



The Economic Domain within Health Technology Assessments (HTA): An international comparison of methodology and the impact on health policy decisions

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- **Economic aspects**, i.e. costs (per patient/ person as well as overall [budget impact]) and cost-effectiveness, are **one of nine domains** in EUnetHTA's CORE model.
- However, there is **currently no accepted guideline for economic evaluations within EUnetHTA**, apart from some general recommendations related to the CORE model.
- As HTA is becoming more European, and with the Commission having proposed a proposal to standardize HTA within the EU*, both **to understand methodological differences** across countries and **to define common standards** seems ever more urgent.

*New EC proposal to assess clinical aspects uniformly ...



Brussels, 31.1.2018
COM(2018) 51 final
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Proposal for a

REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

on health technology assessment and amending Directive 2011/24/EU

**... does not include
economic aspects**

The proposal establishes a requirement for mandatory use of the joint clinical assessment report and no repetition of the assessment in Member States' overall HTA processes. This means that Member States will continue to carry out non-clinical assessments i.e. on the non-clinical HTA domains (e.g. **economic**, organisational, ethical) and will draw conclusions on the overall added value of the assessed health technology based on the joint clinical assessment report and their own non-clinical assessment.

- The EUnetHTA Joint Action in its second phase (2012-2016) tackled these two issues, by
 - (1) **undertaking a review of methods** for economic evaluation within HTA across 33 countries (incl. all EU member states) and
 - (2) **evaluating the feasibility of defining a general framework** for EUnetHTA on how to conduct economic evaluations as well as to increase the transferability of economic evaluations among EUnetHTA partners.
- The resulting draft guideline is thus based on a review of methodological guidelines developed by the partners of EUnetHTA.

Results I



- 25 of the 33 countries reported having some kind of methodological guideline for health economic evaluations (in total 51 guidelines).
- Guidelines for health economic evaluations regarding pharmaceuticals were most common (n= 28), followed by general guidelines that apply to any type of health interventions (n= 19), but some countries also have guidelines for other types of health interventions (e.g. diagnostics and medical devices).

Results II



- On certain methodological issues, the various agencies have a **common view** (e.g. the time horizon of the analysis, *presentation of results*, and use of decision models), i.e. finding a “European way” should be straightforward.
- On other issues, there was **less agreement** (e.g. choice of *outcome measure, perspective* of the analysis, presentation of data on resource use, and how to analyse the uncertainty related to the results), but EUnetHTA is hopeful to find a common ground.
- For yet another set of methodological issues, the EUnetHTA partners have **clearly different views**, e.g. regarding the acceptability of some outcome measures, *costs to be included*, the *rates for discounting costs and effects*, as well as on the methods for deriving health-related quality of life (HRQoL) weights for calculation of quality-adjusted life years (QALYs).

Economic guidelines on various aspects I

Outcome measure (partly dependent on type of evaluation)	QALYs	AT, BE, HR, CZ, DK, GB-E, FI, FR, HU, IE, IT, NL, NO, PL, RU, GB-S, SK*, SI, ES, SE
	Life Years Gained	AT, BE, CZ, DK, FR, NL, PL, PT, RU, SK*, SE**
	Other	HR, CZ, DK, GB-E, EE, DE, LV, PL, PT, RU, SK***, CH
Presentation	ICER	AT, BE, HR, CZ, GB-E, EE, FI, FR, HU, IE, IT, LV, NL, PT, RU, GB-S, SI, ES, SE
	Other	DK, DE, NO, PT, RU, SK, CH
Perspective	Payer	BE, CZ, EE, GB-E, DE, IE, IT, HR, PL, GB-S, SK, SI, ES
	Society	DK, FI, FR#, NL, NO, PL, GB-S, ES, SE
	Variable	AT, PL, GB-S, ES

* Chronic conditions; ** if survival relevant; *** other conditions; # All payers + patients

Economic guidelines on various aspects II

Costs to be included (partly dependent on perspective)	All (direct & indirect)	AT*, DK, HU, NL, PL**, PT, RU, ES, SE, CH***
	All direct	AT, FR, IT, NO****, CH
	All direct but OOP excl.	GB-E
	Medical direct plus OOP	DE
	Medical direct	BE, EE, FI, LV, SK, SI
	Payer's direct only	HR, CZ, IE, GB-S

* If societal perspective; ** separated into direct medical/ direct non-medical/ indirect; *** if savings from indirect costs are significant; **** indirect may be presented separately

