DISEASE-SPECIFIC REFERENCE MODELS FOR HEALTH TECHNOLOGY ASSESSMENT: NECESSITY OR NICE-TO-HAVE?

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KEY POINTS

- HTA bodies play an important role in often difficult circumstances in an imperfect system.
- The evidence challenge is substantial – always trying to fit round pegs in square holes.
- This often leads to suboptimal ‘consequential’ complex treatment pathways rather than state-of-the-art – myeloma is an example
- Over time, the situation begins to impact negatively on all stakeholders – PICOs become increasingly complex, SoC between countries varies hugely, HTA inefficiencies and conundrums, and health systems buy many costs in a pathway rather than outcomes. Patients do not get the maximum benefit from the available treatment, which may discourage new entrants into the market, etc.
- Disease reference models are urgently required to help resolve these issues. However, while there are many upsides, there are some risks and transitioning from the status quo to this new desired state could be complex and will take time.
- Better evidence inputs will always be key to improving HTA and delivering efficient, agile and demand-signalling treatment pathways – reference models can shape commercial and academic research – hybrid approach.
- Reference models alone will not be enough, however. They need to be part of a reformed and joined-up systems approach
- Patients and taxpayers deserve better outcomes from current and future treatment and healthcare resources. n