

INSIGHTS AND IMPLICATIONS

HTA202

An Analysis of the Studies Undertaken by HTAIn
(Health Technology Assessment in India)

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Background

- Health Technology Assessment in India (HTAIn) was set up in 2017.
- HTAIn aims to ensure efficient allocation of public health expenditure impacting 1.4 billion Indians.

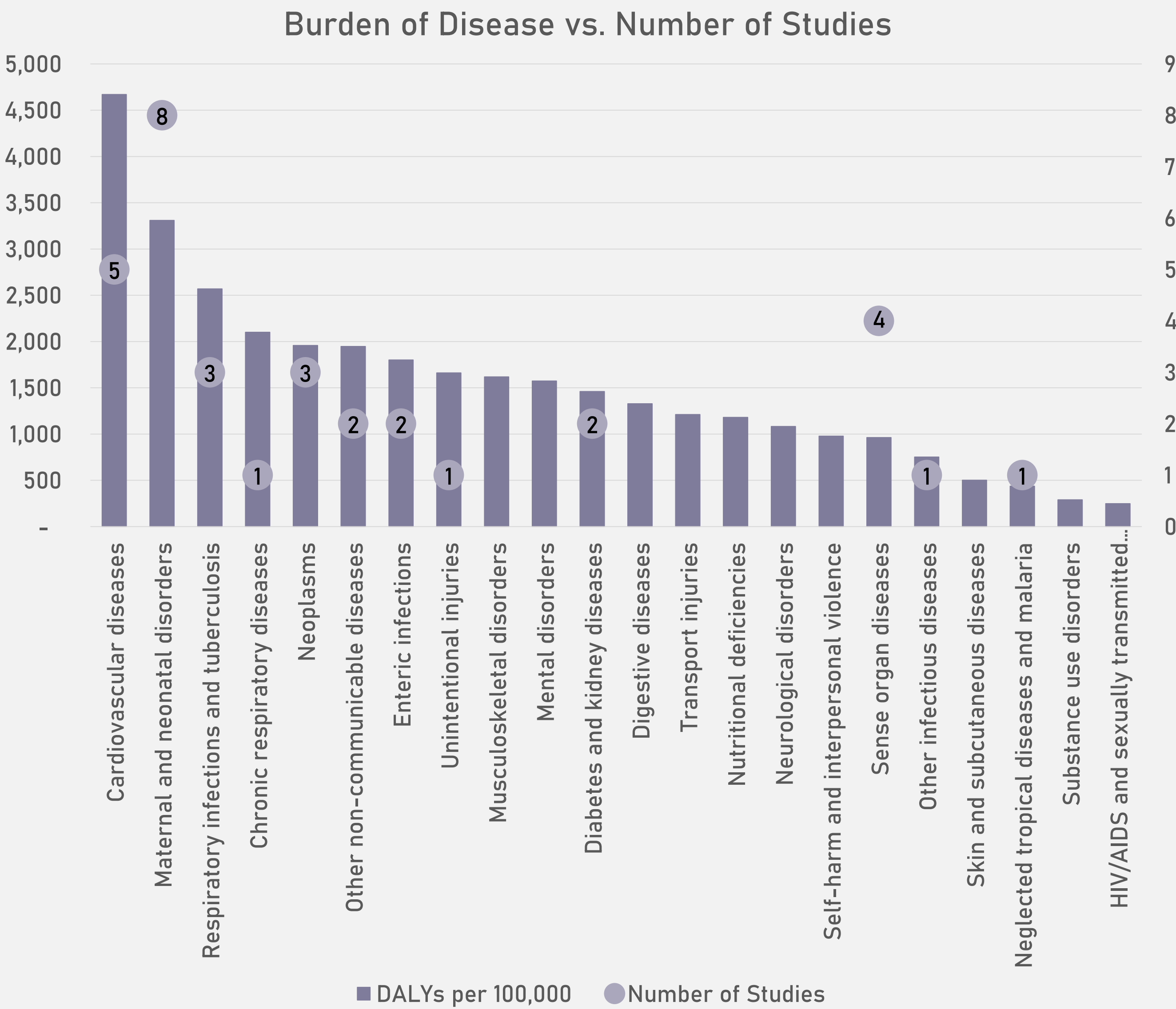
Objective

- To conduct an analysis to evaluate the methods used in the research undertaken by HTAIn.
- To assess the quality of the studies undertaken.
- To identify gaps and recommend the way forward.

