Using HTA for making legitimate reimbursement decisions in health care

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The challenge of health systems

Health systems around the globe wish e.g. to maintain high quality, innovative, and sustainable health care while managing health care budgets, safeguarding equity, access and choice → allocation of scarce resources

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Distributive justice and HTA

- Allocation of scarce resources = distributive justice
- Dimensions of allocation of health care resources:
  - Relation to other public needs
  - Which interventions should get priority?
  - Who has access to the intervention?
  - On the basis of what criteria?
- Health Technology Assessment (HTA) can provide input for decision-making

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Economic development and HTA

- Economic development seems to be associated with increased health care spending and improved access to health care technology – strong impetus for HTA

Source: Oortwijn W, Mathijssen J., Banta D. The role of health technology assessment on pharmaceutical reimbursement in selected middle-income countries. Health Policy, 2010; 95: 174-184

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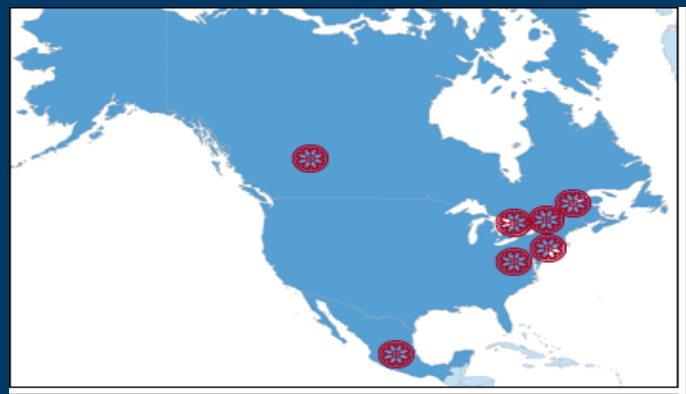
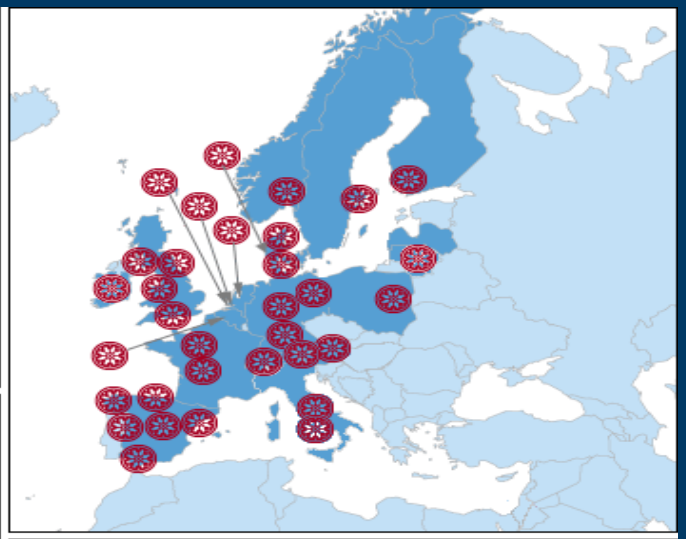
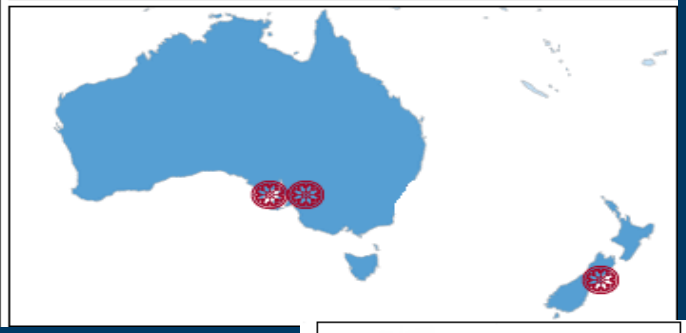
Level of institutionalisation of HTA







54 / 32 countries
Source: www.inahta.net

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How is HTA used and organized in middle-income countries, including CEE?

