

Response
<p><b>2</b></p> <p>The Department may, at its discretion, publish part or all of the information provided in your submission on the Department's website or in related documents. If information from your submission is published, the Department may identify you and/or your organisation as the author of the submission. All personal contact details will be removed prior to publishing.</p> <p>Yes, I consent to my identified submission being published</p>
<p><b>3</b></p> <p><b>What is your name?</b></p> <p>Kylie Woolcock</p>
<p><b>7</b></p> <p><b>Please select the type of individual(s) or organisation(s) you represent. Please select all that apply. - Selected Choice</b></p> <p>Industry association / Peak body</p>
<p><b>8.1</b></p> <p><b>What is the name of your organisation? - My organisation is called: - Text</b></p> <p>Australian Healthcare and Hospitals Association</p>
<p><b>9</b></p> <p><b>Are you making feedback on behalf of your organisation?</b></p> <p>Your organisation</p>
<p><b>13</b></p> <p><b>Please select which chapter/s you would like to provide feedback on. You may provide feedback on as many or few chapters as you wish.</b></p> <p>1. Transparency, communication, and stakeholder involvement in HTA,4. Health technology funding and purchasing approaches and managing uncertainty,5. Futureproofing Australia's systems and processes</p>
<p><b>14</b></p> <p><b>Please select the topics within the chapter(s) you would like to provide feedback on. 1. Transparency, communication and stakeholder involvement in HTA</b></p> <p>1.2. Consumer, clinician and other stakeholder engagement and consideration in HTA</p>
<p><b>17</b></p> <p><b>Please select the topics within the chapter(s) you would like to provide feedback on. 4. Health Technology funding and purchasing mechanisms and decisions</b></p> <p>4.1. Approaches to funding or purchasing new health technologies,4.2. Approaches to incentivise development of products that address antimicrobial resistance (AMR),4.3. Understanding the performance of health technologies in practice</p>
<p><b>18</b></p> <p><b>Please select the topics within the chapter(s) you would like to provide feedback on. 5. Futureproofing our systems and processes</b></p> <p>5.2. Establishment of horizon scanning programs to address specific informational needs within HTA and the health system,5.3. Consideration of environmental impacts in the HTA</p>
<p><b>29.1</b></p> <p><b>If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Develop an engagement framework</b></p> <p>Very positive</p>
<p><b>29.2</b></p> <p><b>If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Strengthen consumer evidence</b></p> <p>Very positive</p>
<p><b>32</b></p> <p><b>If you would like to expand on your answer above you can do so below -Strengthen consumer evidence</b></p> <p>AHHA supports the strengthening of consumer evidence collection and utilisation, and the criticality of a multi-stakeholder advisory group. In bringing together multiple stakeholders, it is recognised that health technology is one part of a pathway of care, with health outcomes and value gained (as assessed in evaluations to inform pricing and access) dependent on its use in the real world being consistent with that in the evaluation. E.g., "Drugs don't work in people who don't take them" (US Surgeon General C Everett Coop), pre- and post-operative factors influence the outcomes from the operation, etc. Real world data and evidence must therefore triangulate outcomes, processes and costs. It must not be a punitive process or a point in time, but used routinely as a process of continuous improvement to understand the factors that influence achieving the outcomes identified in the economic evaluation to inform decision-making. Factors can influence outcomes across the full pathway of care. Value-based health care provides a framework to bring relevant stakeholders together in identifying appropriate and transparently considering RWE across a care pathway. Including a stakeholder such as AHHA which takes a "helicopter view" of health care across the system, not just narrow siloed views, would be important. Leveraging the expertise of the Australian Commission on Safety and Quality in Health Care on understanding healthcare variation will also be important.</p>
<p><b>141</b></p> <p><b>If you would like to expand on your answer above you can do so below:</b></p> <p>AHHA supports the introduction of a horizon scanning program focused on meeting the needs of Australians.</p>
<p><b>148</b></p> <p><b>If you would like to expand on your answer above you can do so below:</b></p> <p>AHHA has long advocated for, and strongly supports, the embedding of environmental considerations into the processes of HTA in Australia. Prioritising new technologies with a low carbon footprint is a simple strategy to reduce the health and aged care's impact on climate change and will ensure alignment with the National Health and Climate Strategy in particular Objectives 2 (Health system decarbonisation) and 3 (International collaboration). Additionally, organisations, services and health professionals across Australia are actively engaging in efforts to reduce the environmental impacts of the care they provide, yet report difficulties due to the complexity of obtaining comprehensive information to inform procurement and clinical decision around scope 2 and 3 emissions on top of already significant workloads. Activity to assess the environmental impact of new health technologies and products at the HTA level and transparency of reporting of this information is a critical step to better supporting decarbonisation and investment decision making at all levels of the health system.</p>
