

Presenters





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Learning Objectives





Understand medtech HTA and its challenges



Understand how medtech HTA varies internationally



Discover the key requirements to consider for medtech HTA



Medtech HTA and its Challenges



Sheryl Warttig
Director
Market Access and
Outcomes Strategy

What is Medtech?





What is Health Technology Assessment?



- Means different things to different people
- Different HTA organisations may perform HTA differently and from different perspectives
- Features:

Health economic analysis?

Mandatory for market access?

Linked to reimbursement?

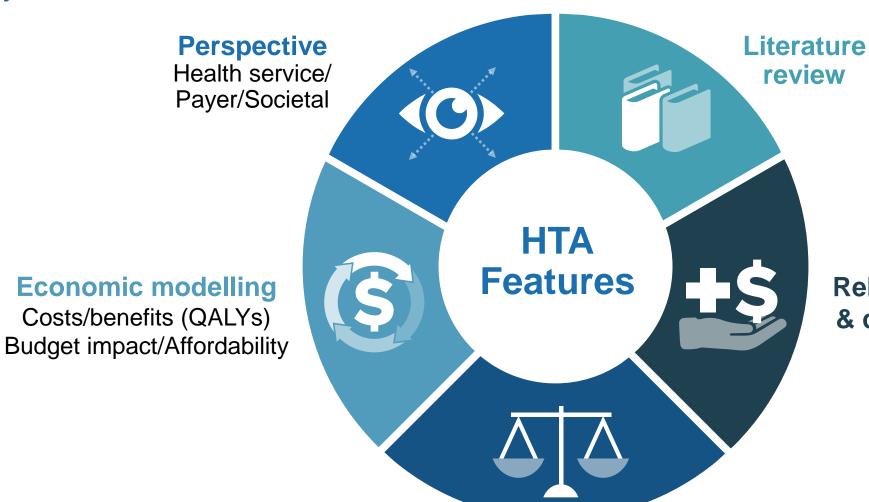


Systematic assessment of the **intended and unintended consequences** of using a technology in a healthcare system

HTA is being increasingly used to assess medtech

Key Features of HTA ...





Relevant clinical & cost evidence RCTs

Appropriate comparator

SoC/alternative/competitor

Example – Hospital Bed





Medtech – HTA Challenges



CHALLENGES



Evidence

- Regulatory information usually insufficient for HTA
- Evidence for HTA generated after launch
- Real-world evidence
- Lifecycle: rapid iterations

Use case

- Broad indications/use case
 - e.g., wound dressing, roboticassisted surgical device
- Range of comparators/ standard of care
- Different benefits/risks

Other

- Benefits/cost impact observed in other areas of disease pathway
 - e.g., diagnostic test used by GPs to avoid a test or procedure performed in secondary care

Leads to uncertainties in the clinical and economic evidence



The broader the indication/use, the more evidence is needed



Difficulties demonstrating value to the user

How much evidence is needed?



It depends on uncertainties e.g.

- how the disease is best managed
- the technology and how it works
- the benefits and their value

The greater the uncertainty, the more evidence needed

Example- Amniotic fluid leak during pregnancy



The condition is well known with a clear and well-established care pathway.

People with a suspected leak during pregnancy are referred to hospital maternity services for a physical examination to see if there is fluid leaking from the cervix.

A diagnostic test can be used at home to rule out amniotic fluid leak, avoiding referral to hospital and physical exam.

Evidence available: 3 diagnostic accuracy studies

Example- Pre-clinical diabetic neuropathy



Diabetic neuropathy is well known, with an established care pathway but it is unclear how pre-clinical diabetic peripheral neuropathy should be managed

People with diabetes have a routine annual foot check to identify diabetic foot complications

A diagnostic test assess foot sweat gland activity to predict diabetic foot complications earlier, in its pre-clinical state.

