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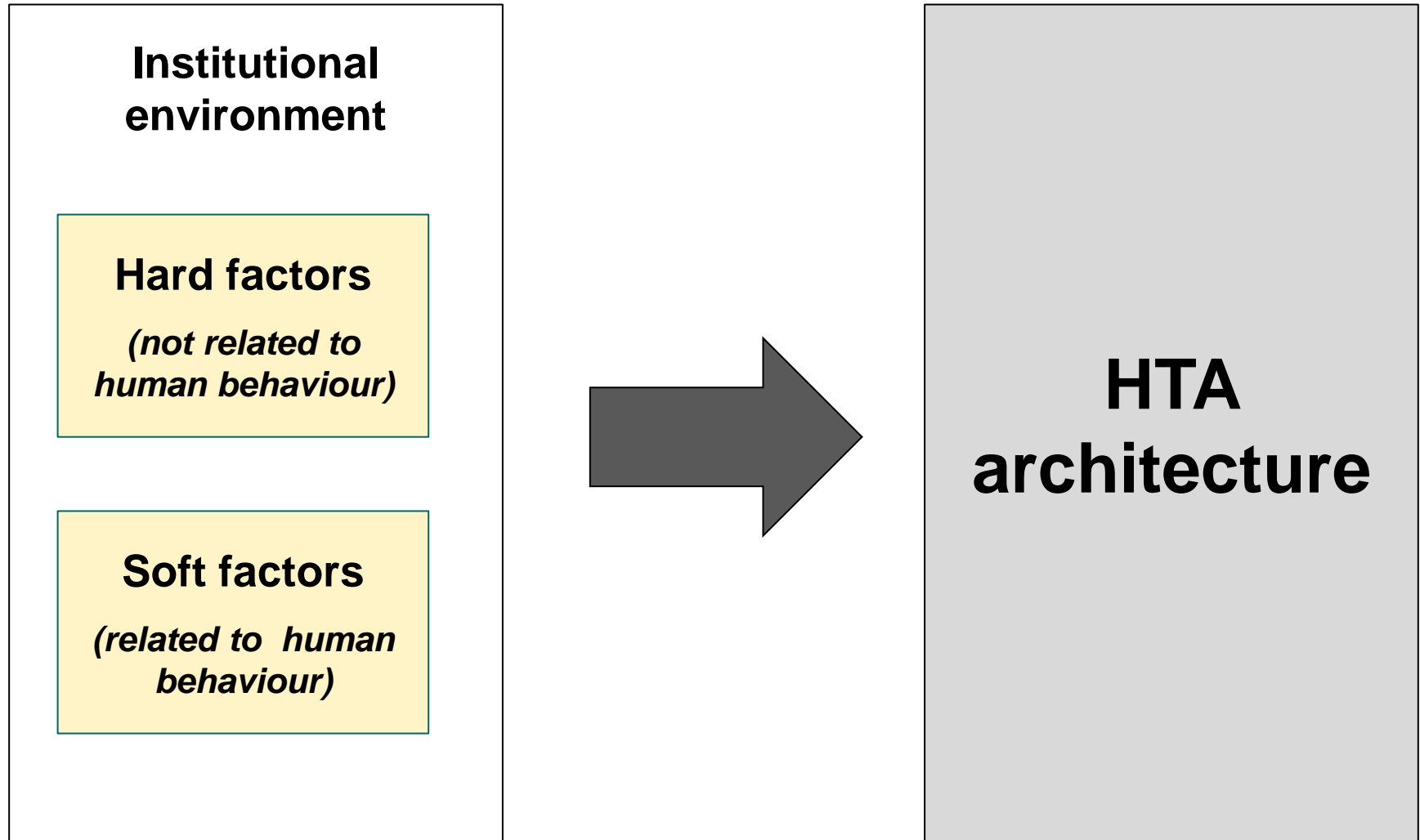
Ideas & Solutions, Budapest, Hungary

