

# Consideration of Societal and Equity-Based Value Attributes by NICE During Evaluation of Innovative Technologies in 2023

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HTA302

## Introduction

- With new innovative treatments such as advanced therapies, value definitions in healthcare are evolving to include the broader impact of healthcare interventions on society, including considerations of fairness and accessibility.
- VAs refer to aspects or characteristics of a healthcare intervention that are considered important when evaluating its impact.<sup>1</sup> A 2022 systematic review of value assessment frameworks in healthcare identified 9 categories of VAs.<sup>1</sup>
- This study aimed to investigate consideration of societal and equity-based VAs within the decision-making process for a subset of technologies deemed innovative by NICE (see suppl. for NICE definition<sup>2</sup>). Based on overlap with the ISPOR Value Flower (2018)<sup>3</sup>, two categories of VAs were selected for investigation: 'societal impact' and 'ethics and equity'.

## Methods

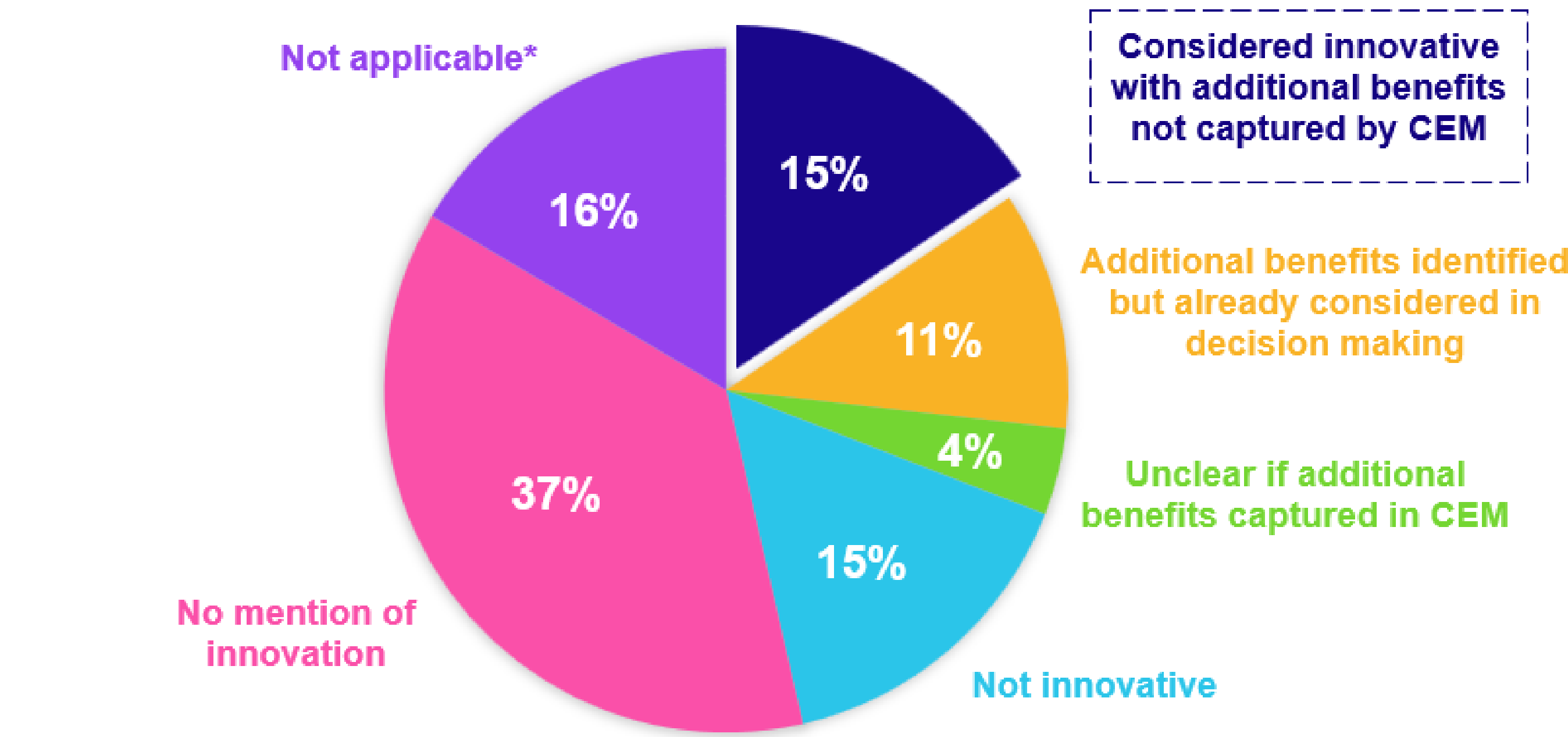
- TAs and HST appraisals conducted in 2023 were screened to identify products considered innovative by NICE, where the FAD highlights that there are additional benefits identified that were not captured in CEM.
- A single reviewer examined included FADs for mention of societal and equity-based VAs by key stakeholders, with spot checks conducted by a second reviewer (see suppl. for definition of VAs<sup>2</sup>).
- VAs in the category of 'societal impact' included 'reduced caregiver or family burden' and 'improved productivity'.
- VAs in the category of 'ethics and equity' included 'impact on equity and patient accessibility' and 'reduction of health disparities'.
- VAs were categorised as decision-drivers where the FAD specifically stated that the committee had considered the VA during decision-making.

