

Health Technologies Value Assessment through the Lens of Health Equity: How Far from Being Incorporated Routinely? An Environmental Scan of Health Equity Frameworks and Policy Gaps

Grammati Sarri¹, Amruta Radhakrishnan², Jeffrey M. Muir², Ipek Ozer Stillman³
¹Cytel, Inc., London, UK; ²Cytel, Inc., Toronto, ON, Canada; ³Takeda Pharmaceuticals USA, Lexington, MA

Background

- Health equity (HE), is the absence of avoidable or remediable differences among groups of people, either by social, economic, demographic, or geographic characteristics. The aim of HE is for all people to achieve the highest level of health.¹
- Extensive literature has documented the presence of health inequalities across most health conditions that are growing fast and present both within and between countries.
- So far, issues around HE and disparities have not been routinely incorporated in value-based and policy decision-making due to the complexity of causal links and relevant data shortage (poverty). It is widely recognized, across several organizations, and especially after the COVID-19 pandemic, that addressing health and healthcare disparities and achieving HE should underpin efforts and decisions as a top health priority.
- Previous publications have described aspects of equity a new intervention (medical product) can address, such as redistribution of resources to those with the greatest need, equitable trial participation, extension of healthcare to those traditionally excluded or underrepresented in research.

Objective

- This research aimed to identify and compare existing frameworks addressing HE considerations in policy and healthcare decision-making including value-based assessments of medicinal or drug products such as health technology assessments (HTA).

Methods

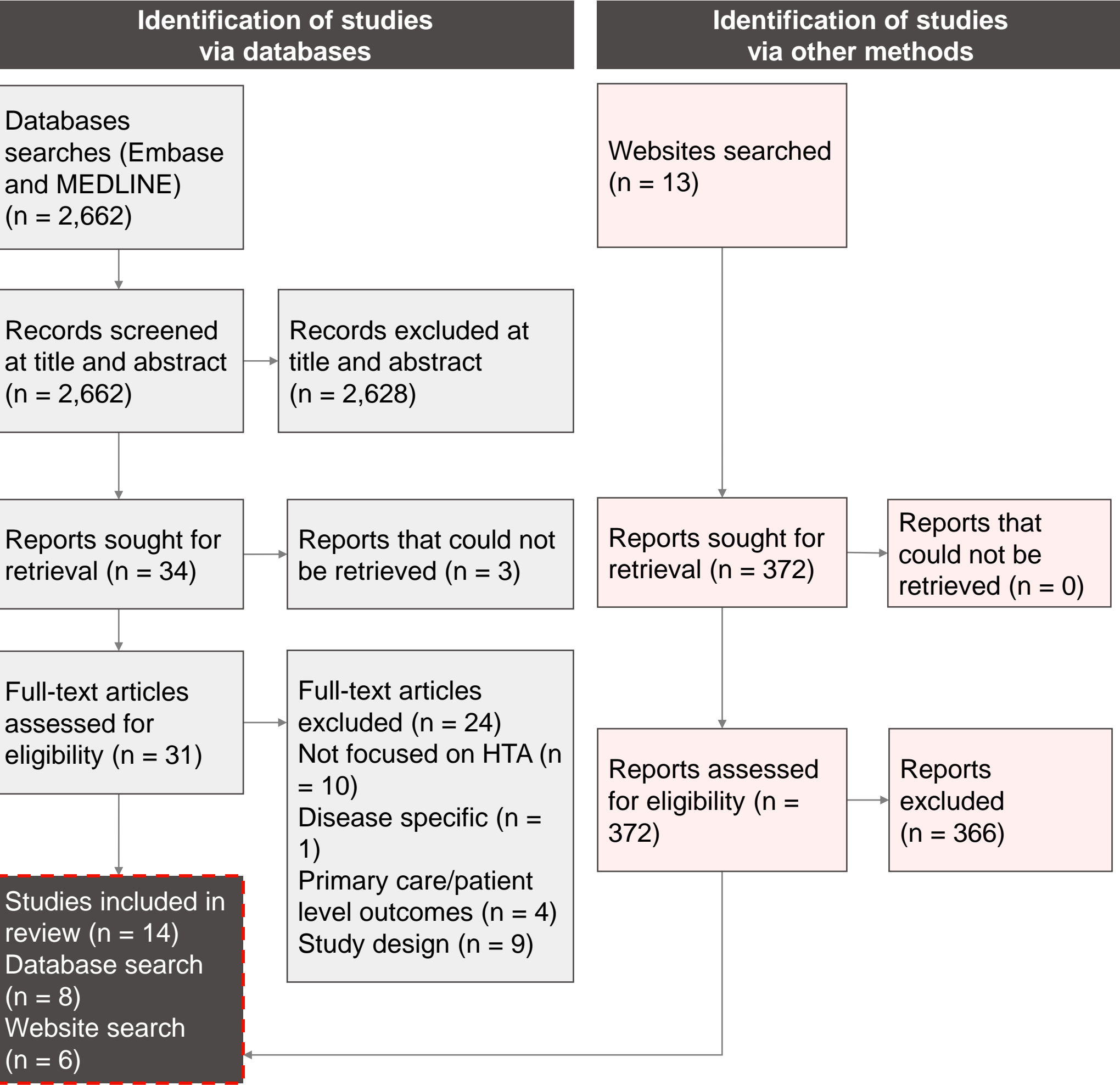
- An environmental scan was conducted in Embase and MEDLINE (via Ovid) for publicly available articles published in English in the last 10 years presenting frameworks or guidance targeting HE considerations in healthcare decision-making (search date: January 11, 2024).
- In parallel, websites of key North American (Institute for Clinical and Economic Review, American Society of Clinical Oncology, National Comprehensive Cancer Network, Food and Drug Administration, Canadian Agency for Drugs and Technologies in Health, Centers for Medicare & Medicaid Services, Innovation and Value Initiative, Duke Margolis Health Policy) and European (European Medicines Agency, Haute Autorité de Santé, Institute for Quality and Efficiency in Health Care, European Network for Health Technology Assessment/EU HTA Coordination Group, National Institute for Health and Care Excellence) decision-makers and international organizations were searched.
- Title/abstract and full-text screening was carried out by a single reviewer with a second reviewer conducting a quality check of 15% of excluded articles. All included publications were validated by a senior researcher.
- Data extraction of included studies was carried out in a pre-specified template by a single reviewer and validated by a second reviewer. The results were summarized qualitatively using thematic analysis.
- Eligible references (peer-reviewed publications, website links) were required to discuss HE frameworks in the context of HTA and/or healthcare decision-making. Studies with a focus on disease-specific frameworks, patient experiences, implementation of interventions, or health system infrastructure were excluded.