- *Oortwijn, W., Mathijssen, J., Banta, H.D. The role of health technology assessment on pharmaceutical reimbursement in selected middle-income countries. Health Policy, 2010; 95: 174-184*

- *Oortwijn, W., Broos, P., Vondeling, H., Banta, H.D., Todorova, L. Mapping of Health Technology Assessment in selected countries. International Journal of Technology Assessment in Health Care, 2013, 29:4, 424–434*

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Main challenges in emerging markets

- Political instability /lack of commitment
- No tradition of use of evidence in policy making
- Lack of transparency re what criteria/information are used in making recommendations

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Objective of study “Let there be light”

Explore which methods are/could be used to inform decision making of health technology, with a focus on pricing and reimbursement of pharmaceuticals in selected emerging markets

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Background

- HTA must be tailored to the needs and requirements of health care systems to be most useful as an aid to decision-making

- Focus is emerging markets – Brazil, Taiwan (both have HTA agency), Serbia, Slovakia

Study (March 2012 – January 2013) funded by the Ecorys Research Programme and GlaxoSmithKline (unrestricted grant)

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Methods

- Desk research – publications from 2000 to 2013 available in English and in public domain

- 33 interviews /survey with relevant key HTA staff, academics, governments, third party payers, regulatory agencies, professionals and patient representatives in the countries

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Key findings

- Levels of HTA development differ
- HTA processes adopted are new and overall not very robust yet >>> less predictability
- Funding for HTA is often not substantial and sustainable
- Often poor availability of local data

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Informing decision making

- All countries have a system in place in which manufacturers are asked to deliver information to inform decision-making on pricing and reimbursement

- This includes economic data (often at least cost data, cost/quality-adjusted life-year if possible) and budget impact

- However, it is not made transparent what criteria/information are used in making the final decisions

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Is (a kind of) MCDA the answer?

- + Transparency:
  - Explicit which options are considered, which value dimensions are taken into account, what relative importance is being attached to these dimensions
  - Clear who are involved in identifying options and value dimensions, and how their relative weights are obtained

- - Reductionist nature:
  - All value dimensions are reduced to a single score, representing the relative priority of each of the options: **assumes full commensurability of values…..**

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Actors – whose views and values?

- Individual patient/health professional: treatment with most health benefits
- Healthcare system/policy maker: treatment with best health benefits relative to costs
- Payer: treatment with lowest cost
- Society: treatments with health and social benefits relative to other uses of public funds

Also academia, industry, carers etc.

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Example: Health care decisions in the NL

- Guiding principles: equal access to all citizens, solidarity (no risk selection, obligation to insure), ensuring quality of life

- “Less essential care ought to be removed from the basic benefit package” (MoH)

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National Health Care Institute - ZIN

- ZIN is the benefit package authority in the NL
- Advises the Minister of Health within the boundaries of the macro budget => in/exclusion of health interventions in the benefit package
- Still in the process of defining their criteria and how to deal with the criteria….

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Criteria used

- Necessity: does the illness or the required care justify – given the context in society – a claim for solidarity
- Effectiveness: doe the form of care deliver what is expected of it in the broadest sense of the word?
- Cost-effectiveness: is the relationship between costs and effects – from a societal perspective – acceptable?
- Feasibility: is inclusion in the benefit basket feasible, now and in the long term?

>>Apply to all health interventions and feed into appraisal

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Health care package decisions

- **Different notions** of necessary/essential care – may change of time…

Examples:

Lung transplantation

Oral contraceptives

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(Cost)-effectiveness criteria not applied consistently

- Fabry disease: unfavourable cost-effectiveness was no obstacle for reimbursement
- Viagra: favourable cost-effectiveness not decisive for reimbursement
- This has led to confusion and questions about fair resource allocation

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Towards a fairer process….

It is the decision-making process that warrants the legitimacy of reimbursement decisions and not only the robustness of evidence or the formal procedure followed.

Source: Klein R, Day P, Redmayne S. Managing scarcity: Priority setting and rationing in the National Health Service. Buckingham: Open University Press; 1996.

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How to make publicly legitimate reimbursement decisions?

- Participation in decision-making as equal partners
- Coherent with overall decision making
- Arguments to be grounded in evidence/ethical underpinning (principles)
- Transparent system of deliberation
- Consistently applied
- Sustainable and efficient

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Source: Daniels, N., Sabin J. Accountability for reasonableness: an update' BMJ; 2008 (337):904-905.

THANK YOU

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