

# Health Technology Assessment (HTA)



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# Evolving drug development

- Healthcare today – Scotland and beyond
- Health Technology Assessment (HTA)
- Clinical effectiveness
- Cost effectiveness
- Patient engagement
- Implications for statisticians in drug development

- Population = 5.2 million
- Challenges – financial austerity, ageing population, expensive new treatments/devices
- Taxation based health system, no co-payments, £11billion
- 14 health boards - payers/providers providing primary, community, acute care
- Drug prices set by UK Government in collaboration with Industry
- ~12% spent on prescribing in primary care



# Health Technology Assessment ([www.eunethta.net](http://www.eunethta.net))

HTA is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to use of a health technology\* in a systematic, transparent, unbiased, robust manner

*It aims to inform policy at national, regional or hospital level*

\*screening , vaccines, diagnostics, medicines, devices, education, rehabilitation....

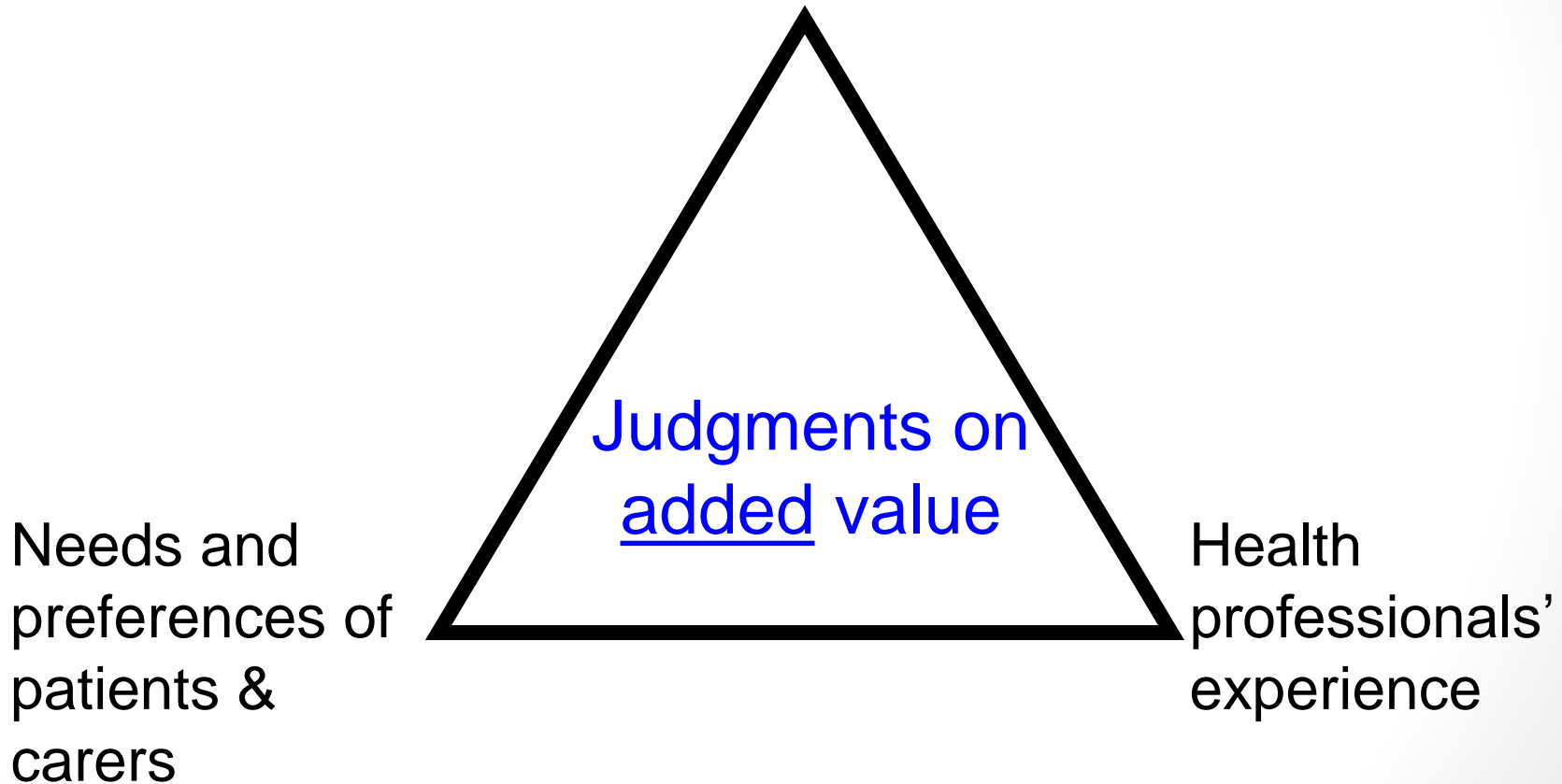
# European network for HTA (EUnetHTA)

