Incorporating Equity into Health Technology Assessment: Recommendations from Two Expert Roundtables

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INTRODUCTION

The Innovation and Value Initiative (IVI) began a multi-year Health Equity Initiative in 2022 to review literature and identify stakeholder perspectives on how health technology assessment (HTA) should center health equity.

A multistakeholder Steering Committee defined that "HTA advances health equity when it reduces health disparities by aligning access and affordability of healthcare technologies and services with the differing needs and values of diverse patient populations, especially those who are most marginalized."

STUDY OBJECTIVES

To identify best practices to ensure health equity is integrated into health technology assessment (HTA).

METHODS

Two Expert Roundtables were held as the fourth stage on IVI's Health Equity Initiative (**Figure 1**).

Stage 1: We conducted a targeted literature search and sought input to define domains for centering equity in HTA from a multi-stakeholder Steering Committee, identifying five Domains: Processes, Methods, Data & Inputs, Objectives, and Communication, as well as up- and down-stream factors such as data availability and policy issues.
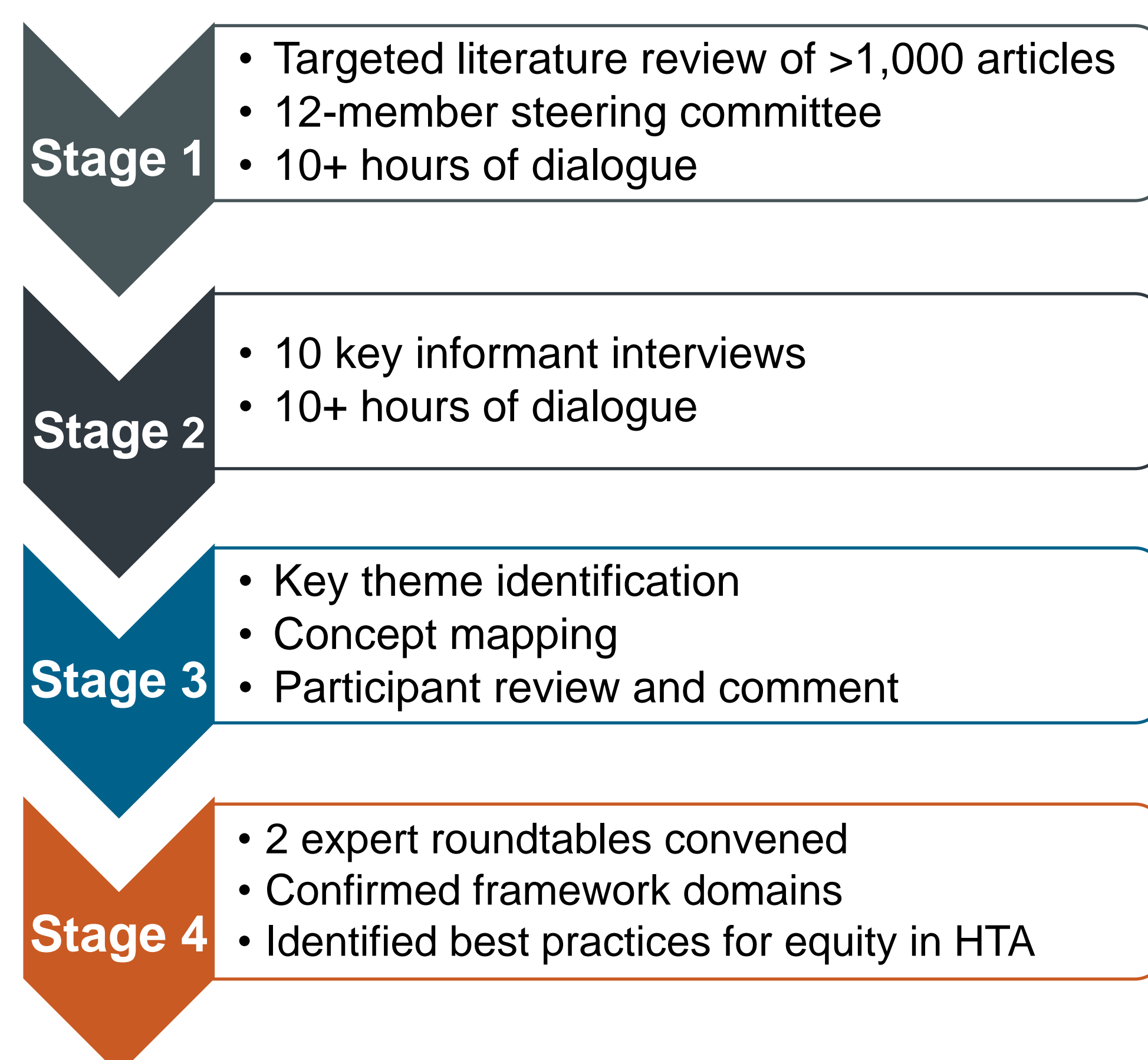
Stage 2: We conducted 10 key informant interviews from September-November 2022 with individuals with lived experience, expertise in health equity, and skills in research, clinical delivery, policy, and data analysis.

