

# Evaluation of the Ludwig Boltzmann Institute for Health Technology Assessment

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Vienna / June 9 and 10, 2016

## REPORT OF THE EVALUATION PANEL

June 17, 2016

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## Preface

The Ludwig Boltzmann Gesellschaft (LBG) invited an international team of experts in order to evaluate the Ludwig Boltzmann Institute Health Technology Assessment (LBI-HTI) in Vienna on June 9 and 10, 2016. This evaluation is a regular procedure within the statutes of LBG after three years of the second funding period of setting up a Ludwig Boltzmann Institute. Independent external experts are invited to evaluate the results of the past period and to give recommendations for the future development.

The LBG Head Office generated a comprehensive set of questions which served the evaluation panel as terms of reference. The evaluation results are based on the following facts and actions:

- The LBG Head Office provided the evaluation panel with the following material one month before the on-site-visit:
  - The institute's evaluation report
  - Minutes of the meetings of the Scientific Advisory Board 2014/2015
  
- The evaluation panel visited the LBI-HTI on June 9 and 10 in 2016. Together with the institute, the LBG Head Office had prepared an agenda allowing for contacts with:
  - Management (Director C. Wild, B. Piso)
  - Senior and junior researchers
  - Panel member Kirsten Steinhausen (via telephone)
  - Representatives of the Scientific Advisory Board (via telephone: Mark Petticrew, UK, Marianne Klemp, N, Stefan Sauerland, GE)
  - Representatives of partner organisations (2 representatives of MoH, 2 representatives of HVB, 2 representatives of the regional health funds)

The panel had the opportunity to set its own priorities and to adapt the composition of the interviewed groups. The review panel declares that it had full access to the relevant informants and was free to ask any questions. The LBI head office accompanied and supported the without any influence on the evaluation process or result.

## Executive Summary and Main Recommendations

LBI-HTA is a highly visible institute in the Austrian health care system. It regards itself as an independent entity for scientific decision-making support in the health sector. It provides the partners - the three main decision-makers in Austrian health care - with evidence-based knowledge on policy-relevant topics for supporting informed decision-making. LBI-HTA also engages in the development and/or advancement of HTA-methodologies as well as the advancement and/or monitoring of health policy governance instruments. In addition, LBI-HTA collaborates internationally by using networks to find partners and/or by stimulating European cooperation.

Since its establishment 10 years ago, LBI-HTA not only filled a crucial gap in the Austrian research landscape, but has become a reference centre and role model for HTAs and value based decision making in Austrian health care system. It has made remarkable progress and is successively carrying out research of high quality. **Therefore, the review panel strongly recommends continuing its funding.** The mission is consistent with the research programme and the position of the LBI-HTA is clearly recognizable. It fits in the strategic concept of the LBG supporting the developing of an independent institute. The research programme, focussing on contract research, is distinctive and attractive in its thematic orientation, as well in comparison to existing (inter)national institutions. The work carried out is state-of-the-art and reflects international methodological trends and tendencies. The amount of and its policy on publication of outcomes confirms this. LBI-HTA has produced a large number of reports and scientific advice documents of high quality and credibility. The publications clearly reflect the profile of LBI-HTA and have a significant impact on policy consulting as well as on public relations. In international terms, LBI-HTA is a recognized institution in terms of scientific work and impact on decision making.

The strategic partners benefit substantially from the research work carried out by LBI-HTA. As shown in the impact analysis, cost savings by far outweigh the investments. In the ongoing second funding period (3/2013 to 2/2020), LBI is financed by LBG and three institutional partners in the ratio of 40:60. In absolute figures, the basic funding is € 1,100,000 p.a. In the continuation concept (3/2020+), the institutional partners have committed themselves to continue the funding and also come up with the share of LBG. There is a high dedication on behalf of the institutional partners, and the interaction between the individual partner organisations in the framework of LBI-HTA is fruitful. Partners are involved in the project development and priority setting process. The research projects are selected together in the Board of Trustees and the joint steering of LBI functions smoothly. The influence of the partners during the selection of the research projects seems appropriate to guarantee independent work as reflected by its publication policy, although they fund the bulk of the budget and have great interest in using the results within their institutions. The constitution of the board with payers and government representatives is very powerful with regard to effective healthcare development.

