

Equity considerations among HTA agencies – current practice and ways forward

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Background

Recent **economic developments** at global level

- Shift to reliance on evidence-based approaches
- Exacerbation of inequities in health and health care

HTA is

- A tool for evidence-based decision-making
- Endorsed by WHO as a facilitator of fair decision making in the context of universal health coverage

Definitions

- Whitehead (1993): inequities are unnecessary, avoidable, unfair, unjust; equity is thus “concerned with creating equal opportunities for health and with bringing health differentials down to the lowest level possible”.
- WHO Commission on Social Determinants of Health (2008): systematic differences in health considered to be avoidable by reasonable action are unfair and thus inequitable
- Culyer & Bombard (2012): “equity issues (...) in a decision-making context are best considered explicitly as morally pluralist.”; relevant equity considerations are those that, “... if left unaddressed (...) could be deemed by a reasonable person to be unfair or to lead to unfairness in the adoption, diffusion, or consequences of a health care intervention. (...)”

Aim of study

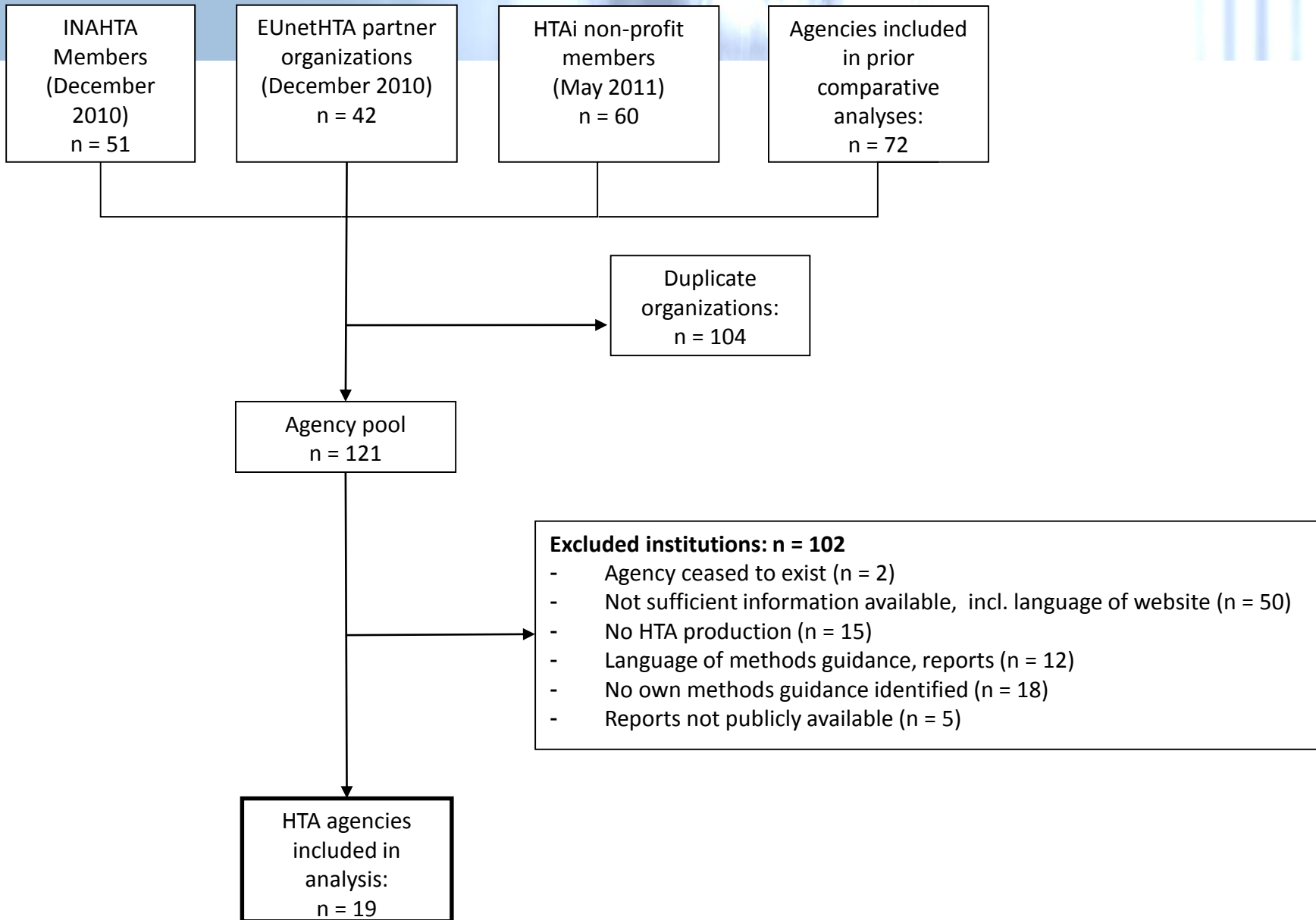
- to systematically explore whether and how HTA agencies include equity considerations in their assessments
- map approaches, both methodological and process-related, that could accommodate equity-sensitive reports even if they are not initially adopted for that purpose

