

Findings from a survey and workshop of HTA agencies

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COI: Jamie Elvidge is an employee of an HTA agency (NICE). Input by NICE to this work was provided by other employees of NICE. The views expressed are those of the presenter, and not necessarily of NICE, Horizon 2020 or the European Commission.



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Objective

- To identify:
 - HTA agencies' key challenges when assessing therapeutic and diagnostic technologies for COVID-19
 - The potential case for specific HTA guidance to address them

Methods

- Short online survey
 - Free-text responses
- 47 agencies (through EUnetHTA, HTx and INAHTA)
- Followed by roundtable workshop
- Thematic review

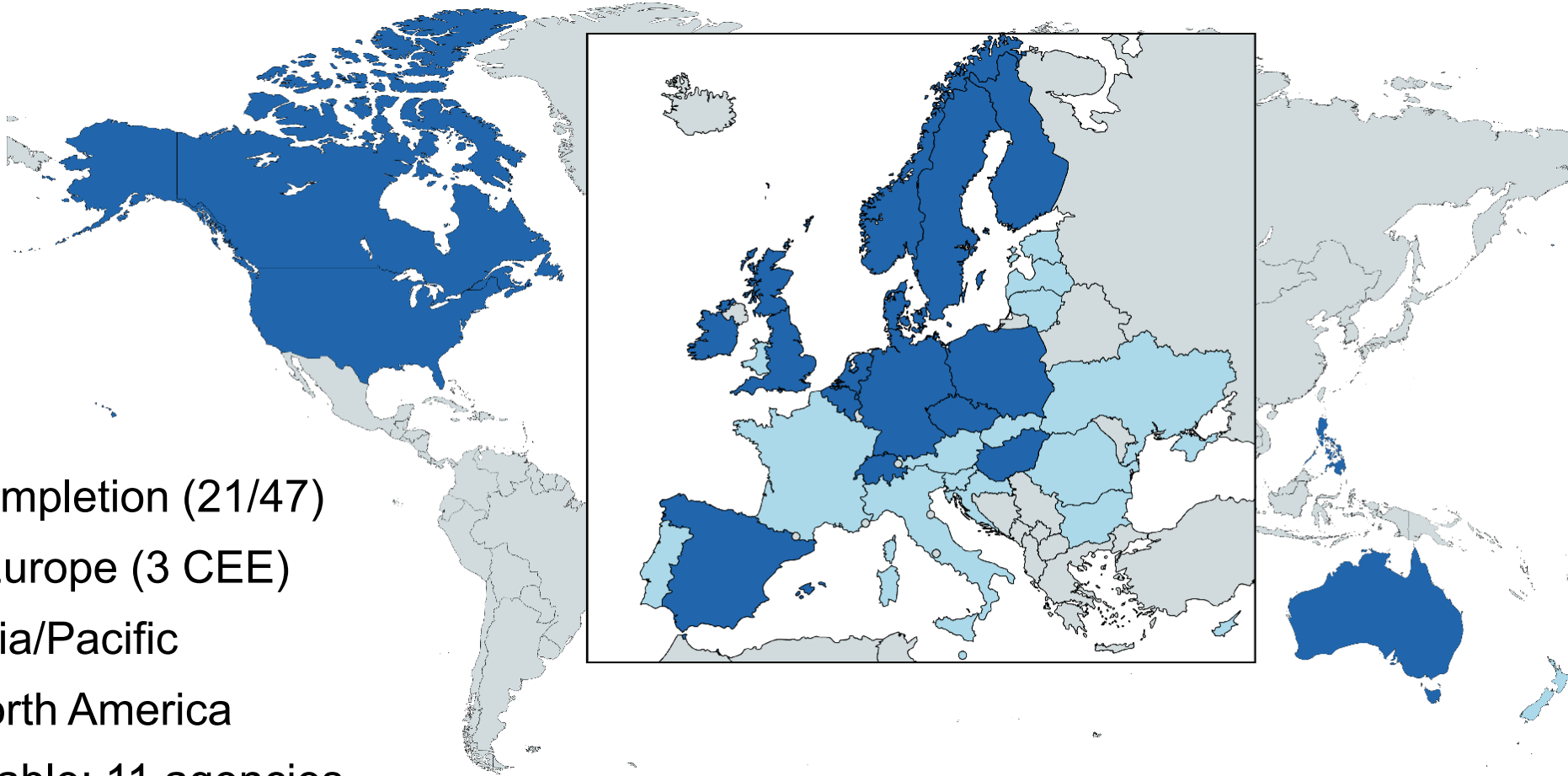


Survey

- Challenges in assessing COVID-19 technologies
 - What challenges has your agency experienced or anticipates experiencing when assessing the **clinical effectiveness** of COVID-19 technologies? Please list up to 5.
 - What challenges has your agency experienced or anticipates experiencing when assessing the **cost effectiveness** of COVID-19 technologies? Please list up to 5.
 - Are there any **other** challenges that your agency has faced or anticipates experiencing in relation to the assessment of COVID-19 technologies? Please list up to 5.



