

Stakeholder Views on Use and Challenges of using Early Economic Evaluations in Health Innovation Development in The Netherlands

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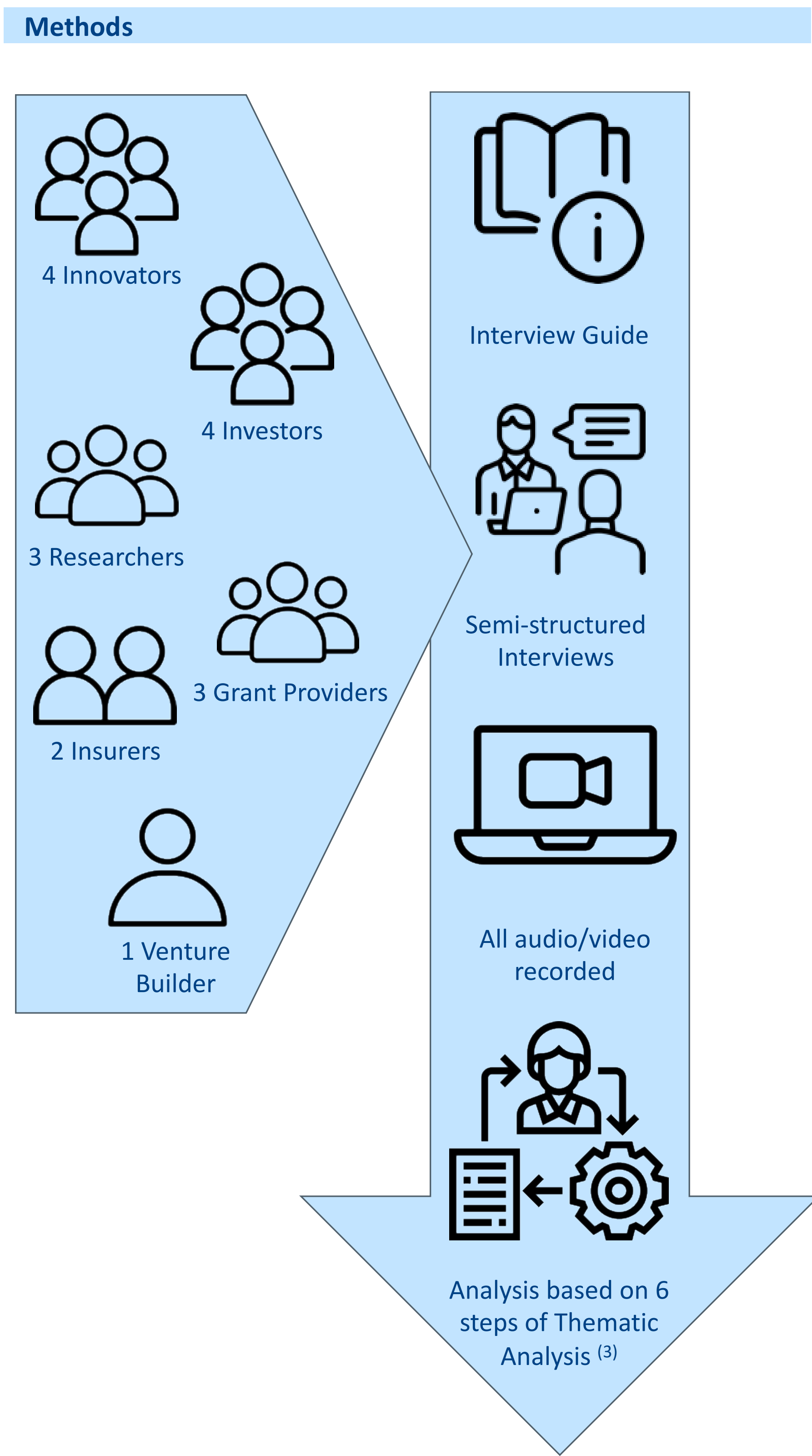
Key Findings

- Stakeholders see the added value of Early Health Economic Analyses in the product development cycle, especially by demonstrating innovation value and quantifying uncertainty.
- Early Health Economic Analyses in the product development cycle should be more informing in nature rather than evaluating.
- Early Health Economic Analyses can be improved by more extensive pathway analyses with regards to implementation, reimbursement and financial streams.