HTA system design in countries newly implementing HTA

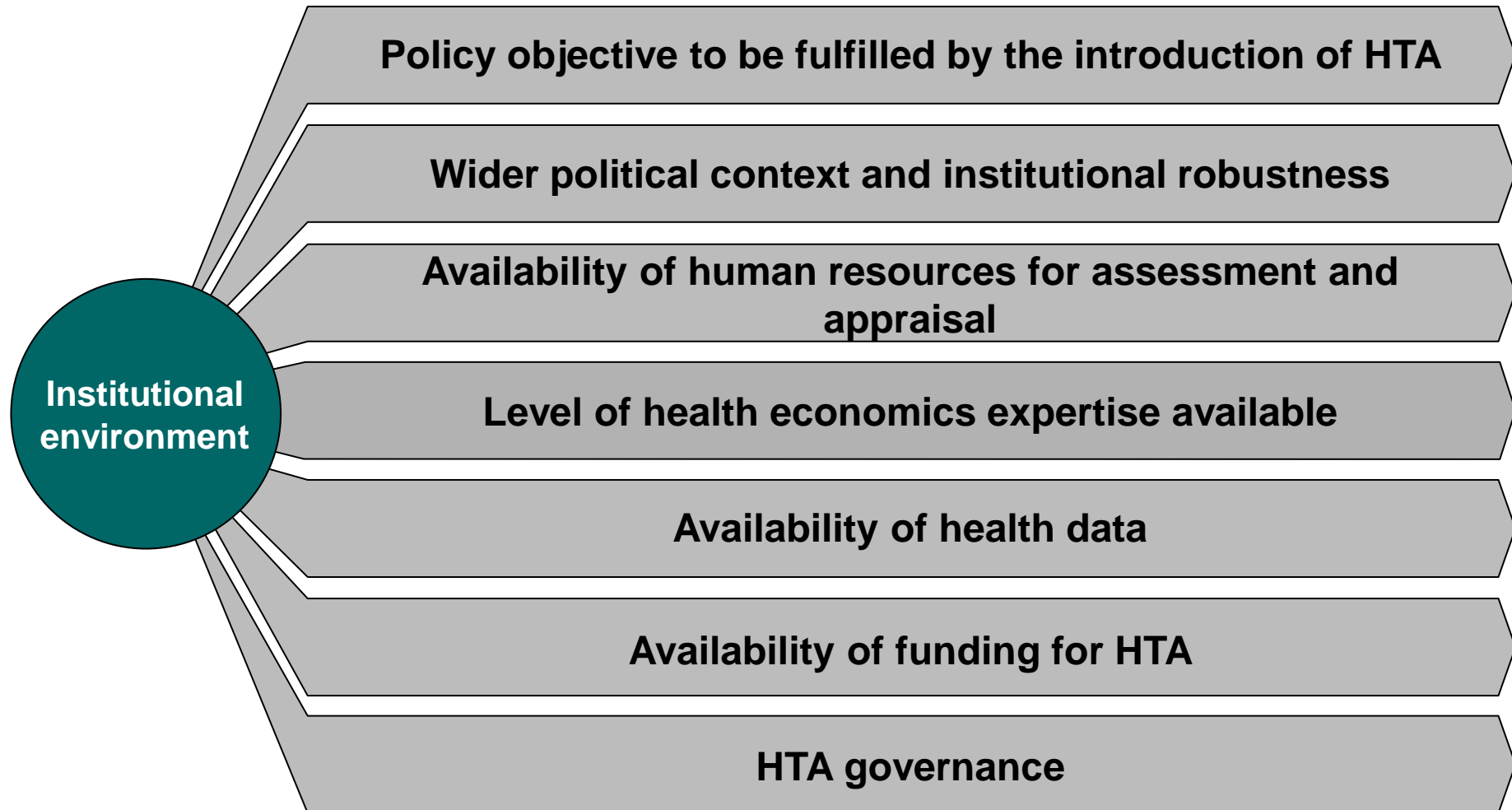
'Development of HTA in the Eurasian Economic Union' conference

Astana, 27 April 2017

Starting point: The institutional environment influences which HTA architecture can work best



The institutional environment is complex and comprises several elements (1)



The institutional environment is complex and comprises several elements (2)

EXAMPLES

Policy objective to be fulfilled by the introduction of HTA

- Why has HTA implementation been initiated and by whom?
- What is the target scope of HTA, as per preliminary policy discussions, in terms of health technologies (originator medicines only, all proprietary technologies, all health technologies)?
- Will HTA be used during the pricing & listing process to assess all innovative health technologies within scope that seek public funding? Or only to a subset of technologies based on some criteria?
- Will HTA be used to prioritize health technologies which have been waiting for a pricing & listing decision?
- Will HTA be used to revise the price and reimbursement conditions of already funded health technologies?

