

Response
<p>2</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>3</p> <p>What is your name?</p> <p>Anita Lal</p>
<p>7</p> <p>Please select the type of individual(s) or organisation(s) you represent. Please select all that apply. - Selected Choice</p> <p>University or research sector</p>
<p>8.1</p> <p>What is the name of your organisation? - My organisation is called: - Text</p> <p>Deakin University</p>
<p>9</p> <p>Are you making feedback on behalf or your organisation?</p> <p>Yourself</p>
<p>13</p> <p>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.</p> <p>1. Transparency, communication, and stakeholder involvement in HTA,3. Methods for HTA for Australian government subsidy (technical methods),5. Futureproofing Australia's systems and processes</p>
<p>14</p> <p>Please select the topics within the chapter(s) you would like to provide feedback on. 1. Transparency, communication and stakeholder involvement in HTA</p> <p>1.3. First Nations people involvement and consideration in HTA</p>
<p>16</p> <p>Please select the topics within the chapter(s) you would like to provide feedback on. 3. Methods for HTA for Australian government subsidy (technical methods)</p> <p>3.1. Determination of the Population, Intervention, Comparator, Outcome,3.2. Clinical Evaluation Methods</p>
<p>18</p> <p>Please select the topics within the chapter(s) you would like to provide feedback on. 5. Futureproofing our systems and processes</p> <p>5.2. Establishment of horizon scanning programs to address specific informational needs within HTA and the health system</p>
<p>34</p> <p>If you would like to expand on your answer above you can do so below:</p> <p>My responses are focused on '3. Sponsor submissions to require consideration/assessment of the impact on health outcomes for First Nations peoples to enable meaningful informed decision-making' and don't wish to comment on other specific sections.</p>
<p>35.1</p> <p>If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - First Nations peoples partnership in decision making</p> <p>Neutral</p>
<p>35.2</p>

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Dedicated resource for HTA submissions and education

Neutral

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If you would like to expand on your answer above you can do so below -First Nations peoples partnership in decision making

Health equity and accessibility of healthcare are important considerations in HTA, to help ensure that decisions regarding the adoption of interventions do not increase health inequalities of First Nations Australians. Current HTA method guidelines do not require the quantification of the health impacts on Aboriginal and Torres Strait Islander people. A standardised approach to systematically quantify health inequities for First Nations Australians would enable the comparison of the impact across different interventions and health conditions and could facilitate HTA adopting a more transparent and rigorous strategy to ensure that health inequalities between Indigenous and non-Indigenous Australians are not increased.

Distributional cost-effectiveness analysis (DCEA) is a method that can provide quantitative information about the overall equity impact of funding new health technologies and the trade-offs that may arise between equity and efficiency (health maximisation). DCEAs can quantify the distribution of expected health benefits of interventions by Indigenous and non-Indigenous status. This methodology enables an intervention to be classified as cost-effective or not cost-effective and reduce or increase health inequality.

This transparency will aid decision-makers confronted with equity-efficiency trade-offs, such as assessing the viability for a new medicine that is not cost-effective but reduces health inequality or contemplating additional investment in a public

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Taking all Options within this section: 3.1. Determination of the Population, Intervention, Comparator, Outcome into account.

Overall, to what extent could the options (if implemented) address the issues that relate to them?

Don't know

78

If you would like to expand on your answer above you can do so below:

I would like to comment on this section only: 'Updated guidance: Updated guidance to require the explicit consideration of health equity and priority populations for new treatments.'

79.1

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Increased early stakeholder input

Neutral

79.2

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Increased transparency for stakeholders

Neutral

79.3

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Updated guidance

Neutral

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If you would like to expand on your answer above you can do so below -Updated guidance

explicitly and systematically, to ensure that funding decisions do not increase health inequalities and, where possible, reduce health inequalities for priority populations such as First Nations Australians. Potential health inequalities are rarely quantified or if considered are usually qualitative in nature. The type of equity information would vary, and quantitative analysis might focus on pre-existing health inequalities rather than expected impacts of interventions on health inequity. This makes comparing the health equity impact of different interventions difficult.

Distributional cost-effectiveness analysis (DCEA) is an economic method that can quantify the population distribution of expected health benefits of interventions by Indigenous and non-Indigenous status in quality-adjusted life years (QALYs). Importantly, this method enables the comparison of the impact on health equity across various interventions.

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Taking all Options within this section: 3.2. Clinical Evaluation Methods into account.

Overall, to what extent could the options (if implemented) address the issues that relate to them?

Don't know

85

If you would like to expand on your answer above you can do so below:

I would like to comment on this section only: 'Develop an explicit qualitative value framework'.

86.1

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Overarching principles for adopting methods in Australian HTA

Neutral

86.2

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Methods for the assessment of nonrandomised and observational evidence

Neutral

86.3

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Methods for the assessment of surrogate endpoints

Neutral

86.4

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Generate a curated list of methodologies that are preferred by decision-makers, in collaboration with evaluation groups and sponsors.

Neutral

86.5

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Develop an explicit qualitative value framework

Neutral

86.6

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Therapies that target biomarkers (e.g. tumour agnostic cancer therapies, therapies that target particular gene alterations)

Neutral

86.7

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Pharmacogenomic technologies

Neutral

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If you would like to expand on your answer above you can do so below -Develop an explicit qualitative value framework

Not only is an explicit qualitative framework required, a checklist of quantitative estimates of the impact of interventions on health inequalities is needed. The checklist would allow health economists to critically appraise quantitative estimates produced by external parties of the health equity impacts of interventions on priority populations such as First Nations people. Aboriginal and Torres Strait Islander input is required in the development of an explicit framework.

