

Response

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What is your name?
 Belinda Burns

7
Please select the type of individual(s) or organisation(s) you represent. Please select all that apply. - Selected Choice
 State / Territory government

8.1
What is the name of your organisation? - My organisation is called: - Text
 WA Department of Health

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Are you making feedback on behalf of your organisation?
 Yourself

13
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.
 1. Transparency, communication, and stakeholder involvement in HTA, 3. Methods for HTA for Australian government subsidy (technical methods)

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Please select the topics within the chapter(s) you would like to provide feedback on. 1. Transparency, communication and stakeholder involvement in HTA
 1.2. Consumer, clinician and other stakeholder engagement and consideration in HTA, 1.4. State and territory government collaboration in HTA

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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)
 3.2. Clinical Evaluation Methods

27
Taking all Options within this section: 1.2. Consumer, clinician and other stakeholder engagement and consideration in HTA into account.

Overall, to what extent could the options (if implemented) address the issues that relate to them?
 Address some but not most of the issue(s)

28
If you would like to expand on your answer above you can do so below:
 The proposed framework would be an important first step in improving stakeholder engagement with HTA. A particular issue for public health interventions such as population screening is engaging and understanding the views of a broad, informed public, and incorporating the views and experiences of people who (usually in a research/trial setting) have received false positive screening results or uncertain results. This is inherently difficult but is critical for informing policy-makers in considering public health screening interventions where harm can be done to otherwise healthy people. Proactive engagement methods that capture input from members of the general public or those who have experienced false positive or uncertain results could be explored.
 Establishing a consumer evidence base and repository may be particularly difficult for rare diseases ¹⁰⁰ however could be achieved through adequately supporting patient registries.

29.1
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Develop an engagement framework
 Positive

29.2
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Strengthen consumer evidence
 Positive

39
Taking all Options within this section: 1.4. State and territory government collaboration in HTA into account.

Overall, to what extent could the options (if implemented) address the issues that relate to them?
 Don't know

40
If you would like to expand on your answer above you can do so below:
 The degree to which the issues will be addressed will depend on which HTA decisions are decided to 'have a significant financial or operational impact' on States and Territories or defined as 'potentially disruptive'. In particular, screening interventions especially large-scale or population-scale interventions should be included in the scope, as should genomic tests.
 Newborn bloodspot screening (NBS) is a useful case study given the recent process developed for decision-making on new screening tests/target conditions for the programs. State and Territory Health Departments have not been privy to the deliberations by MSAC, but the Commonwealth Department of Health and Aged Care has. This is despite all health ministers having ultimate decision-making authority for these programs (not just the Federal Health Minister). Enabling States and Territories to observe the MSAC process would improve decision-making confidence and reduce duplication of work. This would be equally beneficial for other population screening interventions, which are likely to have significant impacts on States and Territories. For example, States and Territories were also not directly engaged in the MSAC review of lung cancer screening.

41.1
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Development of central standardised data sharing system for utilisation and outcome data
 Don't know

41.2
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Increase opportunities for consultation and work sharing
 Positive

41.3
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Health technologies that are jointly funded by the Commonwealth and state and territory governments (such as high cost, Highly Specialised Therapies (HSTs) delivered to public hospital inpatients)
 Very positive

45
If you would like to expand on your answer above you can do so below -Health technologies that are jointly funded by the Commonwealth and state and territory governments (such as high cost, Highly Specialised Therapies (HSTs) delivered to public hospital inpatients)
 MSAC's reviews of conditions/tests for newborn bloodspot screening programs has highlighted a difficulty relating to how States and Territories should be engaged and how costs to States and Territories are captured. Implementation planning may not be possible prior to or during the HTA if multiple implementation models are being considered and it is not yet known which model will be recommended. Providing implementation advice on a broad range of possible models is resource intensive for States and Territories, but it is important that downstream impacts on State and Territory health systems are incorporated. Further work on how to collect and incorporate this information would be welcomed.

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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?
 Address some but not most of the issue(s)

85
If you would like to expand on your answer above you can do so below:
 Guidance is lacking on assessment and appraisal of all genomic technologies, not just therapies and pharmacogenomic tests that are within the remit of PBAC. Increased guidance on the assessment and appraisal of genomic technologies more broadly (including those assessed by MSAC for the MBS but also those utilised outside of the MBS in public health systems) would be welcomed regardless of whether a unified HTA pathway is supported. As recognised in the options paper, genomic technologies are currently funded via a variety of mechanisms. With respect to genomic tests for public patients, States and Territories currently make decisions on which genomic technologies are used within their health systems and have limited or varied capacity to undertake HTAs on these technologies. Guidance for key genomic technologies would be of benefit but would need agreement on national (or work-shared) rather than independent state based HTA processes and would need to be linked to all relevant funding mechanisms including activity-based funding to ensure funding is available to be able to provide recommended tests equitably across both the private and public health settings.

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
 Don't know

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
 Don't know

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
 Don't know

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.
 Don't know

86.5
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Develop an explicit qualitative value framework
 Don't know

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)
 Positive

86.7
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Pharmacogenomic technologies
 Positive

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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?
 Somewhat confident

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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 comments provided herein represent the views of members of the Office of Population Health Genomics within WA health, not necessarily the WA Department of Health or State Government