Wider political context and robustness of institutions

- Is there a culture of policy debate, stakeholder inclusion, transparency, accountability and contestability?
- How high is the exposure of health policy institutions to the political cycle?
- How frequently and abruptly are health policy / HTA priorities expected to change?
- How accountable are health care policymakers for their decisions and actions?

The logic of HTA design is different in the traditional and the relativist (institutional) approach

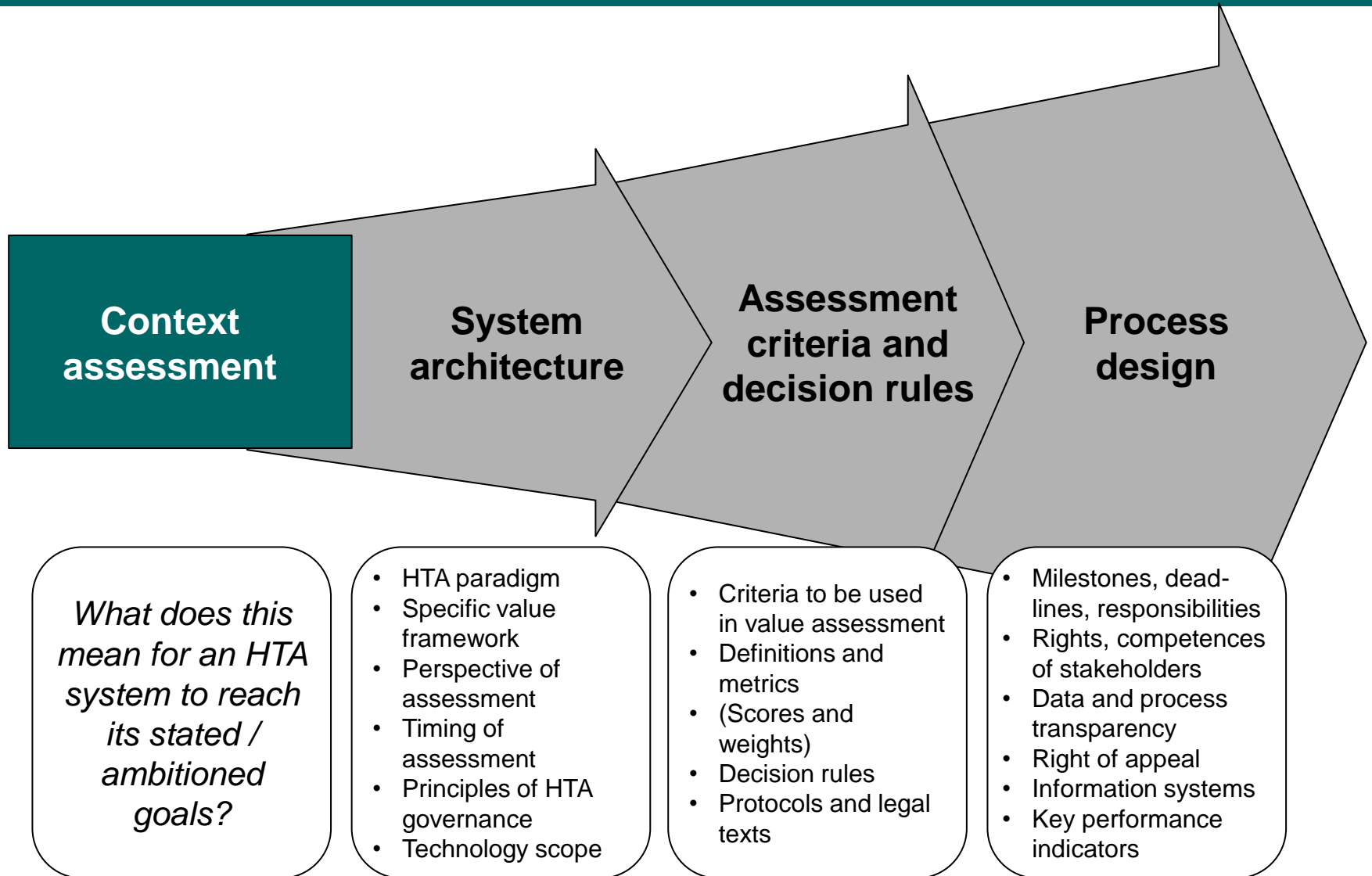
Traditional HTA view



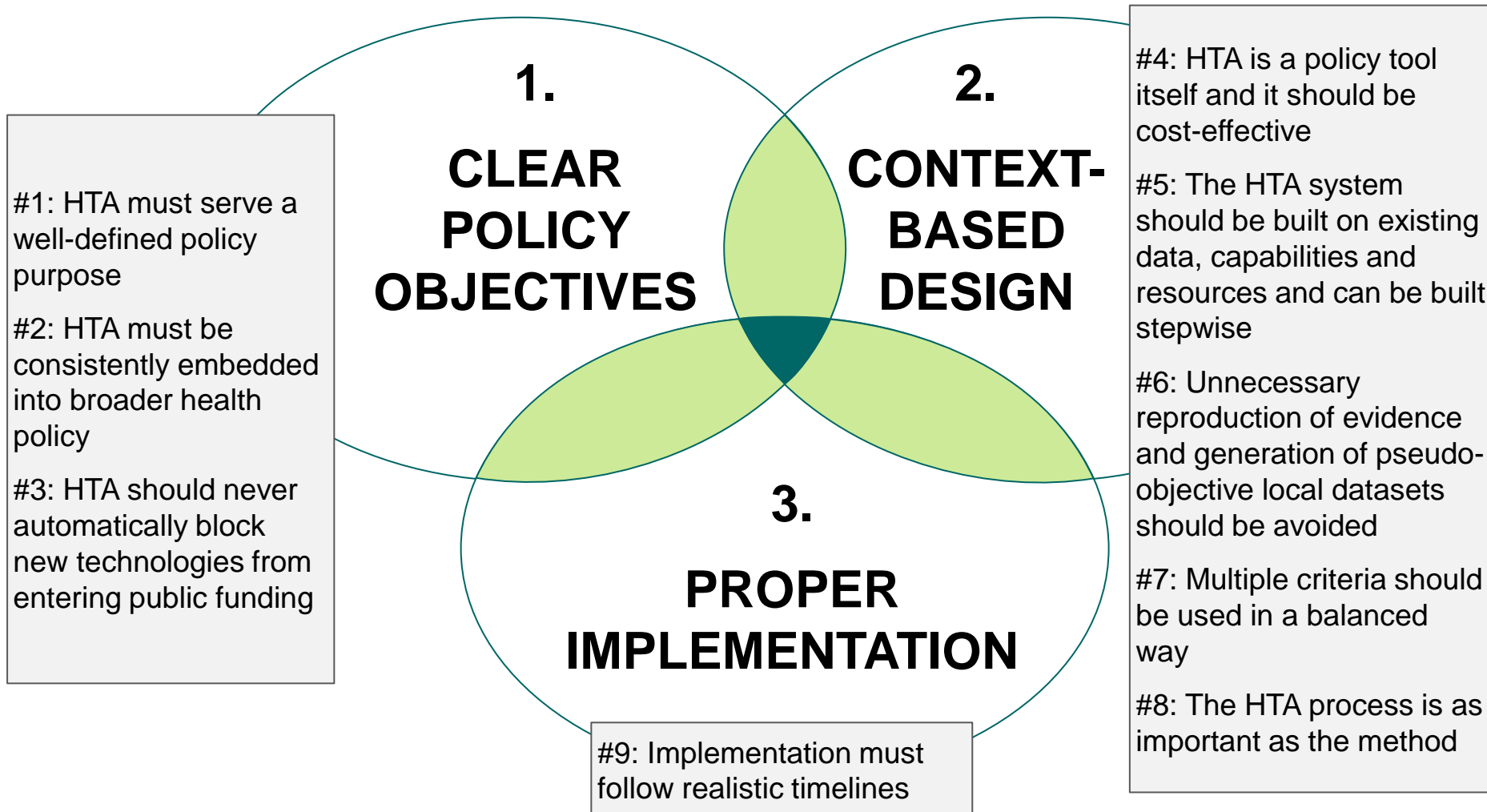
Relativist (institutional) view



A four-step rational process is recommended in HTA system design



Practical principles of HTA system design – recommendations for Russia and CIS countries



