

# Principles of HTA Practice

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**PENINSULA**  
— MEDICAL SCHOOL —  
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# Disclosure of Interests

- Peninsula Technology Assessment Group (PenTAG) is one of the independent review groups for the NICE Technology Appraisal process
- Member of NICE Technology Appraisal & Interventional Procedures Advisory Committees
- Consultant for the healthcare industry

# Why Assess Principles of HTA Agencies?

- In the past, HTA entities just issued reports
- Nowadays, HTA is more often ‘hard wired’ into the reimbursement/coverage decision
- Need for a framework for institutional decision-making
  - “accountability for reasonableness” [Daniels & Sabin]

# **BEST PRACTICE IN UNDERTAKING AND REPORTING HEALTH TECHNOLOGY ASSESSMENTS**

## *Working Group 4 Report*

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### **Claudia Wild**

# Framework for institutional decision-making

- **Publicity**
  - resource allocation decisions must be public, including the grounds for making them.
- **Relevance**
  - “the grounds for decisions must be ones that fair-minded people can agree are relevant to meeting healthcare needs fairly under reasonable resource constraints.”
- **Revisions and appeal**
  - there must be an institutional mechanism to engage a broader segment of society in the process
- **Enforcement**
  - entails some form of regulation to make sure that the first three conditions are met.

# Key principles for the improved conduct of health technology assessments for resource allocation decisions

**Michael F. Drummond**

*University of York*

**J. Sanford Schwartz**

*University of Pennsylvania*

**Bengt Jönsson**

*Stockholm School of Economics*

**Bryan R. Luce**

*United BioSource Corporation*

**Peter J. Neumann**

*Tufts University*

**Uwe Siebert**

*UMIT—University for Health Sciences, Medical Informatics and Technology*

**Sean D. Sullivan**

*University of Washington*

## **Principle 2: HTA Should be an Unbiased and Transparent Exercise**

- Independence of the agency
- Independence of the assessors
- Use of expert committees
- Holding committee meetings in public
- Publication of assessments
- Explanation of guidance/recommendations

# HTA Should be an Unbiased and Transparent Exercise (NICE)

- 'Arms length' relationship with government
- Independent assessment groups
- Full explanation of all NICE's guidance.
- All documentation posted on NICE's website.
- Recently holding NICE's Appraisal Committee hearings in public, as already happens with the AWMSG.
- 'Read-only' copies of assessment group models made available, plus recently 'executable' versions.

*Marks 9/10*

*Top of class: NICE*

# Perceived Lack of Independence of NICE

- Despite the 'arms length' relationship, still perceived as following a government 'rationing agenda'
- Can anything be done, or does this go with the territory?
- Media certainly plays a role

# Principle 10. Those Conducting HTAs Should Actively Engage All Stakeholder Groups

- NICE holds a scoping workshop (e.g. framing the decision problem)
- Patient and professional membership of committees
- Opportunity to comment at each stage in guidance development
- Opportunity to appeal

