Similarities and differences in Health Technology Assessment (HTA) bodies considerations for decision-making: Use of Patient Preference studies

HTA274

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Introduction and objective

- Patients are being involved in the HTA decision-making process but how patient preference (PP) data is incorporated in different HTA systems is still not very clear. Also, it is unclear how PP data is incorporated in a systematic and scientific manner.
- Authors have identified issues of conceptual, normative, structural, procedural, or methodological nature currently blocking the integration of PP in HTA[1].
- Additionally, possibilities and processes to implement PP in HTA and payer decision making may be different per country as current HTA systems also vary between countries[2].
- This study aimed to understand the use of PP data in HTA decision making process and to identify similarities and differences among EU and non-EU HTA.

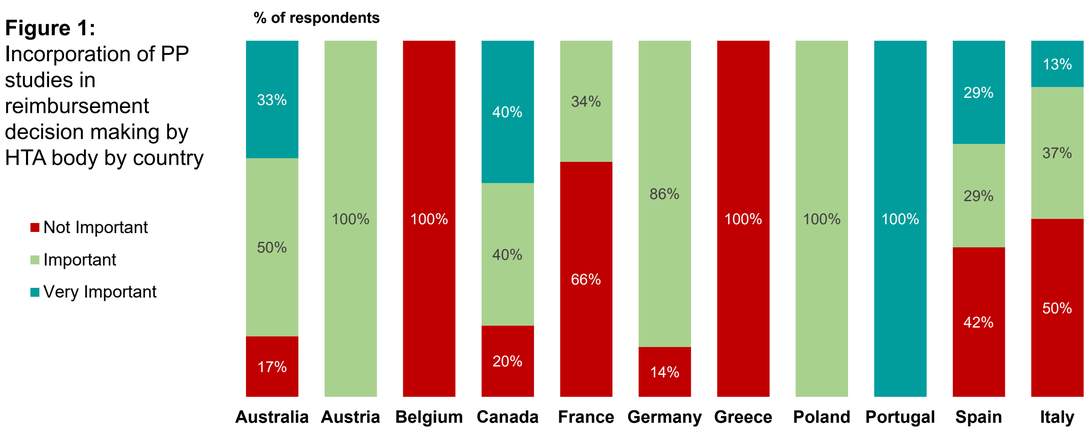
Methodology

- Ipsos fielded an online survey with payers from the Ipsos payer panel. In total, forty-one payers from nine EU countries (ES =7, IT =8, DE =7, FR = 3, and one from PL, GR, BE, AT, PT) and two non-EU countries (AU = 6 and CA = 5) filled the survey as well as seven representatives of multinational pharmaceutical companies with global / regional remit for market access.
- Questions concern the use of PP in HTAs raised by different researchers were identified from the published literature and incorporated into the survey.

Results

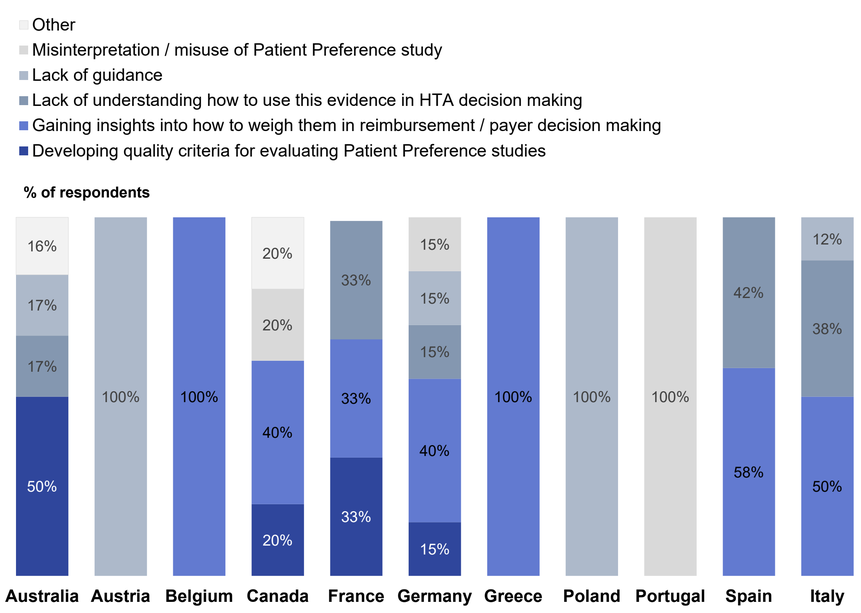
- Overall, a higher percentage of payers' representatives in AU, CA, DE, ES reported the incorporation of PP studies in reimbursement decision-making important or very important as compared to payers in FR and IT.
- HTA representatives from AT, PL and PT finds the incorporation of PP important or very important in contrast to BE and GR who don't perceive this useful in reimbursement decision making (**see Figure 1**).

Figure 1: Incorporation of PP studies in reimbursement decision making by HTA body by country



- Payers across EU and non-EU countries identified gaining insights into how to weigh PP in reimbursement / payer decision making as the current biggest barrier.
- AT and PL HTA representative highlighted the lack of guidance for practical implementation of PP data in HTA evaluation (see **Figure 2**).

