

# How Do We Facilitate the Implementation of Needed Novel HTA Methodologies in National and EU HTA Practice?

SUSTAIN<sup>HTA</sup>

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## Starting points

SUSTAIN<sup>HTA</sup>

- Call for new or improved HTA methods due to
  1. new classes of healthcare technologies
  2. emergence of AI supported real-world data
  3. need for more patent centric and societally oriented value judgement
  4. (EU HTA regulation -> Joint Clinical Assessment)
- Previous EU funded projects yielded a significant amount of published theoretical HTA methods, however, there is limited evidence on their uptake and sustainability in the public domain
- Implementation of needed novel HTA methodologies in national and EU HTA Practices has to be facilitated → SUSTAIN-HTA



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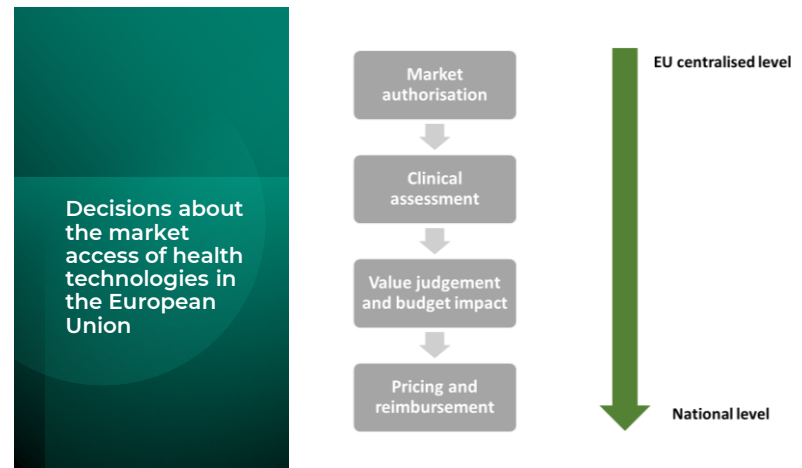
## Key questions for SUSTAIN-HTA

SUSTAIN<sup>HTA</sup>

- Should the project serve
  - both EU level and national level HTA?
  - both forerunner and late HTA adopter countries?
- Business model to ensure the sustainability of SUSTAIN-HTA?



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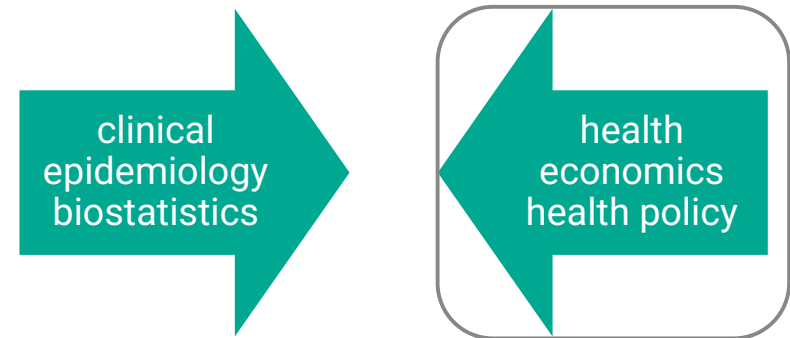
## Zooming in to the most important HTA components



Topic	Transferable from international data?	Expertise needed
health care priority	<b>no</b>	health policy + health economics
health gain	<b>yes</b> (with some adjustment)	epidemiology + biostatistics + outcomes research
cost-effectiveness	<b>no</b>	health economics
budget impact	<b>no</b>	health economics

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## Which skills are more needed in countries with limited HTA capacities?



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## Specific topics for late technology adopter countries



- Real-world Data (RWD) ≠ Real-World Evidence (RWE)
  - RWD: observational data obtained from the routine clinical practice
  - RWE: evidence obtained based on RWD
- When technologies are launched in our countries, RWE from Western Europe is already available to support evidence based policy decisions
- HTA bodies in CEE countries have no chance in getting access to RWD of Western European countries, but they are more and more likely to encounter RWE coming from these jurisdictions
- CEE countries should learn about transferability of RWE from early technology adopter countries

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## Conclusions



- If SUSTAIN-HTA (similarly to other EU funded projects) wants to avoid increase the gap between higher and lower income countries
  - specific attention should be paid to lower income countries with less advanced HTA systems
  - participation of CEE training centers is crucial in the implementation
- Topic selection
  - Lower income countries contribute less to EU joint clinical assessment, they require relatively more knowledge on local value judgement (i.e. health economics)
  - Some (especially small-size) countries require basic trainings
  - Selected topics (e.g. transferability of RWE) may be more relevant in late technology adopter countries

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## COST STRUCTURE FOR BUILDING AND OPERATING A NEW LEARNING MANAGEMENT SYSTEM

1. *Initial setup and Infrastructure Costs*

2. *Pilot training materials*

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3. *Operational Costs*

4. *Cost of preparing new training materials*

## Major questions for the sustainable operation

1. dependency vs. independence

2. if independent organisation

(i) *only public revenues*

(ii) *dominantly private revenues*

(iii) *hybrid revenue model*