Survey responses



45% completion (21/47)

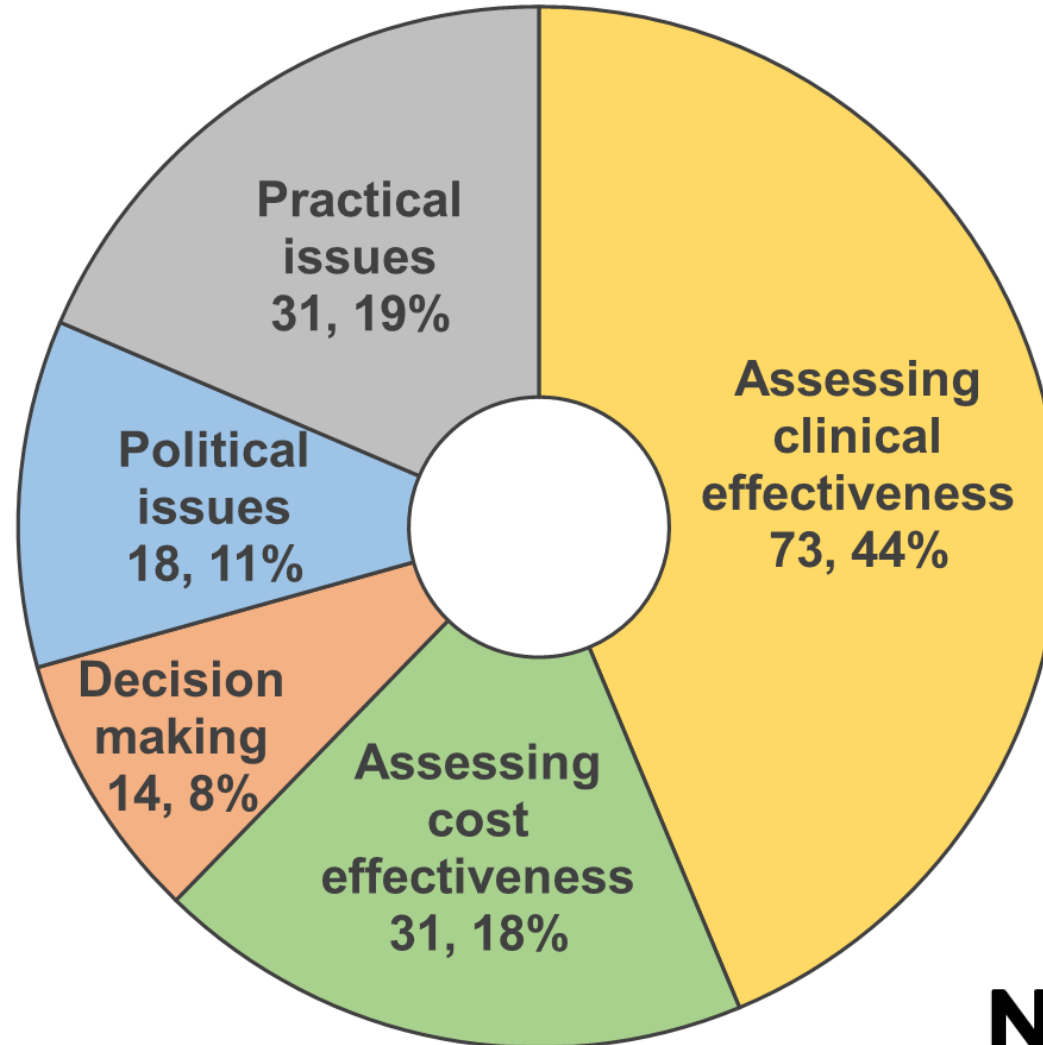
- 16 Europe (3 CEE)
- 3 Asia/Pacific
- 2 North America