<p><b>241</b></p> <p><b>Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable.</b></p> <p>AHHA supports the introduction of a systematic and enhanced, rapid program that (re-) reviews health technologies to provide funding/purchasing and disinvestment advice to the HTA. An explicit disinvestment framework will be critical in helping to address the issue of low and no value care currently contributing to poor outcomes for patients and undermining the sustainability of the health system. A framework to support disinvestment will enable the reallocation and reinvestment of saved resources into other high value areas of the care pathway to drive improvements in the outcomes that matter and generate savings (financial, workforce, environment). Environmental impact indicators should be included in any disinvestment framework to ensure alignment with subject 5.3, the National Health and Climate Strategy and the health care decarbonisation agenda. See Deeble Institute for Health Policy Issues Brief Decarbonising Clinical Care in Australia for further detail: <a href="https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_48_decarbonising_clinical_care_final_0.pdf">https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_48_decarbonising_clinical_care_final_0.pdf</a></p>
<p><b>242</b></p> <p><b>Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable.</b></p> <p>AHHA supports the specific focus on antimicrobials as a health technology for which standard HTA processes and policies may not be applicable given the implications of AMR on society. AHHA supports that HTA of antimicrobials is considered in conjunction with other policy measures and in the context of real world use and real world evidence. The HTA process must be part of a learning health system approach.</p>
<p><b>243</b></p> <p><b>Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable.</b></p> <p>AHHA supports the sentiment from stakeholders that "existing sources of RWD could be better used to generate the RWE to support funding decisions after health technologies. However, it should also be recognised that there is significant development expected in this area, in terms of the outcomes that matter to people and communities, their use in shared decision-making, data standards and interoperability. Patient reported outcome measures are being used in Australia. However, there is currently no standard operating model in Australia. There would be value in considering the work of the Welsh Value in Health Centre, which is discussed in the Deeble Institute for Health Policy Research Perspectives Brief no. 27: Transforming for value-based health care: Lessons from NHS Wales and the resources developed by the Welsh Centre on PROMs and PREMs (insert weblink).</p>
<p><b>252</b></p> <p><b>Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable.</b></p> <p>The options paper highlights (on p157) horizon scanning to meet priority areas (including addressing equity), and this is strongly supported. However, the scope of horizon scanning must also explicitly include an understanding of the potential implications for the introduction of technological advances in terms of equitable access (not just the resources, systems and processes, as noted in option 1b on page 38) Horizon scanning program will need to work closely with not only consumers and clinicians, but health services and stewards to understand the pathways of care and the investments across the care pathway to ensure equitable access. Including a stakeholder such as AHHA which takes a "helicopter view" of health care across the system, not just narrow siloed views, would be important. The importance of considering equitable access in horizon scanning is illustrated with the introduction of mechanical thrombectomy for ischaemic stroke. (Reference: <a href="https://austrokealliance.org.au/wp-content/uploads/2023/03/Access-to-Mechanical-Thrombectomy-in-Australia-White-Paper-March-2023.pdf">https://austrokealliance.org.au/wp-content/uploads/2023/03/Access-to-Mechanical-Thrombectomy-in-Australia-White-Paper-March-2023.pdf</a>).The solution to equitable access is not in the economic evaluation of the technology. Rather, "the issues with improving access are complex and include a number of inter-related barriers operating at individual, service, and systems levels."</p>
<p><b>253</b></p> <p><b>Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable.</b></p> <p>Considerations of how new technologies and products interact within pathways of care and the impact that this could have on the environment should also be considered in the process of HTA. For example, what would the workforce requirements be to operate a new product and how does this contribute to emissions, would it save transport emissions by reducing the need for face-to-face consultations. Would investing in a high value new technology early in the pathway promote savings (financially, socially, and environmentally) by preventing high-cost interventions at a later point of condition progression. Failure to consider the interaction of new technologies, products and pathway of care would be a missed opportunity to create and more integrated and sustainable health system and undermine alignment with the international value-based health care agenda being pursued by all states and territories as outlined in the National Health Reform Agreement and Addendum. See Deeble Institute for Health Policy Research Perspectives Brief no. 27: Transforming for value-based health care: Lessons from NHS Wales.</p>