

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

This qualitative study aimed to identify and refine elements of a framework to center health equity in HTA practice and methods.

METHODS

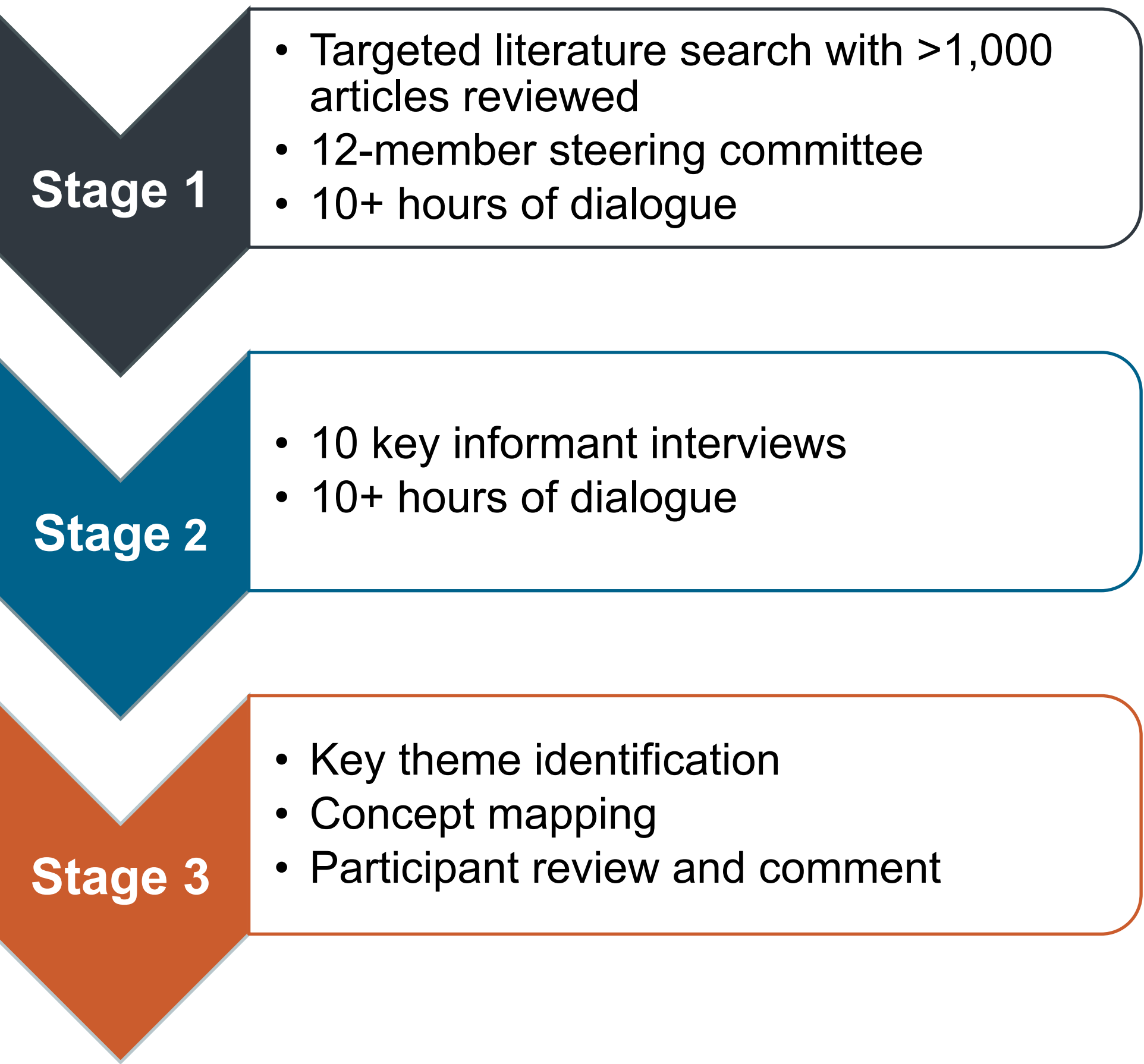
A three-stage approach was used (**Figure 1**).

Stage 1: We conducted a targeted literature search and sought input to define domains of centering equity in HTA from a multi-stakeholder Steering Committee. Through this process, we identified five Domains: Processes, Methods, Data & Inputs, Objectives, and Communication; as well as related upstream and downstream factors such as data availability, regulatory timelines, payer decision making, and policy.

Stage 2: We conducted one-hour virtual, semi-structured interviews from September through November 2022 with ten key informants: individuals with lived experience, professional expertise in health equity, and skills in research, clinical delivery, policy, and data analysis. Key informants were identified through a process that included review of publications and presentations, recommendations from members of the IVI Foundation Board of Directors, Patient Advisory Council, and Equity Initiative Steering Committee, and referrals from those invited, but unable to participate. Invitees were reviewed for balance of sector perspectives, areas of expertise, diversity, and opportunity to explore linkages with equity initiatives in other organizations.

Stage 3: We identified key themes arising from the discussions through online whiteboard mapping, review of dialogue transcriptions, and synthesis and cross-review by research team members. Key findings were summarized, shared with participants and steering committee members for review, and subsequently published online as a full summary and research brief.

Figure 1. Three-Stage Study Approach



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RESULTS

Interviews revealed broad consensus that there is **no value without equity**, requiring intentional focus on equity from the beginning. Informants noted that there must be equity in who does the work of HTA, and equity should be integrated throughout all HTA processes.

Insights were reviewed with the Steering Committee and the Framework was modified to clarify the intersection of domains, emphasize the role of power as a factor affecting people (who does the work of HTA) and process (the mindset and practices that drive HTA), and represent the learning cycle of HTA through communication and use. The modified Framework includes 4 domains: Power, People & Processes, Data & Inputs, Methods, and Communications & Use (**Figure 2**).