Roundtable: 11 agencies

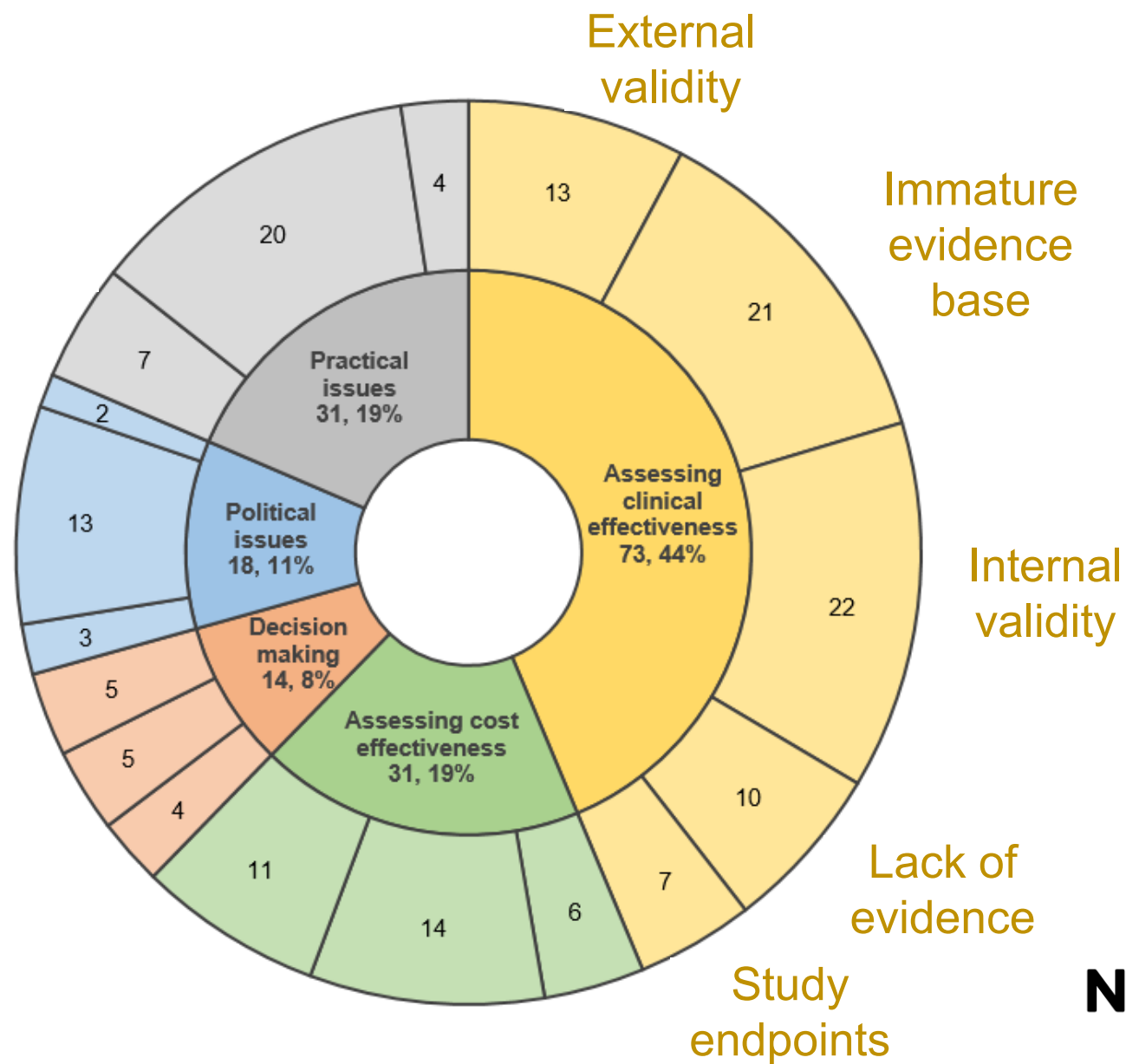