A checklist for 'Critical Appraisal of Health Inequality Impact Estimates' has been developed in the UK by expert health economists. The checklist contains both quantitative and qualitative equity considerations that are important for HTA decision-making. A similar checklist should be developed and tested for the Australian context in combination with health equity impact calculators that can quickly assess and check the likely direction and size of health inequality impacts. A copy of the checklist is in the reference below.

References

Cookson R, Koh J. Quantifying Impact on Health Inequality in England: Revised Final Report and Web-Based Calculator. York: Centre for Health Economics, University of York; 2023.

<https://www.york.ac.uk/che/publications/in-house/>

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Taking all Options within this section: 5.2. Establishment of horizon scanning programs to address specific informational needs within HTA and the health system into account.

Overall, to what extent could the options (if implemented) address the issues that relate to them?

Don't know

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If you would like to expand on your answer above you can do so below:

I am commenting on this section only 'Horizon Scanning to meet priority areas (including addressing equity and high unmet clinical need HUCN)'

142.1

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Horizon scanning for advanced therapies (including high cost, HSTs funded through the NHRA) and other potentially disruptive technologies

Neutral

142.2

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Horizon Scanning to meet priority areas (including addressing equity and HUCN)

Neutral

142.3

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Horizon Scanning to help operational and capacity planning for HTA and health systems

Neutral

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If you would like to expand on your answer above you can do so below -Horizon Scanning to meet priority areas (including addressing equity and HUCN)

Australia could become a world leader in the development of consistent processes to measure health equity considerations in HTA for priority populations such as First Nations people in all phases throughout the HTA decision-making process. A publically available calculator has been developed for the UK context for socioeconomic quintiles and can assess the likely direction and size of health inequality impacts of interventions under consideration. It allows a quick indication of whether health equity impact might be decision relevant, and whether further analysis is required. Calculators could measure the impact of interventions by Indigenous status, area of remoteness index and socioeconomic position. The development of these economic tools for priority populations in Australia will enable decision-makers to know the full picture of health equity impacts. We will begin to develop Australian versions of the health equity impact calculator in 2024.

The calculator could be used at the initial stage of scoping and early assessment of new technologies where initial advice is being collected to guide discussions on the direction and significance of health inequality impacts. This economic tool should be part of a framework that will provide a transparent, rigorous evidence-informed approach to ensure that funding decisions do not increase health inequalities and where possible reduce health inequalities amongst priority populations.

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In summary, considering all the draft reform options together:

How confident are you that the reform options (if implemented) will make health technology assessments better overall?

Don't know

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If you would like to expand on your answer above you can do so below:

I am only commenting on a specific section to quantify health equity.

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Finally, do you have any further comments about the draft Options Paper or consultation you would like to make before submitting your feedback?

The attachment is a longer version of the survey answers when space was limited.

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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.

socioeconomic health inequality impact. It uses built in prevalence look up tables to estimate the social distribution of the population, based on hospital episode statistics and survey data for risk factors such as smoking. Inputs such as uptake and effectiveness can be varied by group. An Australian version could assess health equity impacts of Indigenous and non-Indigenous Australians and perform simple distributional cost-effectiveness analyses. We will begin to develop an Australian version in 2024. Indigenous experts and academics will be involved to make sure that First Nations Australians health outcomes are accurately represented and that this tool is respectful to their cultural values and beliefs.

References

Love-Koh et al. York health equity impact calculator. University of York (<https://shiny.york.ac.uk/dceasimple>). 2022.

Cookson R et al. Distributional Cost-Effectiveness Analysis Comes of Age. *Value in health: the journal of the International Society for Pharmacoeconomics and Outcomes Research*. 2021;24:1

Cookson R, et al. *Quantifying Impact on Health Inequality in England: Revised Final Report and Web-Based Calculator*. York: Centre for Health Economics, University of York; 2023.

Lal A et al. Modelled health benefits of a sugar-sweetened beverage tax across different socioeconomic groups in Australia: A cost-effectiveness and equity analysis. *PLoS Med*. 2017.

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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.

While obtaining accurate subgroup data required for DCEAs can be difficult, a health equity impact calculator has been developed for socioeconomic positions in the UK to facilitate this process. Developed in collaboration with the NICE, the calculator allows a quick assessment of whether health inequality impacts are relevant for decision-making and whether further analysis is required. The development of Australian versions of the calculator for groups such as Indigenous/non-Indigenous, socioeconomic quintiles and Area of Remoteness Index of Australia, would allow quantitative estimates to be routinely used and would allow sensitivity analysis around alternative assumptions. We will begin to develop Australian versions in 2024. The calculators could be used in technology appraisal by industry analysts to generate information as part of a submission, specifying the likely direction and magnitude of health equity impacts, and allowing a transparent assessment to inform HTA deliberations.

References

Love-Koh et al. York health equity impact calculator. University of York (<https://shiny.york.ac.uk/dceasimple>). 2022.

Cookson R et al. *Quantifying Impact on Health Inequality in England: Revised Final Report and Web-Based Calculator*. York: Centre for Health Economics, University of York; 2023.

Lal A et al. Modelled health benefits of a sugar-sweetened beverage tax across different socioeconomic groups in Australia: A cost-effectiveness and equity analysis. *PLoS Med*. 2017.