Questionnaire on the future of HTA in Europe

(The following items correspond with the questions in the PDF file)

Questions

1. Information about the respondent

1.1. Ministry of Health, Welfare and Sport

1.2. The Netherlands

1.3. Non applicable

1.4. aa.golja@minvws.nl

1.5. Aldo Golja

1.6. A

2. Identification of Respondent

2.1. A

2.1.a. D (Ministry)

2.2. National

2.3. Yes

2.4. A, B, C: HTA is also relevant as a basis for reimbursement decisions on regular health care interventions.

3. State of Play

3.1.a. Agree.

There are no concrete examples, but patients and physicians do raise questions on the differences in outcome and the following reimbursement decisions on specific treatments between European Countries. Those differences could be caused by differences in prioritization of health technologies to be assessed.

3.1.b. Agree

We are aware that e.g. Germany, unlike The Netherlands, does not use off-label use of a drug as a comparator. It's therefore possible that the German IQWIg (German HTA body) recommends reimbursement of a drug, whereas the Dutch Zorginstituut does not. Although it is not believed to have any major impact on our organization, it can potentially cause confusion among patients and physicians.

3.1.c. Strongly Agree

Some countries use a QALY threshold ad the major endpoint for cost-effectiveness assessments, wile others use clinical endpoints for overall survival. Another example is the case where some countries use a healthcare perspective for their cost-effectiveness assessments, while others use a societal perspective.

3.2.

A, E, G

3.3.

A

3.3.1.

A

3.3.1.1

A, B, D, E, F, G

3.3.1.1.1.

The contribution to increased awareness and knowledge on HTA issues between HTA organizations may reduce workload in the future, or allow for a different allocation on other HTA related activities.

3.3.1.1.2.

a) To a limited extent
b)To a limited extent
c) To a limited extent
d) To a limited extent
e) Not used
f) Not used

3.3.1.1.3.

The Joint Actions gave room for an open and non-binding participation of HTA bodies, thus limiting the uptake of joint work. This limited the effectiveness of the collaboration.

3.3.1.2.

D, F

3.3.1.2.2.

The following benefits could be identified:

- Design and use of a common methodology
- shared quality assurance of work done through collaboration
- Uptake of shared work
- Capacity building
- Proof of concept: performing pilots of joint work

4. EU Cooperation on HTA beyond 2020

4.1

A

4.1.a.

The current and previous Joint Actions (EUnetHTA) have clearly shown that collaboration on HTA is possible, given a commonly used methodology. Given an assured quality level of HTA outcomes, the uptake of joint work in individual member states will not only contribute to informed and more consistent reimbursement decisions and affordability of care. It will also allow for sharing workload and potentially for performing a larger number of assessments.

4.1.1

a) Very useful
b) Very useful

4.1.1.2.

a) Responds very much to your needs
b) Responds to some extent to your needs
c) Responds very much to your needs
d) Responds very much to your needs
e) Responds to some extent to your needs

4.1.1.2.1

This may lead to a shift of work load within the organization of the HTA body. While assessments might be shared, internal resources could focus on more local and national HTA initiatives, such as increased local stakeholder involvement. Additionally, there might be more resources available to forcus on more tailored approaches. For instance on conditional reimbursement and managed entry arrangements for individual products.

4.1.1.3.

D

4.1.1.3.1.

Given continued EU cooperation on HTA, a EU contribution would ensure a sustainable and long term organization and coordination of cooperation. It would allow for the further development of common methodologies, logistics and procedures.
Participating countries would benefit from the outcomes of joint work. Not only in their national reimbursement decisions, but also because of the use of shared resources. A copayment by participating Member states would therefore be in order.
Individual companies will benefit from joint HTA work as a basis for reimbursement decisions in several countries. Allowing for In parallel with registration fees as charged by EMA, individual companies would be able to contribute to the quality and timeliness of joint HTA work.
Allowing for industry contribution will require strong safeguards to prevent any bias and/or influence on the outcome of assessments.

4.1.1.4.

C, D

4.1.1.4.1.

Successful, long term collaboration will benefit from a sustainable model. Given the strong methodological and technical aspects of HTA and the importance of consistency of HTA outcomes, a dedicated Agency is preferred to support the long term overall quality and consistency of HTA work.
A second best option would be to rotate coordination between Member States. It would increase involvement of Member states. However, given the more delicate nature of

rotational organization, this form could pose challenges for long term success of cooperation on HTA.

4.1.1.5.

a) B

b) A

c) C

4.1.1.5.1.

Most favorable would be to allow for a periodical opt-in of member states, allowing them to collaborate on Relative Effectiveness Assessments (REA). Doing so, it would obligate Member States to accept and adopt the outcomes of the joint-REA in national decision making.
It would allow Member states to prioritize their commitment to specific fields of products or technologies, but at the same time support the uptake of joint work.
Given the national differences and the strong relationship to national reimbursement decision making in Member States, mandatory participation in HTA work is not considered to be feasible.