Stage 3: We identified key themes arising from the discussions through review and synthesis of dialogue transcriptions. Key insights were reviewed with the Steering Committee and the Framework was modified to include 4 domains: Power, People & Processes; Data & Inputs; Methods; and Communications & Use.

Stage 4: In December 2022 and January 2023, IVI convened two virtual roundtables including discussants representing:

> lived experience,
> patient advocacy organizations,
> researchers,
> payers,
> clinicians, and
> industry.

Figure 1. Study Approach

Stage 1
- Targeted literature review of >1,000 articles
- 12-member steering committee
- 10+ hours of dialogue

Stage 2
- 10 key informant interviews
- 10+ hours of dialogue

Stage 3
- Key theme identification
- Concept mapping
- Participant review and comment

Stage 4
- 2 expert roundtables convened
- Confirmed framework domains
- Identified best practices for equity in HTA

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RESULTS

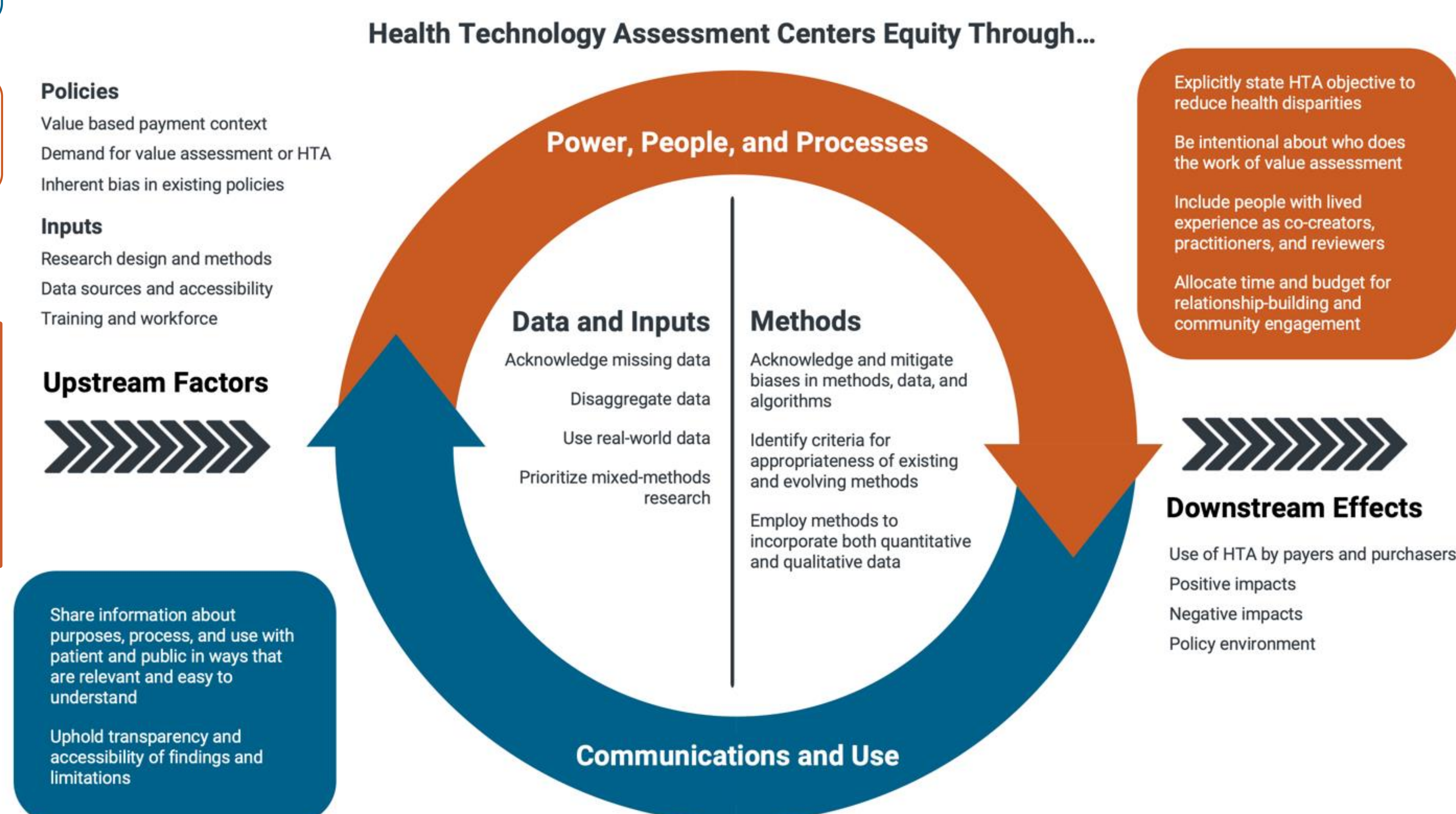The HTA Health Equity Framework used in the discussions is shown in Figure 2.

Recurring focus of discussion was the need for:

> reframing power and representative participation in HTA, and
> demand for solutions and accountability for change in processes and methods used.

Primary findings from these conversations include:

> Fundamental change to the conduct of HTA is necessary to advance health equity.
> Stakeholders in positions of power must be accountable for leading change; there is collective responsibility for allyship that includes, and responds to, the perspectives of patients and caregivers.
> All actors must meaningfully engage patients and caregivers in HTA from the start.