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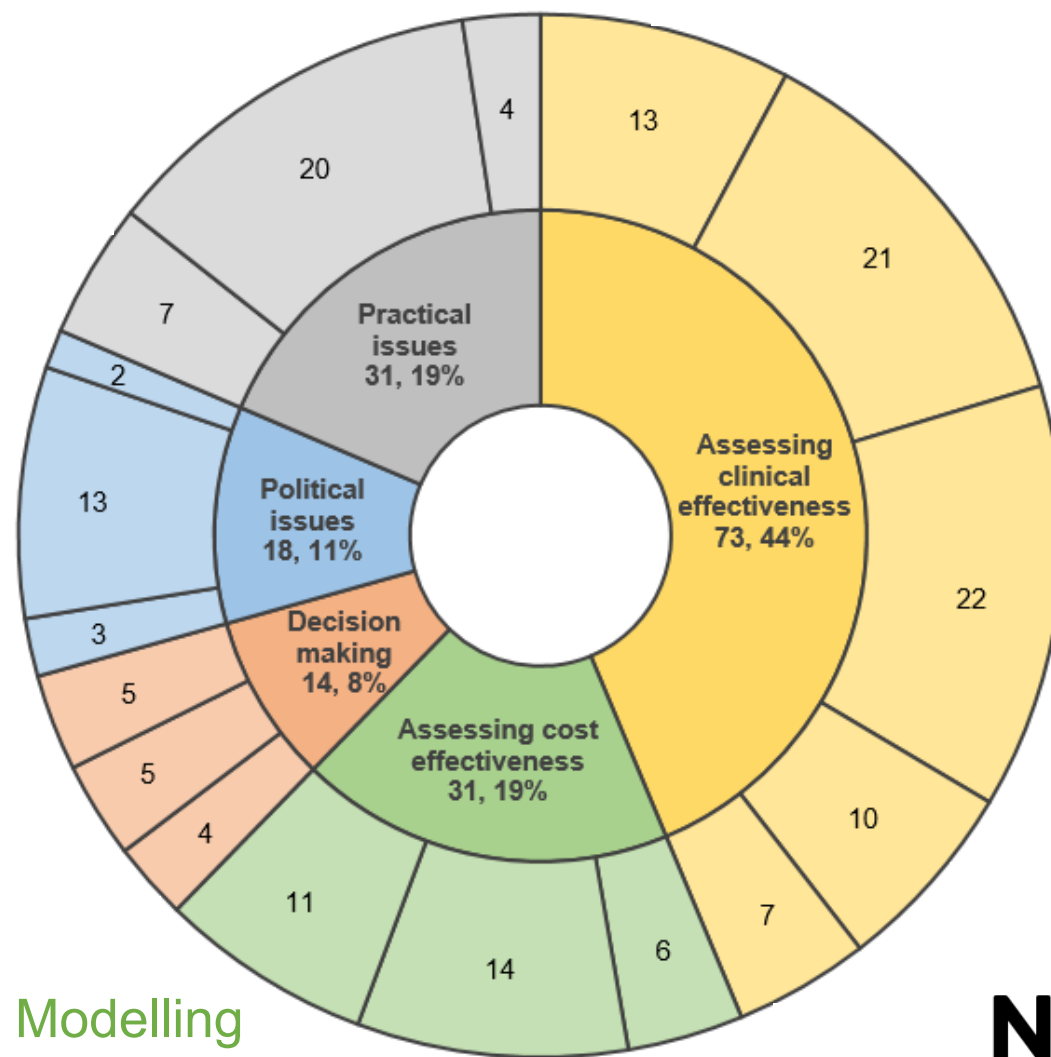
5 broad themes



