Advancing Novel Methods
An HTA View

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May 18, 2026

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Disclosures

- Employee of ICER, which produces publicly-accessible reports on comparative effectiveness and value of new and established interventions
- Co-leader of Secretariat for the Health Economics Methods Advisory (HEMA)
- Current member of Board of ISPOR, the professional society for health economics and outcomes research (HEOR) practitioners

Health Economics Methods Advisory (HEMA)

- Set up to provide independent guidance to HTA bodies on testing, adoption, and implementation of new health-economic methods
- Sponsored by (but independent of) CDA, ICER, and NICE
- Guided by advice from a Steering Committee with patient, payer, and industry representation

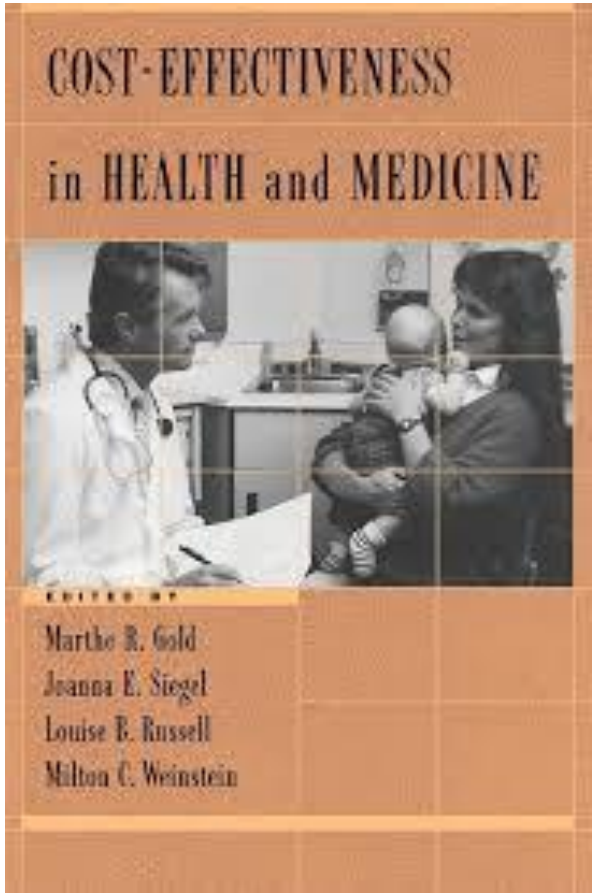
HEMA Topic 1

- Focus on measures of ***benefit***
- Considers usefulness of benefit measures for HTA from 3 angles:
  - Relevance
  - Measurability
  - Reflection in opportunity costs

https://hemamethods.org/wp-content/uploads/2026/03/HEMA-Report_For-Publication_031126.pdf

Societal vs. Health Sector Perspective

The Wayback Machine…



- Advocated for a societal perspective "reference case"
- Assuming:
  - Consistently available data
  - Commitment to measure *all* gains and losses (and costs)
  - Negotiations on funding between affected parties

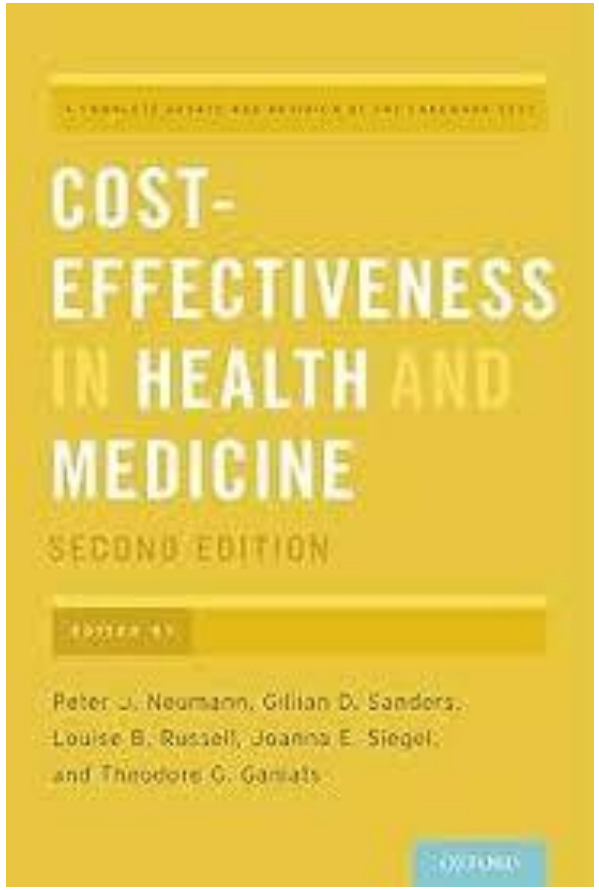
Russell LB et al. Is the societal perspective in cost-effectiveness analysis useful for decision makers? Jt Comm J Qual Improv 1999 Sep;25(9):447-54

Aspiration Meets Reality

- No real incentive for any one party to collect all relevant data
- No clear mechanism for “negotiation” (e.g., transfer payments, reimbursement pools)
- Even where data available, the story often incomplete:
- New drug improves productivity!

- Staff repurposed away from elective surgery

More Recently…



- Recognized challenges with societal perspective
- Advocated both societal and health sector analyses
  - Measure what is possible
  - Use an “impact inventory” to catalogue what is measured
  - Compare and contrast results

Sanders GD et al. Recommendations for Conduct, Methodological Practices, and Reporting of Cost-effectiveness Analyses: Second Panel on Cost-Effectiveness in Health and Medicine. JAMA 2016; 316;(10):1093-1103

Understanding Risk Preferences

Risk Preferences

- HEMA Report also dealt with whether CEA should be adapted to consider individual risk preferences and disease severity (i.e., GRACE, value of hope)
- Departs from current standard approaches to health state valuation methods that assume risk neutrality
- If sourced from general population samples then incorporation of risk attitudes could be considered, on principle
- BUT…there are many considerations at play

HEMA Recommendations

- Formal integration of risk preferences requires a clear normative and practical case for change
- Key considerations:
  - The source for preference data
  - Which aspects of health should risk preferences be applicable to
  - Approaches for producing robust, jurisdiction-specific evidence
  - *An assessment of whether the change would materially affect decisions*

# Drugs Assessed	>$150,000/QALY		Difference
69	ICER: 44 (64%)	GRACE: 42 (61%)	3%

Mulligan K et al. Measuring the Budget Impact of Nondiscriminatory Cost-Effectiveness. JAMA Health Forum 2025; 6;(9):e253076.

Summary

- HTA bodies are interested in novel methods and evaluation framing
- But normative and policy positions must guide whether and how they are adopted
- Need for robust evidence, whether and how decisions will change, and consideration of implementation challenges also of concern
- HEMA report provides an empirical pathway for additional research steps