Figure 2: Implementation barriers of PP data in HTA evaluation



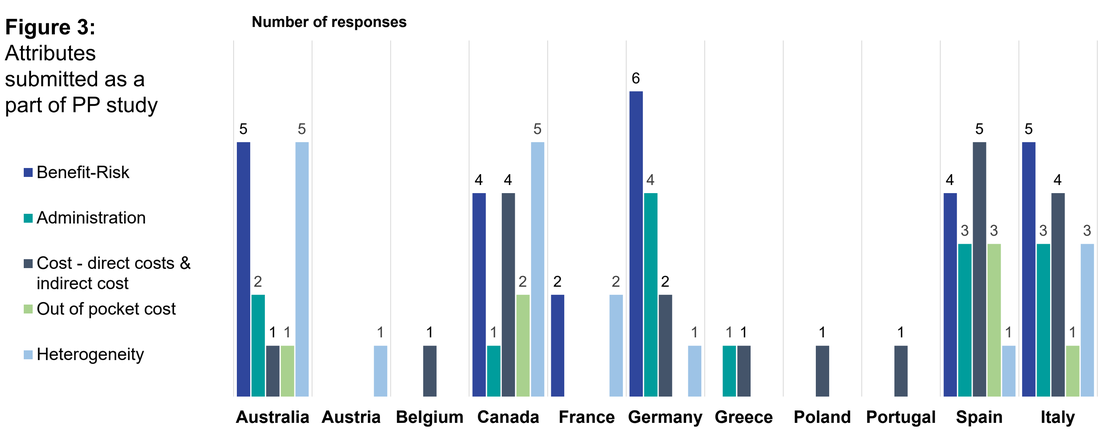
Conclusions

- Through this survey, we have identified some similarities and differences on attributes between EU and non-EU countries but overall HTAs are interested to include PP data in reimbursement decision-making.
- However, currently HTA representatives across the globe are not very sure how to use PP data in reimbursement decision making or weigh them in HTA decision making. A limited role is played by availability of recent guidelines like IMI PREFER in guiding HTA authorities and pharmaceutical companies in this aspect.

Results continued...

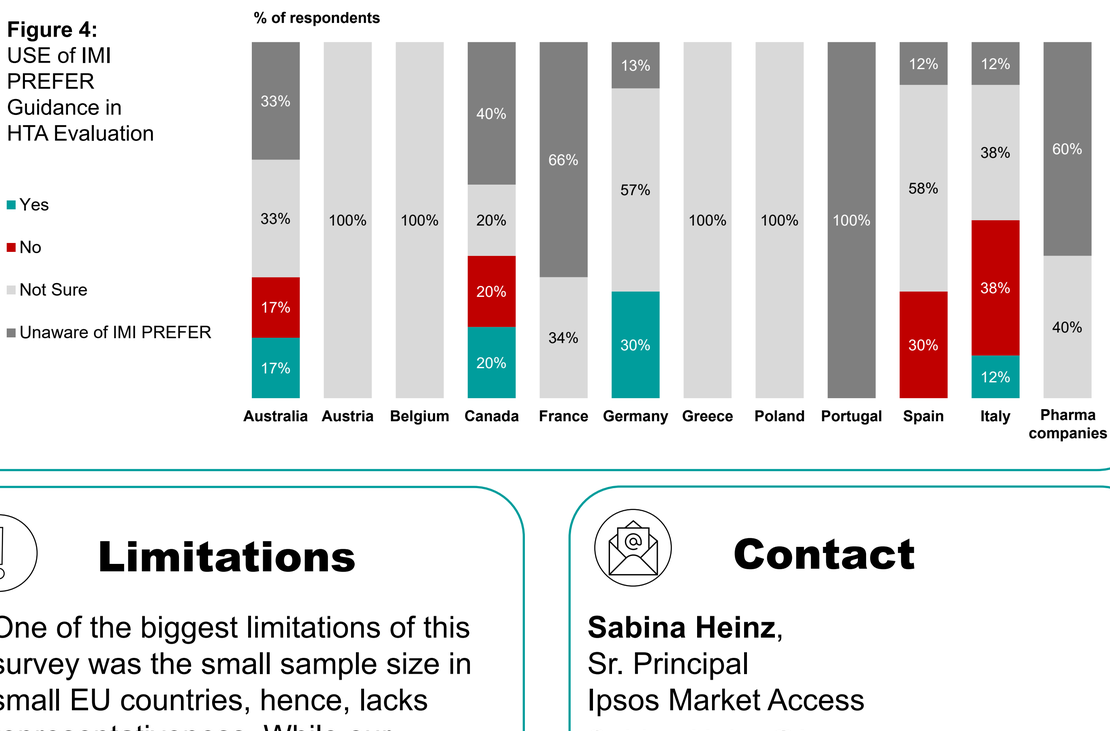
- Globally, HTA representatives identified that the PP data should be submitted to HTA body for justifying unmet need and to value health state in CE analysis.
- Different attributes like cost, heterogeneity between patients and administration were valued differently across the responding countries. However, benefit-risk is one attribute selected by all HTA bodies to be included in a PP study and submitted as evidence followed by cost–direct and indirect cost. CA and AU valued heterogeneity the most whereas DE, IT and ES valued administration as the most important attribute after benefit-risk and cost (see **Figure 3**).
- Payer across countries agrees that PP studies are supportive information, but should not form part of the formal cost effectiveness evaluation as the risk of bias in these studies is still substantial. These are helpful in interpreting clinical information, but not a primary source.

Figure 3: Attributes submitted as a part of PP study



- AT, BE, GR, PL are unsure about the use of PP guidance i.e. IMI PREFER in HTA evaluation. Similar response was observed in DE, AU and CA where payers are either not sure or unaware of these guidance. Only a limited number of payers find these guidance useful in HTA evaluation.
- Pharmaceutical companies Market access and HEOR directors who responded the survey (N= 7) are not sure or not aware of IMI PREFER Guidance (see **Figure 4**).

Figure 4: USE of IMI PREFER Guidance in HTA Evaluation



Limitations

- One of the biggest limitations of this survey was the small sample size in small EU countries, hence, lacks representativeness. While our research has shed significant light on the topic, it has also unveiled areas that warrant deeper investigation. The questions that have emerged from our findings underscore the need and opportunity for future research.

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References

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