

# Evaluation of Ethical Aspects Associated With Health Technology: Lessons Learnt from Indian HTA Reports

HTA6



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## Introduction

- Effective, patient-centric diffusion of health technology (HT) demands multidimensional value considerations.
- New definition of Health Technology Assessment (HTA) explains the importance of **explicit methods for value development** for any HT.
- The integration of any HT into an existing public health system/hospital system directly relates with its multifaceted value demonstration.
- HT should be: **Accessible, Affordable**, and of **High-Quality**.
- An ideal HTA should not be limited to only clinical and economic aspects.
- Although India has taken great strides in the development of robust HTA ecosystem, **equity issues remain yet to be addressed in Indian HTA outcome reports (OR)**.

## Objectives

- To assess the **presence of ethical evaluations in HTA In ORs** and corresponding policy briefs on various HTs.
- To report ethical analysis of HT (EHT) related gaps.

## Materials and Methods

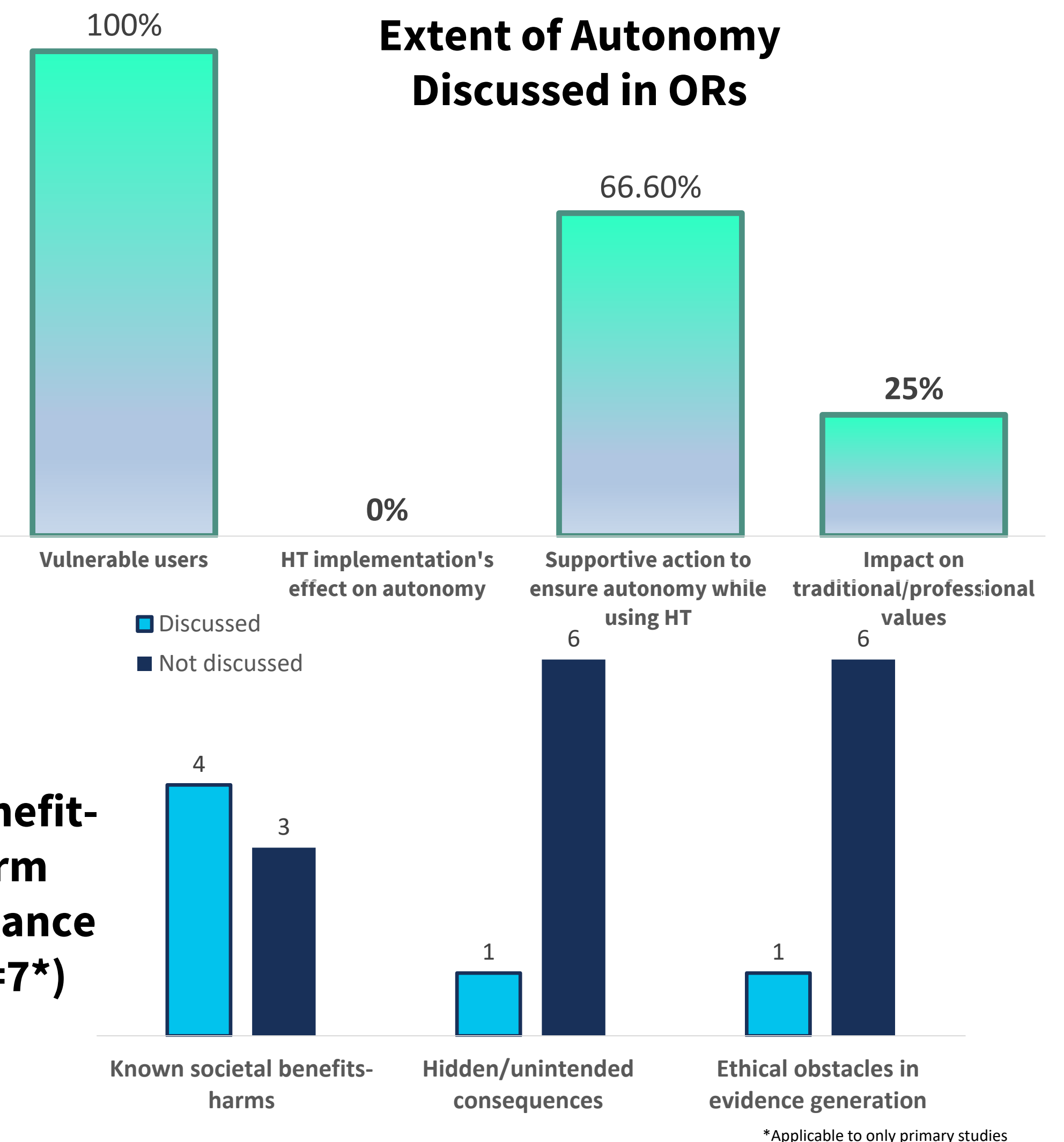
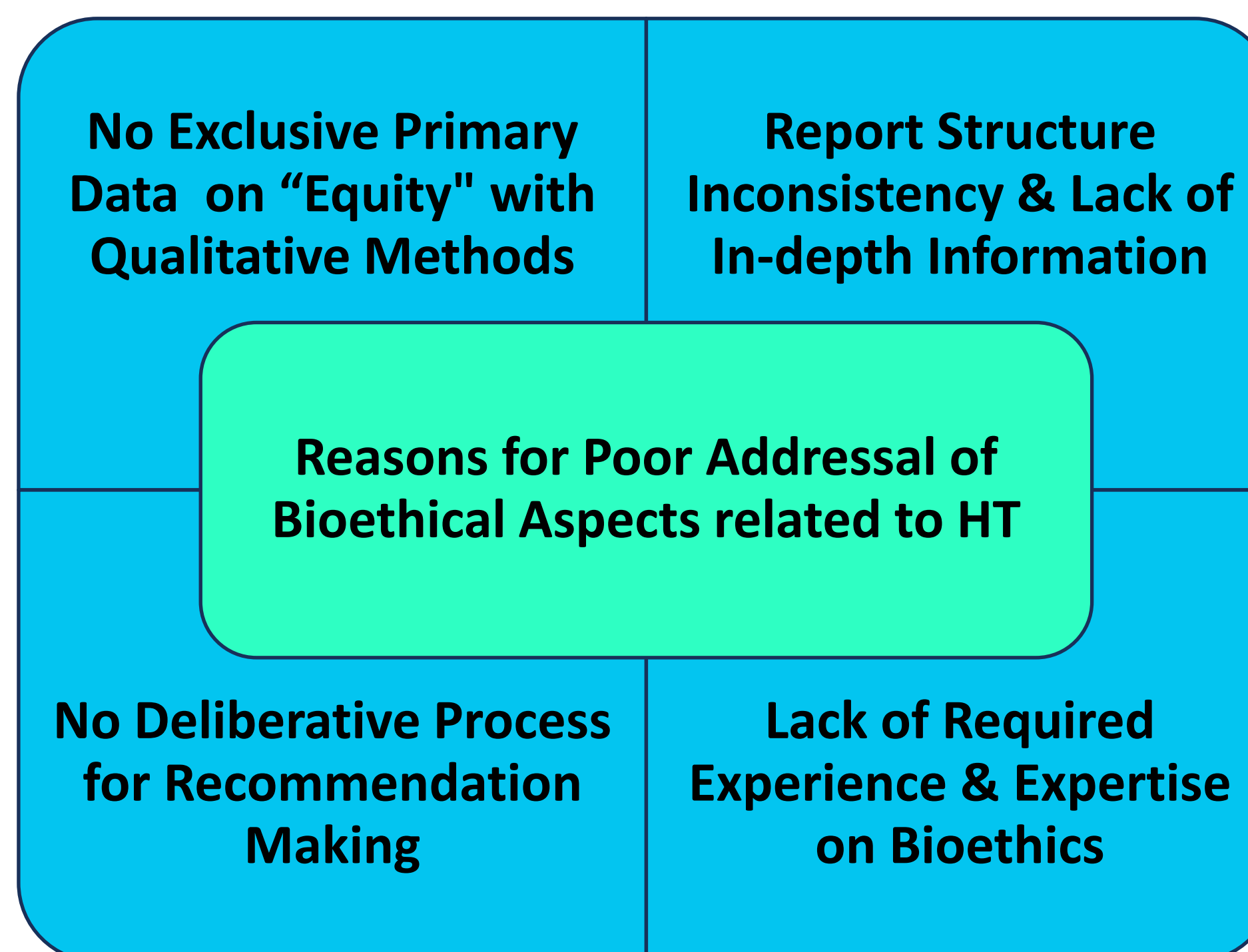
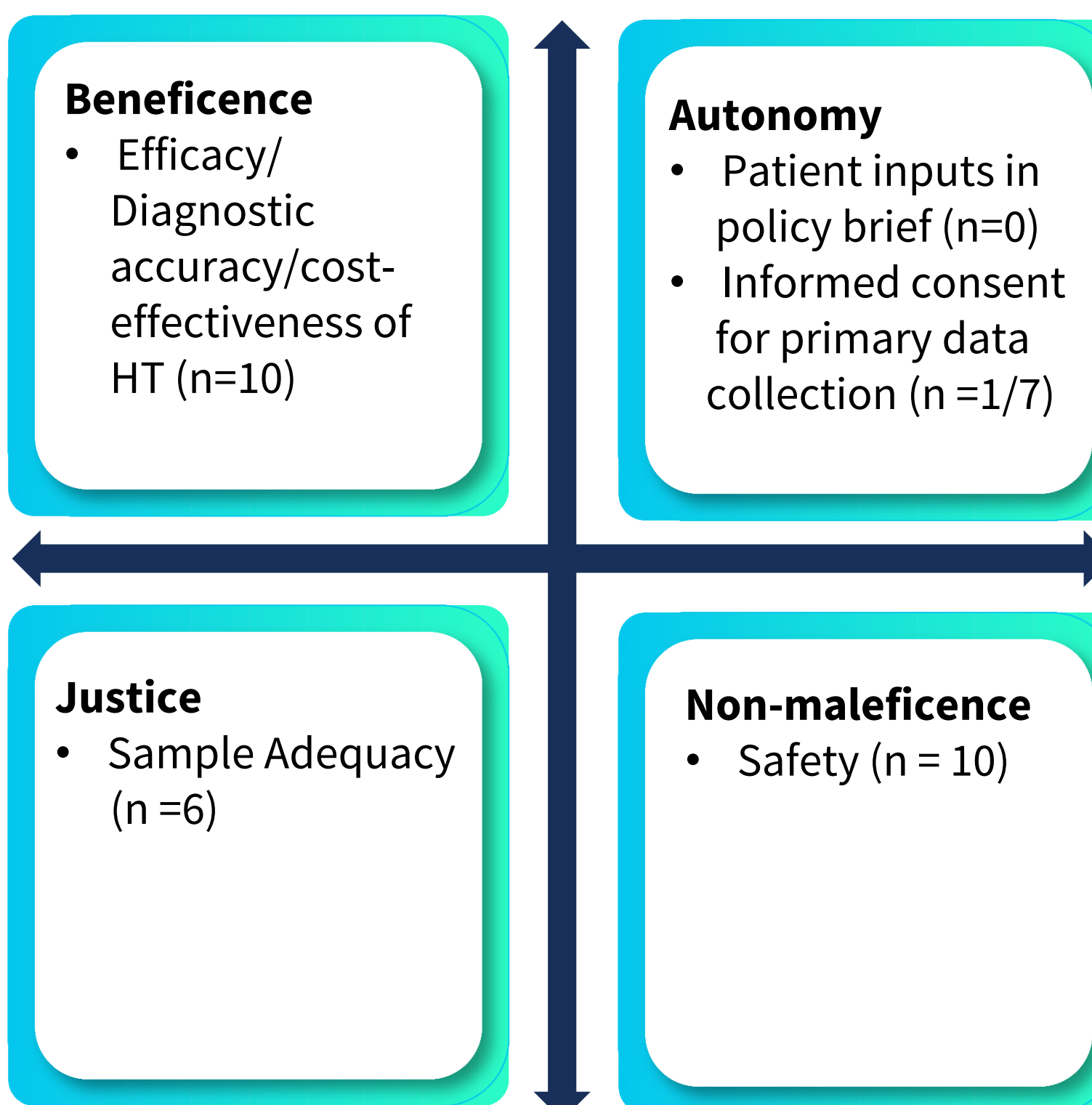
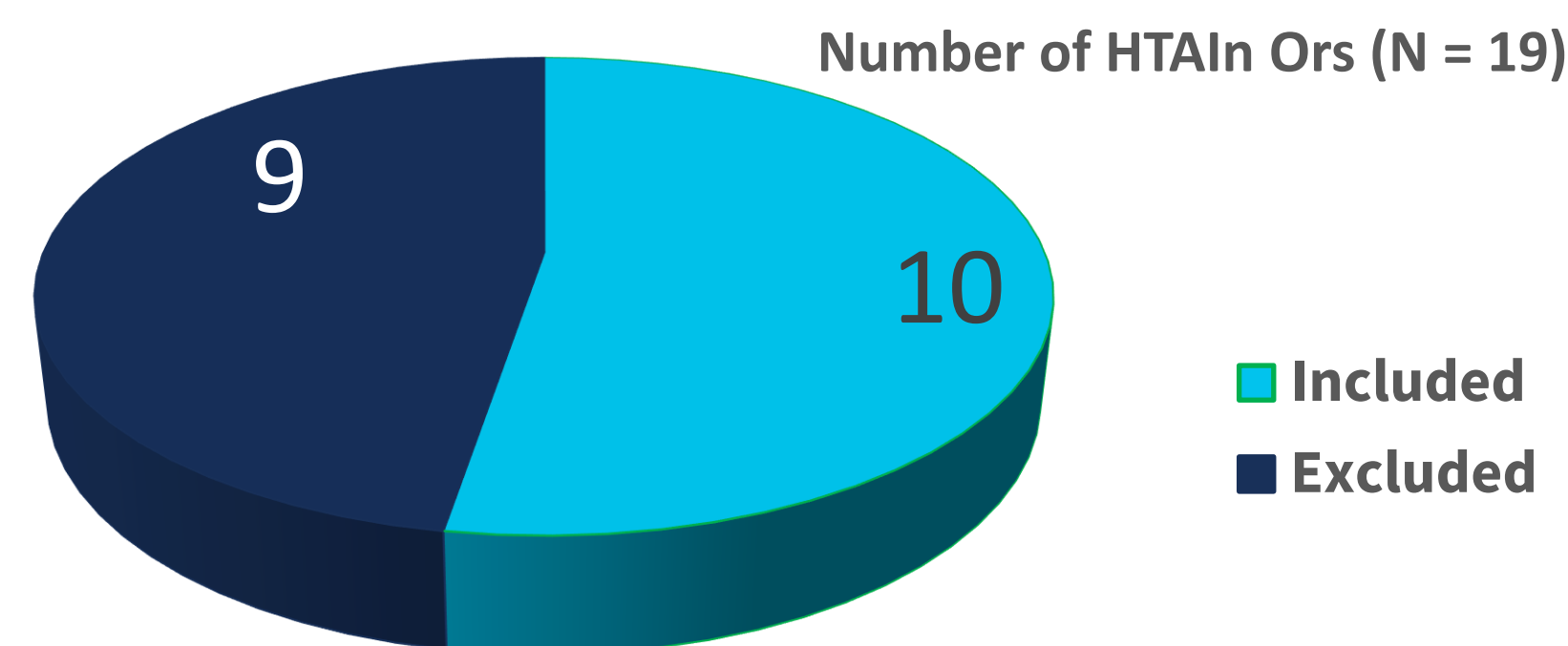
- We considered outcome reports (ORs) and corresponding policy briefs on HTA In (National HTA body of India) official website.
- Two independent HEOR analysts mapped ethics-specific information from the eligible ORs with three key concepts using a checklist: **1. Principlism 2. Casuistry & 3.**

