Lessons learned by stakeholders

EUnetHTA2

Plenary Assembly, Copenhagen, 28-29 May 2015

Presented by Victoria Wurcel on behalf of

- The Association of the European Self-Medication Industry(AESGP)
- The European Coordination Committee of the Radiological, Electro-medical and Healthcare IT Industry (COCIR)
- The European Diagnostic Manufacturers Association (EDMA)
- European Federation of Pharmaceutical Industries and Associations (EFPIA)
- The European Generic and Biosimilar Medicines Association (EGA)
- Medical Technology (Eucomed)
- The European Association for Bio-industries (EuropaBio)

1 - INDUSTRY

Healthcare Industries Experiences and Learnings from EUnetHTA JA2

Healthcare Industries

keen and active participant

EUnetHTA JA2

Have provided wealth of inputs based on their experience of HTA across Europe and expertise of individual products

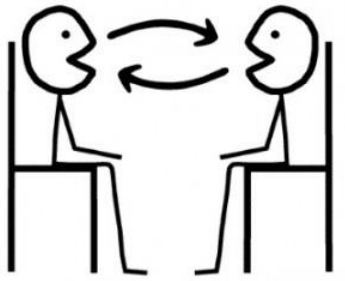
Look forward to continuing collaboration

Direct interactions and the openness of some work package leaders to engage in direct discussions e.g. expert workshops

Little flexibility to discuss comments provided by stakeholders through ***SAG and public consultations*** and little evidence of how these comments are taken into account in the final product

Confidentiality provisions related to written contributions have also been identified as a barrier to involve relevant experts

Healthcare Industries Experiences and Learnings from EUnetHTA JA2



Healthcare Industries call for :

- ✓ A more **proactive, collaborative, flexible and inclusive** approach to stakeholder involvement
- ✓ The future European collaboration on HTA at both strategic and scientific - technical levels, to **realize full stakeholder involvement** in line with its stated objective of joint HTA production
- ✓ **HTA agencies and MS involved in setting- up JA-3 and EC to involve stakeholders as partners from the early stages** of the development of the **JA3 work-plan**

These requires:

- ✓ **Moving beyond current involvement mechanisms focused on consultations** to develop **collaborative**, participative and flexible processes and build on stakeholders' knowledge of technologies under review
- ✓ **Joint Review of Stakeholder involvement mechanisms** in HTA processes at the national level and identify best practices to be replicated at the European level
- ✓ **Concrete measures to promote uptake of European HTA production in national/local level to aid decision-making and access of new technologies**
- ✓ Stakeholders understanding **how European reports are used nationally**
- ✓ **A specific objective in JA3**, whether through a work package or other mechanism, **to define stakeholder involvement** including the development of specific procedures, testing different modes, creating the structure for systematic involvement of stakeholders, and identifying the resources needed
- ✓ This discussion should **directly involve stakeholders**

Presented by Valentina Strammiello on behalf of

- European Multiple Sclerosis Platform
- European Organisation for Rare Diseases (EURORDIS)
- European Patients' Forum (EPF)

2 - PATIENTS

On processes

- Engagement of patients (and other stakeholders) needs a dedicated structure, with adequate staff and resources
  - Several HTA bodies should join their efforts in an EUnetHTA activity to create a framework for stakeholders' involvement
- More frequent Stakeholders' Forum meetings, and create specific working groups (one for each type of stakeholders)
- Joint assessment: engagement of patients in the assessment (in addition to scoping exercise and reports' review)
  - Working documents and reports need to be adapted
  - Or face to face meetings with HTA authors at national/regional level
- EU collaboration on HTA could serve as a referee, in situations where national/regional decisions are not understood
  - Grounds for National/regional reimbursement/coverage decisions not always published/understood

On content/output

- Participation of patients in early dialogues is appreciated, see specific comments on SEED
- More transparency on the topic/project selection process for joint assessment, include potentially obsolete technologies. Consider topic proposals by patients
- Cost and economic aspects of HTA are missing from the REA report, particularly for pharmaceuticals
  - REA reports with cost and economic aspects published simultaneously with the marketing authorisation would be ideal
- HTA reports should include a general opinion on the added value for the health technologies it assesses and several formats should be used for reports for different audiences
- Access to information on reimbursement/coverage and assessment status of promising technologies is key (EVIDENT database)

Presented by Menno Aarnout on behalf of

- Association Internationale de la Mutualité (the International Association of non-profit Healthcare Payers)
- European Social Insurance Platform

3 - PAYERS

AIM
Healthcare and social benefits for all

EUROPEAN SOCIAL INSURANCE PLATFORM
The Social Insurers of Europe

- **General observations:**
  - Since the start of JA2, EU collaboration has become even more urgent
  - Cost effectiveness / Relative Effectiveness is an area for strengthened collaboration
  - Preferably progress in EU28, but if not EU23 or EU17 or EU11…
  - EU collaboration should never lead to a lowering of the quality of the assessment

- **Preconditions for continuation:**
  - Commitment at political level
  - Scientific aspects of HTA
  - Quality monitoring of the scientific deliverables
  - Expertise and training standards of the assessors
- **Possible Payers involvement:**
  - Overall priority setting and evaluation
  - Pilots for joint re-assessment post-reimbursement decision
  - Development of coordinated access schemes

Presented by Jacques de Haller on behalf of

- European Hospital and Healthcare Federation (HOPE)
- European Society of Cardiology (ESC)
- European Society for Medical Oncology (ESMO)
- The Standing Committee of European Doctors (CPME)
- Weight Watchers

4 - PROVIDERS

JA2: Lessons learned – Providers

- The major lesson for the healthcare providers: the necessity to be recognized with a specific identity.
  - The participation of healthcare providers is essential to HTA if HTA is to support the development of the European health system in its wholeness, in terms of access, quality, and sustainability.
  - Our participation is different because in our considerations, economical and technical criteria may be associated to other assessment elements, like societal impact “on the field”.
  - This has been respected in JA2 ... and must be continued in JA3, lest HTA becomes a purely technical and economical process, cut from its “raison d’être” in an innovative healthcare system, which is of course to concretely provide adequate healthcare.

JA2: Lessons learned – Providers

- Lesson #2: the difficulty of integrating highly specific or specialized processes, for providers coming from the concrete world of healthcare.
  - *"It takes time to understand a different language and different procedures"*
  - This will have to be considered in the future, to ensure appropriate presence of the providers in the different processes and in the upcoming JA
- The Providers' Group thanks for being able to participate actively in JA2 and strongly wishes to have the possibility of the same involvement in the future, e.g., in JA3.

Presented by François Houÿez, co-chair of EUnetHTA Stakeholders' Forum

5 - COMMONALITIES

Lessons common to all (among others)

On processes

1. Engagement of stakeholders needs a dedicated framework led by HTA bodies (political willingness) and tools
2. Moving beyond current involvement mechanisms focused on consultations to develop collaborative processes (priority setting, scoping, assessment, report review)
3. More openness to stakeholders proposals (e.g. expert workshops)

On content and output

4. High scientific quality work recognised and appreciated
5. A common approach for cost and economic aspects is needed
6. As is for social and societal aspects
7. Joint assessments should include a conclusion
8. Impact of EU collaboration/ uptake and reuse / reassessment: not just the efficiency gains