



Can we have it “whole”?

From Value Flowers, to HEMA and
Whole Health.

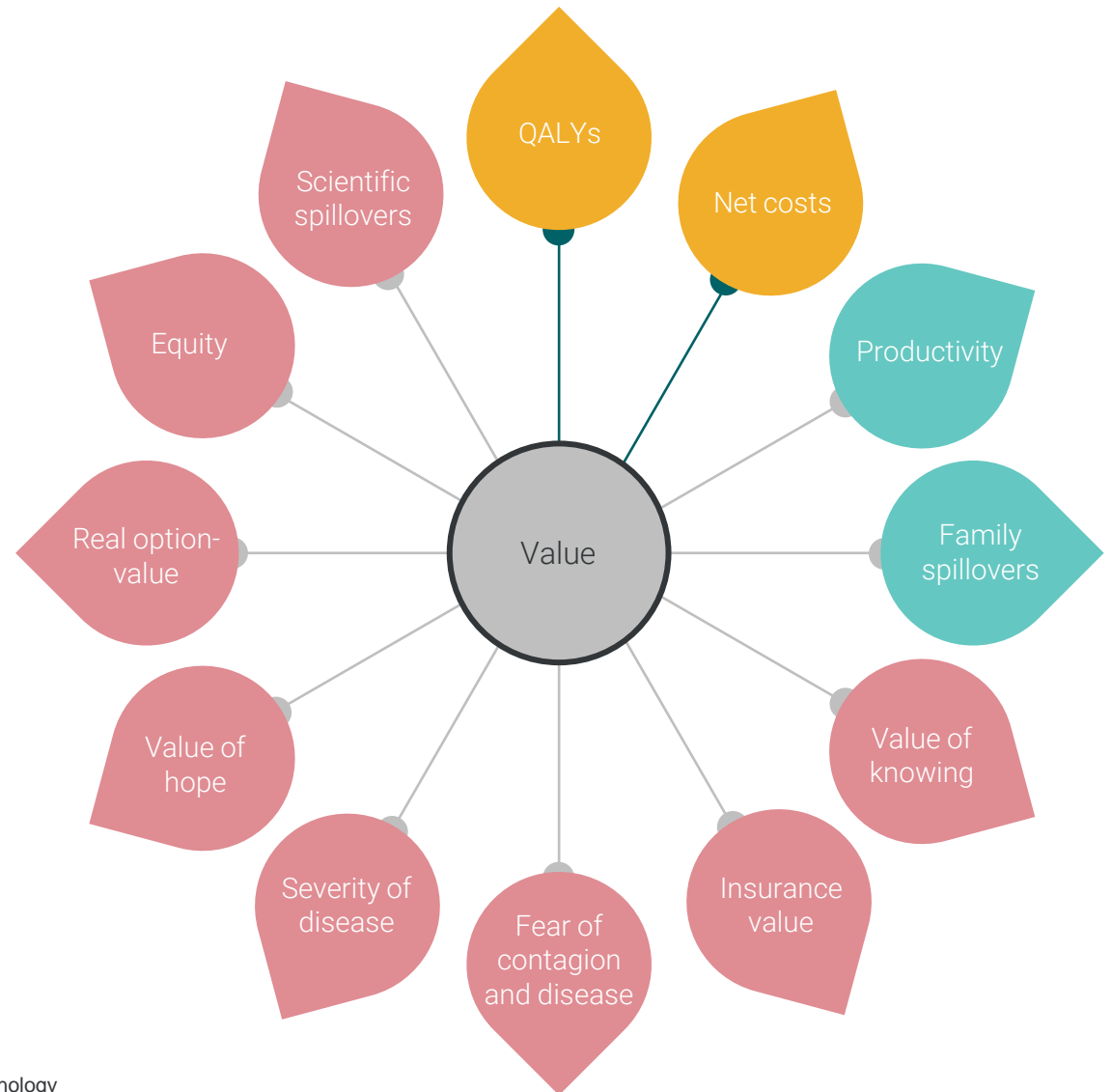
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Conflict of Interest Statement

- 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 public and private sector sources on a broad range of topics relevant to the economics of health.
- The opinions and ideas presented here are my own based on 20+ years of experience in HEOR and HTA globally, and do not necessarily reflect those of OHE or any of the organisations it receives funding from.

