



## A Career Intertwined with ISPOR Leadership: Finn Børlum Kristensen

**F**inn Børlum Kristensen, PhD, MD, ISPOR's 2018 Marilyn Dix Smith Leadership Award recipient, is highly active in the organization. If you search for his name on the society's website you will come up with a slew of results. Dr Kristensen has presented at ISPOR events around the world on subjects such as good research practices in health technology assessment (HTA), including the ISPOR HTA Council, roundtables, and HTA Training Program. He was elected to and served on the ISPOR Board of Directors from 2011 to 2013 and has chaired the ISPOR HTA Council since 2013.

Being named the 2018 Marilyn Dix Smith Award recipient made Dr Kristensen "Genuinely really happy, because it is an appreciation of work that has gone on for more than 10 years—it was completely unexpected and just a joy. This award was given late in my career and it helps me see that I have made a difference, which is great!"

Receiving this award also gave him an opportunity to address the participants during the plenary at ISPOR's annual meeting in May 2018. "I had some thoughts about the future of ISPOR that I wanted to share; that was an added value, you could say," Dr Kristensen tells *Values & Outcomes Spotlight*. "It forced me to think about the current and future status of ISPOR."

### DEEP INVOLVEMENT IN DEVELOPING HTA IN EUROPE

Looking at Dr Kristensen's career, it is no wonder that he naturally gravitated to ISPOR's mission of helping produce better health outcomes. As a practicing primary care physician in Denmark, Dr Kristensen says he increasingly became interested in epidemiology. "Epidemiology feeds into what ISPOR is doing because ISPOR is the society for outcomes research, and outcomes research is about statistics and population health data," he explains.

His first foray into outcomes research was a study based on the Danish Medical Birth Register, a national register that has been in existence in Denmark since the 1960s and gathers information from pregnant women's prenatal care visits, birth, and the newborn delivery. This led to his PhD, and after a stint in academia as a postgrad, in 1997 he joined the Danish Health Authority to become the first head of the Danish Centre for HTA (DACEHTA), a position he held until 2009.

During that time, he was also working with the Ministry of Health on some European Commission matters, in the field of cross-



border patient services. According to Dr Kristensen, that eventually led to a proposal that formed the European Network for Health Technology Assessment (EUnetHTA) in 2016. He was chairman of the EUnetHTA Executive Committee until 2006. "If you were to talk about my career arc, it was probably the top of the arc, because it was a fantastic tour with all these different institutions and different researcher backgrounds, moving forward with collaboration in this field of HTA," Dr Kristensen says.

Additionally, Dr Kristensen has been a professor in Health Services Research and HTA at Faculty of Health Sciences, at the University of Southern Denmark since 1999, and currently is an independent consultant.

As an independent consultant, Dr Kristensen's goal is to help different stakeholders in HTA and outcomes research, including government

institutions and private medical device and pharmaceutical companies. "I'm in the same ballpark, but now I am independent and can help and provide my experience to facilitate knowledge and development," he says. "So of course, I would like to see some results from that in the coming years."

### ADVANCING OUTCOMES RESEARCH AND ISPOR

Dr Kristensen's PhD in epidemiology—which is at the center of outcomes research—led to his work with HTA, and he believes that finding an accord between outcomes researchers and clinical researchers is easier now than a few decades ago.

"During the late 1980s into the 1990s, I would say that there were real clashes between the outcomes researchers and the trialists—the trialists being the people that were underlining that we really need randomized controlled trials to know about whether something works or not, and to the extent that it works. If we do not have control groups, randomize, and use blinding, we are at risk of bias, unknown influencing factors that play a bigger role than what we expect in our study with the data that we have," Dr Kristensen states. "I tended to agree a lot with the people on the trialist side, but on the other hand, you cannot run trials for everything."

Dr Kristensen attributes a lot of the advances in health outcomes research, and the more positive light in which it is now received,

to ISPOR's activities. "ISPOR has contributed to building respect towards outcomes research, because ISPOR members are doing a lot to develop good practices and making sure that sound methodology is applied," he says.

ISPOR is "Not just an organization for advocacy of outcomes research itself, it is an organization that is also improving methodology and helping people be critical about the interpretation of data," he explains.

