WILL THE EUNETHTA MODEL FOR RAPID RELATIVE EFFECTIVENESS ASSESSMENT (REA) OF PHARMACEUTICALS WORK?

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View of the national HTA organization on pilot Rapid Core HTA (Rapid REA of Pharmaceuticals): Pazopanib for the treatment of advanced renal cell carcinoma, version 3, June 2012

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Outline

1. What national HTA institutions expect from Rapid Core HTA documents?
2. View on the structure, content and applicability of the document
3. Possible improvements to the structure of the model for rapid REA and in the process using this model for joint assessments

1. What national HTA institutions expect from Rapid Core HTA documents?
Information on the relative efficacy as well as on the short- and long-term effectiveness of health technology:

- Objective
- Reliable
- Transparent
- Comparable
- Transferable
- Timely
- Fit for purpose

Applicable in national HTA production and decision making

- National HTA institutions will increase reliability, quality and relevance of HTA and build capacities in HTA

- Prerequisite: Core HTA information based on good practice in HTA methods and processes (know what the other do; trust each other; use same templates and methodology; use same language)

Unjustified differences in HTA reports are reduced:
- all the HTA bodies have the same data in hand
- existing methodologies for HTA are applied in an harmonised way

HTA Core Model® and its application

Pool of Structured HTA Information

CORE HTA

- Assessment element
- Core element
- Non-core element
- Locally produced information that does not follow HTA Core model

LOCAL REPORTING

Structured information for Rapid HTA

Structured information for REA

Takes into account local epidemiology, resources, values, etc.

e.g. Full HTA, Rapid HTA, REA
2. View on the structure, content and applicability of the document
### Structure of the document

- Report structure is clear
- 1st part easy to read (similar to “Classic structure of HTA reports”)
- Result Cards in Appendix not so easy to read
- Format of Domain report appropriate (Summary of main results)
- Format of Result Cards need changes
- Division into Domains useful for reading
- First four domains are most relevant
- Result cards template should be changed to increase assessment of validity, extraction and updates of data

### Content

- Methods are valid (according to methodological guidelines)
- Results are valid, relevant and important for further decision making (clinically meaningful endpoints are assessed)
- Evidence tables: comprehensive and informative
- A balanced overview is presented in Summary

- Only minor changes are needed
Applicability

Adaptation for national HTA report


“Algorithm for HTA process (Assessment phase): 1. Already published Core HTA and/or HTAs from other countries (Yes or No)
If Yes, HTA will be critically appraise for quality by INAHTA checklist for the appraisal of HTA Reports; further adaptation will be done according EUnetHTA Adaptation Toolkit …..”

Importance of Method card 3: Applicability

Working process

• Less work for adaptation than from regular HTAs or SRs (more comparators; more assessment elements questions)

Sections from Rapid REA as base for national HTA report

• If there is no need for updates: Summary of relative effectiveness and the Results of REA (Domains report) as basis for national HTA report
• If updates are needed: Summary of relative effectiveness, Results of REA and the Result cards from Appendix and other Appendix documents as basis for national HTA report

Credibility of Rapid REA

• Increased (jointly prepared by several HTA organizations/countries)

English language

• Not affect the willingness to use the document

National HTA organizations as doers of Rapid REA

• Able to joint as author or co-author (work in 3-3.5 months)
• Duplications avoid
• Number of national HTA reports ↑
• Capacity building ↑
3. Possible improvements to the structure of the model for rapid REA and in the process using this model for joint assessments

- Conflict of interest
- Authorship statement
- Acknowledgments
- Both version, pdf and on-line document
- Few similar research questions merged into one results card to avoid repetition of methods and references and to increase readability
- Only first four domains (SAF should followed EFF domain)
- ORG, ETH, SOC and LEG only if there is a difference
- Justification for the choice of comparators and outcomes
- Repetitions and overlaps should be avoided
- Table for RCTs in progress
- Recommendation for practice and research instead of conclusions
- Definitions → Glossary
- One Agency as 1st author, second Agency as 2nd author
- Appropriate Stakeholder involvement
Conclusions on rapid REA

• Very important for national HTA process
• Duplications will be avoided
• Shorter timelines
• Increased number of HTA reports
• Minor modifications are needed

Thank you for your attention!

Conflict of interest: None