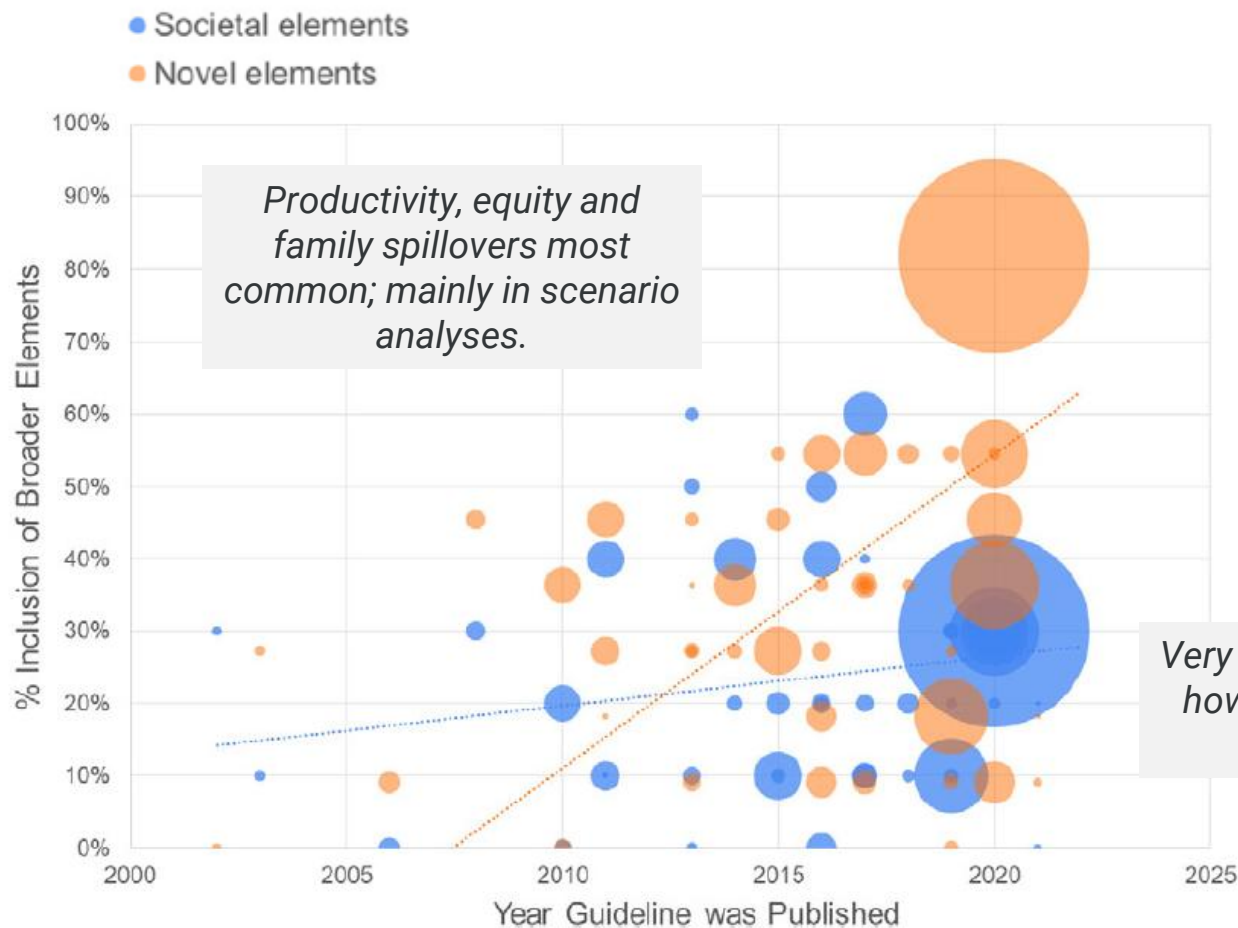
ISPOR Value Flower helps to conceptualise broader benefits

- The first concept of the value flower originates from a [2016 OHE white paper](#)¹
- 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)



¹ 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?



Very few HTA agencies provide clear instructions on how to measure or apply broader benefits in HTA, leading to inconsistencies.

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A review of HTA guidelines on societal and novel value elements

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Assessment

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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 high international HTA networks, such as the Professional and Guide to Economic Analysis Research (GEAR). The established and newly developed, based on the establishment of logical details in the reference cases, including specific elements, and 65% explicitly considered the societal perspective towards the societal perspective; the societal perspective and only 56% of those of newly developed agencies. The 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.

REVIEW ARTICLE

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

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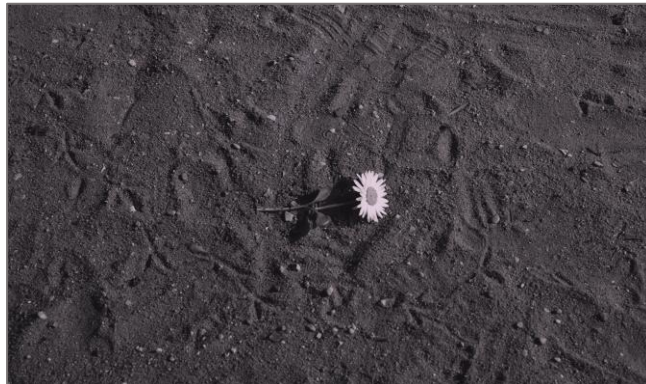
Three **good** reasons to consider broader benefits in HTA

- It better reflects societal preferences (whole health?)
- It can reduce systematic over- or undervaluation of interventions
- It can support better resource allocation across sectors