The organization structure and governance of LBI-HTA appear adequate and efficient. Up to now staff exchange between LBI-HTA and the partners has not been pursued. **It seems worthwhile to think about an exchange (e.g. in form of job rotations).** This could enhance the mutual understanding on the one hand and serve as an incentive for the staff members. It also could help preventing brain drain and at the institute and headhunting.

Up to now, the financial and human resources are quite adequate for the scope of the research programme and the relationship between resources and research output is very good. LBI-HTA has reached a critical size to provide a favourable combination of different qualifications. Thereby LBI-HTA is able to cover the research programme in an appropriate manner. **It seems advisable to gradually grow into a larger institution.** In order to stay competitive and effective on a long-term, a critical head count of around 20-25 staff members seems necessary and would be comparable to similar institutions in other countries. In addition, this would enable the LBI-HTA to react in a more efficient manner to staff fluctuation and to cope with staff mobility. **When expanding, the thematic structure should be revised and eventually focused towards the main strengths of LBI-HTA.** Thereby LBI-HTA could further sharpen its research profile and develop a leading role in international terms. **Furthermore, for the future it is recommended to recruit relevant expertise in the field of biostatistics and additional expertise for the field of health economics.**

**Exploring the field of pharmaceutical HTA assessment as more and more used in conjunction with devices in patient treatment is recommended. Alternative, partnering and/or intensifying collaboration with institutions with this expertise is recommended.**

**In this regard, the budget provided by the partners should be increased and the portion of third party funding (10 – 12%) should be enhanced.** The advantage of a higher share of third party funding is definitely an increased scientific autonomy, a value LBI-HTA regards as crucial. This is especially vital once the budget of the LBI-HTA is completely funded by the partners, starting 2020.

The scientific qualifications of the key scientific personnel are adequate. Especially the director is internationally highly renowned for her immense experience in the evolving field of HTA. Peer reviewed publications in renowned journals, measurable impact of their work as well as its publication policies are rated as a clear seal of quality and independence, ensuring transparency and therefore attractiveness for stakeholders beyond Austria.

In order to strengthen the institute's successful development, particular attention should be paid to the following **recommendations:**

- First and foremost, it is mandatory that LBI-HTAs sustainability is assured by the funding body and bound by contract.
- LBI-HTA should eventually evolve into a larger institution. An increased budget is therefore indispensable. Third party funding should also be increased. Since LBI-HTA provides unique expertise in the field of HTA it seems realistic to raise more third-party funding. Thereby LBI-HTA would secure its scientific autonomy, which is crucial. Hence, the fund-raising strategy must be revised.
- At the same time, the scientific independence of LBI-HTA must be assured. If this is possible within the realm of universities is not yet clear and partly questioned by the evaluation panel and the SAB. In case the negotiations do not come to a satisfying result, the development into an independent HTA-Agency should be seriously contemplated.
- The thematic strategy of LBI-HTA should be focused towards the main scientific strengths and the requirements of the board.
- An appraisal auditing and quality management system should be included.
- Regular and systematic impact assessments are necessary to demonstrate the worthiness of HTA.

- Once LBG is no longer partner, it is important to ensure regular peer-review-evaluations.
- LBI-HTA should assess the risks of misuse or theft of data or intellectual property such as patents or third-party non-disclosed knowledge. Probably, depending on the risks, corresponding measures should be implemented.
- LBI-HTA should explore other sources of data including confidential agreements with other public institutions.
- LBI-HTA should consider to explore HTA work in the field of pharmaceuticals in the long term as devices and medicinal products are more and more interlinked in patient treatment.
- Even though the cooperation within the EU is strong and convincing, it seems advisable to collaborate more intensively on a bilateral level with relevant HTA institutions in Austria and EU.
- Finally, the issue of succession of the director should be tackled in due time. Best would be a considerable overlap in order to preserve C. Wilds extensive expertise, network and experience.

To conclude, the review panel wishes to underline that LBI-HTA has a leading role in the HTA in Austria and therefore should be given a strong position in the emerging national Austrian HTA system. The review panel considers its expertise to be crucial for a successful development of the Austrian health care system. It is therefore mandatory that LBI-HTA's sustainability is assured, in terms of funding, strategy and linkage to healthcare decision making.

