Development of the RELIANT (**RE**vea**L**ing Implicit f**A**ctors i**N** H**T**A) checklist to support the HTA deliberation

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Background:

Deliberation in HTA is the informed and critical examination of an issue and the weighing of arguments and evidence to guide a subsequent decision. Additionally, there are implicit factors impacting the HTA recommendations through this process. The authors defined **implicit factors in HTA as all non-explicitly collected or described factors in the HTA guidelines, that may influence the HTA deliberative process and any subsequent recommendation**. Since these factors are not acknowledged, they may jeopardize the legitimacy and transparency of HTA. To our knowledge, there is no checklist revealing these factors in a comprehensive manner.

Objectives:

The aim of our research project was to develop a checklist accounting for the implicit factors influencing HTA deliberation in medicines, by guiding the HTA practitioner to reflect prospectively and around the final recommendation on the implicit factors that may influence the latter. This in turn will improve the deliberation by making it more rationale, legitimate and transparent.

Methods:

To develop our checklist, we leveraged the findings from a SLR¹ previously published by our research group, from a mixed-methods study and from the assessment of the HTAi/ISPOR checklist² identified through a targeted literature review. A group of 8 experts from EU4+UK assessed the checklist through two rounds of review and their comments were incorporated into the final version.

Results:

We developed the **RELIANT** (**RE**vea**L**ing **I**mplicit f**A**ctors i**N** H**T**A) **checklist** which is the first of its kind to support the HTA deliberative process.

RELIANT is a name that resonates with the objectives of this checklist since its implementation aims to address the potential implicit factors and biases that may compromise the legitimacy and trust of the HTA deliberation.

The checklist guides the HTA practitioner to reflect on the implicit factors that may influence the HTA process. The target audience of this tool are HTA practitioners involved in the HTA deliberation.

It comprises 16 questions spread across 7 dimensions covering perspectives, objective factors, meeting dynamics, personal interest, previous experience, context, and cognitive biases.

Table 1 presents a fragment from the checklist showcasing the cognitive biases dimension.

Table 1: Excerpt from the RELIANT checklist

Cognitive biases (individual In an effort to be as objective as possible, do you

and collective)	consider any of these potential biases may impact your judgement?			
	Affect heuristic (decision influenced by	Yes	No	Sometimes
	subjective feelings)			
	 Anchoring bias (focusing on the first picture you learn and staying with the first impression) 	Yes	No	Sometimes
	 Attentional bias (paying disproportional attention to some things, over others) 	Yes	No	Sometimes
	 Authority bias (having more confidence in a decision that was validated by an authority figure) 	Yes	No	Sometimes
	 Automation bias (tendency to accept automated clinical decision advice) 	Yes	No	Sometimes
	Availability bias (making judgments of likelihood based on ease of recall)	Yes	No	Sometimes
	 Confirmation bias (focusing on information confirming personal beliefs) 	Yes	No	Sometimes
	Consistency tendency (difficulty in changing a	Yes	No	Sometimes
	point of view when the change is justified by the			
	new evidence)			
	False consensus effect (overestimation on how	Yes	No	Sometimes
	much other people are aligned with your appreciation)			
	Framing effects (perception influenced by the way	Yes	No	Sometimes
	in which the evidence was presented)			
	Groupthink (situation in which the views of the	Yes	No	Sometimes
	decision-making group become homogeneous and			
	contrary views are discouraged)			- ·
	Halo effect (giving disproportionate weight in decision making to the beliefs of eminent	Yes	No	Sometimes
	decision making to the beliefs of eminent individuals)			
	Hard/bandwagon effect (choosing based on other	Yes	No	Sometimes
	people choices)			
	 In-group conformity (having more confidence in a decision when it is in agreement with others) 	Yes	No	Sometimes
	Intellectual bias (becoming closed-minded about	Yes	No	Sometimes
	a belief)			
	 Novelty (uncritical acceptance of a new 	Yes	No	Sometimes
	technology)			
	Optimism bias (tendency to overestimate the	Yes	No	Sometimes
	likelihood of favorable outcomes)			
	Overconfidence bias (overestimation of personal	Yes	No	Sometimes
	ability or opinion)			

Conclusions:

There is scarcity of tools accounting for the existence of implicit factors in the HTA deliberative process. The RELIANT checklist fills a gap in this area since it is the first tool addressing the implicit factors in the HTA deliberative process.

Our checklist could be used in light of the **European regulation on HTA** to further harmonize the appraisal. It could also be part of the **national transposition of this regulation**, contributing to its goals of harmonizing transparent HTA criteria. Hence, the RELIANT checklist has the potential to support the HTA deliberative processes at a national, regional, or local level prior to the HTA recommendation.

References: 1. Clara Monleón, Hans-Martin Späth, Carlos Crespo, Claude Dussart & Mondher Toumi (2022) Systematic literature review on implicit factors influencing the HTA deliberative processes in Europe, Journal of Market Access & Health Policy, 10:1, 2094047 2. Oortwijn W. et al. Designing and implementing deliberative processes for health technology assessment: a Good practice report of a joint HTAi/ISPOR Task Force. VALUE HEALTH. 2022; 25(6):869–886