Three **not so good/naive** reasons to consider broader benefits in HTA

- It makes all interventions look more cost-effective
- It helps get more positive HTA decisions
- Other countries/agencies are doing it

*The good, the bad, the ugly?
(it's context dependent!)*



Three reasons to **not** consider broader benefits in HTA

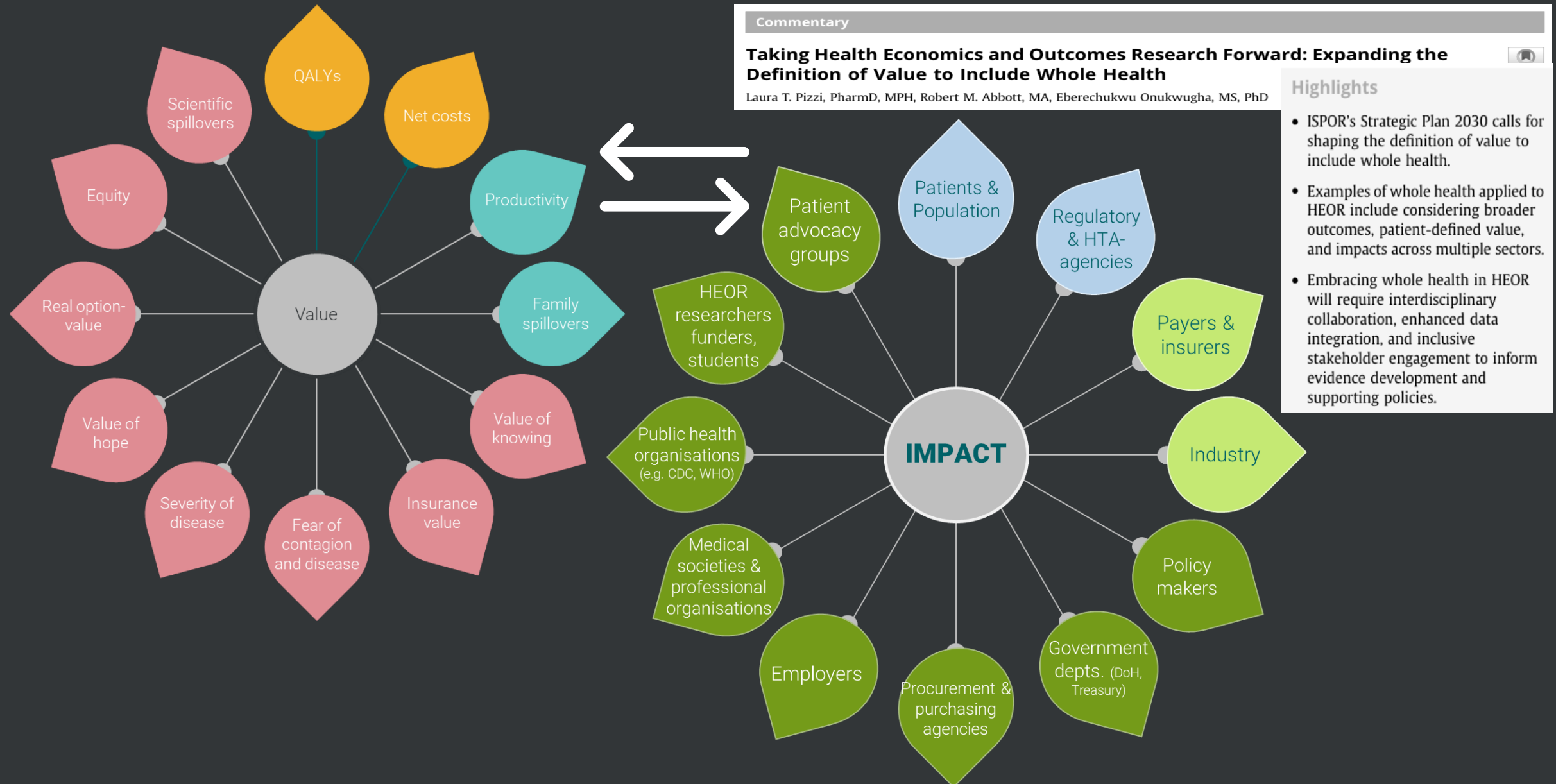
- Alignment with governance and mandate
- Methodologically more straightforward
- Avoids (some) difficult trade-offs



What's in a name?

- **HEMA** (Dutch pronunciation: ['ɦe:ma:]; originally an acronym for *Hollandse Eenheidsprijzen Maatschappij Amsterdam*, "Standard Prices Company of Holland, Amsterdam"), is a Dutch variety chain store.
- “Known for **balancing high quality, great design, and affordable prices**, HEMA represents a model of **holistic value**.”
- “Broader benefits” first topic of **HEMA: Health Economics Methods Advisory Group**. Deliverable will be a paper describing:
 - HTA context setting
 - Classification of value elements
 - Principles for the inclusion of additional value elements
 - Potentially, impact case studies

Whole health, whole impact?



Thank you



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