## HTA Core Model

1. Health problem
2. Technical description of technology
3. Safety
4. Clinical Effectiveness
5. Costs and economic evaluation
6. Ethical analysis
7. Organisational aspects
8. Social aspects
9. Legal aspects

# HTA: Evidence based decision-making

Scientific publications and submissions  
(including evidence from a range of sources)



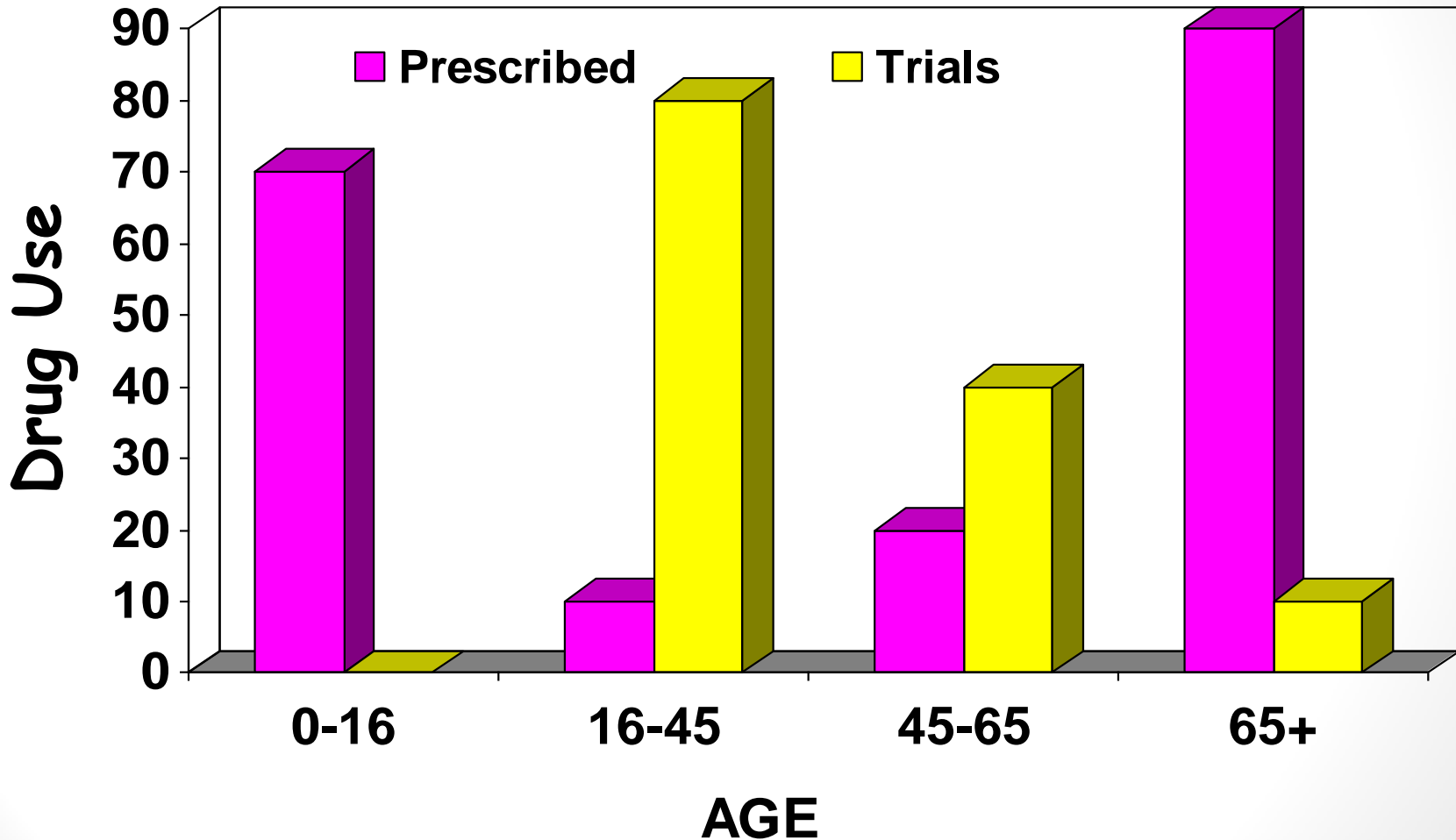
# Clinical Effectiveness

(Relative effectiveness/Comparative Effectiveness)

- Evaluation of benefit/risk in a standard clinical setting
