



Feedback on the Options Paper developed through the Health Technology Assessment Policy and Methods Review

I would like to provide some feedback regarding the process of Health Technology Assessment for Indigenous Australians.

While I note that the report contains a specific section (1.3.), there is very little discussion in the rest of the report on how to better operationalize the HTA evaluation in the context of providing Indigenous people with access to new technologies.

I therefore make several observations that the committee may wish to consider in the final report:

- It has been well-established that the cardiovascular risk of Indigenous Australians is considerably higher than that of Non-Indigenous Australians¹;
- Factors used to stratify risk may differ for Indigenous Australians compared to Non-Indigenous Australians²;
- Higher absolute risks of diseases may mean that technologies deemed not costeffective for the general population may be cost-effective for Indigenous Australians;
- Developing a formal process for incorporating equity may provide incentives for sponsors to explicitly consider disadvantaged populations, including Indigenous Australians:
- There is a need for translational research (including RCTs) to ensure that new healthcare technologies have the maximum potential to contribute to closing the gap in health between Indigenous and Non-Indigenous Australians.

I hope the Committee has the opportunity to consider these points when finalizing the review.

References:

- 1. Hua, Xinyang, McDermott, Robyn, Lung, Thomas, Wenitong, Mark, Tran-Duy, An, Li, Ming, and Clarke, Philip (2017). *Validation and recalibration of the Framingham cardiovascular disease risk models in an Australian Indigenous cohort. European Journal of Preventive Cardiology* 24 (15) 1660-1669. https://doi.org/10.1177/2047487317722913
- 2. Tran-Duy A, McDermott R, Knight J, Hua X, Barr ELM, Arabena K, Palmer A, Clarke PM. Development and Use of Prediction Models for Classification of Cardiovascular Risk of Remote Indigenous Australians. Heart Lung Circ. 2020 Mar;29(3):374-383. doi: 10.1016/j.hlc.2019.02.005. Epub 2019 Feb 22. PMID: 30853523.

Prof Philip Clarke, Centre for Health Policy, and ACADI, University of Melbourne.