Results

- Eight peer-reviewed publications and six website-linked reports were included in this review (Figure 1).
- Peer-reviewed publications represented 10 different countries: Canada (four studies), and one each for China, US, UK, Australia, Lebanon, Switzerland, Thailand, Sweden, and Spain; three were from a multi-country perspective.
- Most of the included frameworks/guidance reports were supported by either a multi-stakeholder consensus (qualitative) building approach (seven publications); only two of these conducted literature reviews to base their HE considerations.
- The structured, named frameworks presented in these publications are summarized in Figure 2.
- The main HE considerations referenced across these publications were the common sociodemographic characteristics such as gender, sex, age, race, and ethnicity with limited reference to other equity topics such as economic status and area of residency.

Results (cont.)

Figure 1. Literature attrition flow diagram



Abbreviation: HTA, health technology assessment

- Common themes across these frameworks were the need for **systematic, evidence-based data collection and synthesis** across diverse populations regarding **social determinants of health** but also for topics such as **baseline risk differences** between different patient groups.
- A standardized data collection will facilitate interoperability concerns.
- Limited references regarding proposed analytical approaches (e.g., equity weighting, simulation exercises) to quantify HE impacts in technologies assessments were identified whereas only three discussed about the need for incentives to implement HE focused evidence submissions.
- To allow presentation and comparison of recommendations presented across the included publications, the three main key actions listed under the priority area of Advancing Health Equity and Whole-Person Care in the CMS National Quality Strategy plan (2024) were used.²

Conclusions

- Expanding value elements, design and analytical capabilities, and technical elements** in existing HE frameworks may facilitate their routine integration in current policy-making systems.
- With the imminent EU HTA legislation, there is an opportunity for European health systems, in particular, to make progress by setting up the processes for ensuring decision-making results translate into patient-centric, equitable, and sustainable healthcare.