Methods

- Membership lists of INAHTA, EUnetHTA, HTAi; IJTAHC 2009-2010 (comparative publications)
- Methodological guides (developed by the agency, describing at least effectiveness assessment)
- HTA reports (3 most recent for each pharmaceuticals, non-drug technologies and population-based interventions; none before 2006)
- Direct contact with agencies to verify information identified online
- Only agencies for which both methodological guides and reports were available were included for analysis

Methods - extraction elements

Methodological documents	HTA reports
A. Equity included in general principles or aims	1. Equity in the objectives of the report or equity-related research question
B. General prescriptions on including (psycho)social elements	2. Methods related to equity (such as separate search for evidence)
C. Consideration of population sub-groups	3. Consideration of PROGRESS-Plus factors
D. Specific methods related to health equity	4. Equity considered in the analysis of results
E. Procedural aspects related to equity	5. Equity considered in the interpretation/ recommendations
F. Other elements (variable by type of document and agency remit)	6. Stakeholder involvement (and explicit link to equity)



Results – agencies included in analysis

AHRQ (US)	G-BA (DE)	LBI (AT)
ASERNIP-S (AU)	GÖG (AT)	MSAC (AU)
CADTH (CA)	HAS (FR)	NICE (UK)
CRD (UK)	HITAP (TL)	PHARMAC (NZ)
DACEHTA (DK)	HVB (AT)	TLV (SE)
DERP (US)	IQWIG (DE)	
DIMDI (DE)	KCE (BE)	

Results – overview of information

- Methods papers from 19 agencies with variable scopes, lengths and age
- 98 reports (pharmaceuticals 33, non-drug technologies 40; population-based interventions 26)
- Some agencies indicated that further (partially newer) material existed but was not publicly available

Results – methods guides

- Equity in goals: "fairness" (AHRQ), "social justice" (KCE), "appropriate consideration of interests of those afflicted taking into account age, biological and social gender and particularities related to life circumstances" (G-BA), "equity" (CRD, MSAC, NICE)
- Consideration of psychosocial issues (5 agencies)
- PROGRESS-Plus factors used to refine research questions, look for or perform subgroup analyses, consider in the context of inequalities

Results – methods guides (II)

- Applicability: subgroup analyses (most frequent, including checklists for submissions and agency's own research), metaregression, modelling, combined graphic and narrative methods
- Appropriate sources for evidence on psychosocial/contextualizing elements (specific databases, hand search)
- Health Services Impact on health equity (CADTH), focus on specific population groups (MSAC), NICE Equality Scheme
- Stakeholder involvement: various stages and extent of participation

Results – HTA reports (I)

- 98 reports analyzed in total
- In some cases general mention of commitment to fairness
- Only 1 report with a topic related to inequalities, 6 reports addressed equity concerns in their objectives (access, reduction of inequalities)

Results – HTA reports (II)

- 19 included subgroups in research questions, only 5 in direct relation to contextual or socioeconomic factors
- 7 reports included own subgroup analyses, 13 reported subgroup analyses from individual studies, 13 considered subgroup analyses impossible based on available primary research
- Determinants most frequently considered: age, gender, comorbidities and disease severity
- 10 considered psychosocial elements separately, 5 found no matching evidence

Results – HTA reports (III)

- 18 included equity considerations in interpretation of results
 - Coverage
 - Higher prevalence among vulnerable groups
 - Variable uptake due to psychosocial factors
 - Organizational elements influencing access to care

- 16 made equity-related recommendations
 - Introduction or intensification of targeted interventions
 - Measures to ensure equal access
 - General endorsement of societal perspective and/or universal coverage

Results – HTA reports (IV)

- 43 reports mentioned stakeholder involvement
- Most frequently external review of draft report, followed by input for determining scope/research questions
- Online publication of documents most common pathway

Conclusions

- Consideration of equity elements varies by agency remit, legal context and type of technology
- Sporadic findings in HTA reports encompassing both vertical and horizontal considerations
- Exemplary practices not always easily transferrable given available resources and context

Policy implications

- Increase awareness among agencies and build/advance corresponding skillsets for staff and stakeholders
- Equity-focused knowledge exchange – HTAi Interest Subgroup?
- Endorsement of primary research that delivers the required information

Thank you for
your time and attention!

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