## 1. Mission

LBI-HTA regards itself as an independent entity for scientific decision-making support in the health sector. It provides the scientific basis for decisions in favour of an efficient and appropriate use of resources. The objectives are as follows:

- To provide the partners with evidence-based knowledge on policy-relevant topics for supporting informed decision-making
- To engage in the development and/or advancement of (new) HTA-methodologies as well as the advancement and/or monitoring of health policy governance instruments
- To collaborate internationally by using networks to find partners and/or by stimulating European cooperation.

Aligning with this mission, the research programme consists of nine research areas which are embedded in three departments (Public Health and Health Services Research; High Tech Evaluations; European Collaboration):

1. Oncology: Horizon Scanning and Assessments
2. High Tech Medicine in/for Hospitals
3. Rehabilitation and Occupational Therapy
4. Prevention and Screening
5. Psychological & Psychiatric Interventions
6. Health Economics
7. Complementary Medicine
8. European Collaboration
9. HTA-Methods & Steering Instruments

The mission is consistent with the research programme and the position of the LBI-HTA is clearly recognizable. The mission also fits in the strategic concept of the LBG. The emphasis clearly lies on applied/contract research, which is in fact a main task when dealing with HTAs, and to a lesser extent on basic research. This is as well in line with the LBI concept of developing institutions that become self-efficient after a certain time of support provided by the LBI (see also 7. Outlook). Basic research is understood by LBI-HTA as the development of suitable methods for the questions asked by the partners. The development of new HTA methodologies is not a strategic focus even though there is demand, for example for a new GRADE-Model.

## 2. Funding, Facilities, Equipment and Staffing

### Funding

In the first funding period (3/2006 to 2/2013), the LBI-HTA was financed by the LBG and seven institutional partners in the ratio of 60:40. In the second funding period (3/2013 to 2/2020), the LBI is financed by the LBG and three institutional partners in the ratio of 40:60. The partners are now the main payers and the key decision-makers of the Austrian health care system. In absolute figures, the basic funding is € 1,100,000 p.a.

- LBG: 440,000
- Ministry of Health (MoH): €110,000 (10%)

- HVB (main organisation of Austrian social security institutions): € 275,000 (25%)
- 9 Federal States (regional health funds): € 275,000 (25%)

In the continuation concept (3/2020+), the institutional partners will continue the funding and also come up with the share of the LBG, since LBG will cease funding the LBI.

In addition to the annual basic funding by LBG and the partners, between 5, 8 % (2006) and 17% (2015) of the budget is realized with third party funding (mainly by EU-projects). Around 77% of the total expenses are used for personnel costs (salaries and external experts in contract). 23% are spent on overhead (12% fixed costs, 11% variable costs).

Up to now, the financial and human resources are adequate for the scope of the research programme. The relationship between resources and research output is very good. In this regard the portion of third party funding should be enhanced and the underlying acquisition strategy should be revised. A higher share of third party funding would result in more scientific autonomy, higher output and visibility and enable to enhance the work on development of novel methodologies for HTA assessment. This is especially vital once the budget of the LBI-HTA is completely funded by the partners, starting 2020.

## **Facilities and Equipment**

The LBI-HTA is located in a 150m<sup>2</sup> office, hosting around 15 individual work-places and a conference room/library. The library currently holds about 900 monographs. In addition, LBI subscribes to 8 print periodicals and 4 electronic journals, as well as to medical databases such as Ovid-Medline, Embase, Synergus HTA-Update, the MedEval drugs database, and UpToDate. Due to its cooperation with Cochrane Austria, the LBI also benefits from complementary access to other electronic resources such as Scopus.

The facilities provided at the LBI-HTA are completely adequate for the realisation of the research programme.

## **Staffing**

The LBI-HTA is organized into three hierarchical levels and consists of around 15 very competent and highly motivated staff members (12 researchers, 3 administrative support).

The researchers come from different fields of science and form a coherent and interdisciplinary team that works together very well. Thereby the LBI is able to cover the research programme in an appropriate manner. When lacking specific expertise, external experts are included via contract. LBI-HTA has reached a critical size to provide a favourable combination of different qualifications. Nevertheless, it seems advisable to gradually grow into a larger institution in order to stay competitive and independent. A size of around 20-25 staff members seems adequate and comparable to similar institutions in other countries. In addition, such a size would enable LBI-HTA to react in a professional manner to staff fluctuation and to cope with staff mobility. Since staff qualified at the LBI-HTA is very much in demand, it is only natural that staff members are headhunted. This is evidence of the high quality of research conducted at LBI-HTA and must not be seen negatively. Therefore, in order to master this 'brain drain', the LBI-HTA should expand and further explore contact with



national and international Public Health Master Courses since this allowed for recruitment of staff.

