

# Value Flower:

How Can we Make it  
Blossom in Value  
Assessments?

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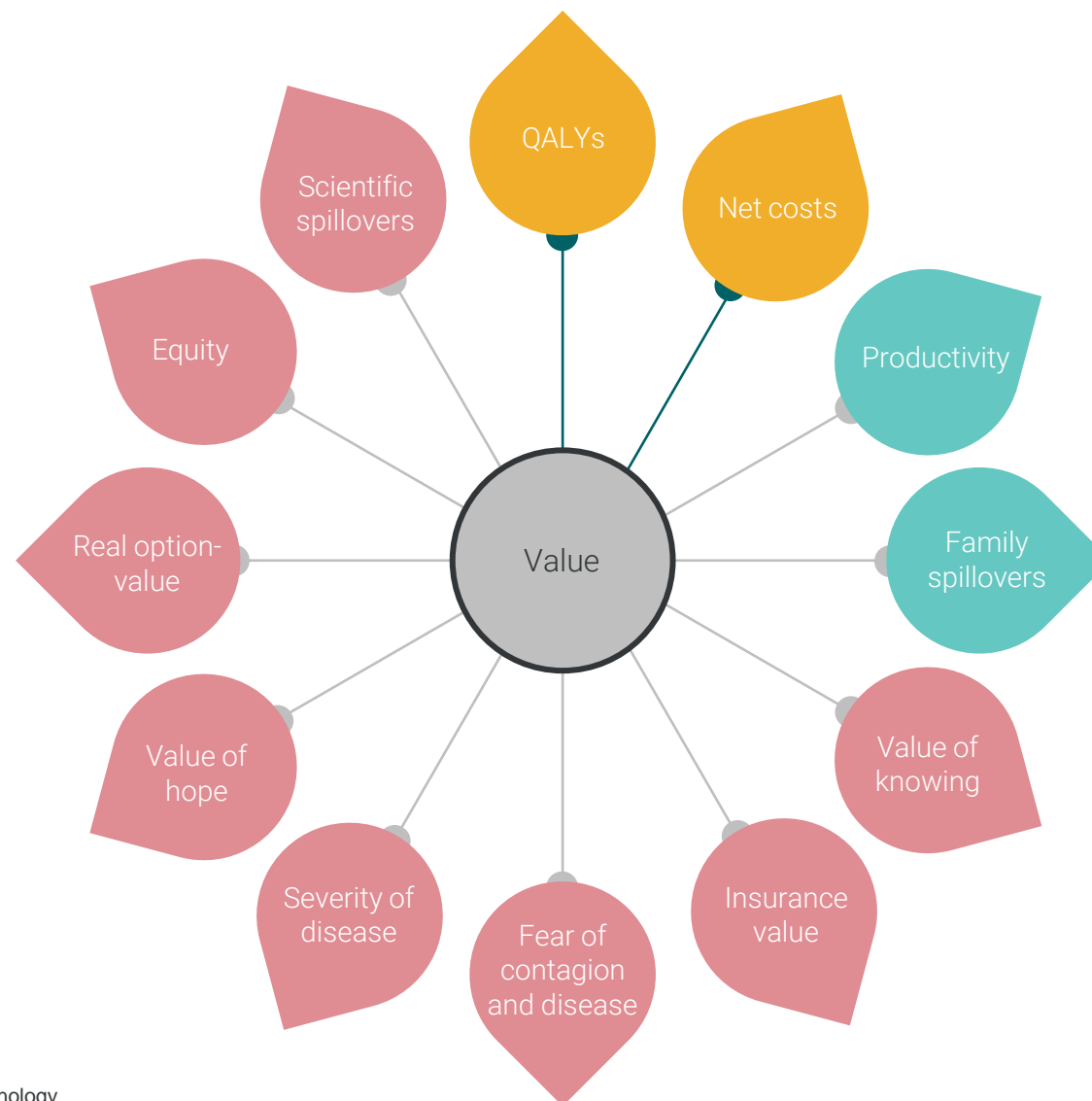
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# Conflict of Interest Statement

- Lotte Steuten is an employee of the Office of Health Economics, a registered charity and Independent Research Organisation in the UK, which receives funding from a variety of private and public sector sources.
- The opinions and ideas presented here are my own based on 20+ years of experience in HTA globally, and do not necessarily reflect those of OHE or any of the organisations it receives funding from.

