

PRESS RELEASE

LSE leads consortium to advance and strengthen the methodological tools and practices relating to the application and implementation of Health Technology Assessment (HTA)

The London School of Economics and Political Science – LSE Health (LSE) together with 12 other institutional partners have been awarded a 3 million euro research grant by the European Commission under DG Research's 7th Framework Programme for their project entitled ADVANCE-HTA, commencing in January 2013 for 3 years. LSE Health will act as the principal investigator and coordinator, bringing together a team of high-level experts with extensive experience in the area of health policy, health economics, health and research methodologies, access to medicines, pharmaceutical policies, medical devices, and Health Technology Assessment (HTA).

The consortium combines geographical and disciplinary diversity with academic rigor and policy relevance emphasized by the members' experience in linking research to policy and comprises the following institutions: 1) The London School of Economics and Political Science – LSE Health (LSE), UK; 2) The London School of Hygiene and Tropical Medicine (LSHTM), UK; 3) Istituto Superiore di Sanità (ISS), Italy; 4) University of Castilla-La Mancha, Spain; 5) The Institute for Economic Research, Slovenia; 6) Technische Universität Berlin, Germany; 7) The Andalusian School of Public Health, Spain; 8) Pan American Health Organisation (PAHO), USA; 9) The European Brain Council (EBC), Belgium; 10) University Paris-Est Créteil, France; 11) National Institute for Health and Clinical Excellence (NICE) - International, UK; 12) Agency for Health Technology Assessment (AOTM), Poland; 13) The Dental and Pharmaceutical Benefits Agency (TLV), Sweden.

ADVANCE-HTA aims to contribute to advances in the methods and practices for HTA in European and other settings by involving the wider stakeholder community in areas actively and heavily debated given their implications for decision-making and resource allocation. ADVANCE-HTA aims to make a number of contributions in six distinct areas, which carry significant policy implications for resource allocation. These are:

- First, the *issue around value for money* and the different approaches surrounding current thresholds for resource allocation, where ADVANCE-HTA will systematically explore alternative means of assessing value for money and trace the implications for the conduct of HTA and the use of cost-effectiveness data to inform decision-making.
- Second, the *concept of value assessment*, and the factors that need to be considered and incorporated beyond cost effectiveness, such as burden of disease, disease severity, quality of the data and evidence produced and the implications these are having on the continuous assessment of new health technologies and relative effectiveness. ADVANCE-HTA will aim to explore new tools and methodologies in this domain, for example Multi-Criteria Decision Analysis, and investigate their adoption and implementation.
- Third, to improve the quality of the evidence required for and the *methods associated with the assessment of rare diseases* by relying on new data providing a more realistic understanding of the socio-economic benefits of orphan drugs. In this context,

ADVANCE-HTA it will develop and validate a framework to support decision-making relating to orphan drugs for rare diseases, by means of a Multi-Criteria-Decision framework.

- Fourth, to improve the robustness of the evidence on the *elicitation of preferences* by deriving these in more realistic settings, by drawing on the wider EU citizenship and from within the patient community. ADVANCE-HTA will create new data that will incorporate patient-relevant values into widely used tools of quality of life measurement, such as the EQ-5D.
- Fifth, to advance the debate on the suitability of current HTA tools across *different categories of medical devices*, including diagnostics, ADVANCE-HTA will consolidate the current methods for assessing HTA in medical devices in different settings, address their suitability to appraise different types of medical devices, including diagnostics and propose how current tools can be modified or adapted in order to arrive at more robust methods of assessment.
- Sixth, to improve the *implementation and capacity building of HTA*, also incorporating improvements as outlined above in settings outside Europe, where HTA is beginning to be considered explicitly in decision-making. ADVANCE-HTA will create a framework for HTAs at different levels (national, hospital [mini-HTAs]) by benchmarking with evidence from countries that have developed such frameworks.

Additional activities within ADVANCE-HTA will contribute to furthering the debate on future developments in HTA by bringing together the research being conducted across the Consortium. Further, extensive dissemination of the results will be carried out by effectively linking policy makers, stakeholders and patient networks to the research evidence on HTA.

ADVANCE-HTA will impact a range of stakeholders and activities. The methodological advances in HTA are likely to influence developments in areas such as value-based pricing of medical technologies, or other areas of HTA (e.g. mini-HTAs). Capacity building activities in Latin America and Eastern Europe will transfer the accumulated expertise to countries that are new to HTA, while involving experts from other settings on the debate surrounding HTA and the health care resource allocation debate. The broad range of dissemination activities, such as the creation of a dissemination platform with the European Observatory, will enable the targeting of a broader range of stakeholders, including developing greater awareness amongst the general public on this subject.

Overall, ADVANCE-HTA aims to broaden the spectrum, complement and address areas of intense methodological debate in the application, use and implementation of HTA. It also aims to improve HTA methods, which can be taken further by competent authorities nationally whilst supplementing the work of supra-national bodies (e.g. EUnetHTA) towards a common understanding of choices in health care decision-making.

For further information, please contact:

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