Evidence level: 18 studies of various designs

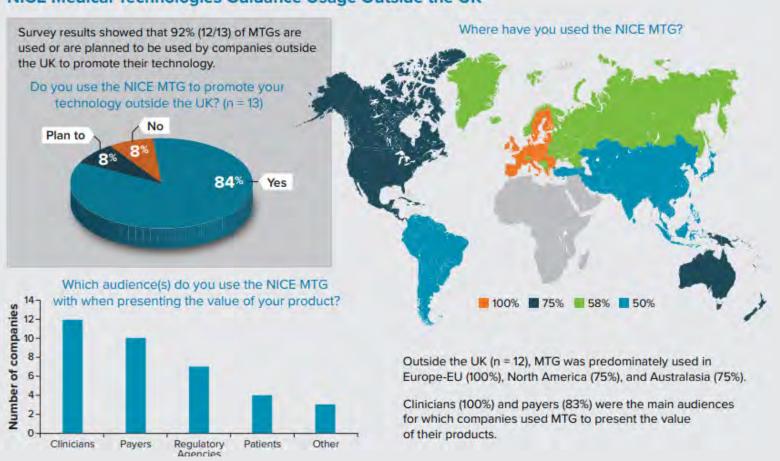


National Institute for Health and Care Excellence

- The National Institute for Health and Care Excellence
- Develops guidance for the NHS in England (and Wales)
- Medtech HTA has evolved over time



NICE Medical Technologies Guidance Usage Outside the UK



69%

Positive commercial impact in the UK (31% unsure)

55%

Positive commercial impact outside the UK (36% unsure)



1999

NICE established

2009

Medtech HTA 2014

Medtech innovation briefing

2021

Medtech funding mandate

2022

Early value assessment

2023

Late-stage assessment



NICE is established in 1999

1999 NICE established 2009 Medtech

HTA

2014
Medtech innovation briefing

2021 Medtech

Medtech funding mandate 2022

Early value assessment

2023

Late-stage assessment

HTA route = technology appraisal

- Legal requirement for recommended technologies to be made available
- For any technology
- First 10 published included medtech

TA2 Hip prostheses
TA4 Coronary stents
TA5 Liquid-based cytology
TA8 Hearing aids
TA10 Asthma inhalers



Bespoke medtech programmes in 2009

1999 NICE established 2009 Medtech HTA 2014
Medtech
innovation
briefing

2021
Medtech funding mandate

2022Early value assessment

2023
Late-stage assessment

Bespoke HTA for devices and diagnostics

- MTG (devices, diagnostics, digital; simple health economics)
- Diagnostics guidance (diagnostics only; cost-utility health economics)
- No legal requirement for NHS organisations to make the technology available
- Company request for assessment



Medtech innovation briefings in 2014

1999 NICE established

2009 Medtech HTA 2014
Medtech innovation briefing

2021
Medtech funding mandate

2022Early value assessment

2023
Late-stage assessment

- Guidance takes too long
- Information is needed to support use
- Summary of information
 - Clinical
 - Cost
 - Expert opinion
- No recommendations
- NHS request for assessment

Now discontinued – no new topics since April 2023



Medtech funding mandate begins in 2021

1999 NICE established 2009 Medtech HTA 2014
Medtech
innovation
briefing

2021 Medtech funding mandate **2022**Early value assessment

2023
Late-stage assessment

- Accelerate adoption of NICE-recommended medtech
- Mandates the use of medtech with the greatest benefits

MedTech Funding Mandate Criteria

- Positive NICE medical technologies or diagnostics guidance
- Will generate cost savings to the NHS within 3 years
- Affordable to the NHS



Early value assessments begin in 2022

1999 NICE established 2009 Medtech HTA 2014
Medtech
innovation
briefing

2021
Medtech funding mandate

2022
Early value assessment

2023
Late-stage assessment

- Quicker access to promising medtech that addresses unmet needs
- Identifies evidence gaps and supports evidence generation
- Decides whether technology should be used during evidence generation



Late-stage assessments begin in 2023

1999 NICE established 2009 Medtech HTA 2014 Medtech innovation

briefing

2021
Medtech funding mandate

2022Early value assessment

2023
Late-stage assessment

- Medtech evolves over time
- Focus on medtech in wide use with a high cost to NHS
 - High cost, low volume
 - Low cost, high volume
- Do incremental changes justify price?

MedTech Funding Mandate Criteria

TAVI

- Continence wearables
- Colostomy bags
- Slide sheets
- Coronary stents
- Beds
- Wound dressings

Summary



Lots of changes in how NICE undertakes HTA on medtech

Reflects learning, feedback, and changes in the wider medtech and HTA environment But this is just England.....



How HTA Varies Internationally, and What Are Key Requirements to Consider for Medical Technologies?