Dr Kristensen sees an increasing role for ISPOR as data collection and data processing in the health outcomes field become more powerful. "This is a big opportunity for outcomes research, but it needs to be done with a lot of critical approaches in terms of methodology," he says. "Teaching that [methodology] and further developing it is a great task and ISPOR is positioned to do so."

In an interesting twist that was perhaps foreshadowing the future, Dr Kristensen's involvement with ISPOR began with a meeting in Copenhagen in 2007 with Marilyn Dix Smith as well as Michael Drummond, who was president of the Society at that time. Dix Smith and Drummond wanted to make EUnetHTA aware of the existence of ISPOR.

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Dr Kristensen adds.

It did not take Dr Kristensen long to see the advantages of working with the Society. "I immediately saw the potential in ISPOR as a Society that can enable collaboration, where people can put in work to make a difference," he says. "It already had a substantial secretariat and good people working there who could facilitate."

Within a year or two of joining ISPOR, Dr Kristensen had helped establish the HTA Roundtables, first in Europe and then in North America, and then later in Asia, Latin America, and recently Middle East and Africa. "And of course, that could only happen because there was this collaboration with the people at ISPOR," he adds.

In particular, Dr Kristensen singles out ISPOR's Nadia Naaman, Senior Director, Scientific & Health Policy Initiatives, as one of the people he has worked with fruitfully. "She and I have had a wonderful collaboration over the years," he says.

Even though Dr Kristensen was still leading DACEHTA and EUnetHTA at the time he joined ISPOR, he welcomed what the Society did and continues to do.

"I saw that by doing some work within ISPOR, I could see things moving ahead where there was a common agenda between ISPOR and myself," he explains. "It was good for ISPOR and it was good for me because I wanted to see HTA better implemented and understood. It is a good thing to have this research-based policy development, advising and informing decision makers based on research."

## TO FUTURE HEOR AND HTA RESEARCHERS: JOIN ISPOR

As someone who has found great value in ISPOR's programs, Dr Kristensen suggested in his award address that future researchers in the health economics and outcomes research field should consider doing some voluntary work for the organization and see if there is an opportunity to join a chapter or facilitate task forces or special interest groups. That way when students finish their studies, "they will be hitting the ground running," he explains.

ISPOR can give students a way to apply their research in a real-world way. "It may be very dry to work with your studies and your textbooks and different kinds of exams and theses, etc, but being involved in ISPOR brings you closer to answering 'How can this be applied and actually make a difference in some way?'" Dr Kristensen adds.

And ISPOR's value extends beyond school, he emphasized. Once students are finished with school and are starting their professional career, "They should pay attention to opportunities provided by ISPOR," Dr Kristensen says. "They should try to get into an HTA institution, academic group, or consultancy that works on HTA processes and get to know what it is about. From that point, they can then decide if they want to go work at the HTA institution, or if they would like to work with consultancies that are feeding into submissions and different kinds of things in these processes or go work in the industry with this knowledge and approach."

Whether they choose to work with government institutions, private companies, or consultancies, students will be applying the same approaches to look at evidence and data in their day to day work. Students may find that the perspectives may differ between each of these stakeholders—while national institutions are interested in costs related to outcomes, private companies are interested in bringing their products to the market in a favorable way. But these companies also "Know the game of providing evidence, and knowing the game is what I recommend to young professionals," Dr Kristensen says.

And if a student is strictly into research, they can still have a viable HEOR/HTA career, Dr Kristensen states, "If you are really into primary research and are really one of those who can stay with the same problem and analyze it from different angles for years, maybe tens of years, then you should stay with primary research. We really need those primary researchers." He continues, "I myself, I could not stay at my desk sufficiently long enough to go on analyzing the same problem, but for those people who can do so, I have the highest respect. Many other people are more lateral, they are more interested in how something can be applied. Those people can also enjoy the HTA field."

Even though he is no longer with EUnetHTA and is an independent consultant who enjoys being able to spend more time with his family (at the time of this interview his ninth grandchild was on the way), Dr Kristensen will continue his volunteer work with ISPOR. "I will definitely still be involved in ISPOR activities and see how opportunities emerge for continuous involvement, because it is a great Society and it has provided me with so many friends, colleagues, and contacts whom I really appreciate," he explains. ●