A Comparison of International Health Technology Assessment Systems–Does the Perfect System Exist?  

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Introduction

There are a number of common elements considered good practice in Health Technology Assessment (HTA) that are recommended by organizations such as the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) and the European Federation of Pharmaceutical Industries and Associations.

Common themes that emerge in the recommendations of these organizations are:

1. The HTA system should be ‘procured fair’ with clear processes for assessment and decision-making, scope for pragmatic approaches and an appeal mechanism.
2. HTA should combine assessments of clinical effectiveness with societal values, budget impact and economic efficiency, as well as ethical judgments pertinent to the relevant situation.
3. There should be transparency in the methods used to assess new interventions, which must be credible and consistently applied, and in the value criteria used to guide decision-making.
4. There should be stakeholder involvement (clinicians, patients, citizens, industry, academia) integrated into the processes, with inputs into methodology and value criteria as well as individual funding decisions.

Methods

A survey was designed to collect information on the processes employed in countries with well-established HTA systems to determine how each country is performing relative to the recommendations for good practice in HTA and to allow comparison between countries. The countries surveyed were England, Scotland, Ireland, France, Germany, Italy, the Netherlands, Portugal, Sweden, Canada, Australia, New Zealand, South Korea and Taiwan.

A total of sixty questions were developed, collecting information on process, methodology, data requirements, societal input and transparency and the responses grouped to address the concepts outlined above.

The survey was completed by staff working in Roche affiliates with first-hand experience developing submissions and working with the HTA bodies in their country. The survey was completed between December 2013 and January 2014, with additional checks of data accuracy conducted through July to September 2014.

Results

Procedural fairness

In all HTA systems, an independent committee conducts or reviews assessments. However, in most countries, the government (Health Minister or a government appointed body) makes the final funding decision, and has the ability to overrule the Committee.

Even in countries where the independent committee makes the final decision, government influence may be exerted via membership of the committee (Italy and Sweden). Some form of appeal is possible in most countries, but this ranges in the extent of independence. In general, countries without a formal appeal mechanism allow reassessments with new information to be made by the drug sponsor (Figure 1).

Stakeholder involvement

• All countries consult clinicians as needed for input into decision making. Most countries also consult academia for input into the development of HTA methodology and guidelines. In terms of setting the criteria used to guide decision-making (eg. ERC thresholds), few countries involve academics or ethics or only the UK and Taiwan involve citizens (Figure 3). This appears to be at odds with the goal of HTA which is to represent societal values in relation to allocation of scarce resources.

• Patient and/or citizen involvement in individual funding decisions ranges from none, to input via a public submission process, inclusion on the independent HTA committee and meetings being held in public (Figure 4).

Conclusion

While most HTA systems employ independent committees, government/payer involvement in decision making is common. The Netherlands, Sweden and Quebec province in Canada (Québec province) and Taiwan consider indirect costs in the assessment process, although they carry little weight in Taiwan. The UK, Australia and South Korea allow consideration sensitivity analyses if considered relevant to the condition.

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The UK has invested heavily in processes to ensure stakeholder involvement but with a focus on an explicit threshold remains in decision making.

There is a growing trend towards adoption of a different or more fit-for-purpose process for drugs for the treatment of rare diseases or with low budget impact.

References

