

Clinical Expert Opinion in Health Technology Assessment Submissions to a National HTA Agency in Ireland.

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INTRODUCTION

Clinical expert opinion can be used in Health Technology Assessment (HTA) submissions to inform economic models. Elicitation exercises should be well-designed to minimise bias and be reported with transparency. Appendix 1 of the National Centre for Pharmacoeconomics (NCPE) Applicant Submission Template outlines key elements to be reported. These include: details/number(s) of experts, potential conflicts of interest and methods used to collect and analyse opinions (1). HTA submissions made to the NCPE were reviewed in order to determine alignment with Appendix 1 reporting recommendations. The use of clinical expert opinion to inform assumptions in economic models was also explored.

METHODS

All HTA submissions made to the NCPE between July 2019 and June 2020 inclusive were reviewed. Data was extracted using a bespoke data collection instrument created in Microsoft Excel®.

RESULTS

A total of 18 HTA submissions were reviewed. The median number of clinical experts participating per HTA was seven (range 1 to 33); the majority were hospital physicians (85%). Most remained anonymous.

Table 1: Findings from Review of Appendix 1 in HTA submissions to NCPE from July 2019 to June 2020 (n=18)

Appendix 1 Reporting element	Key Findings from HTA submissions (n=18)
Declaration of potential conflicts of interest	Provided to Applicant: n=6 (33%)
	Not requested by Applicant: n=6 (33%)
	Not reported: n=6 (33%)
Detailed method used to collect opinions	Individual (per-person) methods only: n=12 (67%)
	Group methods only: n=2 (11%)
	Individual and Group methods: n=4 (22%)
Medium used to collect opinion	Interviews: n=13 (72%)
	Questionnaires: n=11 (61%)
	Advisory Boards: n=6 (33%)
	Vignette-based studies: n=4 (20%)
Responses received for each question	Fully provided: n=11 (61%)
	Partly provided: n=6 (33%)
	Not provided: n=1 (6%)
Analytical approach used to collate the opinion, including the variability in opinion	Reported fully: n=8 (44%)
	Reported in part: n=3 (17%)
	Not reported: n=7 (39%)

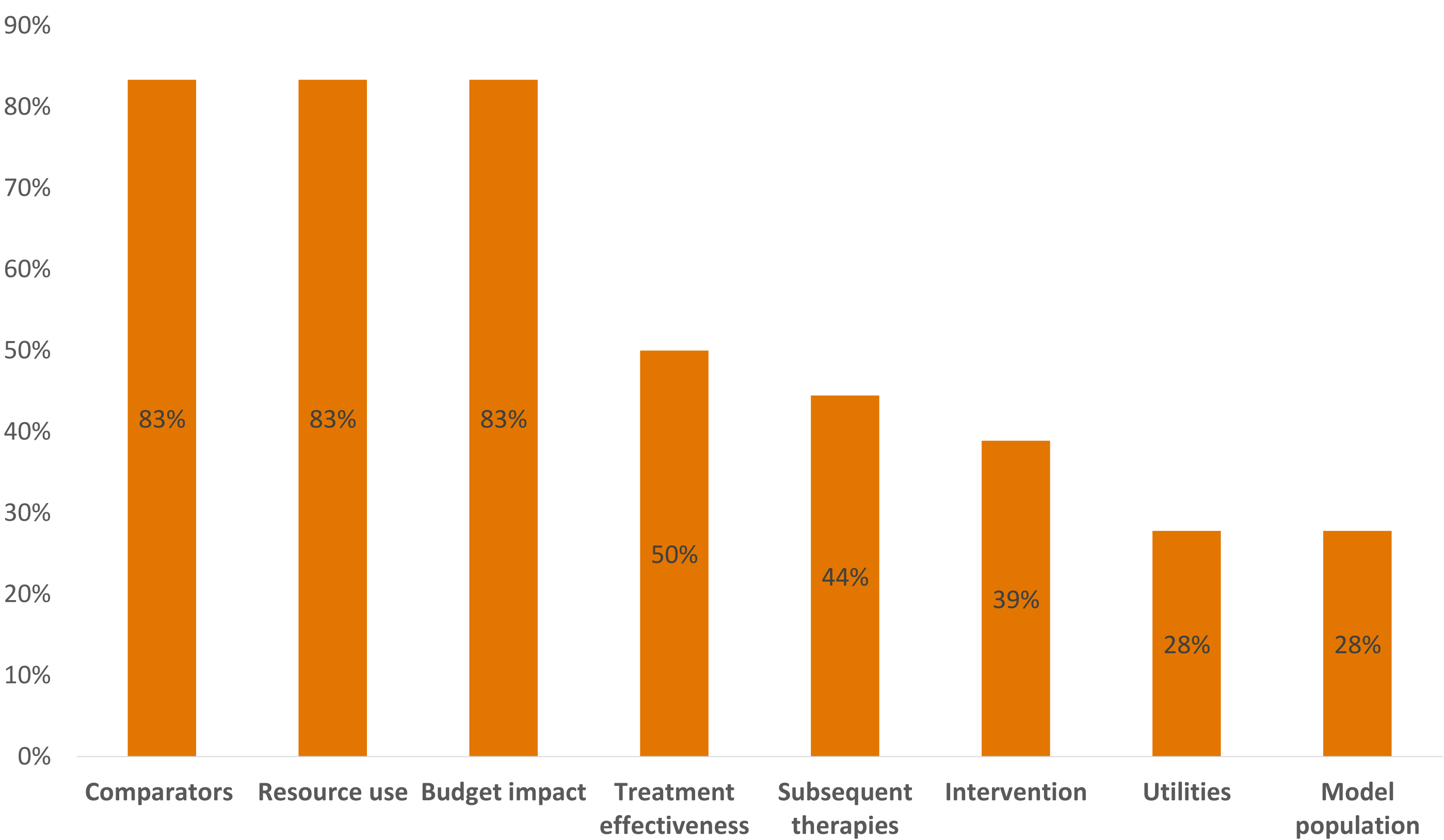


Figure 1: Domains informed by clinical expert opinion in economic models submitted to the NCPE from July 2019 to June 2020 (n=18)

Table 2: Use of clinical expert opinion to inform assumptions and data inputs in economic models submitted to the NCPE from July 2019 to June 2020 (n=18)

Model assumption/Data inputs	No. of HTA submissions (%)
Comparators	
Relevant comparators	13 (72%)
Weighting of blended comparators	4 (22%)
Duration of treatment	4 (22%)
Comparator dosing	3 (17%)
Resource use	
Frequency of resource use	12 (67%)
Use of companion diagnostics	5 (28%)
Validation of Applicant assumptions	4 (22%)
Use of concomitant treatments	4 (22%)
Management of patients in different settings	4 (22%)
Budget impact	
Patient number estimates	14 (78%)
Market share estimates	7 (39%)
Additional costs and offsets	4 (22%)
Treatment effectiveness	
Plausibility of survival analysis outputs	6 (33%)
Treatment waning/duration of treatment effect	4 (22%)

Discussion

All HTA submissions evaluated used clinical expert opinion to inform economic model assumptions over a wide variety of domains. Compliance with recommendations on reporting is variable. Transparency in reporting of clinical expert opinion by companies, including declarations of potential conflict of interests, and provision of individual responses from clinical experts is essential.

References

(1) National Centre for Pharmacoeconomics Applicant Submission Template v2.1 [Full Submission Template | National Centre for Pharmacoeconomics \(ncpe.ie\)](#) Accessed 14 October 2022