

## HTA POLICY AND METHODS REVIEW

### OPTIONS PAPER

#### Futureproofing Australia's Systems and Processes – Feedback

### EXECUTIVE SUMMARY

**i** As identified in the [National Health Reform Agreement \(NHRA\) Long Term Health Reforms Roadmap<sup>1</sup>](#), 'Australia needs a strategic, systematic, cohesive, efficient and responsive national framework for health technology assessment (HTA). The current approach to HTA to inform investment and disinvestment decisions is fragmented. It does not support coordinated and timely responses to rapidly changing technologies.' This is resulting in delayed access to new medicines and innovative therapies.

We recognise that that current access to 'high-cost, highly specialised therapies (HST)' are hindered by cumbersome assessment frameworks, risk avoidance, fragmented approval and implementation processes and cost considerations, including affordability, alongside a widening gap in informed/knowledgeable therapy technology assessments.

Indeed, the [Mid-Term Review of the National Health Reform Agreement Addendum 2020-2025 Final Report<sup>2</sup>](#) recommended both a **horizon scanning<sup>3</sup> process** and a **unified national HTA process for the assessment and delivery of high-cost, HST**. In addition, it recommended a **National Innovation and Reform Agency** and the establishment of an **Innovation Fund** to implement successful innovation and reform.

In addition, recently the [HTA Policy and Methods Review Consultation options paper<sup>4</sup>](#) recommended that a "structured horizon scanning process should be established for high-cost, HST's, with involvement of all jurisdictions, and with input from relevant stakeholders, including but not limited to the National Blood Authority, Organ and Tissue Donation Authority, HTA Advisory Committees (currently PBAC and MSAC,) to support forward planning and priority setting" and this "should be done in partnership including Commonwealth, state and territory governments, and industry and on a cost-sharing basis between the partners (with consideration and consultation to what joint investment from industry could look like)".

Across the NHRA, HTA Review and the National Strategic Action Plan for Blood Cancer<sup>5</sup>, it has been identified and acknowledged that if we are to see improvements in clinical care and (all) cancer

<sup>1</sup> <https://www.health.gov.au/resources/publications/national-health-reform-agreement-nhra-long-term-health-reforms-roadmap?language=en>

<sup>2</sup> <https://www.health.gov.au/sites/default/files/2023-12/nhra-mid-term-review-final-report-october-2023.pdf>

<sup>3</sup> For the purposes of this Options Paper, horizon scanning in the healthcare context can be taken to broadly describe a process that is intended to help different stakeholders be aware of the implications of technologies that will affect healthcare policy or delivery in some way, and (where necessary) provide an evidence base to support the case for changes to the health system in some form

<sup>4</sup> <https://ohta-consultations.health.gov.au/ohta/hta-review-consultation-2/>

<sup>5</sup> <https://www.health.gov.au/news/new-strategic-action-plan-for-blood-cancers>

survival rates, significant unification progress is needed to minimise barriers and enable access to novel and specialised therapies, implemented as standard-of-care in Australia.

**We believe that any government 'horizon scanning unit' would benefit substantially from ongoing, regular independent advice by a formal, prospectively established, advisory body. Moreover, such a body could also examine important related issues beyond horizon scanning, including innovative funding models, opportunities for industry, investment, research and models of delivery**

We agree that if we are to achieve a coordinated and timely response to rapidly changing technologies and improved patient access then a major shift is needed to keep pace with emerging technologies; this starts with an informed and current decision-making body/agency, enabled through innovation funding.

We are suggesting that the HTA review committee consider an independent, future-focused, **Innovation Evaluation Unit/Taskforce** to help inform the Government's assessment and adoption of the horizon scanning process for high-cost, HST as well as provide regular information and advice to Governments regarding innovative funding models, opportunities for industry, investment, research and models of delivery.