  - no upper age restrictions, concurrent medical conditions, polypharmacy
  - compared to best standard care (BSC)
- Measuring outcomes that demonstrate added clinical value
  - long-term – survival, delayed progression
  - QOL (being able to dress, walk, work...)

# Evidence : Practice Paradox

(Tom McDonald, MEMO, Dundee)





# Mr Average



Slide courtesy of Tom McDonald, MEMO, Dundee

# Harveian Oration, 2008

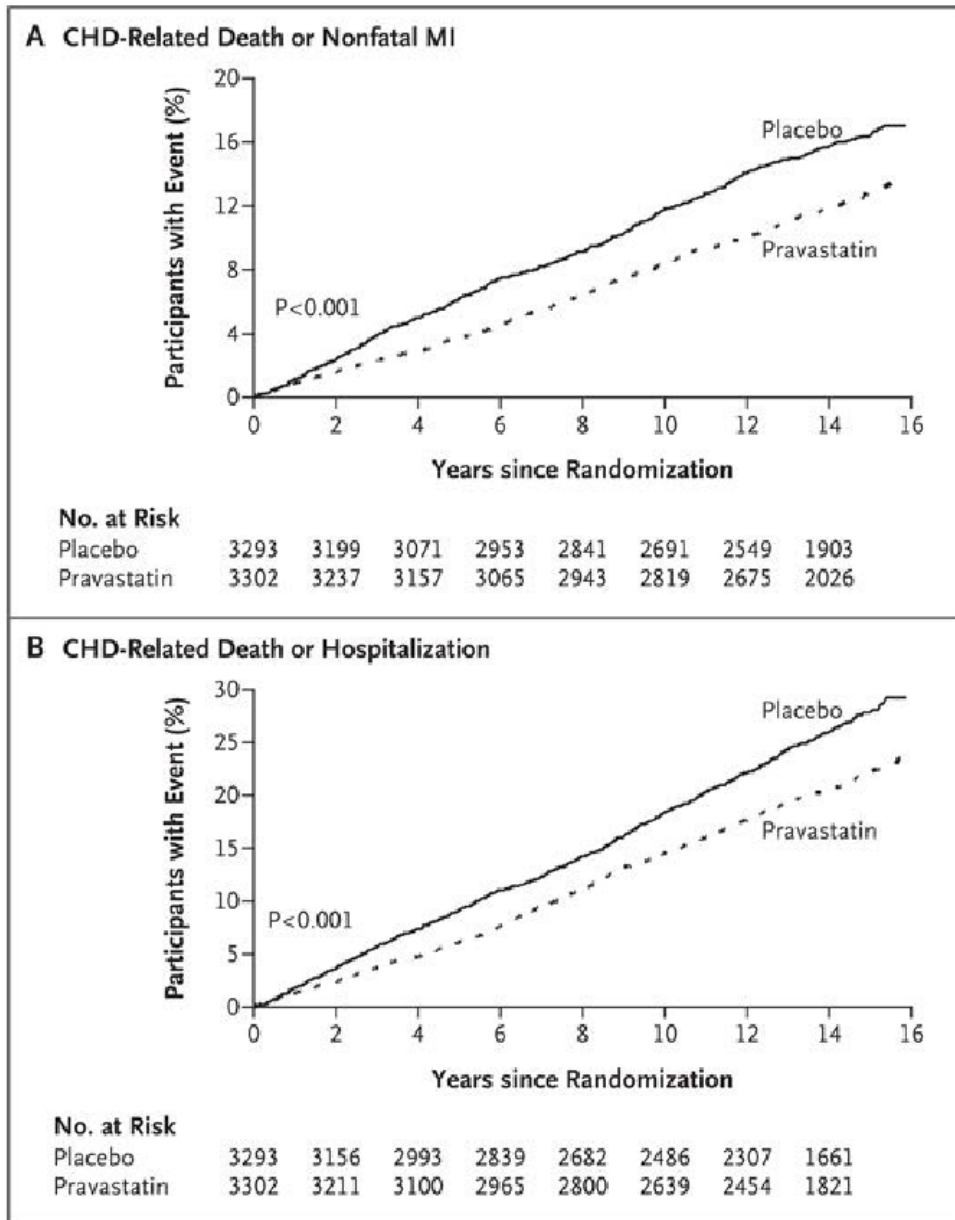
“RCTs, long regarded as the “gold standard” of evidence, have been put on an undeserved pedestal..