## Results

### Overview

Of the 97 TA and HST evaluations conducted by NICE in 2023, 15 technologies (15%) were deemed by NICE to be innovative with additional benefits not captured by CEM (see suppl. for the list of included FADs<sup>2</sup>).

Figure 1: NICE committee opinion on innovative status of technologies evaluated in 2023

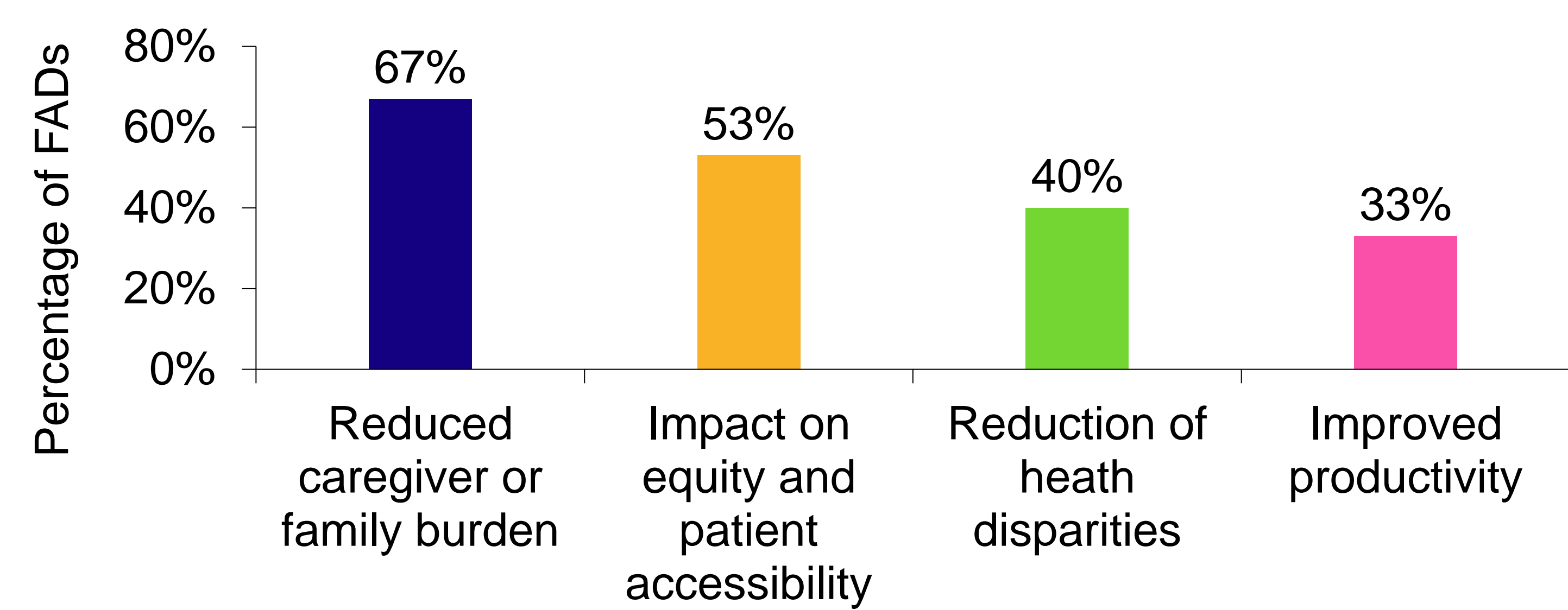


Note: n=97; values may not total 100% due to rounding; \*HTA withdrawn or terminated. This study analyses the TA and HST within the dark blue section.