> HTA practitioners can no longer wait for better data.
> Mixed methods approaches are necessary.

Specific emerging themes included:

> Patient/caregiver expertise and lived experience must be considered on par with other expertise, with coinvestigator roles prioritized for people affected by HTA.
> Transparency, inclusiveness, and accountability are essential for meaningful change in HTA.
> Researchers and users of HTA should prioritize qualitative and mixed methods where appropriate.
> Data and analyses should include elements identified as important by patients and reflect perspectives of marginalized patient communities.
> HTA must incorporate appropriate methods to advance equity that are understandable and accessible to multiple stakeholders.
> HTA models should highlight data and infrastructure gaps and prioritize research questions that advance equity rather than "building models to data."

Figure 2. IVI Health Equity in HTA Framework

CONCLUSIONS

IVI's HEI roundtables identified best practices, grouped into near-term actions; actions requiring further exploration, testing or development; and up- and down-stream actions requiring leadership and resources that exist outside HTA.

Near-term actions focus more on process, power, and accountability measures, as well as testing existing methods and approaches.

However, wider attention to stakeholder roles and collaborative responsibilities of researchers and policy makers is needed for change.

REFERENCES

> Bright, J. *No Value Without Equity: Action Opportunities Emerging from the IVI Health Equity Initiative. Research Brief. January 2023.* https://thevalueinitiative.org/wp-content/uploads/2023/01/Value-Brief_No-Value-Without-Equity_FINAL.pdf