### Ethical analysis (ETH) from HTA

#### Core Model<sup>®</sup> (EuNetHTA).

- For the available, unavailable, and out-of-context information with a possible match with respective assessment elements from the above concepts, “green”, “red”, and “yellow” color codes were applied, respectively for ease of interpretation.
- We disregarded reports mentioning only economic evaluation and technical details with no scope of ethical review.
- Any disagreement was resolved with adjudication by third analyst.

## Information Mapping Findings



## Discussion

### Gaps and Quality Implications:

- **Secondary data may miss to capture ground-level nuances** about EHT due to selective reporting sometimes.
- **Lack of participatory approach** has **risk of compromised trust** from patient-community about any HT.
- **Absence of bioethics/qualitative researcher** eludes the project team from use of **relevant language, reflexivity, and consistent presentation** about ethical analysis of HT.
- **Lack of case-based reasoning** may **hamper the HT access** for people with **specific clinical condition** or those undergoing uncommon/**complex ethical dilemma** about HT use.

### Limitations :

- Checklist-based information mapping did not capture subtle details to provide idea about depth of information.
- We relied on only website data and not on any unpublished data even if the methodological refinement took place or if any work is in progress.

Above 2 points implies cautious interpretation of our review findings.

## Recommendations



**Involve Bioethicist Apriori**



**Adopt checklists (PRISMA-E, COREQ)**



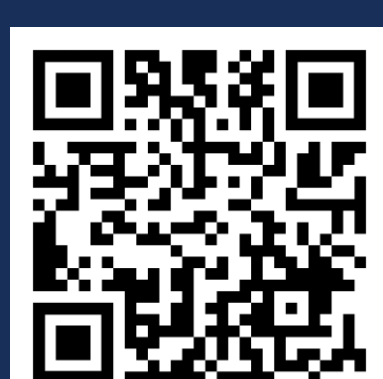
**Restructure the HTA report**



**Try Practicing Casuistry in HTA**

## Contact

For more details and exploring more about Value Communication space – feel free to write to us at [Mw.info@genproresearch.com](mailto:Mw.info@genproresearch.com)



## References

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3. Lysdahl, K.B., Oortwijn, W., van der Wilt, G.J. et al. Ethical analysis in HTA of complex health interventions. BMC Med Ethics 17, 16 (2016). <https://doi.org/10.1186/s12910-016-0099-z>