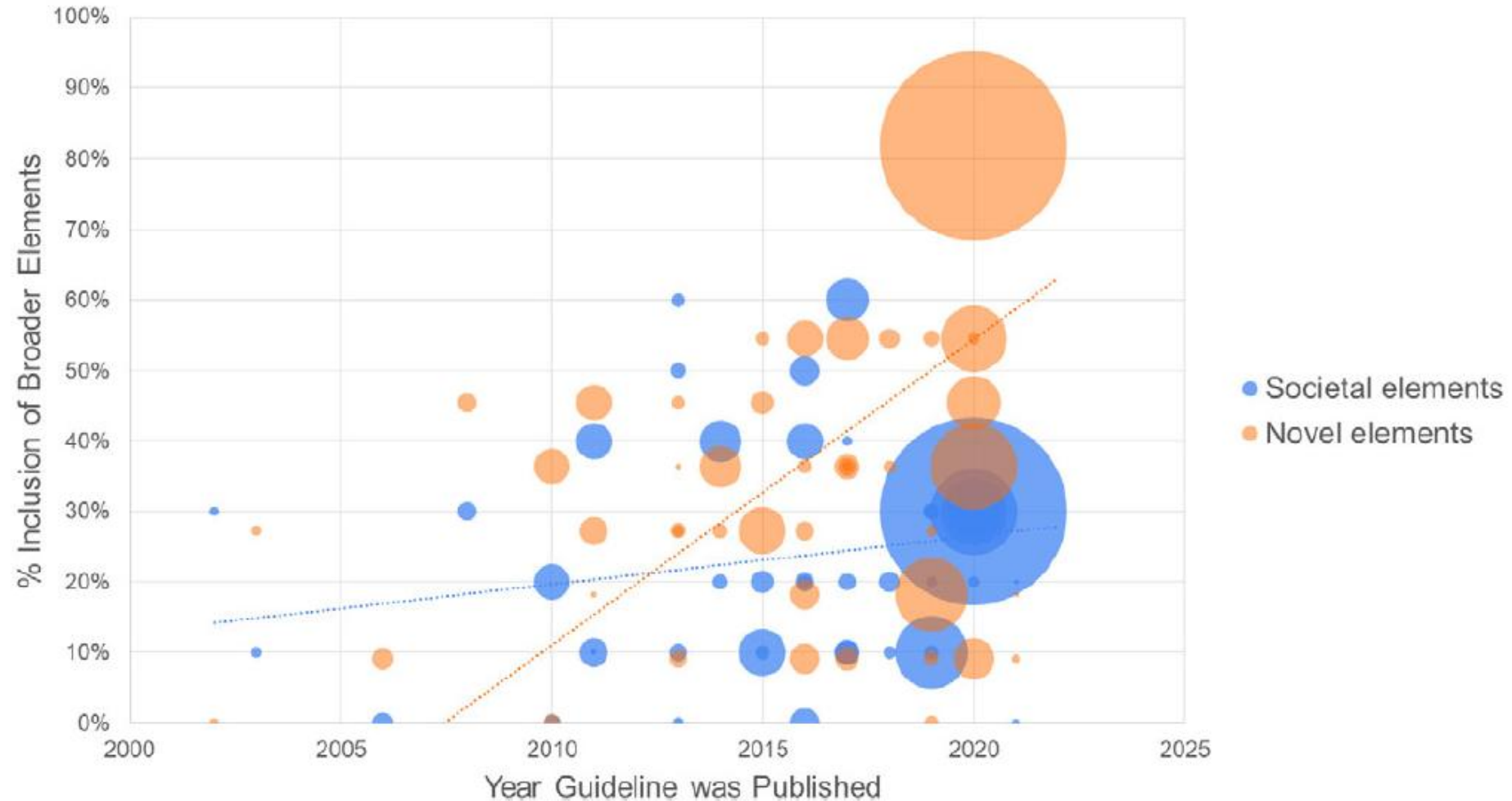
# ISPOR Value Flower helps to conceptualise broader benefits

- The first concept of the value flower originates from a [2016 OHE white paper](#)<sup>1</sup>
- Brought to fame by an ISPOR Special Task Force to **address limitations** of traditional cost-effectiveness analysis (CEA) from a payer perspective
- Various versions exist but usually around **12 value elements**
  - 2 **'core'** elements of value
  - 2 **'common but inconsistently used'** elements
  - 8 **'novel' broader value** elements
- Further expanded for example with the GCEA approach, including ways to measure each value element (Shafrin et al., 2024)



<sup>1</sup> Garrison L, Mestre-Ferrandiz J, Zamora B. (2016) The Value of Knowing and Knowing the Value: Improving the Health Technology Assessment of Complementary Diagnostics. OHE Whitepaper. Available from <https://www.ohe.org/publications/value-knowing-and-knowing-value-improving-health-technology-assessment-complementary/>

