

Theory versus Practice: Discussing the Governance of Health Technology Assessment Systems

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Executive Summary

This paper examines the issue of governance of Health Technology Assessment (HTA) systems. It finds that, while there seems to be a convergence among different countries towards the HTA appraisal and review process, there are still considerable differences in the manner in which national HTA systems operate as a whole. Such differences, it is argued, ultimately lead to different outcomes and outputs of national HTA systems, not least in the context of patients' ability to access new and innovative healthcare technologies.

Focusing on four key countries – Australia, Canada, Germany and the United Kingdom – this paper analyses some of the key elements embedded in HTA systems, which by and large affect the issue of governance of such systems. Accordingly, the paper does the following:

- Describes and analyses the different HTA agencies in the above countries;
- Outlines and determines their relationship with healthcare decision makers;
- Assesses the competence of HTA bodies to provide recommendations and decisions about the endorsement or rejection of healthcare technologies;

- Considers the degree of openness and level of inclusion of inputs from different stakeholders;
- Gauges outputs and performance in terms of the number of reviews and decisions provided by the relevant HTA bodies;
- Discusses the overall public perception of these bodies;

The following table provides some of the key findings with regard to the four national HTA systems:

	Australia	Canada	Germany	United Kingdom
Polymaking	Centralised	De-centralised	Centralised	Centralised, with devolution
Competence	Non-binding recommendations	Non-binding recommendations	Non-binding recommendations	Binding recommendations
Accessibility	Open	Open	Closed	Newly open
Functionality	Medium funding, high output	Medium funding, high output	Medium funding, high output	High funding, medium output
Perception	Low public perception	Low public perception	Low public perception	High public perception

While identifying the differences between national HTA systems, which are at times considerable, this study also identifies certain ‘virtues’ that national HTA systems could and should work towards.

First, HTA bodies need flexibility and the ability to appreciate local needs and individual concerns. The notion of a negative list, which many systems use, provides an indication of how inflexible some systems can be. Rather than a HTA agency declaring that “this treatment is not cost-effective”, it would be better if it said “this treatment would be cost effective if...” and outlined circumstances where a technology could be allocated.

Secondly, we argue that HTA systems should also focus on becoming more inclusive and transparent, allowing their decisions and decision-making processes to be open for all to see. Transparency does not just provide the reassurance that a decision has been reached fairly and sensibly, it also allows for a more comprehensive and effective recommendation.

Thirdly, and perhaps most importantly, the paper notes that HTA systems are but one part of the national health system in which they operate. As such one cannot look at the decisions made within the HTA system as being isolated from the provision of healthcare in a given country. Accordingly, the policy actions and budgetary decisions that take place in the wider context of the national health system are likely to have a significant effect on the manner in which HTA decisions affect the ability of patients to gain access to new healthcare technologies.

Finally the paper concludes that decisions-makers and politicians cannot just hide under the "scientific veil" of HTA bodies. Rather both politicians and the public need to examine the HTA system with a more critical eye – to endorse its main points of strength but also to identify its limitations and weaknesses and to address them accordingly.