*Marks 9/10*

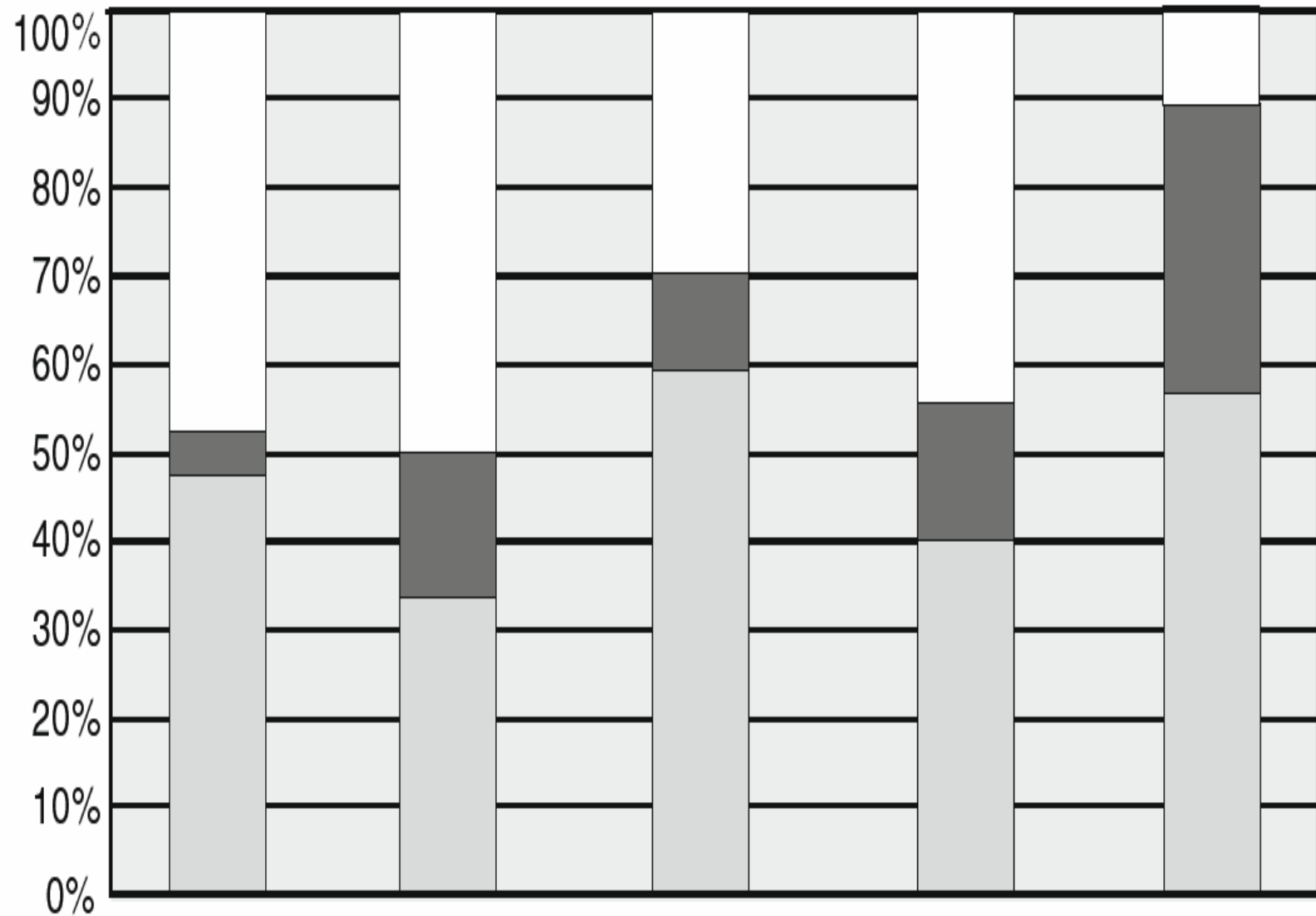
*Top of class: NICE*

# Principle 13. HTA Should be Timely

- Lack of timeliness is probably the main criticism of NICE.
- Some studies indicate that the main reason for NICE's time delays is the extensive stakeholder involvement
- 'NICE blight'.
- In most jurisdictions, the HTA agency issues guidance on all new drugs within 3 months.
- Move from MTA to STA

*Marks 4/10*

*Top of the class: CvZ (Netherlands), SMC, TLV (Sweden)*



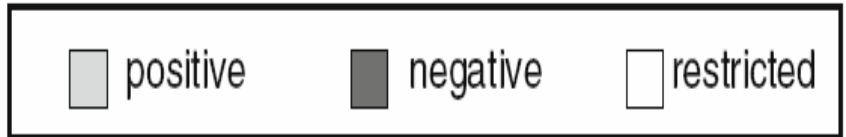
MTA appraisals  
May-00 to Jun-06  
N=23

MTA appraisals  
Jul-06 to Oct-08  
N=6

MTA drug assessment  
May-00 to Jun-06  
N=37

MTA drug assessment  
Jul-06 to Oct-08  
N=10

STAs  
Jul-06 to Oct-08  
N=9



# Principle 14. HTA Findings Need to be Communicated Appropriately to Different Decision-Makers

- NICE guidance is widely distributed
- All relevant documents posted on the Institute's website
- Versions of NICE's clinical guidelines produced for the general public
- Costing templates are produced to assist Trusts in implementation

*Marks 8/10*

*Top of the class: NICE (probably)*

# Principle 15. The Link Between HTA Findings and Decision-making Processes Needs to be Transparent and Clearly Defined

- NICE makes a distinction between ‘assessment’ (the science) and ‘appraisal’ (the decision).
- NICE’s main remit is to consider ‘clinical and cost-effectiveness’.
- NICE has explicit cost-effectiveness thresholds
- It claims to have a ‘deliberative decision-making process’, in which other factors are taken into account.

*Marks 7/10*

*Top of the class: everyone is doing extra homework on this topic*

- **6.2.6.10 Below a most plausible ICER of £20,000/QALY, judgements about the acceptability of a technology as an effective use of NHS resources are based primarily on the cost-effectiveness estimate. Above a most plausible ICER of £20,000/QALY, judgments about the acceptability of the technology as an effective use of NHS resources are more likely to make more explicit reference to factors including:**
  - **the degree of uncertainty surrounding the calculation of ICERs**
  - **the innovative nature of the technology**
  - **the particular features of the condition and population receiving the technology**
  - **where appropriate, the wider societal costs and benefits.**

# Concluding Remarks

- Established HTA agencies perform variably in terms of core principles
  - Although likely to be universally deemed important, the applicability is highly dependent on the political/decision making context
- Methods and processes of HTA are changing everywhere, so assessments like this will date very quickly
  - pressures currently facing some agencies (e.g. NICE), performance on some principles will probably improve, but that on others will decline
- Important that new and emerging HTA agencies look to 'cherry pick' rather 'transplant' processes and principles from established agencies