Observational studies are useful and with care in the interpretation of the results can provide an important source of evidence about both the benefits and harms of therapeutic interventions.”

M. Rawlins

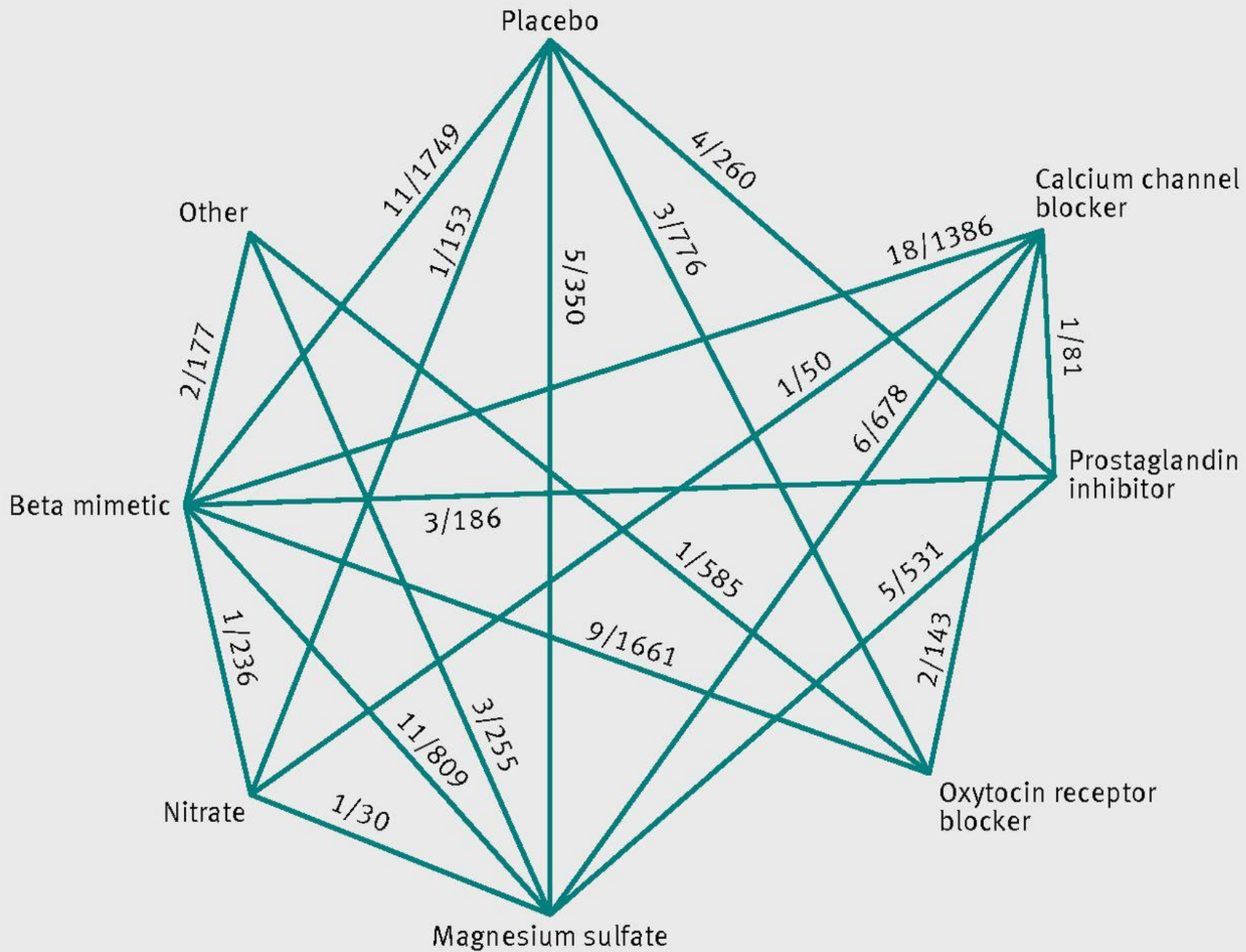


## Patients in 5-year WOSCOPS trial (£mi's)



Data linkage identified further coronary events over next 10 years confirming long term benefit of statins (£1,000's)

Slide courtesy of Scott Heald, ISD



# Cost effectiveness (Economic evaluation)

Economic evaluation has been defined as

*‘ the **comparative** analysis of alternative courses of action in terms of both their **costs** and **consequences**’* (Drummond & McGuire, 2001)

An evolving art: modelling what happens to patients in the long-term, in the light of major uncertainties

Guidelines from NICE, SMC, PBAC, CADTH...

# Real World Data

Data that are collected outside the controlled constraints of conventional randomised controlled clinical trials to evaluate what is happening in normal clinical practice

*ABPI White Paper: The Vision for Real World Data –  
Harnessing Opportunities in the UK  
September 2011*

# Uses of real world evidence

- Natural history of disease progression
- Epidemiology (for budget impact)
- Patient pathways, unmet needs
- To measure clinical outcomes and resolve uncertainty (safety and effectiveness)
- Patient experience
- Adherence/compliance
- Utilities
- Resource use

# Using RWD

- Understand purpose of data collection to identify potential biases and confounding
- Present results with limitations and uncertainties (structural and statistical)
- Need a drug development plan that includes not only clinical studies, but other sources that will demonstrate product value



