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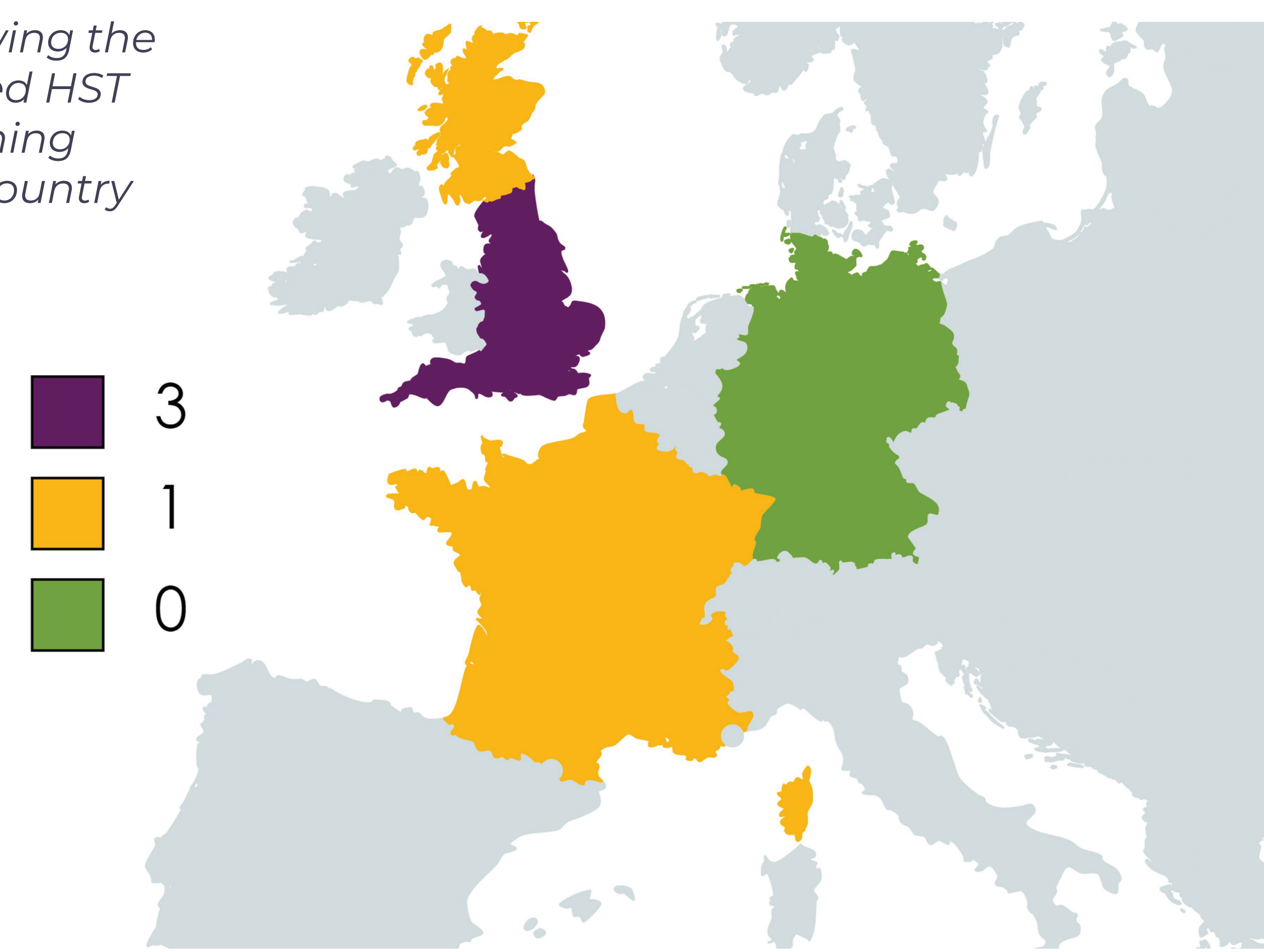
Objectives

The effects of healthcare technologies are not only restricted to the patient and the healthcare provider. From a societal perspective there can be serious indirect economic burdens associated, especially when faced with paediatric, chronic, or serious illnesses. For both patients and their carers, there can be significant interruption or even prevention of attending schooling and work, which affects not only themselves but wider society. This work seeks to investigate how often these factors are considered in the HTA process, looking specifically at the National Institute for Health and Care Excellence (NICE) Highly Specialised Technology (HST) pathway.

