, digital radiology...) and to implement ICTs (electronic prescribing, HC3, online consultation of laboratory and radiology tests...) which are undoubtedly beneficial to coordination and safety in our daily clinical practice.

### 📶 What advantages and opportunities do you think technologies such as telemedicine, shared clinical history and/or imaging diagnostic techniques, amongst others, can provide?

In our setting, the regional hospital is the core of the region's health care system. We are the nexus point between neighbouring primary care centres and tertiary hospitals for the referral of the more complex cases. New technologies help us to ensure efficiency and efficacy in the provision of health care to our population, via effective coordination with other agents in the region.

Let's not forget that new technologies also provide benefits and new stimulation for health care professionals in these regional hospitals, given that it brings them closer to higher level centres and therefore enable them to share with others the patient's clinical information, to obtain improved and updated knowledge, to participate in teaching, and, even to partake in basic research, which nowadays seems to be denied to these professionals due to the distance that separates us from large cities.

### 📶 Do you think it would be interesting to promote initiatives that establish methodologies and processes for the assessment of health technologies in a collaborative manner between all Catalan hospitals?

I am convinced that it is a need, not only for us, but for the entire publicly funded health care system. In our case, if we wish to be the first to implement these health technologies, we would like to do so with full certainty of their functioning and efficacy, given that

they must add real value to our clinical practice and be in tune with our health care needs.

### 📶 Do you think that increased dialogue with the regional hospitals of Catalonia and the Department of Health would improve the implantation of health technologies in these types of institutions?

Certainly. The issue is not to just to benefit from scale economies in their acquisition but for these technologies to be also compatible and most importantly for them to be used for communication purposes amongst healthcare centres, where we have real problems. It would not make any sense to digitize diagnostic images from the Hospital del Pallars if one cannot consult with the primary care physician or the images cannot be sent to another centre for assessment by the specialist radiologist when our radiologist is on holiday or when he or she needs a second opinion from his or her peers.

Hence, homogeneous implantation of new technologies ensures equity and accessibility to the Catalan health care system and favours the transmission of information rather than patients' unnecessary trips.

### 📶 In your opinion, how would a closer relationship with the CAHTA benefit regional hospitals?

I personally believe that the CAHTA should provide, in addition to its knowledge on the development of new technologies in the health care system of Catalonia and the rest of the world, assistance, in the widest sense of the word, to institutions who, due to a lack of technical infrastructure, must make use of the knowledge and experience of third parties, given that this organization has a better understanding of our needs and possibilities of obtaining and implementing new technologies, as well as experience in the technological market and in the compatibilities with other systems that have already been acquired from other suppliers close to our region.