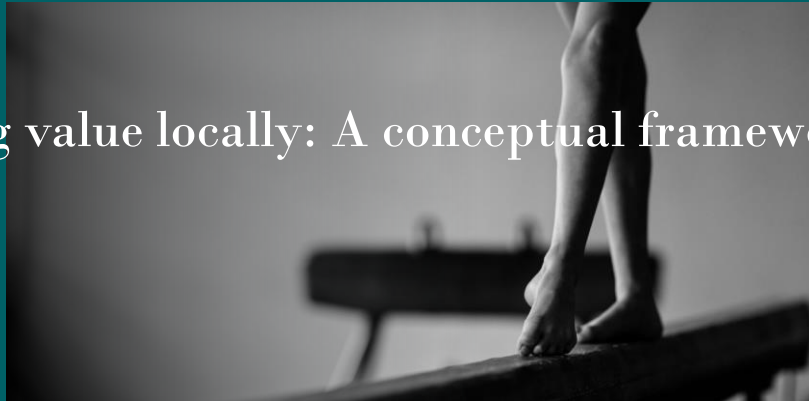




Assessing value locally: A conceptual framework



SANOI EDUCATIONAL SYMPOSIUM
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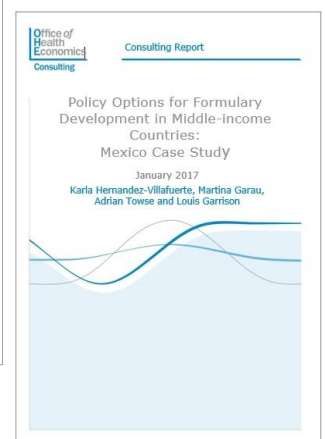
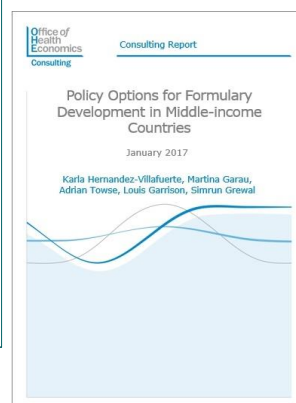
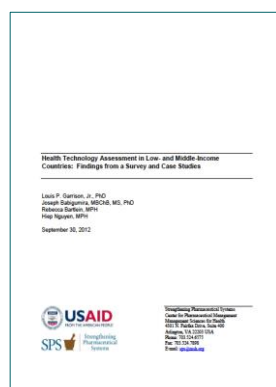
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Four OHE / UW HTA Reports (2011, 2012, 2017, 2017)



**Acknowledgement to my colleagues at OHE
and to Lou Garrison and his colleagues at
UW. All errors are mine!**

- **What exactly is HTA?**
 - **Macro and micro HTA**
- **A conceptual model**
 - **Natural history of HTA development**
- **HTA good practice**
 - **The importance of governance and process**
 - **Two poles on HTA methods continuum**
 - **Back to macro and micro decision making**
- **Five key observations on HTA challenges x2**

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What exactly is HTA?

- **HTA is an evidence-based, multidisciplinary process intended to support healthcare decision making by assessing properties and effects of one or more new or existing health technologies in comparison with a current standard. Aiming at determining added value, HTA uses explicit analytical frameworks based on research and the scientific method in a systematic, transparent, unbiased way.**
- **What Is Health Technology?**
- **A health technology is defined as an intervention that may be used to promote health, to prevent, diagnose or treat acute or chronic disease, or for rehabilitation. Health technologies include pharmaceuticals, devices, procedures, and organizational systems used in healthcare.**
- **Examples of health technology:**
 - **Diagnostic and treatment procedures**
 - **Medical equipment**
 - **Pharmaceuticals**
 - **Rehabilitation and prevention methods**
 - **Organizational and supportive systems within which healthcare is provided**
 - **Information and communication technologies**
- **Sources: EUnetHTA, WHO, INAHTA**