Specifically, we propose that the HTA Review makes a recommendation that a **Health Technologies Innovation Evaluation Unit (Taskforce)** be established to assist in providing 'a coordinated and timely response to rapidly changing technologies' and 'improved patient access'. The Unit should be introduced in two phases. Phase I is the research and creation of an **Expert Advisory Panel**, followed by Phase II involving an operational **Taskforce** advised by a continuous data driven model from the Panel. Such a Unit will prioritise 'high-cost and highly specialised therapies', be independent of government and will provide regular information and advice to Governments regarding horizon gazing activities, innovative funding models, opportunities for industry, investment, research and models of delivery.

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## OPPORTUNITY

Australia has the ability to become world leaders in enveloping and providing access to disruptive technologies. From the evaluation of emerging therapies, embracing opportunities in AI, machine learning, industry and employment, sovereignty in capabilities, research, models of delivery, equitable access and a systems-wide approach.

However, this is a complex task that requires not only substantial resources but also a field of vision beyond the remit of just one Government department, regulatory body, industry representative or clinician.

Although we recognise that an Horizon Gazing Unit is likely to be established, we believe that an independent **Innovation Evaluation Unit/Taskforce** would be able to provide substantial ongoing, regular independent advice. Moreover, such a body could also examine important related issues beyond horizon scanning, including innovative funding models, opportunities for industry, investment, research and models of delivery

Australia needs an expert **Innovation Unit** that:

- ⇒ Evaluates clinical efficacy of treatments and reports data to regulatory bodies (not attempting to replicate, but rather inform, the health economic evaluations of the PBAC/MSAC) ;
- ⇒ Explores innovative funding models and thinks beyond reimbursement;
- ⇒ Provides real world data to Government departments and regulatory bodies;
- ⇒ Provides real-time advice on industry, investment and research opportunities and priorities;
- ⇒ Advises on models of delivery;
- ⇒ Assesses impacts of emerging health technologies and monetary impacts beyond reimbursement; and
- ⇒ Brings together a leading panel of experts, managing stakeholder relations.

## RECOMMENDATION

The need for a new **Innovation and Reform** agency has been identified to drive a reform agenda, financed through an **Innovation Funding Pathway**. Key to this success will be independence, credibility, yet capable of regular government engagement. In addition, the scope of the Unit needs to commence with a focus on cancer immunotherapies and then progress to encompass a broader remit for other complex health technologies.

We propose the establishment of the:

- ⇒ **Innovation Evaluation Unit/Taskforce**
  - Focused specifically on health technologies.
  - Completely independent.
  - Conducts research and data analysis on new and emerging technologies.



- Assesses opportunities and the development of a 5 years forward planning pipeline and agenda.
- Implementation plan recommendations developed.
- Unification of decision-making.

### Phase I: Expert Advisory Panel

██████████ engages an independent body to conduct research into the following:

- Which clinical, tech, pharma, health care, industry, stakeholder experts from across Australia would add the most value to the panel;
- What needs will it address and what outcomes are sought? See Innovation Unit above.
- Funding model;
- Reporting framework;
- Terms of Reference; and
- Members invited to join.

### Phase II: Health Technologies Innovation Evaluation Unit/Taskforce

- Independent body to lend credibility and independence to the Unit, setting it up, administering the Unit and engaging the Advisory Panel.
- Bi-annual policy/white papers to advise Government departments and regulatory bodies.
- Provision of a continuous data driven model.

### Investment:

To be determined in consultation with the Health Department and by the scope of the project and it's defined outcomes.

Sponsor: Innovation Fund drawn from Commonwealth Government.

### Proposal:

The HTA Review makes a recommendation that an **Health Technologies Innovation Evaluation Unit/Taskforce** be established to assist in providing 'a coordinated and timely response to rapidly changing technologies' and 'improved patient access'. Such a Unit will prioritise 'high-cost and highly specialised services', be independent of government and will provide regular information and advice to Governments regarding horizon gazing activities, innovative funding models, emerging technologies, opportunities for industry, investment, research and models of delivery.



██████████ *the Opportunity and Recommendations outlined above could deliver a step-change in addressing the need to innovate the HTA and deliver effective reform. Ultimately, accelerating next-generation treatments and getting them to patients faster.*