HTA318

Comparison of Published Rapid Health Technology Assessments (HTA): A Cross-Sectional Analysis of an International Database

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BACKGROUND

- Rapid health technology assessments (rHTA) are increasingly important for decision makers.
- rHTA can potentially provide **faster** responses than full assessments, inform a **greater** number of decisions within current HTA capacity, be **responsive** to the development of new technologies, and allow for more **efficient** resource prioritisation.
- There is no internationally recognised definition of rHTA or standardised processes. This increases the **risk of incomplete or inaccurate information** for decision makers.
- **Aim:** To gain insight into how international HTA agencies are performing rHTA.

METHODS

Data acquisition and extraction

- Cross-sectional analysis of products indexed as "**mini**" or "**rapid**" on the International Network of Agencies for Health Technology Assessment (INAHTA) database (2014 – April 2024).
- Supplementary search of HTA agency websites.
- Data extracted: Agency, report characteristics, technology type, stakeholder engagement processes, and included/ omitted/simplified HTA core model domains (based on the **European Network for Health Technology Assessment HTA core model**).
- All data was extracted as described in included reports, without conducting any critical appraisal.

Data analysis

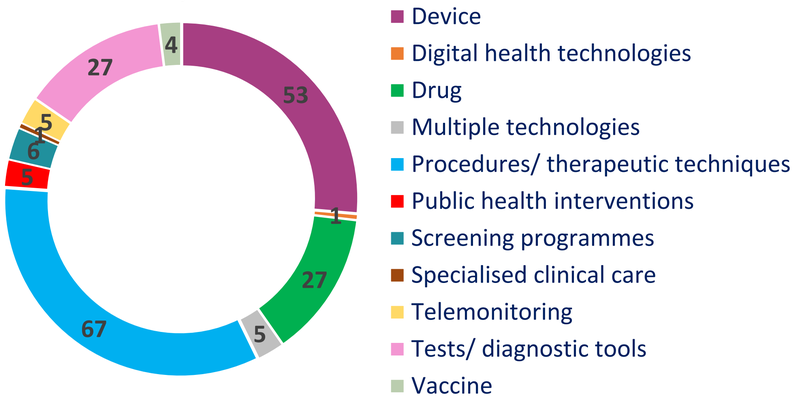
- All characteristics were summarised descriptively (frequencies/percentages) in Stata and Excel.
- Cross-tabulations of the economic domains across different types of technology are also presented.

RESULTS

Report characteristics

- **201** reports
- **14** countries
- **21** agencies

Figure 1. Number of health technologies assessed (n = 201)



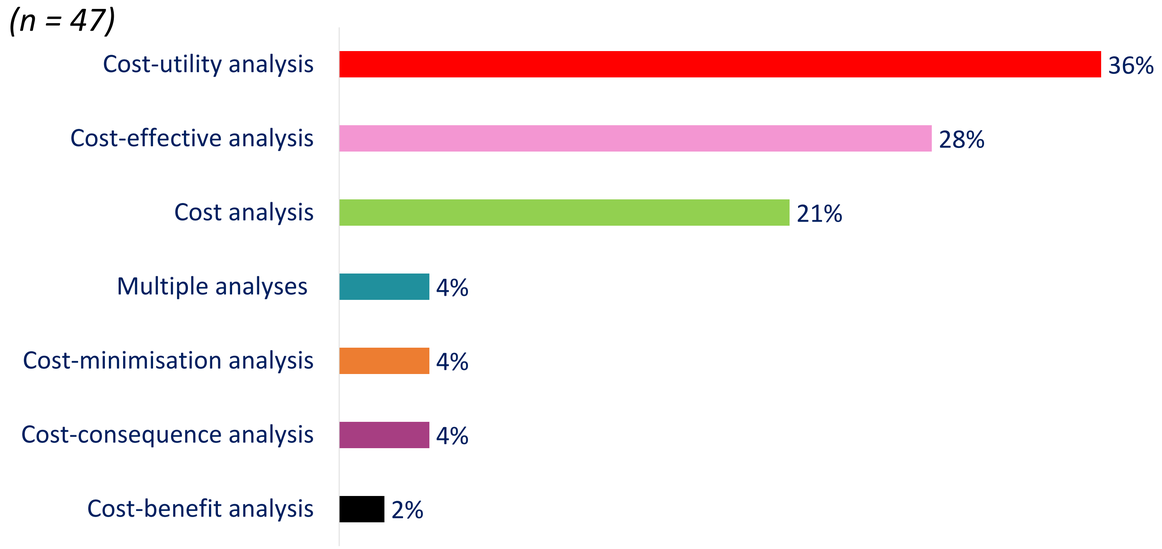
Included HTA Domains

Figure 2. Percentage of rHTAs reporting full examinations of HTA domains (n = 201)

- **Most** commonly included domains: Clinical effectiveness (99%) and safety (83%) (Figure 2).
- **Least** commonly included: Legal aspects (12%), and budget impact analysis (BIA) (11%) (Figure 2).