Liesl Gildea

Associate Director

Market Access and
Outcomes Strategy



Our Research – Medtech HTA International Survey

Key Areas of Interest ...





- Recognize the types of medtech products HTA bodies assess
 - Learn what is involved in creating an HTA submission for medtech
 - Understand the types of evidence considered for HTA of medtech
 - The role of RWE in decision-making by HTA bodies for medtech products
- Understand the differences and similarities for health economic evaluation of medtech by HTA bodies internationally



Summary of Key Findings

An Online Survey Was Sent to 55 HTA Organisations Worldwide



The survey covered:

- Type of medical technologies (e.g., devices, diagnostics, digital technologies) that undergo HTA
- How technologies are selected for evaluation
- What process is used
- What types of evidence is considered in the review
- Whether and how a medical technology company can submit evidence to the HTA body

- What types of clinical and economic evidence are considered as part of the review
- Requirements for company submissions of clinical and economic literature reviews
- Details of economic evaluations(e.g., perspectives used, discount rates)
- Types of outcomes following HTA of technology
- Timeframes and timelines for reviews
- Who is responsible for reimbursement negotiations

Of the 55 Invitations Sent,17 Organisations (30.9%) Responded to the Survey



12

confirmed that they assess medical technologies

3

stated they do not assess medical technologies

2

declined participation



HTA organisations contacted from:

- Argentina
- Australia
- Austria
- Belgium
- Brazil
- Canada
- Columbia
- Denmark
- England
- Finland
- _
- France
- Germany
- Italy
- Japan
- Malaysia
- Norway

- Peru
- Poland
- Portugal
- · Republic of Ireland
- Scotland
- Singapore
- South Korea
- Spain
- Sweden
- Switzerland
- the Netherlands
- Tunisia
- United States
- Uruguay
- Wales

What Types of Medical Technologies Can Undergo HTA at Your Organisation?



Country	HTA organisation	Digital	Non-invasive devices	Invasive devices	Diagnostics	
Canada	♦ CADTH	0	0	0	0	
Denmark	DEFACTUM	0	0	0	0	
Denmark	DHTC	0	0	0	Ø	
Finland	FinCCHTA	0	0	0	0	
Germany	G-BA	0	0	0	0	
Japan	NIPH	8	0	0	8	
Norway	Nye Metoder	0	0	0	0	
Spain	AQuAS	0	0	0	0	
Sweden	TLV	0	0	0	0	
Tunisia	© INEAS	0	0	0	0	
UK: England	NICE	0	0	0	0	
us	AHRQ	0	0	0	0	

AHRQ = Agency for Healthcare Research and Quality; AQuAS = Agency for Health Quality and Assessment of Catalonia; CADTH = Canadian Agency for Drugs and Technologies in Health; DHTC = Danish Health Technology Council; FinCCHTA = Finnish Coordinating Center for Health Technology Assessment; G-BA = Federal Joint Committee; INEAS = National Authority for Evaluation and Accreditation in Health; NICE = National Institute for Health and Care Excellence; NIPH = National Institute of Public Health; TLV = Dental and Pharmaceutical Benefits Agency.

How Are Medtech Products Selected for HTA?





External referral process



Internal selection process



Requested directly by a medical technology company



Other

How are Medical Technologies Selected for HTA by Your Organisation?



Country	HTA organisation	Digital	Non-invasive devices	Invasive devices	Diagnostics
Canada	CADTH	External referral process	External referral process	External referral process	External referral process
Denmark 🖁	DEFACTUM	External referral process	External referral process	External referral process	External referral process
Denmark 🖁	DHTC	Other	Other	Other	Other
Finland A	FINCCHTA	Requested directly by a medical technology company	Other	Other	Other
Germany /=	G-BA	Other	Other	Other	Other
Japan /	NIPH	Not applicable	Not applicable	External referral process	Not applicable
Norway 4	Nye Metoder	External referral process, interr	nal selection process and requ	uested directly by a medical to	echnology company
Spain 🥻	AQuAS	External referral process	External referral process	External referral process	External referral process
Sweden 🏅	TLV	External referral process	External referral process	External referral process	External referral process
Tunisia 🥻	INEAS	External referral process	External referral process	External referral process	External referral process
UK	NICE	Internal selection process	Internal selection process	External referral process	Internal selection process
us 🍱	AHRQ	Internal selection process	Internal selection process	Internal selection process	Not reported