It is also recommended to recruit relevant expertise in the field of biostatistics and additional expertise for the field of health economics.

### 3. Results

LBI-HTA is successively carrying out research of high quality. The research programme is distinctive and attractive in its thematic orientation, especially in comparison to existing national and international institutions. The work carried out is state-of-the-art as demonstrated by numerous publications; the policy to publish all results is highly endorsed to guarantee transparency and independence of research. The publications clearly reflect the profile of the LBI-HTA and have a significant impact on policy consulting as well as on public relations. Also, teaching conducted at universities and the supervision of master-theses supports the concept of the LBI-HTA and guarantees up to date discussions and interaction with other stakeholders in the HTA field. LBI is an internationally recognized institution. In addition, the researchers of LBI are invited to committees, boards, editorials and they often act as keynote speakers and reviewers.

Within the research area of 'high tech medicine' in/for hospitals the LBI-HTA has gained substantial methodologic experience in assessing high-risk interventions and medical devices for decisions on in/exclusion in the national hospital benefit catalogues. With this expertise the LBI-HTA is not only leading this area of assessments nationally, but also interacts on a European level. As the lead of the EUnetHTA JA2 (2012-2015) and JA3 (2016-2020) work package on assessments of "other technologies" the LBI-HTA is coordinating collaborations of such pre-reimbursement assessments of high-risk interventions across Europe and is considered a leading expert in this area. Due to the increasing availability of systematic reviews and clinical practice guidelines new methods have emerged to aggregate information. In line with this trend, LBI-HTA conducted several overviews of reviews and clinical practice guidelines in the field of complex interventions since 2011 (e.g., on incentives to change health behavior, acupuncture, measures to reduce preterm birth, screening in pregnancy and early childhood, occupational therapy in children) and contributed to the advancement of the methodology in this area of synthesizing evidence.

The publication outcome of the LBI-HTA has been maintained at a high level. As of April 2016, 53 peer reviewed journal articles have been published. Besides, LBI compiled 12 contributions to books, monographs and/or edited volumes. Moreover, when it comes to LBI's core area of expertise (HTA-Reports), LBI published 38 comprehensive reports, 5 rapid assessments, and 56 decision support documents for the institutional partners. Furthermore, a total of 153 presentations and 29 posters were held and presented at conferences, workshops, and meetings to represent the results.

The director of the LBI, C. Wild, is internationally highly renowned for her immense experience in the evolving field of HTA. Peer reviewed publications in renowned journals as well as the measurable impact of the work of LBI-HTA is rated as a clear seal of quality.

According to an analysis carried out in 2011, (LBI-)HTA has the following impact/benefit categories:

- Awareness: Rising download numbers and increasing media coverage of LBI-HTA reports.
- Acceptance: Research results are found useful to prepare negotiations by representatives of the ministry of health and of the social security institutions. Hospital administrators find them useful for initiating structural or organizational changes related to the use of technologies (e.g. for establishing guidelines). For medical professionals reports are partly helpful for administrative and research activities, but less for direct patient work.
- Policy process/decision-making: An increasing number of decisions that are related to the inclusion of medical service items into a publicly funded hospital services basket and some vaccination program funding decisions were justified on the basis of HTA results.
- Clinical and reimbursement practice: Definite changes of clinical practice were identified at the hospital level for technologies that had been identified by the HTA-report as being oversupplied. Additionally, more restrictive inclusion of new technologies in public hospital funding is likely to result in less frequent use of those technologies. At the social security level and within hospital financing, new forms of reimbursement (conditional coverage) have been recognized.
- Final Outcomes: Economic impact was most explicit at the hospital level. Reduction of expenditure was estimated at a level of at least several hundred million Euros. Additionally, the increasing use of evidence analyses for reimbursement decisions of new technology at the hospital level bears the potential to redistribute resources into effective and safe technologies.
- Enlightenment: There is some evidence for standardized inclusion of HTA results in decision-making processes linked with tendencies to increase transparency (e.g. conflict of interest statements).

The impact is dependent on the target group addressed. The strongest evidence was observed for the impact categories 'awareness' and 'economic impact'. In terms of target groups, the impact was strongest among the primary target groups of the LBI-HTA, which are representatives of the hospital management and hospital financing bodies, followed by social security institutions, and federal bodies. The impact is not necessarily related to the acceptance among the medical profession, but forced by administrative regulations, financial incentives, or media pressure.