Principle #1: HTA must serve a well-defined policy purpose

,'Right' HTA policy objectives

**Increase the
efficiency of
health care
spending**

**Increase the
transparency of
decision-making**

**Enable
prioritization of
health
technologies**

,'Wrong' HTA policy objectives

Comply with
lender
requirements
without a clear
policy vision

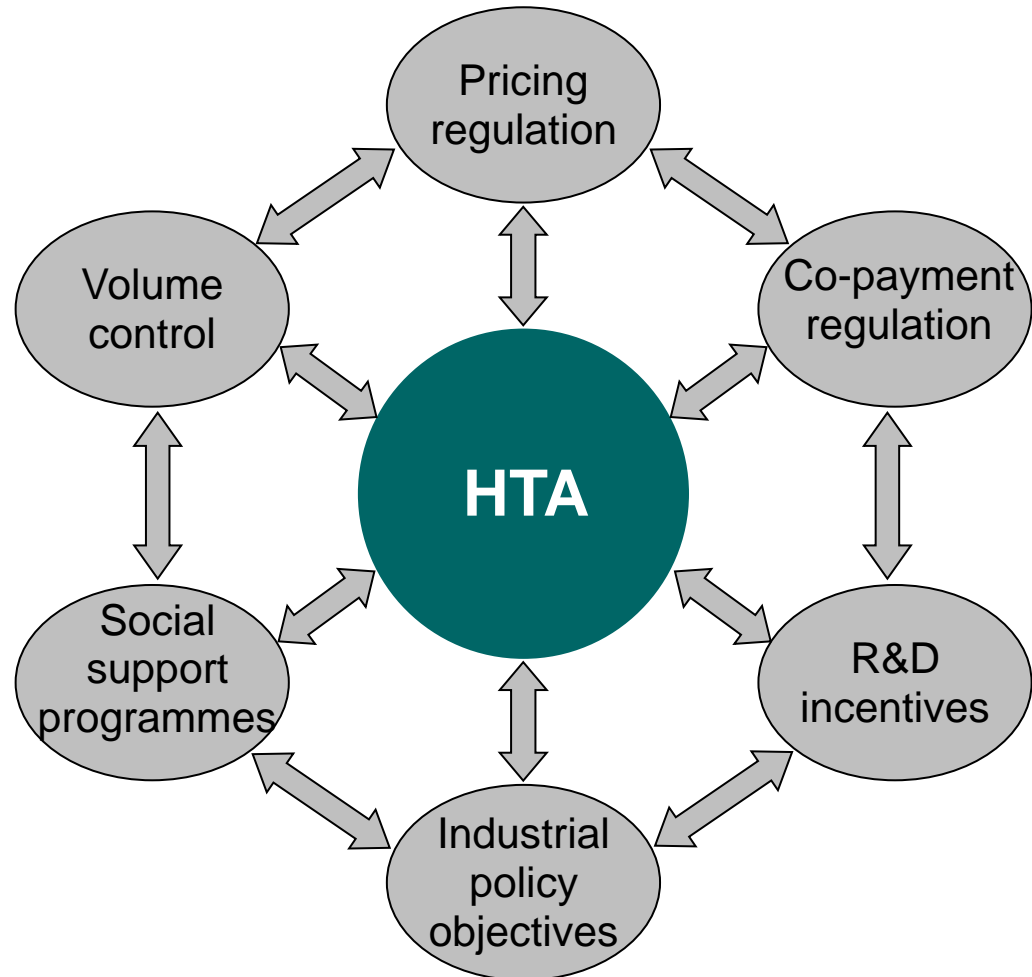
Introduce a cost-
cutting mechanism
in health care

Yield to pressure
from consultants

Principle #2: HTA must be consistently embedded into broader health policy

Connections between HTA and other subsystems must be defined.

HTA should not work as a stand-alone subsystem in pharmaceutical policy.