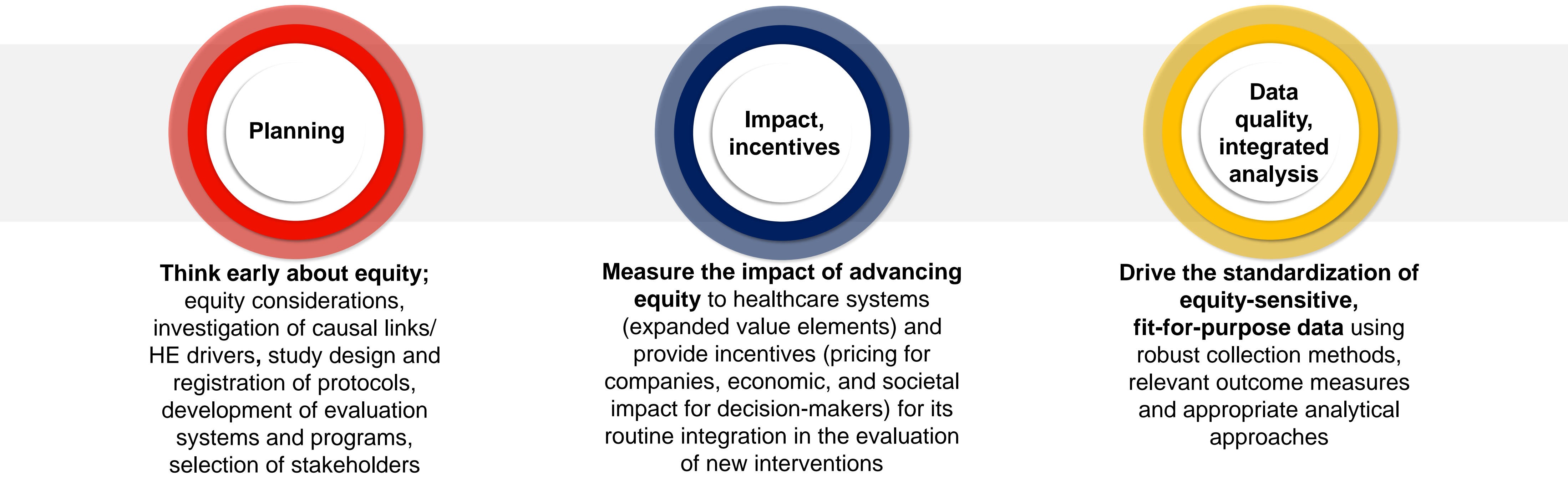
Acknowledgements

We would like to acknowledge Lilia Leisle and Collen Dumont for her contributions to the development of this poster.

References

- World Health Organization. https://www.who.int/health-topics/health-equity#tab=tab_1;
- CMS. <https://www.cms.gov/files/document/quality-motion-cms-national-quality-strategy.pdf>;
- CMS. <https://www.cms.gov/priorities/health-equity/minority-health/equity-programs/framework>;
- Duke Margolis Centre. <https://healthpolicy.duke.edu/sites/default/files/2021-11/assessing%20progress%20toward%20Health%20Equity%20Using%20Race%20and%20Ethnicity%20Data.pdf>;
- FDA. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/collection-race-and-ethnicity-data-clinical-trials-and-clinical-studies-fda-regulated-medical>;
- ICER. <https://icer.org/assessment/health-technology-assessment-methods-that-support-health-equity-2023>;
- ICER. <https://icer.org/assessment/value-assessment-framework-2023>;
- Zhang, Int J Envir Red Pub Health, 2022;
- Pottie, J Clin Epidemiol, 2019;
- Davies, Pub Health, 2014;
- WHO, Health Promo Int, 2014;
- Dover, Int J for Equity in Health; 13. Fort, Front in Health Serv, 2023;
- Plamondon BMC Pub Health, 2023;
- Rehfuess, BMJ Glob Health, 2019.

Figure 2. Actionable recommendations for HE integration in healthcare decision-making



Framework name	Country	Purpose of framework	Planning	Impact, incentives	Data quality, integrated analysis
CMS Framework for Health Equity (2022–2032) ³	US	Provide guidance on how HE can be incorporated across all CMS programs through five key priorities		-	
CMS Quality in Motion ²	US	Provide considerations for improving the quality and safety of healthcare, particularly in marginalized populations			
Duke Margolis Framework ⁴	US	Discuss challenges and strategies for collecting, reporting, and using race and ethnicity data to improve HE			
FDA (Draft) Guidance for Industry ⁵	US	Provide a standardized approach for collecting and reporting race and ethnicity data in product's submissions		-	
ICER Advancing HTA Methods that Support HE ⁶	US	Establish methods that promote HTA while enhancing HE among marginalized communities			
ICER Value Assessment Framework ⁷	US	Ensure robust and transparent reports that can inform stakeholder engagement efforts		-	
Active Health Governance Framework ⁸	China	Identify the key components for robust health governance and how these components interact		-	-
GRADE Evidence to Decisions (EtD)	Multiple	Assess the impact of interventions on equity and provide considerations for incorporating equity considerations in decision criteria (methodological, operational)		-	
Gradient Evaluation Framework ¹⁰	UK	Set of principles, procedures, and mechanisms that can guide policy makers how to apply Gradient Equity Lens (GEL) during the development, implementation, and evaluation of policies aiming to reduce health inequalities		-	-
Health in All Policies (HiAP) framework ¹¹	Multiple	Present an adaptable framework that can aid with decision-making and implementation at the national and subnational levels		-	
Health Equity Measurement Framework ¹²	Canada	Present a complex, overarching measurement framework for HE by highlighting health-related areas that can be influenced by interrelationships with political and socio-cultural context, policies, and personal circumstances		-	-
PRISM (Practical, Robust Implementation, and Maintenance) with an equity lens across contextual factors, such as multilevel stakeholders' perspectives and sustainability infrastructure	US	Expanding previous evaluation framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) with an equity lens		-	-
Systematic Equity Action-Analysis (SEA) Framework ¹⁴	Canada	Systematically assess how and where equity is integrated in a setting or object of action analysis, such as provision of a healthcare intervention		-	-
WHO-INTEGRATE evidence to decision framework ¹⁵	Multiple	Improve transparency in health decision-making by providing a structured and iterative process for decision-making by placing health equity, equality, and non-discrimination as core criteria		-	-

Abbreviations: CMS, Centers for Medicare & Medicaid Services; FDA, Food and Drug Administration; GRADE, Grading Recommendations Assessment and Development Evidence; HE, health equity; HTA, health technology assessment; ICER, Institute for Clinical and Economic Review; US, United States; WHO, World Health Organization