To enable and enhance acceptance in the medical profession it is recommended that in the medium / long term the LBI-HTA expands its expertise and output to include HTA assessments to medicinal product intervention.

## 4. Partners

Products and services of LBI-HTA are being utilized by the partners in the following fields of decision-making:

- (Regional) planning of (specialized and/or cost-intensive) services, medical interventions, and big equipment/devices
- National investments, policies and programs: prevention, vaccination, and screening
- Monitoring of appropriateness of delivery of services, under-/mis- or overuse
- Prospective maintenance of benefit catalogues and disinvestment decisions
- Budget planning in drug commissions

- Methods-development for (new) governance instruments (early assessments, conditional coverage, public procurement, vaccination-policies, evidence-based planning)
- Science communication for the general public and raising awareness for technology assessments and its impact on healthcare decisions.

Altogether, there are three general benefits for partners: the work-program is defined by the partners, they receive quality-assured, transparent results and research-based arguments for their decision-making, allowing them to justify their expenditure with direct returns. Insofar the strategic partners benefit substantially from the research work carried out by LBI-HTA. This explains their willingness to continue funding LBI-HTI, eventually even to a higher degree since LBG's funding is ceasing by 2020. Undoubtedly, there is a very high commitment on behalf of the institutional partners, and the interaction between the individual partner organisations in the framework of the LBI is very strong and fruitful. They obviously regard themselves as a consortium with common goals. The synergy effects are clear.

The Partners are involved in the project development and priority setting process. The research projects are selected together in the Board of Trustees and the joint steering seems to function smoothly. The influence of the partners on the selection of the research projects seems appropriate, since they fund the bulk of the budget and will bear the institute in the future.

Up to now staff exchange between LBI and the partners has not been pursued. The partners prefer an intense cooperation on the level of specific projects since this has worked very well in the past. Nevertheless, it seems worthwhile to explore exchange in form of job rotation or similar modes. This could enhance the mutual understanding and knowledge transfer on the one hand and serve as an incentive for the staff members. Also headhunting could be reduced, or even agreed.

## **5. Organization Structure and Governance**

### **Organization Structure and Governance of the LBI**

The organization structure and governance of LBI-HTA both seem satisfactory and appropriate. The three departments and the nine underlying research areas have developed conclusively and they are comprehensible. The selected research projects are driven by the interests of the partners as well as the competences and interests of LBI-HTA and they can be categorized into nine fields of research. When expanding (see recommendation above), the thematic structure could be revised and eventually focused towards the main strengths of the LBI-HTA and needs to develop Austrians healthcare system in terms of value based resource allocation. Thereby LBI-HTA can sharpen its research profile and develop a leading role in international terms.

The director of the LBI - C. Wild – meets her leadership obligations in a convincing way. The communications channels (between LBI-HTA and its partners on the one hand, and inside LBI on the other hand) are well established and there is an adequate meeting culture at LBI. The staff members are involved and have the possibility to discuss all issues resulting from their work for LBI.

## Quality Management

All reports are peer-reviewed by 1 methodologist and 1 expert in the field.

The cooperation with the Scientific Advisory Board is well developed and LBI-HTA reflects and considers the recommendations given by the SAB.

LBI-HTA pursues a transparent and open access policy: All research results are made available to the public domain under the Open Publication License (OPL) or a similar license. All contracts with clients of LBI include regulations stating that the results will be published. This seems to be crucial for HTAs to be effective, independent and transparent, important prerequisites for its outcome to be acknowledged by different stakeholders.

LBI-HTA takes care, including state-of-the-art technical and organizational measures, in order to protect confidentiality and to make sure sensitive data will and can only be used for the exact purpose of the respective study. With regard to all sensitive information communicated to LBI-HTA, the institute negotiates with the sources of the data in what form LBI-HTA is allowed to use them. In any case, personal data will not be published, other than in aggregated and/or anonymous form. Also, LBI-HTA applies the usual rules of good scientific practice. With regard to sensitive topics, it has been agreed with the Board, that publishing takes place after the political process of decision-making happened. Nevertheless, LBI-HTA should assess the risks of misuse or theft of data or intellectual property such as patents or third-party non-disclosed knowledge. Probably, depending on the risks, corresponding measures should be implemented.