Methods

- 33 of the 39 studies published by HTAIn on their website in October 2023 were shortlisted.
- The quality of each study was rated against both Drummond's checklist and the Indian Reference Case.
- Results were charted and tabulated where possible, and descriptive classifications and a critical appraisal of findings were set down.

Results

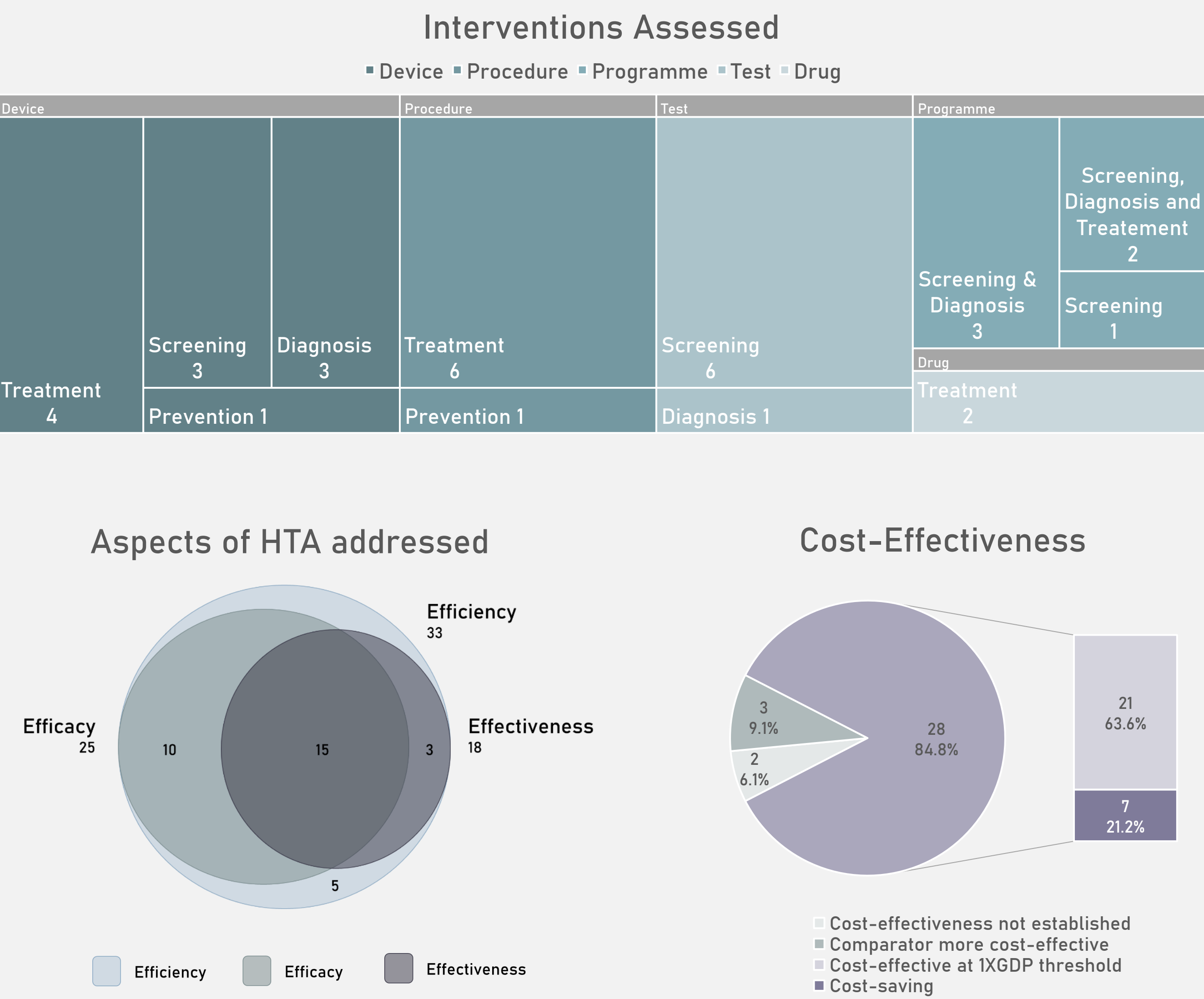


Rating against Drummond's Checklist and the Indian Reference Case

S. No.	Study	Decision problem	Comparator	Perspective	Effectiveness	Measuring costs	Health outcome	Time horizon	Discounting	Heterogeneity	Uncertainty analysis	Equity	IRC Score	Drummond Score
4	Health Technology Assessment of Long Acting Reversible Contraceptives in India	●	●	●	●	●	●	●	●	●	●	●	8.86	9.00
19	Economic Evaluation of Percutaneous Coronary Interventions (PCI) against Optimal Medical Therapy (OMT) for Management of Patients with Single Vessel Coronary Artery Disease (SV-CAD) without Left Main Coronary Artery (LMCA) Involvement	●	●	●	●	●	●	●	●	○	●	○	7.27	9.50
5	Diagnostic efficacy of digital hemoglobinometer (TrueHb), HemoCue and non invasive devices for screening patients for anemia in the field settings	●	●	●	●	●	○	○	●	●	○	○	4.55	5.50

Conclusions

- The correlation between the scores against the Indian Reference Case and Drummond's checklist was high, therefore, adherence to the reference case helps improve the quality of the economic evaluation against international standards as well.
- An explicit framework for selection of interventions for evaluation could be drawn up, considering burden of disease, SDGs, National Health Policy and Centre and State government priorities.
- Preventive interventions could be included for evaluation.
- Effectiveness and operational feasibility could be evaluated for all interventions.
- Distributional cost-effectiveness analyses to address equity and subgroup analyses to allow for heterogeneity could be included wherever disaggregated data is available.
- A cost-effectiveness threshold specific to the Indian scenario to aid decision-making should be arrived at.
- While 28 of the 33 interventions were proposed as cost-effective, only 7 of them were cost-saving in the long run. Health Technology Reassessment could be undertaken in an iterative manner to identify potential areas for disinvestment.