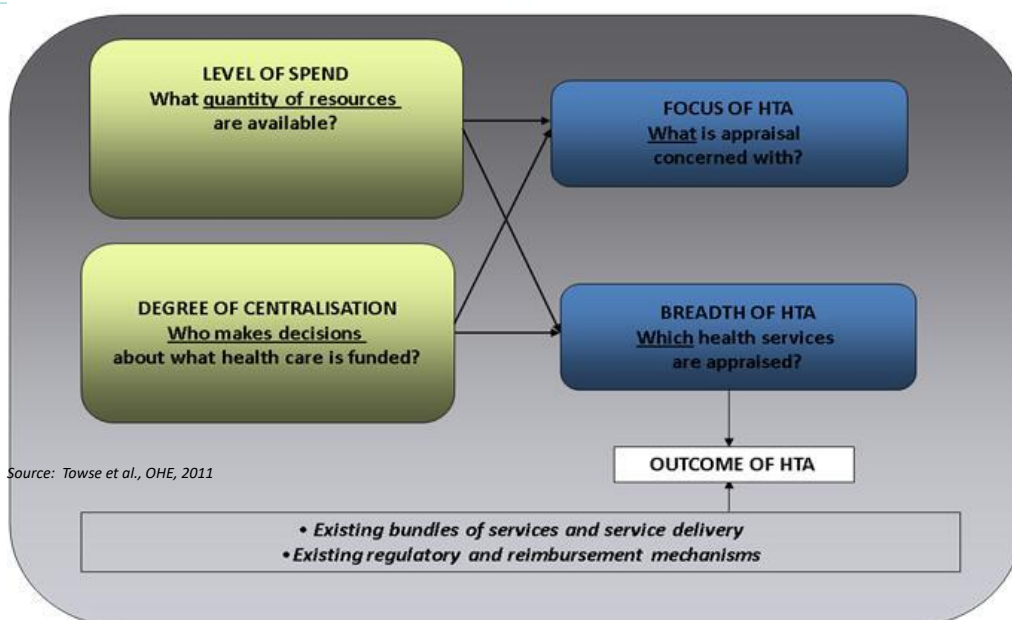
- **“Micro-level” HTA**

- focuses on technologies such as drugs and devices that are considered to be incremental to the health system
- aimed at developing clinical practice guidelines or the way in which individual technologies are combined within a delivery system to manage patients efficiently

- **“Macro-level HTA”**

- focuses on elements of the architecture or framework of health system in general, such as the number, types, and mix of health care facilities and health workers in the system
- “Priority-setting” can be viewed as a type of macro-level HTA.

The conceptual model



The “natural” history of HTA development

	Emergence	Consolidation	Expansion
Why?	● Convergence of needs, demands, and supply ● Key individuals are “Champions” of HTA ● Receptive policy/political environment	● Early successes attract interest of more decision makers ● Expansion of demand for HTA products ● Formalized priority setting process	● HTA as part of official political discourse ● Increased demand for diversified products
What?	● Narrow interpretation of health technology ● Focus on high intensity technology (Imaging) ● Exclusion of pharmaceuticals	● Broadening of scope of HTA ● Possible addition of pharmaceuticals ● Shift from specific technologies to care processes for the management of health conditions	● Further broadening of scope of HTA (pharmaceuticals, public health, delivery models, social services) ● Existing practices and new interventions
How?	● Modest resources, at times project or deliverable specific ● Minimal scientific capacity	● Expansion of scientific team ● Modest addition of resources ● Research partnerships sought	● Significant increase in resources ● Expansion of scientific team and partnerships
and, Then What?	● Knowledge translation minimal ● Efforts directed to policy makers, often by means of personal communication	● Progression of knowledge translation efforts ● Broadening of target audiences	● Diversification of products ● Clinical practice guidelines ● Consolidation of multiple target audiences ● Specialization of KT instruments ● Increased proportion of resources to KT