During discussion it became apparent that the LBI-HTA would benefit from better data access eg from AGES or other Austrian government bodies in order to enable the best analysis and research in the area. It is acknowledged that confidential agreements etc. need to be put in place. This should be explored.

## 6. Promotion of Young Researchers

The promotion of young researchers seems to work well. The communication channels between the young researchers and the senior staff members allow for personal growth and personal career development. The LBI-HTA is a stepping stone for further careers as demonstrated in 2015, when two key researchers left the LBI for new jobs. The junior researchers are encouraged to participate in the relevant conferences and they are financially supported to do so by LBI. Also, the publication authorship of the young researchers is handled adequately.

LBI has very successfully built a distinguished network with other important international organizations in its field of research. There is an opportunity for the employees to benefit from this network (job offers, participation in conferences and European projects etc.).

## 7. Outlook and Recommendations for the Future Development

The long-term perspective and sustainability beyond 2020 is currently being developed by LBI-HTA and its partners. Accordingly, there are still a lot of open issues to be solved. In the end, it is mandatory, that LBI-HTAs sustainability is assured and bound by contract.

The three institutional partners are willing to continue funding LBI-HTA after 2020 and they have therefore developed an integration/transformation concept plus a business plan that both serve as a basis for discussions and negotiations with prospective partners. The commitment of the partners is documented in a signed Letter of Intent and was clearly visible in discussions with the evaluation panel. As this agreement is in place it was felt that a clear concept for the future needs to be formulated and agreed in order to ensure a successful continuation of the institute.

It is planned to connect the LBI-HTA to Austrian universities (e.g. in order to secure its scientific autonomy, to guarantee access to students, to prevent the application of public procurement law etc.). The partners will now start their exploratory discussions with respective universities. The partners intend to establish LBI-HTA as an inter-university-research centre carried by two universities. The legal status still depends on the outcome of the negotiations. In case the negotiations with the universities are not successful, the partners will continue to finance the LBI-HTA for the time being (as a contract research institute). It is essential, that achieving the goals according to mission and business plan as well as securing sustainability of the LBI-HTA must have priority over structural questions such as linking to a university.

In order to strengthen the institute's successful development, particular attention should be paid to the following recommendations:

- First and foremost, it is mandatory that LBI-HTAs sustainability is assured and bound by contract
- LBI-HTA should eventually evolve into a larger institution. An increased budget is therefore indispensable. At the same time, the scientific independence of LBI-HTA must be assured. If this is possible within the realm of universities is yet not clear. In case the negotiations do not come to a satisfying result, the development into an independent HTA-Agency should be seriously contemplated. Achieving the goal of being a leading and effective HTA agency in Austria is of utmost importance.
- The thematic strategy of LBI-HTA should be focused towards the main scientific strengths and the requirements of the board.
- An appraisal, auditing and quality management system should be included.
- Regular and systematic impact assessments are necessary to demonstrate the worthiness of HTA and to adapt structures, processes and communication.
- Since LBI-HTA provides unique expertise in the field of HTA it seems realistic and necessary to raise more third-party funding as well. Thereby LBI-HTA would secure its scientific autonomy, which is crucial. Hence, the fund-raising strategy must be revised.
- Once LBG is no longer partner, it is important to ensure regular peer-reviewed-evaluations and impact assessments.

- LBI-HTA should assess the risks of misuse or theft of data or intellectual property such as patents or third-party non-disclosed knowledge. Probably, depending on the risks, corresponding measures should be implemented.
- LBI-HTA should explore other sources of data including confidential agreements with other public institutions.
- LBI-HTA should consider to explore HTA work in the field of pharmaceuticals in the long term as devices and medicinal products are more and more interlinked in patient treatment.
- Even though the cooperation within the EU is strong and convincing, it seems advisable to collaborate more intensively on a bilateral level with relevant HTA institutions in Austria and EU.
- Finally, the issue of succession of the director should be tackled in due time. Best would be a considerable overlap in order to preserve C. Wilds extensive expertise, network and experience.

To conclude, we wish to underline that the LBI HTA has a leading role in the HTA in Austria and therefore should be given a strong position in the emerging national Austrian HTA system. We consider its expertise to be crucial for a successful development of the Austrian health care system. It is therefore mandatory that LBI-HTA's sustainability is assured, in terms of funding, strategy and linkage to healthcare decision making.