 HealthQuest

WHAT DETERMINES RECOMMENDATIONS
ISSUED BY POLISH HEALTH TECHNOLOGY
AGENCY – AHTAPoL?

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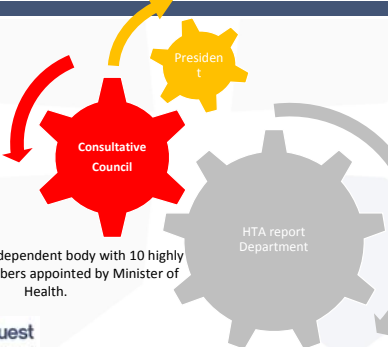
The Agency for Health Technology Assessment in Poland (AHTAPoL) 

- established in 2005 as an advisory body to the Ministry of Health
- since 2009 AHTAPoL is defined as a legal entity
- recommendations issued by AHTAPoL are closely tracked not only in Poland


AHTAPoL Positive recommendation \neq Final reimbursement decision by the Ministry of Health



Recommendations prepared by Consultative Council (CC) and President of AHTAPoL




An advisory, independent body with 10 highly qualified members appointed by Minister of Health.




Background

- recommendation text structured – justification of the recommendation provided
- recommendations issued by AHTAPoL evolved
 - new recommendation types introduced (i.e. conditional, temporal, etc)
 - structure and data presented changed
 - legal background of recommendations – statement by CC and recommendation by President of AHTAPoL




AHTAPoL motto:

Efficacy – yes
Cost-effectiveness – of course
Safety – above all



Aims


- What are the predictors for recommendations/statements issued by the Consultative Council of AHTAPoL ?
- Can a threshold value for ICER (cost per QALY) or budget impact be identified that drives AHTAPoL decisions?
- It is not to judge or review the quality of recommendations



Methods

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- only recommendations texts, neither HTA reports nor critical appraisals, are publically available on the official website (with a few exceptions)
- two independent analysts review:
 - ▣ language specialists with HTA background
 - ▣ HTA specialist with 15 years of experience
- all recommendations issued before 7th October 2011.



Methods

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- Recommendations:
 - ▣ Positive – supporting covering from public budget
 - ▣ Negative – supporting limited or no coverage
- Each recommendation evaluated using predefined criteria on:
 - ▣ medicine area (rare diseases and oncology distinguished)
 - ▣ clinical efficacy (with special interest on hard-endpoints defined according to Polish HTA guidelines),
 - ▣ safety
 - ▣ cost-effectiveness
 - ▣ budget impact and others (e.g. formal reasons).
- Although recommendations texts are structured not all could be assessed based on each of the predefined criteria.




„Missing data”

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Efekty leczenia, wyrażone jako zyskane lata życia i zyskane lata życia w pełnym zdrowiu oraz bezpośrednie koszty medyczne z perspektywy płatnika (NFZ+pacjent) modelowano w horyzoncie mającym odpowiadać dożywniemu – 10 lat dla I i 5 lat dla II linii leczenia.

W przedstawionej analizie koszt uzyskania dodatkowego roku życia w pełnym zdrowiu (QALY) w wyniku zastosowania pazopanibu zamiast interferonu α w I linii leczenia oszacowano na [redacted] zł, a koszt zyskania roku życia (LYG) - na [redacted] zł. W porównaniu z sunitynibem przyjęto założenie o jednakowej efektywności klinicznej i przeprowadzono analizę minimalizacji kosztów.


W terapii II linii koszt uzyskania dodatkowego roku życia w pełnym zdrowiu (QALY) w wyniku zastosowania pazopanibu zamiast leczenia objawowego oszacowano na [redacted] zł a koszt zyskania roku życia (LYG) - na [redacted] zł. W porównaniu z sorafenibem przyjęto założenie o jednakowej efektywności klinicznej i przeprowadzono analizę minimalizacji kosztów; leczenie pazopanibem miaoby być tańsze od terapii sorafenibem o [redacted] zł.