Background

Early health economic analysis can be performed for a myriad of different use cases at different phases of technology development. During product development different stakeholders are involved. Stakeholders such as grant providers, investors, researchers and developers have an interest in the outcomes of the innovation development process. Each stakeholders may have different information needs for development and adoption decisions ⁽¹⁾. Differing information needs may result in different requirements for the methodology used in early economic evaluations ^(1,2).

The objective of this study was to provide insight in the perceived value of Early Health Economic Analyses (EHEA) in the development cycle of health innovations and to discover methodological improvements based on stakeholders' information needs.



Results

EVALUATION → INFORMATION

Move past the “fail fast – fail cheap” by IJzerman et al ⁽⁴⁾. Facilitate dialogue about the innovation and context of innovation.

EHEA should include analyses on;

- Technology performance and value in different patient groups
- The resulting financial effects (follow-the-money)
- The reimbursement and implementation consequences

Analyses and presentation of results should be tailored to

- Stakeholders
- Decision Problem
- Development Phase

Themes identified based on interviews:

Value of Health Economic Analyses		Improvements of Health Economic Analyses	
A	Use of Analyses	E	Missing Elements
B	Phasing of Analyses	F	Overkill
C	Complexity of Analyses	G	Presentation of Results
D	Risks of Analyses	H	Volatility in Health Innovation

Discussion

There is value in **informative** EHEA

Reduce Uncertainty Pragmatically

Follow-the-Money

Incorporate Sextuple Aim⁽⁵⁾

Remove Barriers

Use Adaptive Models

Apply Horizon Scanning & Value of Information Analysis

Quotes

These quotes illustrate the findings gathered from the interviews.

A “Of course, with many healthcare innovations, you see that first things are actually just a kind of assumptions, feeling, so to speak. And one of the things is, how can we refine that more and more and quantify it?” (R3)

B “[you] could separate the wheat from the chaff, as I mentioned before, is that you can really distinguish the valuable innovation from the less valuable innovations, but I have come back from that a bit Because it is, yes because it is also I think that the value there is more to it in exploring and improving or increasing the value.” (R2)

C “Then look at the advantage of NICE, of course with the NHS the buyer is a decision maker and in the fragmented country of the Netherlands it is of course also a lot more difficult, especially if you have an innovation that spans several lines or multiple areas of application. Or is that in care and cure? Yes, that's completely complicated.” (R7)

D “I had some doubts about this because this is also quite business-sensitive information. Not just scientific. Competitors have also done their homework. Only they didn't publish that, but that would be strange if they didn't know these kinds of things about their own product and then substantiate it. And for example, I know of a Dutch party, competitors, that has had things calculated in Erasmus.” (R16)

E “Where does that [innovation] take place, who pays for it, where do the benefits actually fall? That too, yes. Yes, and then you're missing something. That is, they are also willing to pay who knows?” (R1)

F “We have also learned that you also have to be careful that you get stuck in that research phase, that in healthcare you have, of course, all those admissions and certifications and reimbursements and so on. If you are not careful, you will be busy for 10 to 15 years. with all kinds of studies. So there comes a kind of launch moment. Well, let me tell you that you are bankrupt for that moment” (R3)

G “That sounds a bit stupid, but we do not use something as a scientific demonstration, but as a means of steering information What I have learned a lot is that in my work If I If I make it complicated. And then we're just talking about how we arrived at that outcome. And then we don't talk about what we're going to do with it” (R10)

H “I think you have to redo it periodically. I think you would prefer to continue using the same model” (R13)

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