Economic Domains

Figure 3. Types of economic evaluations as reported within included rapid HTAs (n = 47)



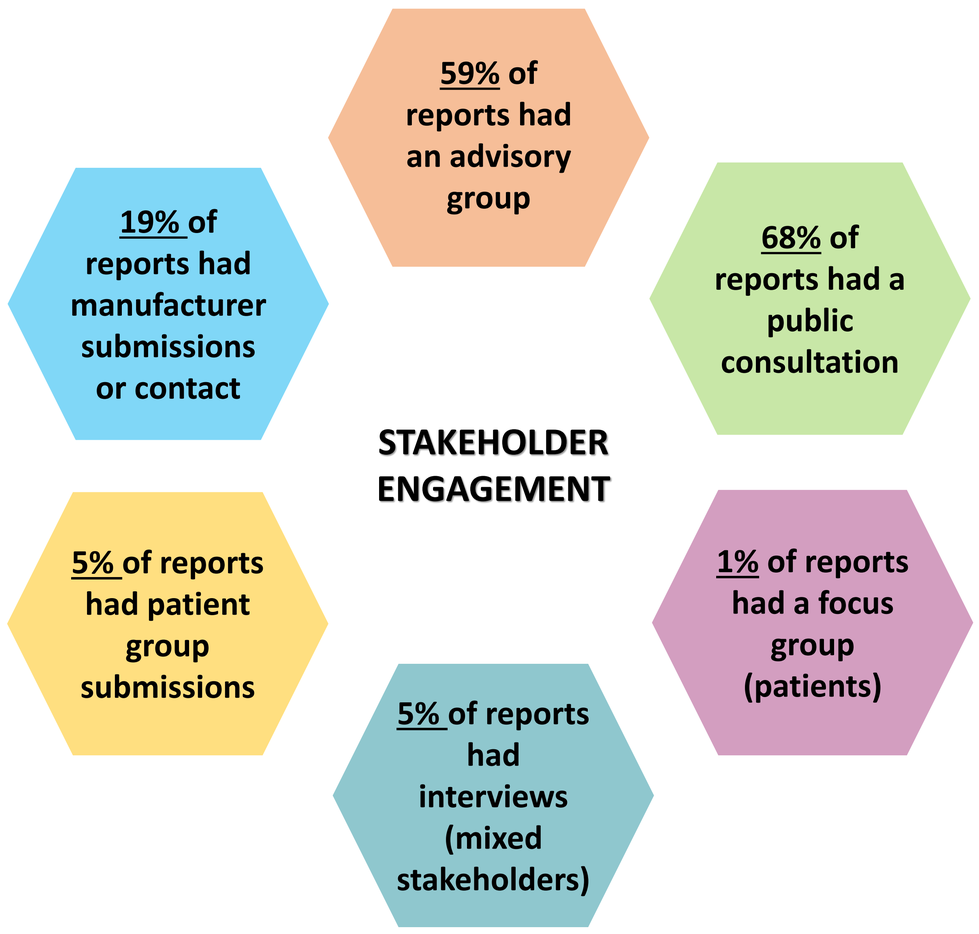
- Of the 47 reports that reported at least one form of economic evaluation (Figure 3), cost-utility analysis (36%) was the most frequent and cost-benefit analysis (2%) was the least common.

When examined across type of technology:

- 27% of reports of procedures/ therapeutic techniques and 30% reports of medical devices reported conducting economic evaluations.
- Economic evaluations were not described in reports for public health interventions and telemonitoring.

Stakeholder Engagement

Figure 4. Percentage of rHTAs reporting clear evidence of stakeholder engagement (n =201)



CONCLUSION / NEXT STEPS

- Findings from this cross-sectional analysis highlight key similarities and differences across agencies internationally in terms of what constitutes a rHTA.
- This analysis will contribute to wider research aiming to establish a clearer definition and framework for rHTAs and inform when and how rHTAs are conducted.

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