Interpretation

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Criteria	Recommendation	
	Positive	Negative
<i>Cost-effectiveness</i>		
High ICER	opposing	supporting
Low ICER	supporting	opposing




Results

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344 recommendations (dental technologies excluded)


- ▣ results:
 - ▣ 218 positive
 - ▣ 126 negative
- ▣ specialty:
 - ▣ 14 on technologies for rare diseases
 - ▣ 89 technologies for oncology



Criteria used to justify recommendations

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Domain	Reported in justification of the recommendation (%)
<i>Efficacy</i>	68.6
<i>Impact on hard end-points</i>	48.7
<i>Safety</i>	44.7
<i>Cost-effectiveness</i>	40.3
<i>Affordability – budget impact</i>	14.0
<i>Others</i>	28.0



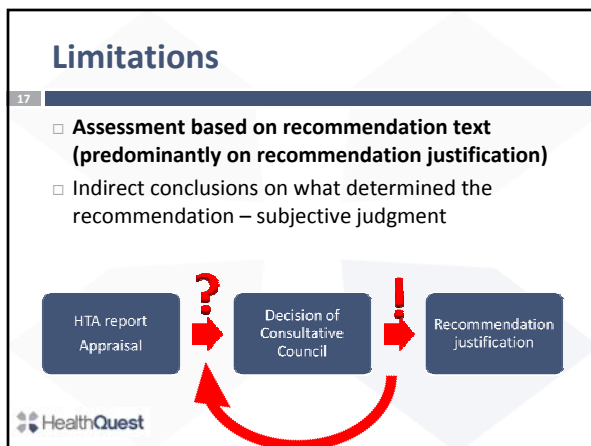
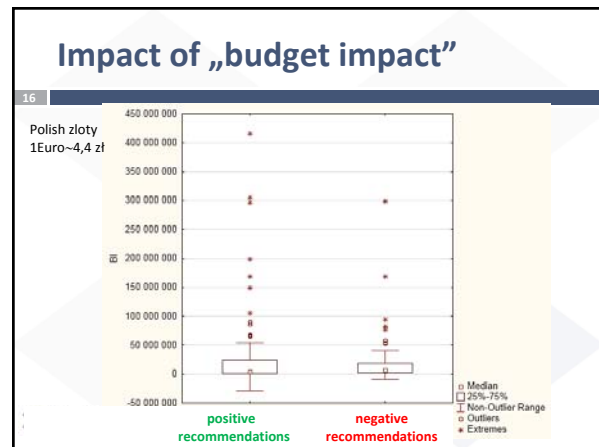
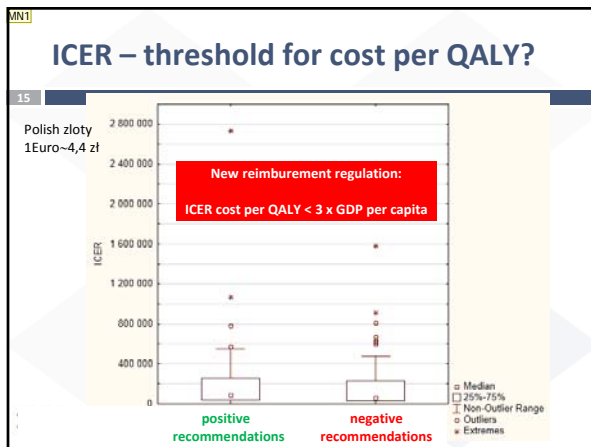
Results – descriptive results

	Positive recommendations n=218		Negative recommendations N=126	
	opposing	supporting	opposing	supporting
<i>Efficacy</i>	9	141	20	68
<i>Impact on hard end-points</i>	43	59	19	48
<i>Safety</i>	21	67	10	57
<i>Cost-effectiveness</i>	41	40	3	56
<i>Affordability – budget impact</i>	8	18	4	17
<i>Other – formal</i>	35			61

Regression modeling

Only statistically significant predictors are listed	OR for positive recommendation	OR for negative recommendation
Efficacy established	12,29	
No hard-end points evidence		3,98
Efficacy not established		4,69
Safety ambiguous or unfavour		5,86
Cost-effectiveness unattractive (qualitative assessment)		5,33
Other reasons (mostly formal requirements unmet)		4,75

- MacFadden R-square – 0,4746; corrected R-square - 0,4438
- correct prediction rate 85,2% (limitation: the same dataset for calibration and testing)



- ### Conclusions
- Decision making by Consultative Council of AHTAPol is multi-criterial and can be hardly predicted
 - Efficacy and safety contribute most consistently to recommendations
 - Practical hint – review past recommendations on the medical problem in question

