BORDER CROSSING **Tessa Richards**

Views from Venice

On living la dolce vita and the merits of collaboration to assess new health technologies

Summer school on the island of San Servolo. Venice is a mere 10 minute boat ride away. But it's not art history that's timetabled. This is a course for those whose thirst is for health technology assessment.

It's the third summer school that the European Observatory for Health Systems and Policies has run on the island in conjunction with the Veneto region's health and social services department. As before, the participants, 64 from 30 different countries, include a good sprinkling of those who shape health policy and those who analyse it.

Outside, the sun sparkles on the water. Inside, the course organisers—Rheinhard Busse, professor of healthcare management at the Technical University of Berlin, and John-Arne Rottingen, from the Norwegian Knowledge Centre for Health Services—run us through the programme. It looks as intensive as our pre-course reading list. The joke then goes round that the great thing about holding a course on this tiny island is that participants are captive.

San Servolo has housed a variety of captives in its time. It started life as a monastery, and before being turned into a conference centre it was a psychiatric asylum. In between it was requisitioned as a quarantine hospital, or lazzaretto, for plague victims.

In the 14th century public health was in the hands of Venetian diplomats who took decisive and, at the time, innovative action when the plague struck. Ships were put in quarantine for 40 days. Yellow flags were hoisted on ships whose crew members were thought to be diseased. The diagnosis was made at arm's length by masked and black-robed plague doctors carrying sticks. As he dons the garb, our Venetian host, Luigi Bertinato, explains that his macabre hook-nosed mask housed the last word in disease prevention: a bulky mix of ground herbs.

Enthusiasm for innovation in health care has not dimmed with the passing centuries. The development of new health technologies, mostly drugs, devices, and procedures, outstrips the (now faltering) rise in national health budgets. Deciding what innovations are worth investing in is a high stakes business.

Increasingly policy makers are looking to health technology assessment (HTA) to answer the question, "How much do we get out of our health system, and is the cost worth it?" The problem is that the "science" is itself a technology in evolution. Expertise, experience, and methodologies vary within and between countries. So does the extent to which HTA is being used as a tool in setting priorities and containing costs and in tricky decisions about "disinvestment" in ineffective technologies.

Most health technology assessment reports have gaps, we learn. A full assessment entails more than a synthesis of the evidence on clinical efficacy and cost effectiveness. Context is everything. A parallel appraisal should answer such questions as: "What impact will this technology have on patients in my district, region or country?" "Are we capable of using the new tool effectively and on the right patients?" and "Given the capital outlay what services will we have to forgo?"

Recently the scope of health technology assessment has been extended to evaluate the impact of new forms of organisation of care and public health interventions. It's not easy, as Kalipso Chalkidou, from the UK National Institute for Health and Clinical Excellence, points out: "For the benefits don't fit the actuarial cycle. It takes time to find out if smoking cessation programmes, for example, will yield more dividends than installing computed tomography scanners."

Time passes. Some succumb to the many temptations across the water. But attendance remains high and the exchange of national experience lively as we work our way through

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lectures, panel discussions, and small group work on methodology, innovation, comparative analysis, knowledge management, knowledge dissemination, and what to do when the evidence is incomplete.

Among the many uncertainties golden rules emerge. Assessments need to be transparent, independent, rigorous, and timely and should address the questions that policy makers need answers to. Collaboration to promote mutual learning and avoid costly duplication of effort makes sense; and several international networks are flagged up (for starters, put INAHTA, EUnetHTA, EUR-ASSESS, and EuroScan into an internet search engine).

Nick Fahy, from DG Sanco (the European Union's Directorate General for Health and Consumer Affairs), refers to the "political schizophrenia" around the EU's role in health technology assessment. "The last thing Europe's politicians want is the EU telling them what to do," he says, "but I suspect most are more than happy to use the results of EU funded assessments to justify their decisions." Further EU collaboration (if not a formal EU agency) makes sense, we agree, although it may put countries on the spot. What if the EU gives the thumbs up to a new technology but individual countries can't afford to pay for it?

Nick Fahy, I discover, is one of a handful of participants who start their day with a run. As the days unfold everyone loosens up in their own way. It's stimulating to attend a well run course with a small group of interested and interesting people. It's also spoiling to have a local host to teach us about the Veneto region. I learn a lot. How its health sector copes with a seasonal influx of 20 million tourists. That Venice has just given a licence to its first female gondolier. And that living la dolce vita is the best health technology of all.

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