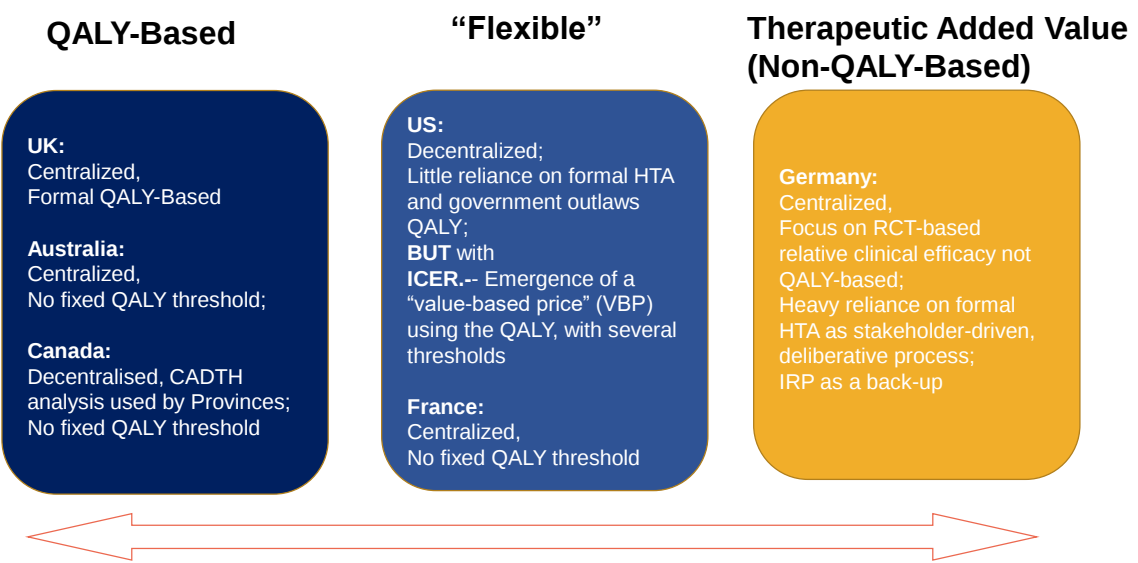
Battista, R., & Hodge, M. (2009). The “natural history” of health technology assessment. *International Journal of Technology Assessment in Health Care*, 25(S1), 281-284.

15 Principles of HTA: Emphasis on process

1. Goal and Scope Explicit and Relevant to Use	9. Consider and Address Issues of Generalizability and Transferability
2. Unbiased and Transparent Exercise	10. Actively Engage All Key Stakeholder Groups
3. Include All Relevant Technologies	11. Actively Seek All Available Data
4. Clear System for Setting Priorities Should Exist	12. Monitor the Implementation of HTA Findings
5. Incorporate Appropriate Methods for Assessing Costs and Benefits	13. HTA Should be Timely
6. Consider a Wide Range of Evidence and Outcomes	14. Appropriately Communicate HTA Findings to Different Decision Makers
7. Consider Full Societal Perspective	15. Be Transparent and Clearly Define Link Between HTA Findings and Decision-Making Processes
8. Explicitly Characterize Uncertainty Surrounding Estimates	

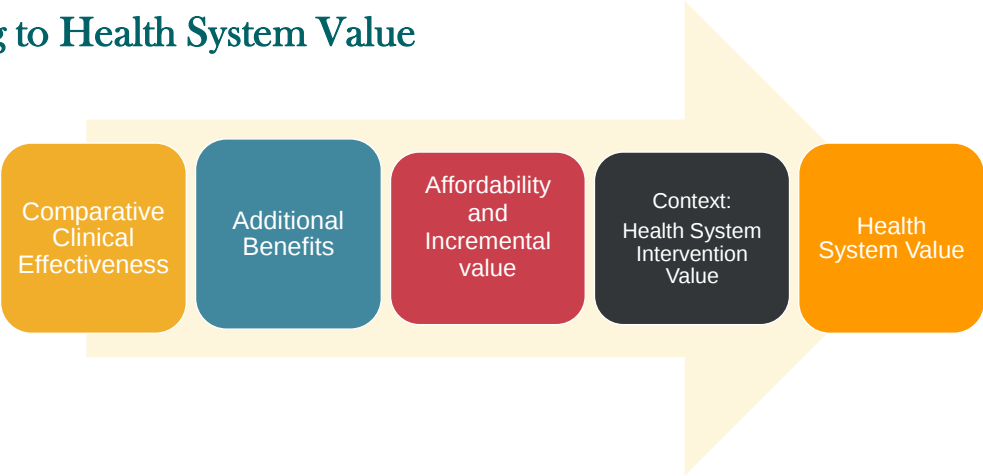
Drummond MF, Schwartz JS, Jonsson B, Luce BR, Neumann, PJ, Siebert U, Sullivan SD. Key principles for the conduct of HTA for resource allocation decisions. *International Journal of Technology Assessment in Health Care*, 24:3 (2008), 244–258

