



Health foresight – A survey on quantifying tools

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Context

To improve foresight and “prospective prudence” in PH:
evidence-based quantification

Existing approaches needing improvement, evaluation
([Fehr et al. 2012 JECH 66\(12\):1088 – 91](#))

Helpful:

- Status quo of tool development and of practical experiences gained
- Opinions on perspectives for quantitative health foresight and impact assessment



Methods

Survey aiming at collecting relevant information from the “provider” side (toolmakers)

Survey topics:

- Status quo of model development and availability
- Experiences made with model usage
- Options for further development
- Options for (comparative) evaluation
- Options for maintenance and continued availability of the tools including their data contents



Methods (2)

Interrelated views:

- For each tool: current development status, including significant applications, experiences gained
- For each item of interest, comparison across tools

Results are used to identify opportunities and threats to the overall approach



Considered tools in the survey

■ ARMADA	■ MSLT
■ DYNAMO-HIA	■ POHEM
■ HECOS	■ Prevent
■ Foresight Obesity	■ QBM
■ Health Forecasting	■ RIVM-CDM
■ IMPACT	■ SimSmoke
■ ICT	■ MicMac
■ INTARESE / HEIMTSA	

10

2010

30



Prelim results: Responses

Questionnaires sent out to: authors of 15 tools

Responses so far:

- Declined to respond = 1
- No response = 4
- Full response concerning 12 of these tools; and 2 new versions -> 14 tools in total



Tool development / availability

Tool development

Ready for use: 14 (of 14)

Maintenance / Updating: Updated = 7, new versions = 2, no update = 5 (of 14)

Information on tool development = 8 (of 14)

Tool availability

Can be used by others than developers = 7 (of 14)

User support = 13 (of 14)



Tool use / evaluation

Tool use

Wide variation of usage

Results made available = 10 (of 14)

Tool evaluation

Evaluation conducted = 4 (of 14)

Results made available = 3 (of 4)



Specific qualities

Handling uncertainty = 14 (of 14) (various shades)

Maintenance & availability assured = 6 (of 14)

Tool use: Satisfied = 6, Could be more = 6 (of 14)

Evaluation as a priority? No = 9; Yes; = 4; If done by others = 1 (of 14)

Financial support: Yes = 7 (of 14) (N/A since superseded = 2)



Discussion

- A considerable number of tools is currently “ready for use”
- In some cases completely new versions have been developed
- Often, results of tool usage are published
- Half of the tools is accessible for outside users; practitioners can choose among them
- For those that are accessible, most developers are not satisfied with the extent of their usage



Discussion (2)

- Handling of uncertainty is a standard feature but handled in different ways / various degrees of sophistication
- Most tools cannot handle SES inequalities within the tools inside; data are probably lacking for modeling this
- Evaluation of tools is rare; mostly not seen as priority, but most are interested in a collaborative evaluation



Discussion (3)

Results of this current survey are going to be merged with existing knowledge, including from our earlier workshops on impact quantification

Further groups to be surveyed:

- advanced HIA practitioners as key users
- policy-makers as primary target group for the information produced with these tools

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