Health Technology Assessment:
Role in technology development & use

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Health Loss & Health Aging,
IOM-NRC Workshop
Washington, DC
January 14, 2014
“Explore innovative hearing technologies, and barriers to their development and use”

- Health Technology Assessment (HTA) – barrier & facilitator
  - Applied policy analysis to support decisions about payment for health technologies (including drugs, devices, diagnostics, procedures, etc..)
    - Evidence-informed
    - Value-laden

→ Plays important and growing role in determining use
→ Increasingly organized to support technology development
In modern health care systems people pay for the care of other people, not for their own. (RG Evans, 2002)

Little of health care is financed through payments by 'users' for episodes of care. Instead, people make contributions to 'third parties' (public or private) that pool the contributions to pay for care of persons within.
• But Variable coverage of hearing aids
  • Limited in US
  • Partial in Canada and Europe

For healthy aging
  • “Small things … matter in big health care systems
  • “downward substitution” instead of more costly, and often
    inappropriate “upward substitution” (AP Williams, JM Lum, 2011)

Kaiser Permanente Triangle
Source: UK Department of Health (2005)
HTA

- Multidisciplinary field of applied policy analysis
  - Emerged in US
  - Well developed internationally
  - International Network of Agencies for HTA (INAHTA) now includes 57 member agencies from 32 countries
Newly Approved Does Not Always Mean New and Improved

HT Regulation:
• Is it safe to have this technology on the market – at least for a specific class of patients?
• Does it – in theory – do what it claims to do?

HT Assessment:
• Is it safe and at least as good as alternatives – in the real world?
• Is it worthwhile to invest in this technology?
HTA: Variable role in healthcare systems

• Detached from coverage
  o CADTH
  o Many European HTA agencies

• Directly informing coverage (eg, baskets of insured goods)
  o NICE, UK
  o OHTAC, CED, Ontario, Canada

• Directly informing priority setting (eg, services provided in closed budget environments)
  o Hospital/ regional-based HTA
Doing HTA

Clinical evidence
- Safety & efficacy
- Real world effectiveness
- Comparative effectiveness
Doing HTA

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Economic evidence
- Value for money (cost utility, value-based pricing)
- Budget impact/ affordability
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Patient & social values
- Patient preferences
- Health equity
- Accountability for reasonableness
• **Innovation policy**
  - Increased attention to “demand side” among governments
    • Procurement chief instrument
    • Some attention to health

• **Health policy**
  - Health care systems as ‘drivers of growth’
  - UK: NHS
    • “Accelerating adoption and diffusion”

**Innovation Health and Wealth**

Accelerating Adoption and Diffusion in the NHS

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HTA experiments 1.

- HTA & adoption
  - NICE, UK
    - Health Technologies Adoption Programme
      - Aligned with Medical Tech Assessment
      - Support med tech industry in UK
  - OHTAC, Ontario
    - Implementation Framework
      - Health technology value chain

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HTA experiments 2.

- HTA & harmonization
  - Exploring harmonization of regulatory and HTA requirements
  - Exploring consistency/clarity on HTA/coverage requirements
HTA experiments 3.

- ‘Early’ HTA
  - “Decision-support” for industry
  - Public demand as “sophisticated customers”
  - MaRS-EXCITE, Ontario
    - Single, harmonized, pre-market, evidence-analysis and evidence-generation process
HTA: Technology use & development

- Growing & increasingly demanding role for HTA
  o Supporting evidence-informed & value laden resource allocation decisions
  o More actively engaging with role in innovation system

- Analysis of merits of collective investments in hearing loss technologies

- Guide/incentive for development of further technological innovations relevant to hearing loss
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