Examples of changes that were suggested by interviewees touched all domains in the IVI Framework. (**Table 1**)

CONCLUSIONS

Health technology assessment must fundamentally improve how health equity is centered in its people, processes, data, methods, communication, and use. There can be no value without equity. Accountability to marginalized and unrepresented patients and caregivers requires commitment by all stakeholders.

The IVI Health Equity Framework provides a consensus-developed resource to drive practice change by all stakeholders in the HTA ecosystem. Key informants from across the ecosystem validated and enhanced this framework, which is guiding further research.

Future action must focus on refining and sharing best practices, testing equity-focused methods, transparent convenings, learning-focused discussions, and defining metrics that will measure improvements in HTA to center health equity.

REFERENCES

- > IVI Health Equity Initiative Key Informant Interview Summary. November 2022. https://thevalueinitiative.org/wp-content/uploads/2023/01/2022-HEI-Key-Informant-Interviews_FINAL.pdf
- > 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

Figure 2. IVI Health Equity in HTA Framework

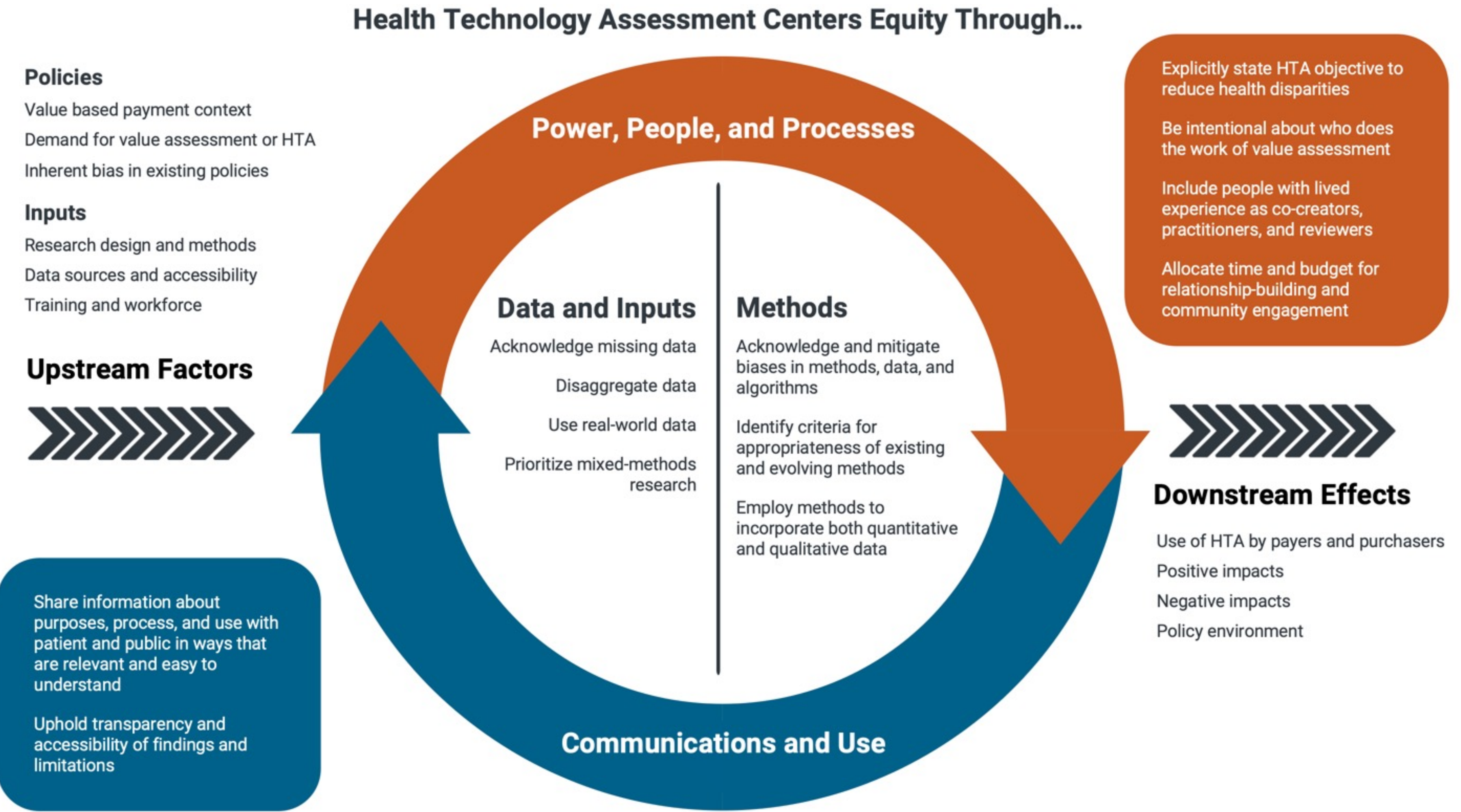


Table 1. Change Actions for Equity in HTA, Identified by Key Informants

Domain	Examples of Needed Change
Power, People, and Processes	<p>Investing in early, authentic, and meaningful partnerships with patients and communities with fair compensation.</p> <p>Prioritizing lived-experience expertise in leadership, design, and execution.</p> <p>Increasing representation from marginalized communities, both in HTA practitioners and in data used.</p>
Data and Inputs & Methods	<p>Investing in equity expertise as an essential skillset for researchers and others involved in HTA.</p> <p>Combining quantitative and qualitative data through mixed methods to understand health disparities, and acknowledge social, environmental, and historical factors driving health inequities.</p> <p>Explore and adapt methods in HTA.</p>
Communications and Use	<p>Increasing transparency in who frames research and value questions, whose perspectives are reflected within HTA, and in reporting biases and missing data.</p>