Two Poles on the HTA Methods Continuum

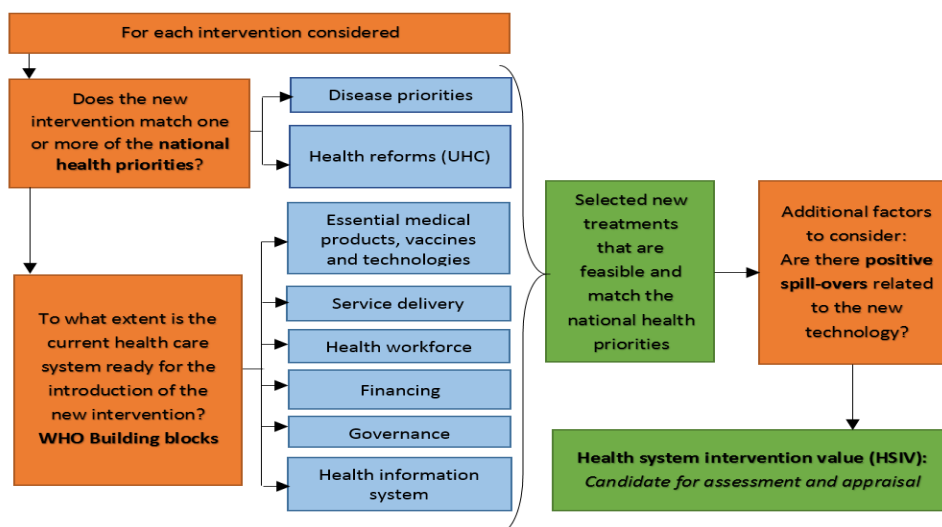


Elements in a payer assessment of value

Getting to Health System Value



Which macro-level decision making factors?



UW-MSH Study: Five Key Findings on HTA Challenges

1. The use of HTA in the surveyed low- and middle-income countries is extremely limited for the most part.
2. There is a strong need for consensus building among the stakeholders and raising awareness of the importance and use of HTA, prior to starting a process to strengthen HTA
3. Building capacity and an increasing quantity and quality of human resources for HTA is critical.
4. It will be important to develop standards and policies to enforce the use of HTA.
5. Other than for regulatory review, micro-HTA is probably not that helpful or necessary in the absence of functioning public health insurance delivery and insurance system.

OHE Study: Five Key Observations on HTA Challenges



1. HTA may have a role in assisting the health care system to reconcile rapidly expanding demand with more slowly expanding resources in a more explicit and transparent way, and in promoting public debate about priorities.
2. HTA of individual technologies is not a substitute for the reform of health care systems. Where health care systems create obviously bad incentives, this type of micro-HTA is unlikely to compensate for these failings.
3. 'One size fits all' HTA processes and methods are unlikely to be appropriate for emerging markets. There needs to be clarity over the purpose of HTA – and the methods and processes which are adopted need to be fit for purpose.
4. HTA and pricing work hand in hand: the HTA approach should be appropriate to, and work sensibly in combination with, the particular approach to pricing.
5. The relevance and positioning of any role for HTA in a health care system depends on the development stage and structure of that health care system.



To enquire about additional information and analyses,
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