### FAD mention of Value Attributes

- In many of the included appraisals at least one VA related to 'societal impact' or 'ethics and equity' was mentioned (87%; 13/15).
- The most frequently mentioned VA across the appraisals was 'reduced caregiver or family burden' and least frequently mentioned was 'improved productivity' (Figure 2).

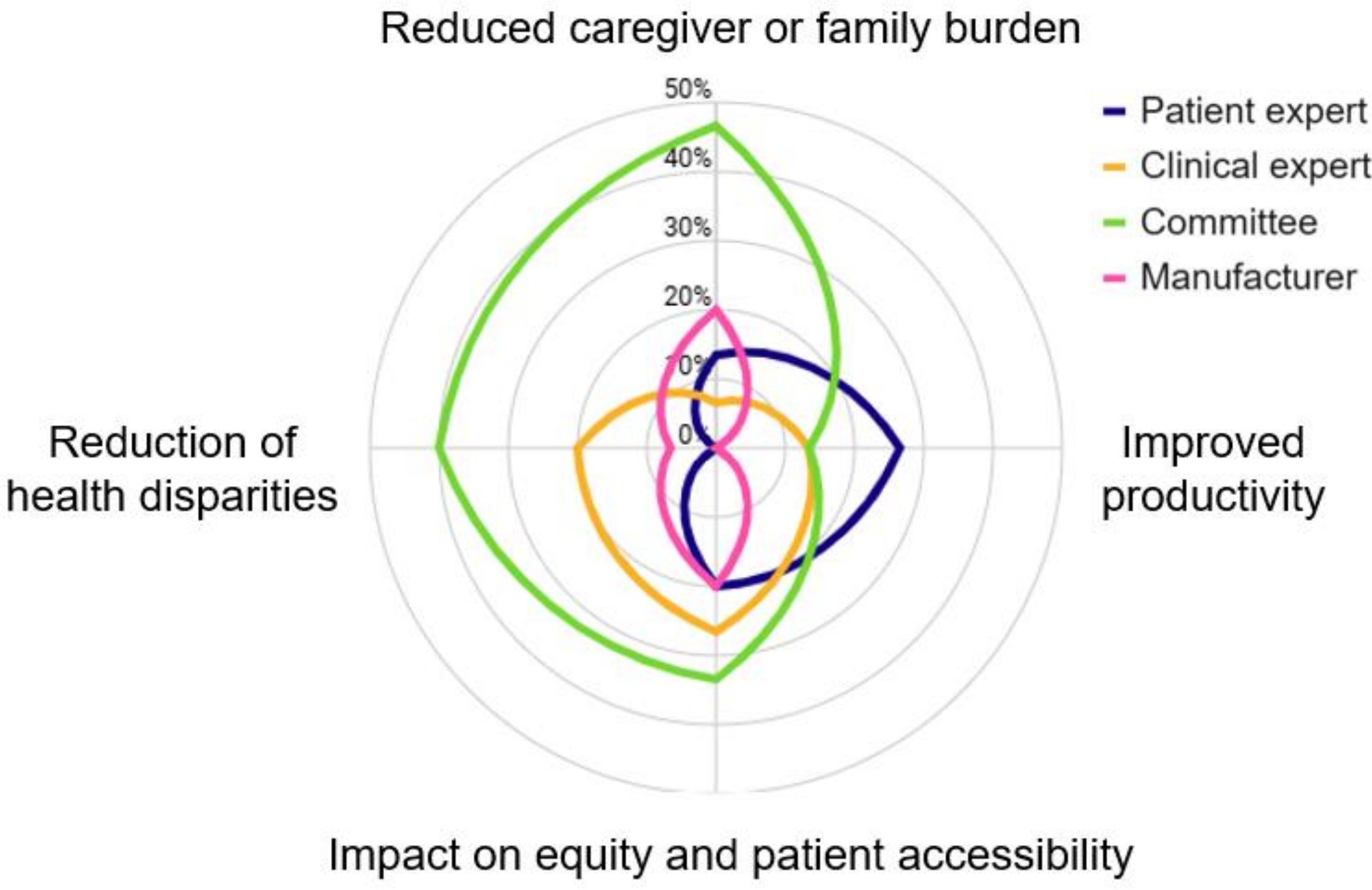
Figure 2: Proportion of FADs that mentioned each VA