Economic guidelines III: discounting costs vs. effects, rates

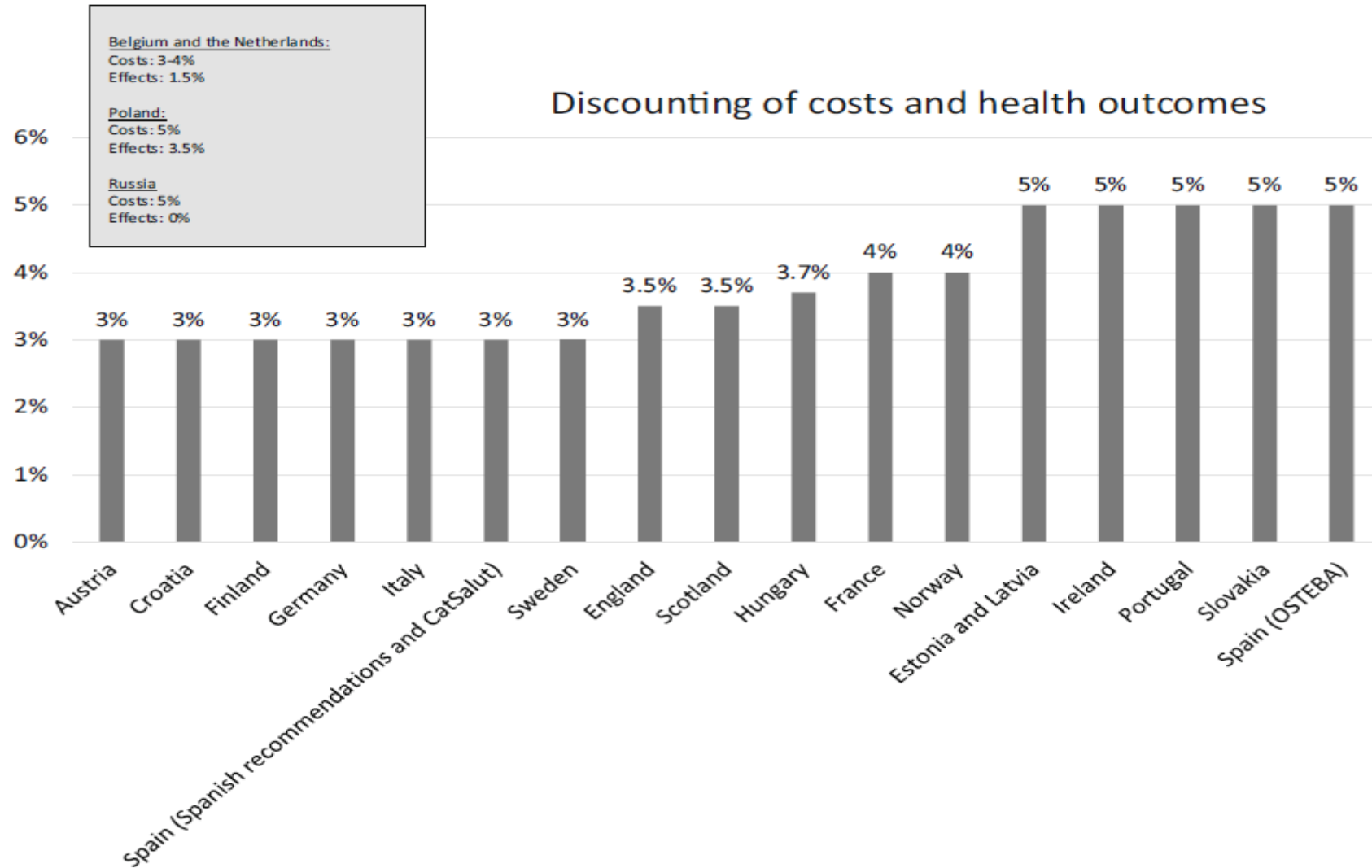


Fig. 1 Discounting of costs and effects recommended in the partner countries. *CatSalut* Catalan Health Service, *OSTEBA* Basque Office for Health Technology Assessment

Conclusion

- EUnetHTA's (draft) guideline constitute an important step towards a common European view on conducting health economic evaluations within HTA.
- Whether progress will be fast enough to keep pace with the Commission's intentions remains to be seen (but the Commission will most likely be slowed down by the member states).
- The next politically sensitive issue after finding agreement on a common methodology will be a discussion about harmonizing decision criteria.