17 subthemes



17 subthemes

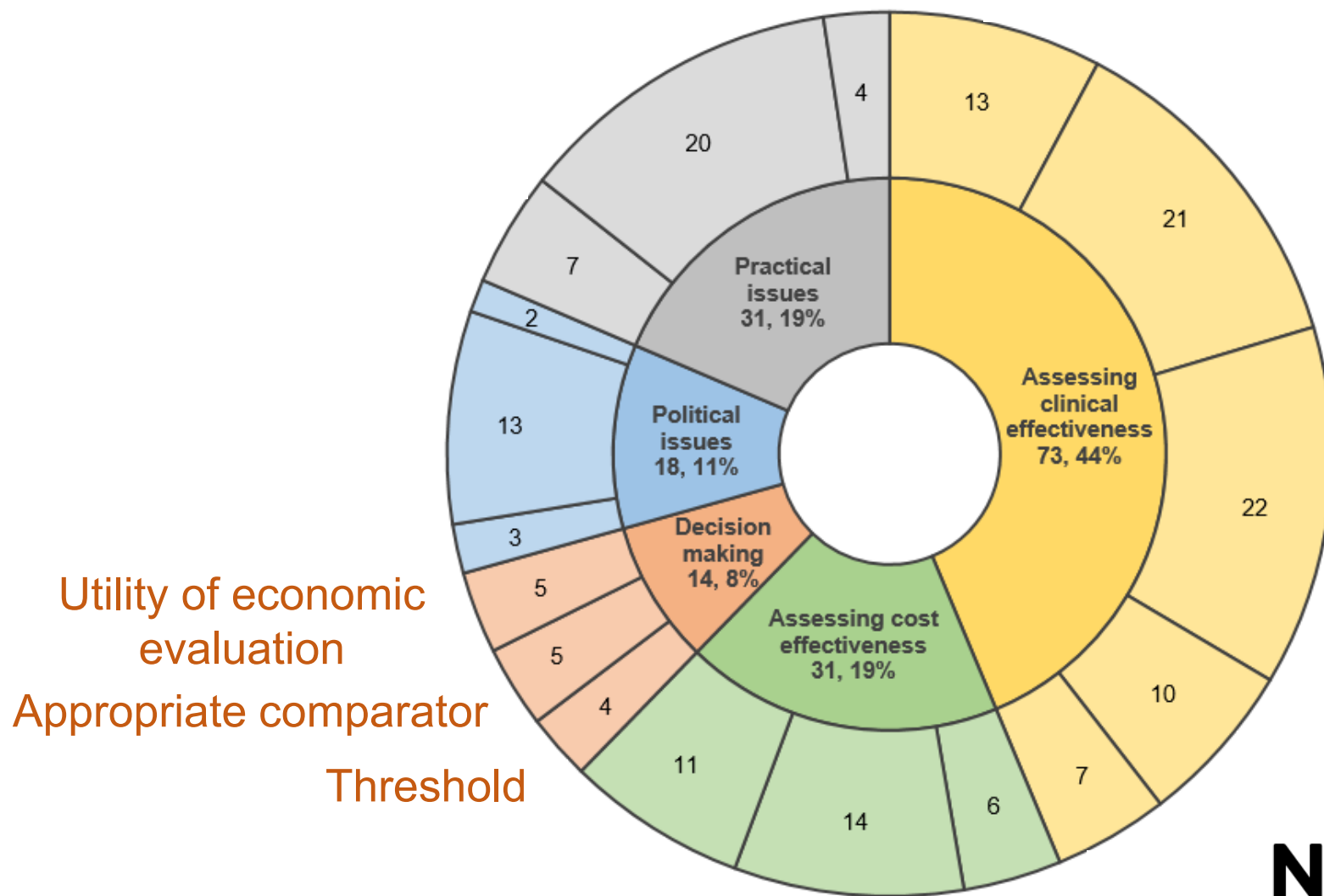


Modelling
complexity

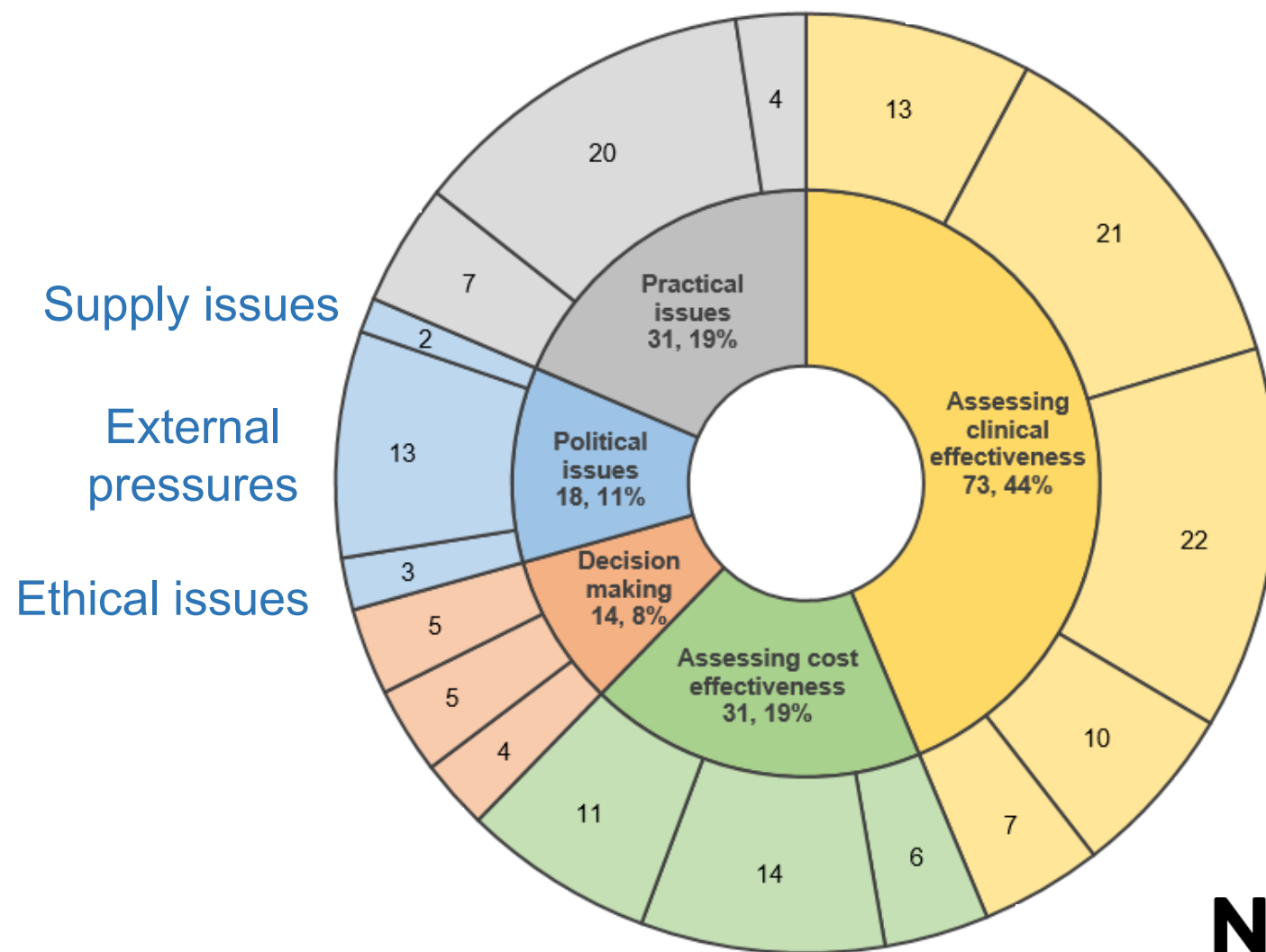
Lack of data

Perspective

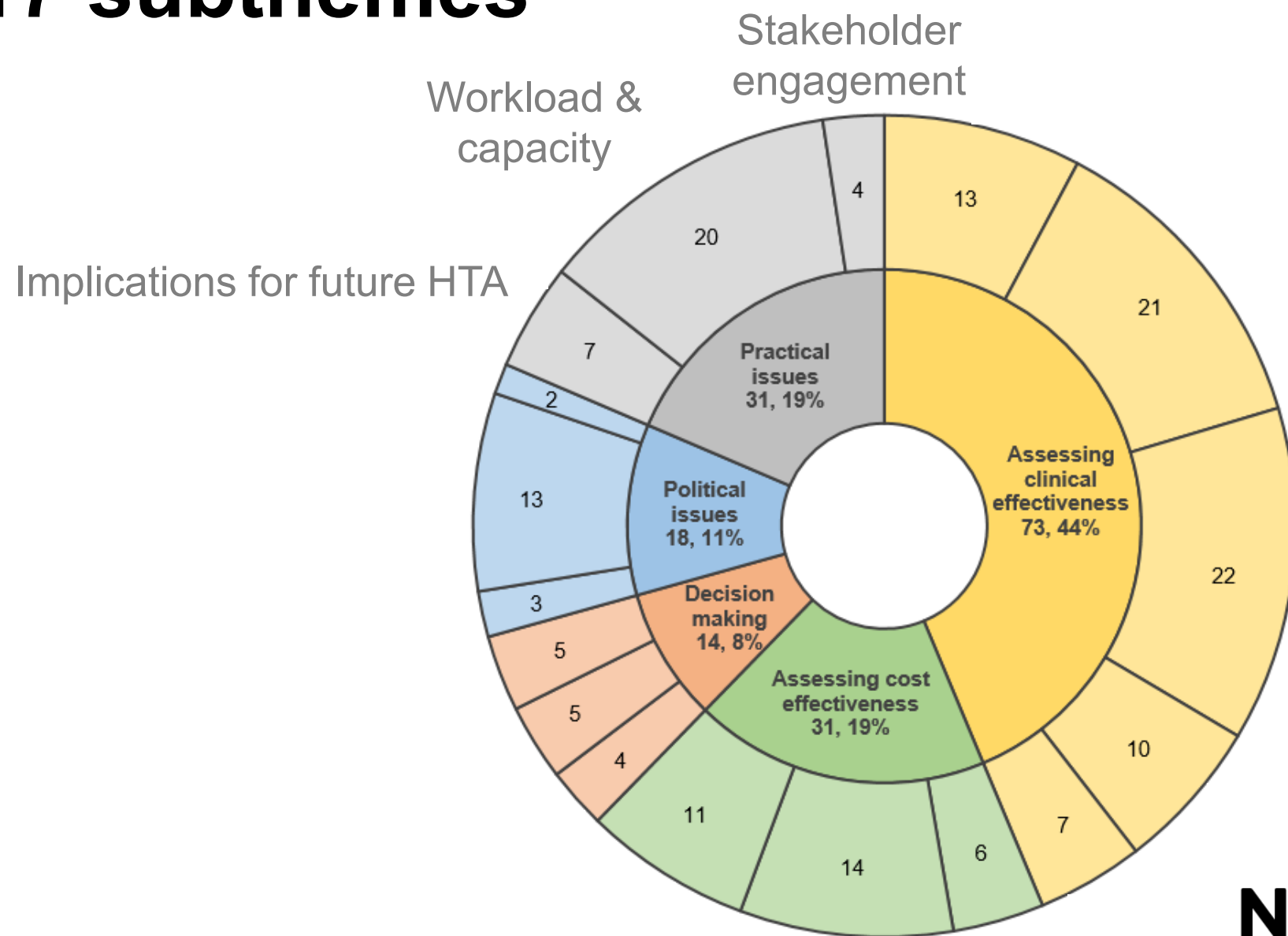
17 subthemes



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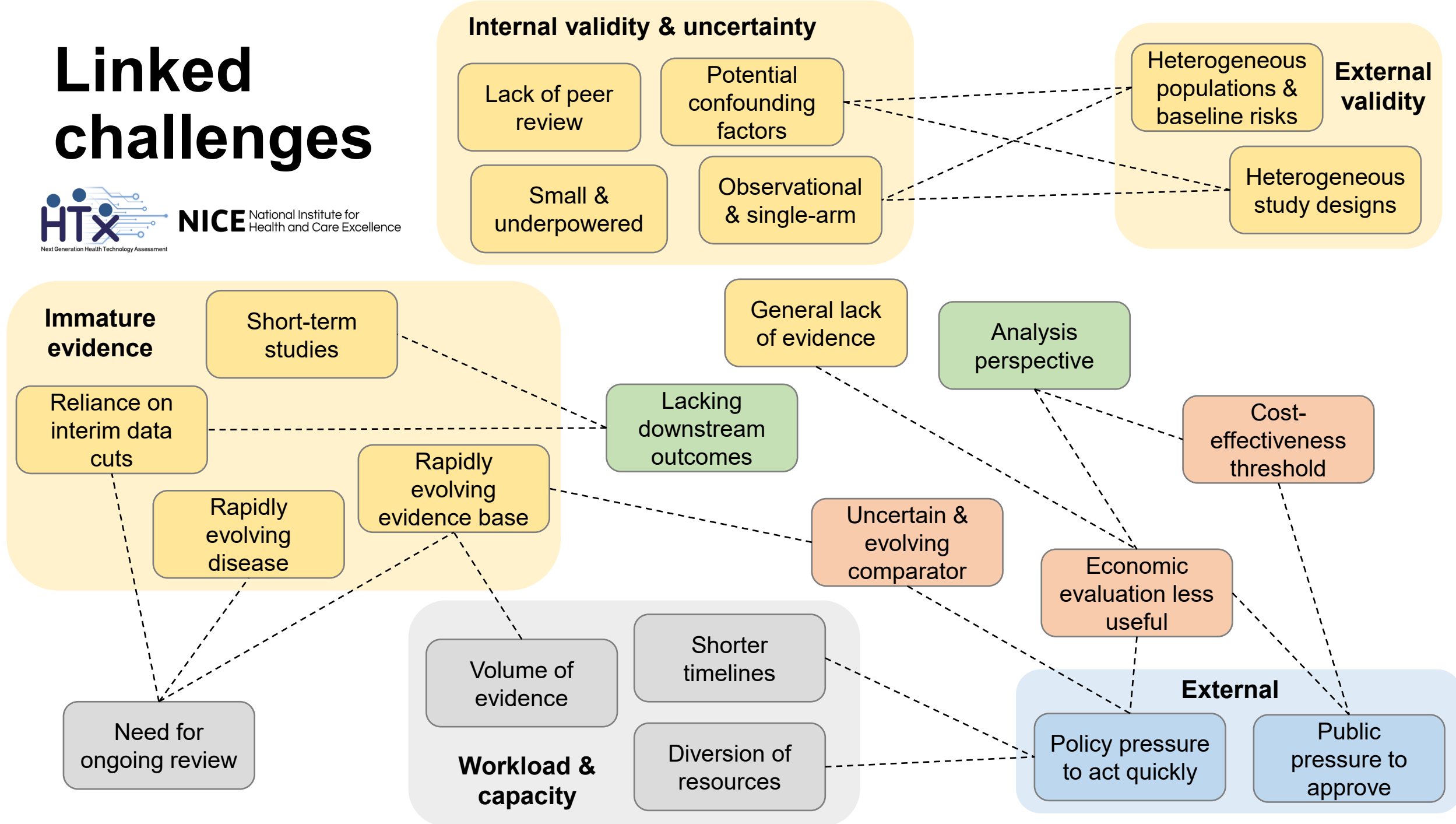
17 subthemes



Linked challenges



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Summary

- Several key challenges identified:
 - Sparse, immature and uncertain clinical evidence
 - Establishing cost effectiveness
 - External pressures to act and approve
 - Practical challenges of rapid working and disrupted programmes
- Some routinely faced by HTA
- Others specific to the pandemic
 - Rapidly evolving practice, disease and scientific understanding
 - Profound societal impact
 - Shifting priorities & risks over time



The case for interim best-practice guidance for HTA of COVID-19 technologies



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The case for interim HTA guidance

Height of pandemic

- Weak evidence base
- Urgent action needed
- Healthcare decisions made without HTA
- Support procurement & implementation

Gradual pandemic recovery

- Growing evidence base
- But many challenges persist
- Uncertain value for money
- Affordability concerns, potential austerity

New normal

- No urgent threat to healthcare systems
- Much more data & knowledge
- Apply usual HTA methods
- Better prepared

Case for interim guidance for HTA



The case for interim HTA guidance

- Current HTA approaches are not necessarily inadequate
- But may be suboptimal during period of instability
- Inconsistent decision making:
 - between agencies
 - within agencies over time
- Higher risk of making the 'wrong' decision
- Agencies would value guidance to support assessments



Output from HTx project

Best-practice guidance for the health technology assessment of diagnostics and treatments for COVID-19

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On behalf of the COVID-19 HTA best-practice guidance development group*