### Stakeholder mention of Value Attributes

- The specific VAs mentioned varied in frequency across key stakeholders (Figure 3). Despite 'improved productivity' being mentioned least overall, it was the most often mentioned by patients themselves (27% of technologies).
- Clinical experts most frequently mentioned the 'impact on equity and patient accessibility' (27%) highlighting the enhancement of health outcomes across populations as a key priority.
- This is mirrored in the manufacturer emphasis with 'reduced caregiver or family burden' and 'impact on equity and patient accessibility' mentioned most often (20% each), suggesting recognition of the both the patient and overall population perspectives.
- The committee also mentioned 'reduced caregiver or family burden' in almost half (47%) of the evaluated FADs. 'Reduction of health disparities' is of importance to committees but not generally of importance to manufacturers or patients.

Figure 3: Proportion of FADs that included stakeholder mention of each VA



### Consideration of Value Attributes in NICE decision-making

- Societal or equity-based VAs were considered in decision-making in 5 FADs (33%; 3 recommended; 1 restricted indication recommendation; 1 not recommended).
- On average, more VA were mentioned where the technology was recommended in line with EMA marketing authorisation (2.3) compared with restricted recommendation (1.6) or not recommended (1.7).

## Conclusions

- This research suggests that the existing NICE methods used to evaluate innovative therapies often discuss additional benefits not captured by CEM. However, although often specified as being considered, these attributes are less frequently cited as being decision-drivers. Despite this, a higher number of VA discussed in FADs was generally associated with positive NICE recommendation, illustrating the potential of these attributes to support the value of technologies during reimbursement negotiations.
- As would be expected, mention of VAs in FADs varied by stakeholder. However, what was surprising was that patient experts did not mention 'reduced caregiver or family burden' as frequently as other stakeholders. Prioritising VAs of significance to patients and their families is crucial to avoid assumptions, while balancing individual patient need with population health considerations important to HTA committees.
- It will be increasingly important to ensure these societal and equity-based VAs are fully understood at both the individual patient and population level, as they will likely have a progressively more important role in HTA as the focus expands to consider broader aspects of value.

Abbreviations: CEM: cost-effectiveness modelling; EMA: European Medicines Agency; FAD: final appraisal document; HST: highly specialised technology; HTA: health technology assessment; NICE: National Institute for Health and Care Excellence; TA: technology appraisal; VA: value attribute

References: 1. Zhang M, Bao Y, Lang Y, et al. What Is Value in Health and Healthcare? A Systematic Literature Review of Value Assessment Frameworks. Value Health. 2022;25(2):302-317.; 2. Crossley O, et al. Poster HTA302: Supplementary document, ISPOR Europe, Barcelona 2024.; 3. Lakdawalla DN, Doshi JA, Garrison LP Jr, et al. Defining Elements of Value in Health Care-A Health Economics Approach: An ISPOR Special Task Force Report [3]. Value Health. 2018;21(2):131-139.

