



Health Technology Assessment Policy and Methods Review Reference Committee

Communique – 4 August 2023 meeting

The Health Technology Assessment (HTA) Policy and Methods Review (Review) Reference Committee (Committee) met by video conference on 4 August 2023.

Representatives of Adelaide Health Technology Assessment (AHTA) and the Centre for Health Economics Research and Evaluation (CHERE) were invited to speak to the Committee. Support staff from the Review Secretariat in the Department of Health and Aged Care (Department) also attended.

What did the Committee discuss?

Presentation by AHTA on *Early identification of emerging technologies (horizon scanning) and early assessment*

Three expert academic groups, including AHTA have been contracted to undertake research and analysis to support the deliberations of the Review Committee. Research leads from AHTA provided the Committee with a briefing on the early draft of their paper on early identification of emerging technologies (horizon scanning) and early value assessment. The briefing included an overview of the methodology used to source and assess information for the paper to date and initial findings.

The Committee heard that horizon scanning (in one form or another) is undertaken by a number of HTA or government agencies globally, and there are several inter-agency and cross-country collaborations in Europe and other regions. Still, there is variation in how and why horizon scanning is performed. The Committee noted that there are well-established horizon scanning systems in Canada, the USA, the UK and some European countries. The Committee heard that all jurisdictions with horizon scanning systems use horizon scanning for health system planning and that some jurisdictions also use horizon scanning to fast-track medicines, inform guidelines, and identify medicines for specialist health care. The Committee noted that there was limited published evidence found in the academic literature regarding the effectiveness or cost-effectiveness of horizon scanning. Similarly, while patient involvement in horizon scanning is mentioned there was little evidence of the role patients play or the impact of the involvement. The Committee noted that there have been preliminary, non-binding discussions with NICE, CADTH and Pharmac about collaboration on horizon scanning. On behalf of the other Agencies, NICE has published a publicly available podcast to ensure transparency regarding this collaboration.

The Committee noted that early assessment is a broad term subdivided into early scientific advice, early value proposition and coverage with evidence development, which all occur at various time points in a health technology's lifecycle. The Committee heard that early scientific advice is advice provided by regulators or HTA agencies to pharmaceutical

companies before the commencement of the key trial to inform aspects of the trial design which will be relevant to the future regulatory assessment or HTA. The Committee heard that early value proposition most often relates to economic analysis performed early in a health technology's lifecycle to inform the company's investment and product development decisions. The Committee heard that coverage with evidence development, which refers to early health technology funding conditional on gathering additional evidence to address uncertainty, can occur before or after market authorisation. The Committee noted that using these forms of early assessment varies across jurisdictions. The Committee noted the briefing and engaged in discussion on areas of focus and evidence gaps that the paper identified.

Presentation on initial high-level findings from Consultation 1

CHERE is also a contracted expert undertaking research and analysis of contemporary research and HTA methodologies.

Research leads from CHERE presented a preliminary analysis of the submissions provided to Consultation 1 of the Review. The Committee heard that CHERE had reviewed and analysed most of the submissions and was in the process of reviewing the remaining submissions. The Committee heard about the methods for analysis undertaken by CHERE and the emergent themes of the proposed options for change across the submissions. The Committee noted key themes included timeliness and agility to subsidised access to treatment, the evidence and methods used to demonstrate cost-effectiveness, equity of access, patient-centred approach to HTA and transparency of HTA decision making. The Committee had a high-level discussion around the implications of the proposed options across the submissions and advised CHERE on areas of focus for the final analysis of Consultation 1 submissions. The summary of submissions will be made publicly available through the HTA Review webpage.

Interim update on their papers on *HTA Methods: Economic Evaluation and Funding and purchasing decisions and Managing Uncertainty*

Research leads from CHERE provided the Committee with an interim update on the progress of their papers on economic evaluation methods, and on funding and purchasing decisions and managing uncertainty. This included an overview of the methods used to develop the papers and a summary of initial findings.

The Committee heard that most jurisdictions use some form of financial or performance-based managed entry agreement (MEA) to mitigate clinical/economic/population uncertainty. The Committee noted that financial MEAs involve price volume agreements while performance MEAs involve coverage with evidence development and adjustment of prices or withdrawal of coverage based on the resulting evidence. Due to the time required to cover the broad range of topics within these papers, the Committee were unable to finish the progress update requested that CHERE attend the next meeting to complete the briefing.

Other Business

The meeting ran over time and the Committee were unable to cover a planned agenda item relating to consideration of issues and options for reform for inclusion in Consultation 2.