Principle #3:

HTA is a policy tool itself and therefore it should be cost-effective

PAYER PERSPECTIVE

Payer benefit (= better decision quality) from increased quality of information should exceed the cost of producing that information

SOCIETAL PERSPECTIVE

Health outcomes from improved system efficiency through HTA should exceed direct and indirect costs of HTA

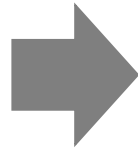
Principle #7: Multiple criteria should be used in a balanced way



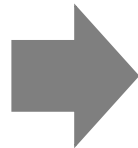
Only by applying multiple criteria can the risk of a shift towards budget focus and silo decisions be minimized



CLINICAL BENEFIT

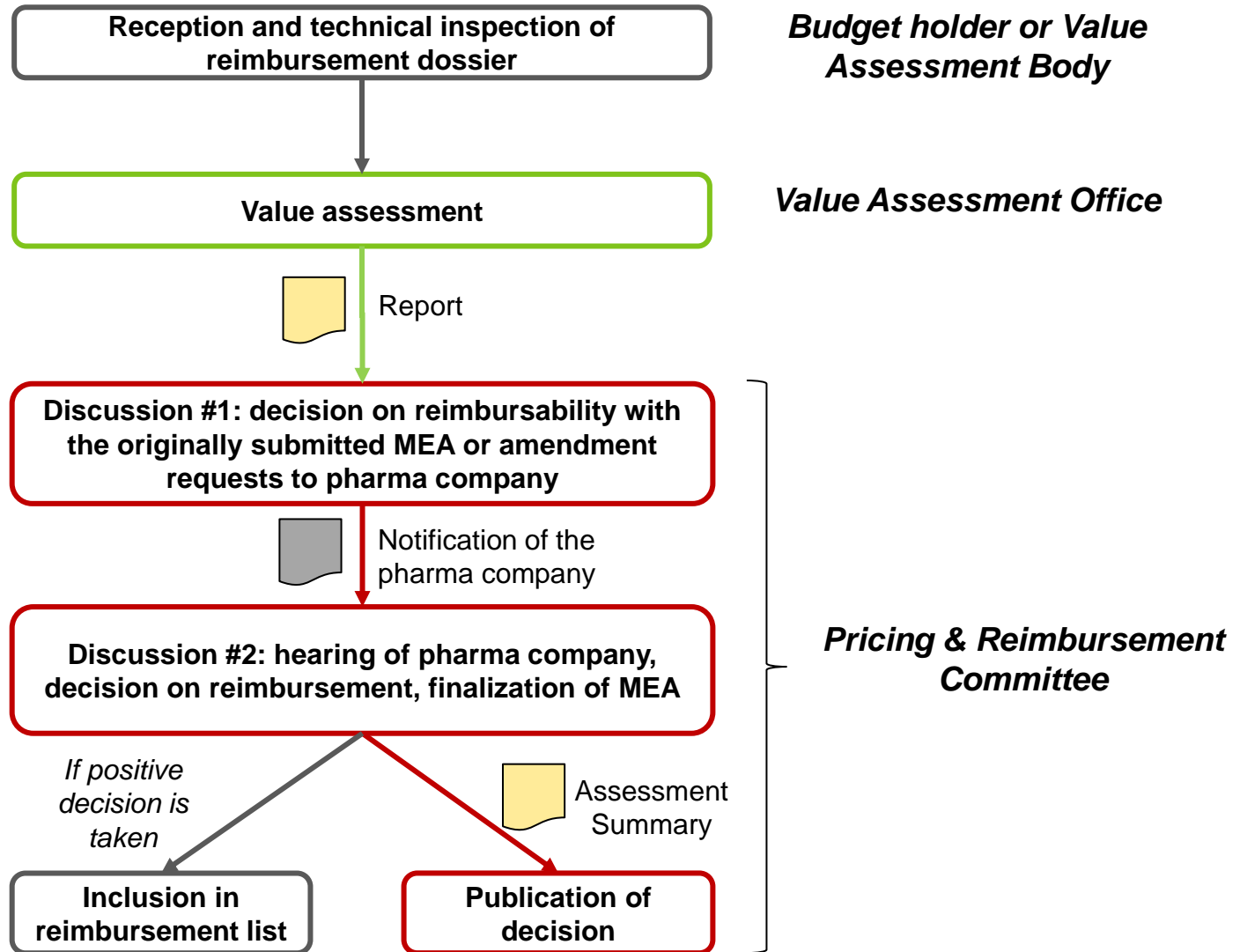


ECONOMICS



SOCIAL AND ETHICAL ASPECTS

Principle #8: The process is as important as the method



Conclusions and recommendations

- 1. HTA systems should be designed based on the institutional context**
- 2. HTA systems should themselves be cost-effective**
- 3. Although HTA is often regarded as a technocratic tool, it is in fact a social and institutional phenomenon**