Methods

All drugs assessed through the HST pathway by NICE were reviewed to search for relevant information pertaining to societal costs associated with the introduction of the new drug. Any relevant drugs were then queried against 3 other European HTA agencies [Scottish Medicines Consortium (SMC) in Scotland, Haute Autorité de Santé (HAS) in France, and the Gemeinsamer Bundesausschuss (G-BA) in Germany] to compare for mentions of societal costs.

Figure 1. Map showing the number of approved HST appraisals mentioning societal costs per country



Results

Of the 19 NICE HST appraisals, 3 (15.8%) contained mention of societal costs (Table 1, Figure 1 Box 1) and all were approved. Of these, all cited increased contribution to society via continuation of school or employment, along with decreased costs associated with travel and housing for specialist treatment. These same drugs were all approved in France and 2/3 in Germany, though only a third of French appraisals mentioned societal costs, and none in Germany. In Scotland, 1/3 appraisals were submitted. Here, wider societal care perspectives, such as caregiver QALYs and social care costs, were considered as part of the application process.

Table 1. Indications of approved HST drugs that mention societal costs

Drug	Indication	HTA acceptance and societal costs mentioned
Eculizumab (soliris)	Atypical haemolytic uraemic syndrome	NICE, EMA, HAS
Ataluren	Duchenne muscular dystrophy	NICE, SMC
Asfotase alfa	Paediatric-onset hypophosphatasia	NICE

Box 1. Acknowledgments of the potential wider societal benefits of approved HST drugs that mention societal costs

Eculizumab:

“...the ability to contribute to society or continue education, and cost savings from personal expenses for patients and carers for transportation and housing.” - NICE

“The perspective adopted was that of NHS Scotland and social care, with the addition of caregiver QALYs; a wider societal perspective incorporating indirect costs was included among scenario analyses, which also addressed informal care costs.” - SMC

Ataluren:

“The Committee acknowledged the potential wider societal benefits of ataluren treatment could include the ability to contribute to society and continue education.”

“...potential cost savings include parents and carers staying in work for longer, a reduction in out-of-pocket expenses for travel to appointments, and more time spent with friends and family.” - NICE

Asfotase alfa:

“...improves the general health and functioning of people with paediatric-onset hypophosphatasia, it would enable children with the condition to be educated at school. For adults with the condition and carers of people with the condition, it would enable them to work or at least work for longer.”

“...may reduce: the need to move house to be closer to specialist treatment centres; the need for home adaptations (for example, installation of oxygen or changes to help mobility); and the substantial expenses associated with frequent travel to hospital appointments.” - NICE

Discussion

There was a consensus amongst committees that the drugs could potentially provide societal benefits. One particular benefit was cost-saving brought about through patients’ increased quality of life, providing higher levels of independence and subsequently leading to parents and carers enhanced availability at work. There is evidence that HTA agencies positively acknowledge evidence submitted relating to societal costs. As a result, combining societal cost data with clinical and economic cost data could increase the possibility for positive recommendation outcomes. Hence, drug companies should consider submitting evidence pertaining to societal costs to HTA agencies. Additionally, further research conducted on the reduction of societal costs could enhance the value of societal cost information when submitted to HTA agencies.

Conclusions

New drugs can influence societal benefits along with clinical and economic benefits. When included in HTA submissions, committees seem receptive to their arguments. More authorities across Europe could consider the addition of information pertaining to societal costs, as this could enhance likelihood of positive recommendation outcomes.