Health Technology Assessment 2020: Thoughtful Visions and Realistic Roadmaps

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Dr. Murray Krahn
Dr. Janet Martin
Dr. Irfan Dhalla
Moderated by: Marc Leduc

on behalf of the HTA Exchange
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Brainstormed topics

- HTA of Medical Devices
- Management over technology lifecycle
- Training
- Networking and collaboration
- Implementation and policy
Posed 4 questions

1) What is the major issue?
2) What does “perfection” look like in 2030?
3) What are 2 things that are achievable by 2030 that we (the HTA community) can do to get to perfection?
4) How would we achieve those 2 things?
HTA of Medical Devices: Challenges for the Conduct of HTA. To infinity and beyond

Daria O’Reilly, PhD, MSc
Associate Professor, Dept. of Clinical Epidemiology & Biostatistics, Faculty of Health Sciences, McMaster University
Associate Director, PATH Research Institute, St. Joseph’s Healthcare Hamilton.
Question 1: What is the major issue?

- Evidence is ltd or not available
- Traditional HTA methods do not reflect the complexity of medical devices nor do they consider successful adoption
Question #2: What does “perfection” look like in 2030?

- HTA of medical devices would incorporate evidence to estimate the clinical effectiveness, CE, value, organizational implications, etc. to inform reimbursement decisions as well as successful value-based procurement, adoption and diffusion in a timely manner?
3) What are 2 things that are achievable by 2030 that we can do?

- Innovative methods require communication/collaboration between stakeholders
  - industry, patients, HCP, payers, researchers, regulatory and procurement processes

- Develop a toolkit of methods for the evaluation of medical devices
  - HR needs, training, credentialing, system readiness, simulation modeling techniques, implementation
4) How would we achieve those 2 things? What is the roadmap?

- $ to support this research
- Buy-in from key stakeholders (e.g., industry and decision-makers) to determine their information needs
Active management of technology throughout its lifecycle

Fiona Clement, PhD
Associate Professor, Dept. of Community Health Sciences
Director, HTA Unit
University of Calgary
Perfection

Active assessment of value

Continued changes in utilization

- Experimental Stage
- Update and Introduction of Health Technology
- Adoption of Health Technology
- Stable Use of Health Technology
- Reduced Use of Health Technology
- Decommissioning and Obsolescence
Achievable goals

- Realignment of our assessment resources
- Partner with implementation
Roadmap

- Expansion of HTA process to include the spectrum of lifecycle
  - Development of methods
  - Incentivize re-alignment
  - Capacity

- Meaningful engagement of the implementation community – front line staff, patients, policy, administrative
## HTA training needs and capacity

<table>
<thead>
<tr>
<th>Producers</th>
<th>HTA agencies/ public sector</th>
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<tbody>
<tr>
<td></td>
<td>Academic- groups/ individuals</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>Drug/device industry</td>
<td>***</td>
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<tr>
<td></td>
<td>Contract research organizations</td>
<td>*</td>
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<tr>
<td>Users</td>
<td>(1-3)</td>
<td></td>
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<tr>
<td></td>
<td>Policymakers</td>
<td>***</td>
</tr>
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<td></td>
<td>Members of reimbursement committees</td>
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<tr>
<td></td>
<td>Patients</td>
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<td></td>
<td>Clinicians</td>
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<thead>
<tr>
<th>Programs</th>
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<td>McMaster</td>
<td>HRM “field”</td>
<td>N= 5-12,</td>
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<td>THETA- HTA Institute for Decision Makers</td>
<td>20-24/ yr</td>
<td></td>
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<td>PATH- Workshop in HTA</td>
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Perfection in 2030

- Inclusion in CADTH’s mandate, EXCHANGE
  - CIHR/NSERC
- National registry of training programs, students
- National HTA curricula/programs for users
  - Policymakers, patients
  - Members of reimbursement bodies
  - MD/Pharmacy
- 4-5 Universities with dedicated HTA training programs
  - 15-20 MSc’s per year
  - 10 PhD’s per year
2 things

- Expand mandate of Exchange to include producer and receptor training
  - Include HTA program directors in Exchange

- Organize training programs/curricula for HTA users
The Problem
Networks are essential. But not happening.

- HTA is inefficient.
- Evidence outstrips HTA capacity.
- Collaborative networks are a solution.
- Existing ‘reward and recognition’ system disincentivizes networks (publications + grants = “productivity”)

Have we reached the ‘Tipping Point’?
The ‘Perfect Solution’
Efficient, fit-for-purpose, collaborative networks

- Efficient HTA, in ‘real-time’
- Continuous HTM, what’s ‘trending’
- Established and innovative technologies.
- Artificially intelligent + ‘Really’ intelligent
- Trans-disciplinary multi-stakeholder input.
How to get there?
Efficient, fit-for-purpose, collaborative networks

Form collaborative HTA networks that:

- Share everything. Hide nothing.
- Repeat sparingly. Adapt often.
- Incentivize problem-solving.
- Reward decision-impact and KT.

= the ultimate crowd-sourced meta-marathon!

Iterative and continuously updated and openly peer-reviewed.
Implementation and policy

Irfan Dhalla, MD, MSc, FRCPC
Vice-President, Evidence Development and Standards

CADTH – April 12, 2016
What does perfection look like in 2030?

Every HTA recommendation has a clear path to a state of optimal adoption – at both the policy level and the practice level.
Two things the HTA community can do

• Ensure that our methods are fit for purpose

• Improve our communications and transparency
Two things the HTA community can do

- **Ensure that our methods are fit for purpose**
  - Develop guide(s) for doing HTA that we have consensus on
  - Establish patients/citizens councils and check methods and decision making frameworks with them
  - Do the same with decision makers, focusing on “what methods and processes are good enough?”
  - Revise, improve and harmonize HTA guide(s)

- **Improve our communications and transparency**
  - Organized effort focused on several audiences to help people understand “the why”
  - All methods guides, protocols, etc., should be on the internet and presented in an accessible way, and we should use communications experts to help us get our message across