# Scientific Advice for HTA

- Individual Agencies alone and in collaboration with regulatory agencies and EMA
- Tapestry
- Green Park Collaborative
- The lead statistician needs to be involved in these meetings

# Patient engagement



1992: 8th Conference  
A World United Against AIDS  
8,000 participants

# Patients' and care-givers' experiences

- Living with an illness
  - 'No one knows better what it is like to live with an illness day in, day out, than those who are doing this – the patients and their family and friends who care for them.'
- The technology
  - Their needs and preferences, benefits and unwanted effects



Understanding HTA. Health Equality Europe. 2008

<http://www.htai.org/index.php?id=744>

**INVOLVE**



*National Institute for  
Health Research*

**Briefing notes  
for researchers:**  
public involvement in  
NHS, public health and  
social care research

Supporting public involvement  
in NHS, public health and  
social care research

# HTA influencing drug development

- Pragmatic study designs
- Outcomes that are important to patients
- Duration of treatment
  - Reassessment, how?
  - Continue responders
- Duration of effect
- National studies of resource utilisation
- Identifying patients that benefit most
- *Creating an evidence base to demonstrate added value, not just benefit:risk*

# The evolving role of the statistician

Clinical Evidence development programme to explain the added value of the product

- Working with patients in phase II
- Phase III trials collecting evidence for HTA
- Building the Network Meta Analyses and economic model from a range of sources
- Critically appraising model inputs
- Assessing uncertainty
- Developing evidence post-marketing for reassessment
- Helping create the HTA submission and responding to queries