AHRQ = Agency for Healthcare Research and Quality; AQuAS = Agency for Health Quality and Assessment of Catalonia; CADTH = Canadian Agency for Drugs and Technologies in Health; DHTC = Danish Health Technology Council; FinCCHTA = Finnish Coordinating Center for Health Technology Assessment; G-BA = Federal Joint Committee; INEAS = National Authority for Evaluation and Accreditation in Health; NICE = National Institute for Health and Care Excellence; NIPH = National Institute of Public Health; TLV = Dental and Pharmaceutical Benefits Agency.

What HTA Process Is Used to Assess Medical Technologies by Your Organisation?



Country	HTA organisation	Dedicated HTA process for MT	General HTA process
Canada	CADTH	8	0
Denmark	DEFACTUM	0	0
Denmark	DHTC		8
Finland	FinCCHTA	3	0
Germany	G-BA	8	0
Japan /	NIPH	0	0
Norway	Nye Metoder	0	8
Spain	AQuAS	O	0
Sweden	TLV		8
	(INEAS	0	0
	NICE		8
us	AHRQ	8	0

What Evidence Should Medical Technology Companies Expect HTA Bodies to Review?



Country	HTA organisation	Clinical Data	Economic Data	Healthcare Professional Opinion	Patient Opinion
Canada	CADTH	0	0	0	0
Denmark	DEFACTUM	0	0	0	0
Denmark	DHTC	0	Ø	0	0
Finland	FINCCHTA	0	0	0	0
Germany	G-BA	0	8	8	0
Japan /	NIPH	0	0	8	8
Norway	Nye Metoder	0	0	0	0
Spain	AQuAS	0	0	€3	8
Sweden	TLV	0	0	0	0
	INEAS	0	0	0	0
UK FOOLADO	NICE	0	0	0	0
US	AHRQ	0	8	0	8

Clinical Evidence Accepted for Medical Technologies HTAs By Country



Country	Organisation	Clinical trial	RWE	Registry data
Canada 🗼	CADTH	0	0	0
Denmark	DEFACTUM	0	0	0
Denmark	DHTC	0	Ø	0
Finland	FinCCHTA	0	Ø	0
Germany	G-BA	0	8	8
Japan 🛑	NIPH	0	0	0
Norway	Nye Metoder	0	0	0
Spain	AQuAS	0	0	0
Sweden	TLV	0	Ø	0
Tunisia (©	INEAS	0	0	0
UK: England	NIC-	0	0	0
us	AHRQ	0	0	0

Differences and Similarities of Health Economic Evaluation for Medical Technologies by HTA Bodies



			Topics				
Country	HTA organisation	Economic SLR	Utility	Health resource use/cost	Economic evaluations		
Canada	CADTH	0	8	8	0		
Denmark	DEFACTUM	0	0	0	0		
Denmark	DHTC	0	0	0	0		
Finland	FinCCHTA	0	8	0	0		
Germany	G-BA	8	NA	NA	NA		
Japan /	C2H, NIPH	8	NA	NA	NA		
Norway	Nye Metoder	0	0	0	0		
Spain	AQuAS	0	0	0	0		
Sweden	TLV	0	NA	NA	NA		
Tunisia	© INEAS	0	0	0	0		
	NICE	0	0	0	0		
us	AHRQ	0	8	0	8		

AHRQ = Agency for Healthcare Research and Quality; AQuAS = Agency for Health Quality and Assessment of Catalonia; C2H = Center for Outcomes Research and Economic Evaluation for Health; CADTH = Canadian Agency for Drugs and Technologies in Health; DHTC = Danish Health Technology Council; FinCCHTA = Finnish Coordinating Center for Health Technology Assessment; G-BA = Federal Joint Committee; INEAS = National Authority for Evaluation and Accreditation in Health; NA = not applicable; NICE = National Institute for Health and Care Excellence; NIPH = National Institute of Public Health; TLV = Dental and Pharmaceutical Benefits Agency; UK = United Kingdom; US = United States.