References

1. Rajsekar K, Sohail A. Health Technology Assessment in India (HTAIn) - Policy Briefs [Internet]. Available from: www.htain.icmr.org.in

2. Prinja S, Chauhan AS, Angell B, Gupta I, Jan S. A Systematic Review of the State of Economic Evaluation for Health Care in India. Vol. 13, Applied Health Economics and Health Policy. Springer International Publishing; 2015. p. 595–613.

3. Lahariya C, Sahoo KC, Sundararaman T, Prinja S, Rajsekar K, Pati S. Universal health coverage in India and health technology assessment: current status and the way forward. Front Public Health [Internet]. 2023

4. Teerawattananon Y, Kingkaew P, Koopitakkajorn T, Youngkong S, Tritasavit N, Srisuwan P, et al. Development of a Health Screening Package Under the Universal Health Coverage: The Role of Health Technology Assessment. Health Econ. 2016 Feb 1

5. Drummond MF, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. Methods for the Economic Evaluation of Health Care Programmes. Fourth. United Kingdom: Oxford University Press; 2015.

6. Sharma D, Prinja S, Aggarwal AK, Rajsekar K, Bahuguna P. Development of the Indian Reference Case for undertaking economic evaluation for health technology assessment. Vol. 16, The Lancet Regional Health - Southeast Asia. Elsevier Ltd; 2023.

7. GBD Compare I Institute for Health Metrics and Evaluation [cited 2024 Jul 18].

8. Culyer A, Chalkidou K, Teerawattananon Y, Santatiwongchai B. Rival perspectives in health technology assessment and other economic evaluations for investing in global and national health. Who decides? Who pays? F1000Res

9. Jain S, Rajshekar K, Sohail A, Gauba VK. Department of Health Research-Health Technology Assessment (DHR-HTA) database: National prospective register of studies under HTAIn. Indian J Med Res [Internet]. 2018 Sep 1 [cited 2024 May 6];148(3):258.

10. Prinja S, Sundararaman T, Muraleedharan VR. Cost-effectiveness Threshold and Health Opportunity Cost Achieving Universal Health Coverage [Internet]. Vol. 11, Economic & Political Weekly EPW JANUARY. 2020.

11. Banta HD, Thacker SB. The Case for Reassessment of Health Care Technology: Once Is Not Enough. JAMA [Internet]. 1990 Jul 11

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