APPRAISING THE APPRAISERS: WHAT IS THE FUTURE OF HEALTH TECHNOLOGY ASSESSMENT IN EUROPE?

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European National HTA and Decision Making Systems: How do they compare and what are the opportunities for further collaboration?

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ISPOR Plenary: November 7th, Glasgow
Health Technology Assessment has developed into a diverse environment across Europe and globally

First HTA agency or unit per country in Australasia, Europe and North America

Not exhaustive

Office of Technology Assessment (OTA)

Comité d’Évaluation de la Technologie (CET) The Netherlands Organisation for Applied Scientific Research (TNO)

Institute of Technology Assessment, Austrian Academy of Sciences (ITA)

Medical Technology Unit, Swiss Federal Office of Public Health (BTO-SFOPH)

Danish Centre for Evaluation and Health Technology Assessment (DAHTA)

Unit of Health Economics and Health Technology Assessment (HuHTA)

Health Services Assessment Collaboration (HSAC)

Comité d’Évaluation et de Diffusion des Innovations Technologiques Assistance Publique Hôpitaux de Paris (CEDIP)

German Agency for Health Technology Assessment (GermanAHTA)

Agency for Health Technology Assessment in Poland (AHTAPol)

French Office of Health Technology Assessment (FinOHTA)

The National Health Technology Advisory Panel (NHHTAP)

Centre for Medical Technology Assessment (CMT)

Catalan Agency for Health Technology Assessment and Research (CAHTA)

National Coordinating Centre for Health Technology Assessment (NCCHTA)

National Health Technology Advisory Panel (NHTAP)

Conseil d’évaluation des Technologies de la Santé du Québec (CETS)

Finnish Office for Health Technology Assessment (FinOHTA)

Norwegian Centre for Health Technology Assessment (SMM)

Health Services Assessment Collaboration (HSAC)

The National Health Technology Advisory Panel (NHHTAP)

Centre for Medical Technology Assessment (CMT)

Catalan Agency for Health Technology Assessment and Research (CAHTA)

National Coordinating Centre for Health Technology Assessment (NCCHTA)

Health Services Assessment Collaboration (HSAC)

Comparing the national regulatory to reimbursement process enables identification of the key stakeholders and how they interact

Germany

Scotland

Sources: Velasco-Garrido and Busse et al., 2005; Garrido et al., 2008; Goodman, 2014; INAHTA, 2017

Sources: Allen et al., 2017a; Allen et al., 2017b; CIRS, 2017
By comparing a broad sample of countries, key similarities and differences can be evaluated to develop archetypes.

Evaluating recommendations from agencies with similar processes can provide insights into other factors that may result in different decisions.

Case studies of initial reviews from Australia, Canada, England and Scotland:

**Fingolimod**
- Multiple sclerosis
- EMA: February 2011
- TGA: February 2011
- Health Canada: March 2011
- PBAC: March 2011
- CDR: October 2011
- SMC: March 2012
- NICE: April 2012

**Prasugrel**
- Acute coronary syndrome
- EMA: February 2009
- TGA: June 2009
- Health Canada: March 2010
- PBAC: July 2009
- SMC: September 2009
- NICE: October 2009
- CDR: February 2011
The current variation in European HTA environment can negatively impact stakeholders

Most cited consequences of different HTA approaches and/or methodologies across EU

- Diverging outcomes of HTA reports
- Duplication of work
- Decrease in business predictability
- High costs/expenses for your organisation
- Disincentive for innovation

Number of replies (n=249)

Sources: European Commission, 2017

The benefits of a more aligned HTA and reimbursement environment are recognised and collaborative programs are already in progress

Multinational and European HTA and reimbursement initiatives
Experts from the EU5 provided insights on the current HTA environment and opportunities for future collaboration

EU Strategy Team

**Ex-TC**
Rheumatologist by training (no longer practicing), and former President of the Transparency Commission for nine years

**Proxy GKV-SV**
Professor of Health Economics at leading German academic institution; former member of the Arbitration Board of Drug Prices

**Proxy AIFA**
Professor and Director of Public Health Policy at a payer-advising academic institute; +10 years in IT pharma industry, with hands-on experience in HTA submissions and pricing negotiations

**Ex-regional HTA**
Professor of Health Economics at leading academic institution; 8 years at regional HTA body in key region

**Ex-SMC**
Professor of Health Economics at leading UK academic institution; conducted +120 drugs reimbursement submissions reviews for the SMC

The HTA and reimbursement experts rated the feasibility of three future scenarios

**Scenario 1**
A pan-European HTA agency to produce therapeutic value and economic value reports with a non-mandatory reimbursement recommendation

**Scenario 2**
A pan-European HTA agency to produce therapeutic value and economic value reports for participating member states, without a recommendation

**Scenario 3**
A pan-European HTA agency to coordinate the production of Relative Effectiveness Assessment reports
The first scenario evaluated is considered to be the most challenging to implement.

**Perceptions on current feasibility of scenario 1**
*Individual HTA expert ratings (n=5)*

- **France (FR):** Low
- **Germany (DE):** High
- **Spain (ES):** Moderate
- **Italy (IT):** Low
- **United Kingdom (UK):** Low

“Iit is possible to unify the evaluation of the medical benefit of the drug, but there is also the economic perspective. We know it is possible to have a national HTA evaluation with a decentralised decision, but I think it will be difficult. Perhaps in the very far future”

- **FR HTA expert**

“l don’t see how the difference in comparators or acceptance of relevant endpoints across countries will be taken in to consideration”

- **DE HTA expert**

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**Scenario 1**
A pan-European HTA agency to produce therapeutic value and economic value reports with a non-mandatory reimbursement recommendation.

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Scenario 2 provides more flexibility for participants to interpret a centralised review, but key factors will determine feasibility.

**Perceptions on current feasibility of scenario 2**
*Individual HTA expert ratings (n=5)*

- **France (FR):** High
- **Germany (DE):** Low
- **Spain (ES):** Moderate
- **Italy (IT):** Moderate
- **United Kingdom (UK):** Low

“If the agency provides robust and rapid, high quality assessments I would rate it a 4. If it wasn’t rapid then everyone could argue that they would make a decision when the report wasn’t available”

- **ES HTA expert**

“The common legal basis for this is currently missing and it won’t happen on voluntary collaboration”

- **DE HTA expert**

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**Scenario 2**
A pan-European HTA agency to produce therapeutic value and economic value reports for participating member states, without a recommendation.
Overall, the third scenario was considered the most likely option to implement in Europe

Perceptions on current feasibility of scenario 3
Individual HTA expert ratings (n=5)

“Such a pan-European agency would be more desirable. It would be useful for national agencies to refer to an effectiveness assessment and then focus on considering affordability and so on”
-IT HTA expert

“If I was in a country with a lot less resources to conduct HTA, I might consider this to be a lot more promising and helpful, but I am in the UK”
-UK HTA expert

Scenario 3
A pan-European HTA agency to coordinate the production of Relative Effectiveness Assessment reports

While there are challenges to HTA alignment in Europe, some aspects can be resolved and further collaboration lies ahead

Methodological
Decision-making
Willingness to pay
Legal

Key factors to be considered for HTA collaboration
Thank you