Types of Economic Evaluations Conducted by HTAs



		Economic	Type of economic evaluation						
Country	НТА	evaluations considered	CUA	CEA	СВА	СМА	PCA	BIA	
Canada	CADTH	0	0	0	0	0	0	0	
Denmark	DEFACTUM	0	0	0	0	0	0	O	
Denmark	DHTC	0	0	0	8	0	8	0	
Finland	FinCCHTA	0	0	0	0	8	0	8	
Germany	G-BA	8	NA	NA	NA	NA	NA	NA	
Japan /	C2H, NIPH	0	0	8	8	8	8	8	
Norway	Nye Metoder	0	0	0	8	0	8	0	
Spain	AQuAS	0	0	0	8	8	8	0	
Sweden	TLV	0	0	0	0	0	0	8	
Tunisia @	INEAS	0	0	0	0	0	0	0	
UK: England	NICE	0	8	0	8	0	8	0	
us	AHRQ	8	NA	NA	NA	NA	NA	NA	

BIA = budget-impact analysis; CBA = cost-benefit analysis; CEA = cost-effectiveness analysis; CMA = cost-minimisation analysis; CUA = cost-utility analysis; PCA = price comparison analysis.

Perspectives Used in Economic Evaluations



Country	НТА	Societal	Healthcare system	Individual patient	Institutional	Target group of specific services
Canada	CADTH	8	0	8	8	8
Denmark	DEFACTUM	0	0	8	0	8
Denmark	DHTC	0	8	8	8	8
Finland	FinCCHTA	0	0	0	8	8
Germany	G-BA	NA	NA	NA	NA	NA
Japan 🛑	C2H, NIPH	8	0	8	8	8
Norway	Nye Metoder	8	0	8	8	8
Spain 🙇	AQuAS	0	0	8	8	8
Sweden	TLV	0	8	8	8	8
Tunisia	INEAS	0	0	0	0	0
UK: England		0	0	8	8	8
US England	AHRQ	NA	NA	NA	NA.	NA



Conclusions

Summary of Key Findings

Summary



The HTA
selection process
is a critical factor that
influences market
access for medical
technologies

HTA
organisations
review a wide range of
medical technologies
and have varying
selection processes

Most HTA
organisations use external or internal
processes to select medical technologies
for assessment, with little opportunity for
companies to request a direct assessment
of their medical technologies

A medical technology's value proposition is crucial in facilitating topic selection

Some HTA websites
have limited information; therefore, be prepared to
contact HTA agencies directly to obtain necessary
information



Case Study

Supporting the Evidence Generation and Market Access Strategy for a Digital Diagnostic

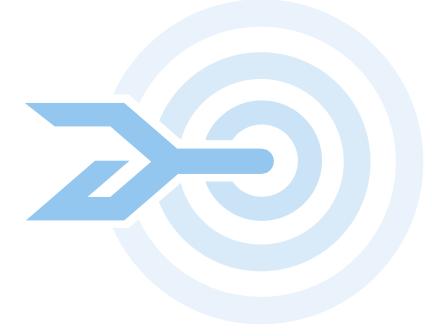


BACKGROUND

Our client's digital diagnostic technology has previously undergone an HTA and was not recommended for use based on insufficient clinical evidence.

CHALLENGE

The client's digital diagnostic technology was in a busy disease area with multiple guidelines, which made differentiating their product and demonstrating benefit difficult with the available evidence.



Supporting the Evidence Generation and Market Access Strategy for a Digital Diagnostic



APPROACH

- We assembled a team of HEOR and medical technology experts to review the client's data.
- Our team reviewed clinical data on the technology that had not previously been assessed and evaluated its relevance for triggering a review of the guidance. Our review included the client's unpublished evidence as well as protocols for future evidence generation.
- We developed a summary report that included information on existing evidence gaps, the likelihood that the data assessed would facilitate a change to the current recommendations and potentially lead to a positive recommendation and advice on next steps.

VALUE

The client was able to use our summary report to make strategic decisions about additional evidence generation and to refine their approach to market access.

Key Take-Home Messages







Knowing how HTA evaluations vary internationally can help you formulate evidence generation plans to streamline your market access plans and navigate the international HTA maze

- Medical technologies are subject to HTA evaluation
- All of the international HTA organizations review all types of medical technology
- The greatest variation in HTA evaluations centers on economic data
- Evidence generation plans should be designed to address international HTA organization needs



Q&A







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