

How might HTA influence the analyses required for investment in new TB interventions?

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Role of HTA in the Global South

- HTA and formal approaches to allocating scarce resources widely established in many high-income countries
- LMICs are increasingly adopting more formal approaches to priority-setting (Chalkidou et al, 2016)
- Networks such as the iDSI (<https://www.idsihealth.org/>) are developing methods and influencing stakeholders

Implications for adoption of TB interventions

- TB interventions such as active case findings and novel diagnostics may require substantial investment
- The resources required may only be made available based on formal HTA recommendations.
- This has implications for the type of evidence and analysis required to obtain reimbursement.
- Experience from bodies such as NICE may provide insights into these implications (even though the processes may be very different in LMIC settings)

Evidence-based implementation

- Formal process for identification and review of appropriate evidence
- Focus on gold standard evidence and use of standard quality assessment tools e.g. Cochrane Risk of Bias tool.
- Challenge in some settings may be availability of suitable high quality evidence
 - Disadvantages interventions where data are challenging to collect
 - Role for bias adjustment methods (e.g. Bayesian synthesis, Watson 2016).



Move from effectiveness to cost-effectiveness

- Greater need to present evidence on cost impact and cost-effectiveness
- Goes beyond the immediate budgetary impact of implementation
- Greater use of decision-analytic modelling
- More patient-focussed outcomes and cost-utility analyses
 - DALYs, QALYs or something else?
 - Importance of value judgements which may vary across countries



Representing decision uncertainty

- Move from hypothesis-testing to decision-theoretic approaches
- Potential for value of information analyses to determine need for further evidence and how plausible cost-effectiveness of a novel intervention might be
- Depends on determining willingness to pay thresholds, which may have been previously over-estimated.

Hurdles to successful reimbursement

- ‘Value considerations are the primary driver of negative preliminary recommendations’ (Walton et al 2019)
- To overturn, manufacturers had to reduce price, adopt risk sharing reimbursement, or focus on cost-effective subgroups.
- Academic groups produced consistently less favourable ICERs than manufacturers
- Areas of economics beyond economic evaluation become relevant:
 - Strategic game theory
 - Transaction cost economics

References

- Chalkidou K et al. Priority-setting for achieving universal health coverage. Bulletin of the World Health Organization. 2016 Jun 1;94(6):462.
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