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Output from HTx project

- Interim guidance for HTA of COVID-19 technologies
- Benefits:
 - Explicitly addresses many of the key challenges identified
 - Provides 'menu' of consistent and pragmatic approaches
 - Supports agencies to increase rigour of HTA involvement in COVID-19 decision making
 - Provides clarity for stakeholders
 - Improves future pandemic preparedness



Assessing effectiveness

- ◆ Adaptive RCTs preferred for efficacy
- ◆ Promote high-quality RWE to fill evidence gaps
- ◆ Use “living” evidence reviews
- ◆ Carefully consider generalisability to the relevant setting
- ◆ Prespecify subgroup analyses
- ◆ Refer to the list of suggested core outcomes and core outcomes sets

Assessing value for money

- ◆ Use cost—utility analysis, if usually preferred, with supportive cost-effectiveness and cost-consequence analyses where useful
- ◆ Consider both a healthcare and a broad societal perspective
- ◆ Use robust data from related conditions where necessary
- ◆ Use usual threshold values, but engage in research about preferences during a pandemic

Handling uncertainty

- ◆ Transparently report evidence gaps, assumptions made and the pandemic context
- ◆ Extensive subgroup, extreme value and threshold analyses
- ◆ Use probabilistic analysis
- ◆ Consider using value of information analysis to inform research priorities
- ◆ Mitigate uncertainty by implementing a “living” HTA approach
- ◆ Responsively update decisions (including reinvestment and disinvestment) based on new information



Economic modelling

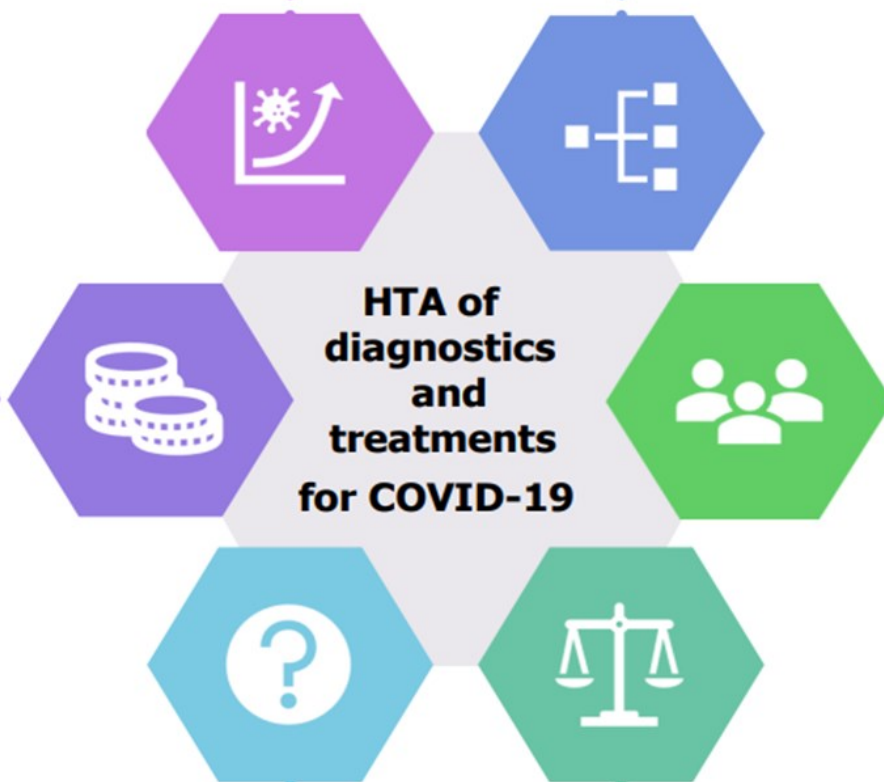
- ◆ Ideally, use simulation models to account for patient heterogeneity
- ◆ Include long-term outcomes, disease transmission and system capacity
- ◆ Calibrate uncertain inputs to ensure plausible outputs, e.g. using RWE
- ◆ Develop a whole-disease model for COVID-19, as an epidemiological (SEIR) model with nested diagnosis and treatment components
- ◆ Allow simpler analyses where they may be acceptable for decision-making
- ◆ Regularly update the model to support “living” HTA

Stakeholder engagement

- ◆ Ensure a broad range of stakeholders can contribute to HTA process
- ◆ Including citizens, patients, carers and proxies, and organisations that represent specific groups who are at higher risk or underrepresented
- ◆ Prioritise based on a tiered approach
- ◆ Consider novel approaches to engagement, such as digital and online tools

Other important factors

- ◆ Affordability should be assessed using budget impact analysis
- ◆ Affordability concerns should trigger commercial discussions
- ◆ A “living” HTA approach would facilitate managed access agreements
- ◆ Consider other potentially relevant elements of value, including equity, reduced fear of contagion, and scientific advancement
- ◆ Try to capture them quantitatively (e.g. in utility values), otherwise narratively



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