# Is the value flower already blossoming?



Source: Breslau, R. M., Cohen, J. T., Diaz, J., Malcolm, B., & Neumann, P. J. (2023). A review of HTA guidelines on societal and novel value elements. *International journal of technology assessment in health care*, 39(1), e31. <https://doi.org/10.1017/S026646232300017X>



**To what extent do you agree that broader value elements should be considered in value assessments?**

- I strongly disagree
- I disagree
- I'm neutral
- I agree
- I strongly agree

# Broader value may be recognised by payers, but concrete guidance and actual usage in HTA is limited

## 1. Recognition:

- Majority of HTA agencies acknowledge some elements of broader societal costs and benefits in their guidelines (~65%).
- Very few allow for all “broader” elements to be potentially considered
- Productivity, family spillover, and equity are recognised in most guidelines but rarely recommended for base-case analyses
- More mature HTA agencies and systems with multiple payers are more likely to consider broader perspectives.

## 2. Measurement:

- Very few HTA guidelines provide clear instructions on how to measure or apply them, leading to inconsistent usage

## 3. Adoption:

- Unclear how elements of value are considered in decision making

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www.cambridge.org/thc

**Assessment**

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**A review of HTA guidelines on societal and novel value elements**

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**Abstract**

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**REVIEW ARTICLE**

**How is the Societal Perspective Defined in Health Technology Assessment? Guidelines from Around the Globe**

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**Abstract**

Some researchers have argued that the aim of an economic evaluation should be to offer guidance on resource allocation based on public interest from a societal perspective. The application of a societal perspective in health technology assessment (HTA), while common in many published studies, is not mandated in most countries, and there is limited discussion on what the societal perspective should encompass. This study aimed to systematically compare and contrast the HTA guidelines in different countries. HTA methods guidelines were identified through international HTA networks, such as the Professional Society for Health Economics and Outcomes Research (ISPOR) and Guide to Economic Analysis Research (GEAR). The respective HTA agencies were grouped into two categories: well-established and newly developed, based on the establishment date. Data extracted from the guidelines summarised the methodological details in the reference cases, including specifics on the societal perspective. The database search yielded 46 guidelines, and 65% explicitly considered the societal perspective. The maturity of these agencies is reflected in their attitudes towards the societal perspective; the societal perspective is defined in 73% of the guidelines of well-established agencies and only 56% of those of newly developed agencies. The guidelines from multipayer healthcare systems are more likely to consider the societal perspective. Although most guidelines from the well-established agencies recommend the inclusion of a societal perspective, the types of costs and consequences that should be included and the recommended approaches to valuing them are variable. The direct costs to family and carers were included in 73% of the societal perspective definitions, while non-health outcomes were considered in only 40%. Most HTA guidelines lack clear guidance on what to include under specific perspectives. Considering the recent advancements in economic evaluation methods, it is timely to rethink the role of the societal perspective in HTA guidelines and adopt a more comprehensive perspective to include all costs and consequences of healthcare services.



**How ready are current value assessment systems and their stakeholders to consistently consider broader value elements?**

- Very unready
- Somewhat unready
- Uncertain
- Somewhat ready
- Very ready

## Stakeholders should align on evidence generation, assessment, and utilisation of broader value elements

### Potential Benefits

- Broader value assessment for all health technologies
- Comprehensively informs resource allocation decisions
- Better alignment with public preferences or government goals
- Incentivises innovation

### Potential Challenges

- Limited consensus on appropriate methodology and data
- Added uncertainty and complexity to decision making
- Risk of double counting
- Lack of HTA capacity



# This Issue Panel will explore:

**Broader benefits** of innovative therapies from different perspectives



**Challenges** in measuring and valuing innovative therapies



Ways leading to **stakeholder alignment** on evidence generation, assessment, and utilisation of broader value elements



# Introducing Our Experts



**Lotte Steuten**

Moderator



**Durhane Wong-Rieger**

Canadian Organization  
for Rare Disorders



**Lou Garrison**

University of  
Washington



**Suzanne McGurn**

Canada's Drug Agency  
CDA-AMC

**Value Flower:**  
Questions &  
Answers



## Poll #3



### What is the main missing value element in today's value assessment frameworks?

- Disease severity
- Equity
- Productivity
- Family/carer spillovers
- Healthcare system capacity
- Real option value
- Environment
- Adherence improving factors
- Other, please specify