

# IMPACT HTA | WP11

From HTA results to guidance implementation: paving the way

## Background

Policymaking in healthcare is most often dealing with quality- and cost- increasing interventions compared to usual care. WP11 focuses on cost-saving technologies that might marginally diminish individual health outcomes; these technologies are labelled *decrementally cost-effective interventions* (d-CEIs). Such interventions still present an optimal cost-outcome combination. Yet d-CEIs' potential remains undervalued, and they have received much less attention from HTA bodies.

## Tasks

- 1 A systematic review to identify d-CEIs studies published in order to inform researchers and decision-makers about the level and quality of evidence on d-CEIs and a scoping literature review to analyze the willingness of decision-makers to consider, and possibly adopt a d-CEI.
- 2 Respondents were invited, in a discrete choice experiment, to act as a local health officer and to choose eight times among two hypothetical d-CEIs.  
  
156 respondents from 18 countries, but with a strong representation of French respondents. In parallel to the standard econometric methods used to analyze the results, a thorough qualitative analysis of the open comments has been undertaken.
- 3 The political economy report brings together results from tasks 1 and 2 and further develops the economic, ethical and health policy analyses. The toolbox provides guidance for the implementation of the four policy-recommendations and comprises three tools:
  - **Actual discrete choice experiment:** can be used in many different settings to illustrate the individual and collective stakes associated with adopting d-CEIs.
  - **Ethical/political check-list:** aims to inform the appropriateness and acceptability of considering d-CEIs as part of the treatment choice set.
  - **Decision-tree:** to guide decision-makers' choice of adoption of d-CEIs and to help ensure that adoption is ethically licit and acceptable to patients and more generally to society.

## Objectives

WP11 pursues a double objective:

- 1 To shed light on d-CEIs implementation issues and understand the interplay of individual and collective preferences.
- 2 To offer recommendations on how to systematically consider and possibly adopt d-CEIs as well as practical guidance.

## Recommendations

Based on the political economy report findings, four main policy-recommendations were offered on how to facilitate d-CEIs adoption:

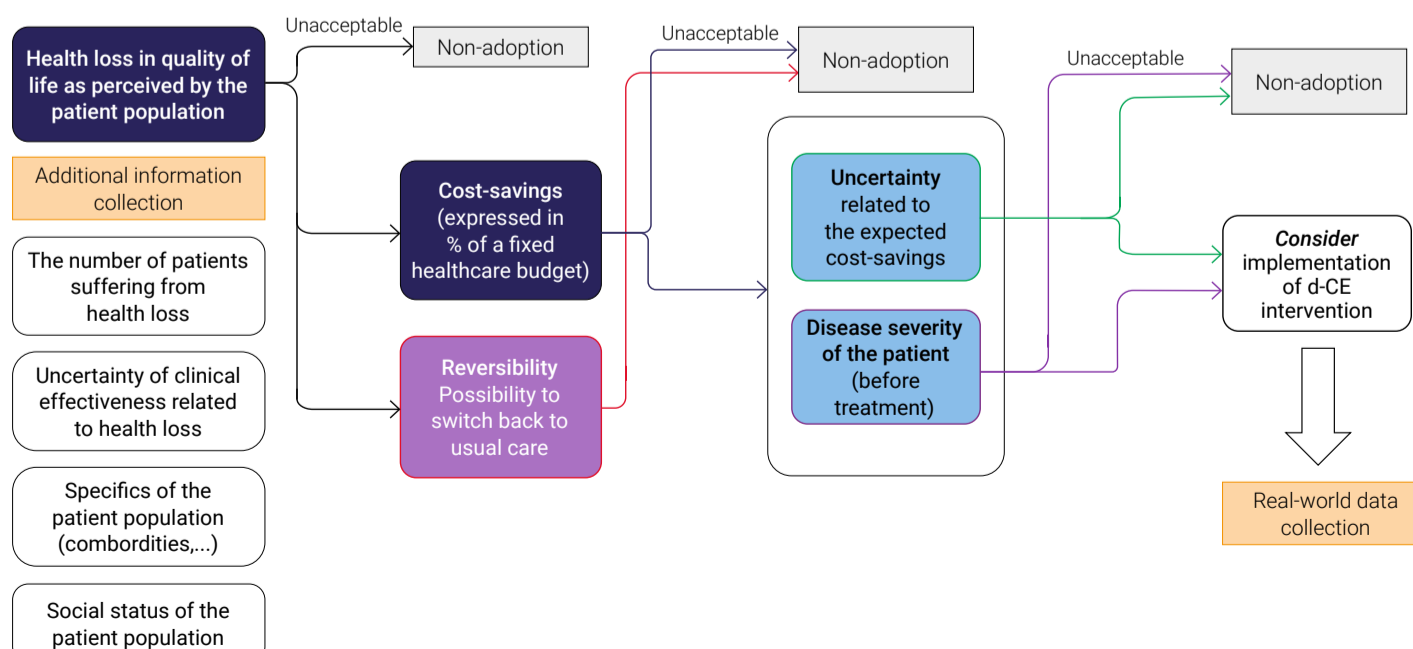
- **Mainstreaming:** when deciding about implementing a new intervention, decision-makers shall be encouraged to systematically consider d-CEIs;
- **Inclusiveness and transparency:** important components in securing stakeholders' understanding, participation in documenting the stakes, and possible adherence in case of adoption;
- **Exhaustivity:** all forms of d-CEIs should be considered, such as complementary non-pharmaceutical interventions or stepped care approaches.
- **Social justice and ethics:** considering d-CEIs in the HTA process should provide an incentive to explicitly discuss the underlying value-judgements, ethical and social justice principles embedded in the anticipated savings reallocation.

## Impact

WP11's results on d-CEIs should:

- 1 **Contribute to sustainability** (by eliminating obsolete or dominated interventions),
- 2 **Help maximise population health** (by reallocating savings on interventions bringing the most health improvements),
- 3 **Accommodate special needs** (by prioritizing costlier alternatives on target populations according to their health or social statuses).

## Decision-tree



## Policy implications

By providing an extensive and multidisciplinary analysis of d-CEIs, WP11 offers levers to scale up these interventions and to maximise population health, while respecting core values identified for European the healthcare systems.