Queensland Health

HTA Policy and Methods Review

Response to consultation options paper 2

Queensland Health has highlighted support for specific options below.

1. Transparency, communication, and stakeholder involvement in HTA			
Section	**Subject**	**Option**	**Comments**
1.1 Transparency and communication of HTA pathways, processes and decisions	Improvements to the HTA webpage including development of a dashboard	1. Have a visual dashboard including information to communicate the status of health technologies moving through the HTA system and HTA system performance statistics. Including information about timing of sponsor applications to overseas regulators, Therapeutic Goods Administration (TGA) and parallel pathway applications, PBAC submission and activities supporting PBS listing. This should be available at the aggregate and individual drug level and be informed by horizon scanning where possible. 2. Make HTA websites easier to navigate accounting for different levels of knowledge	QH supports the principle of transparency and the use of a dashboard to illustrate the status of a technology through the HTA system, with the expectation this will be frequently updated. It is important for our community to have visibility of the stages of the HTA process. However, QH is cognisant that major timeframe differences between related technologies may necessitate an explanation to be provided.

1.2. Consumer, clinician and other stakeholder engagement and consideration in HTA	Develop an engagement framework	Development of an engagement framework which: 1. establishes the inclusion of consumers, clinicians and other relevant stakeholders (such as ACCHO representatives) earlier and more consistently throughout the HTA processes including: horizon scanning, pipeline analysis, early assessment, Population, Intervention, Comparator, and Outcome (PICO) scoping workshops or pre-submission meetings to ensure that the PICO and HTA is addressing and including issues outcomes and populations relevant to consumers (for selected therapies), evaluation, appraisal committee, post market reviews, and disinvestment. 2. describes how and why engagement with all stakeholders (with a particular focus on consumers) is used across all HTA processes and how engagement is used to co-design new processes and tools arising from the HTA review. 3. integrates key outcomes of the New Frontier Inquiry Report, Conversations for Change consultation and report, the Consumer co-design project, and the HTA Review literature analysis and consultations. This would include the following: • promoting consumer input into clinical trials and reduce duplication by asking sponsors to report any	QH welcomes the inclusion of consumers and clinicians throughout the HTA process. This is consistent with successful consumer inclusion in other aspects of health system operations and research. Consumers and clinicians can provide valuable insight into the patient journey and experience.

		patient input or use of patient experience data in the research and development of the product • public and consumer participant summary materials evolving from earliest engagement to final outcomes (including information about applications to support more targeted engagement) • creating a patient/clinician HTA subcommittee to provide information to the HTA committee • provide information, support, education and training to support more meaningful input • reporting to groups about how their input has been used (such as through a values framework and briefings) • inviting consumer inputs into how the technology is/will be used in the community (post-market reviews) • adequate resourcing of proactive • Address inequity of engagement by identifying consumer subgroups that do not engage with online portal and work with them to co-design appropriate engagement approaches • clear and transparent guidance about how input should be prepared and is used by committees	

		• adoption of a consumer navigator for selected topics • consumer participation in HTA committee meetings • process for continuous improvement and review • approaches for managing confidentiality and conflicts of interest	
First Nations people involvement and consideration in HTA	First Nations peoples partnership in decision making Dedicated resource for HTA submissions and education	1. Establish a First Nations Advisory Committee to contribute to decision making across the continuum of the below processes: a. Development of a priority list of population indications with high unmet clinical need (HUCN): • In line with the priority reforms under the National Closing the Gap Agreement 2020 between all Governments and the Coalition of Peaks, a sub-set of the priority list (Refer to PAG – link) will be developed in partnership with Aboriginal and Torres Strait Islander community-controlled health services (ACCHSs) for the priority areas of HUCN for First Nations peoples. b. Horizon Scanning: An active horizon scanning process be developed to identify therapies with promising High Added Therapeutic Value (HATV) for indications on the priority list (this	QH supports the formation of a First Nations Advisory Committee to shape decisions that benefit the health and wellbeing of First Nations peoples. This aligns with QH commitment to giving First Nations peoples a voice in healthcare design and delivery, as well as closing the gap under the First Nations First Strategy 2032.

		could include new therapies or new patient indications for the 'repurposing' of existing therapies) c. Proactive submission request for therapies that are on the priority list (see Proactively addressing areas of unmet clinical need and gaps in the PBS) 2. Include a First Nations representative on the PBAC that can speak to specific benefits for and issues relating to First Nations peoples health 3. Sponsor submissions to require consideration/assessment of the impact on health outcomes for First Nations peoples to enable meaningful informed decision-making. 4. Have a dedicated resource for to assist organisations representing First Nations peoples health outcomes making HTA submissions including education and support for the submission development	
2. Health technology funding and assessment pathways			
Section	**Subject**	**Option**	**Comments**
2.1 Streamlining and aligning HTA pathways and advisory committees	Unified HTA pathway for all health technologies with Commonwealth funding	Develop a unified, national, HTA pathway for all health technology evaluation (medium to long-term) 1. To meet this aim, investigate approaches for having one committee* that is appropriately resourced (including adjustments to Committee composition	QH acknowledges the merit in a unified approach and a single committee (noting the flexibility clause). The convergence of multiple HTA pathways is an important step to reduce complexity and increase efficiencies. The option for permanent committee members is highly regarded and has the potential to better

		and scope) that could progress all HTA by drawing on pools of appropriate specialists as needed, including for medicines, advanced therapies, blood and blood products and other types of technologies seeking public funding. 2. The Committee responsible for assessing a submission should have the flexibility to recommend the most suitable funding pathway for that product. 3. It is noted that the committee structure may need to be augmented to ensure that it appropriately resourced both with expertise and workload. 4. The HTA advice does not presume all subsequent funding decisions would take effect through the PBS. *The goal of this is to have a unified HTA committee approach however with respect to workload, this could be done through more frequent meetings or having multiple committees with a unified approach and offset meeting cycles. Additionally, the committee expertise could be augmented through additional permanent members, having topic specific groups that can be drawn on to provide advice, or pools of topic specific experts that can be drawn on to supplementary members as the expertise is required.	manage expectations and build a solid knowledge base.

4. Health technology funding and purchasing approaches and managing uncertainty			
Section	**Subject**	**Option**	**Comments**
4.3 Understanding the performance of health technologies in practice	Oversight – reforms to optimise access to and use of RWD in HTA. Develop a strategic approach to increase confidence, awareness, and acceptance of cross-jurisdictional and cross-sectoral RWD access and use in HTA.	Establish a multi-stakeholder advisory group, reporting to government, to co-design and oversee the development and implementation of enabling systems, pathways, evaluation, and research to optimise access and use of RWD in HTA. This approach should centre consumer and community engagement and co-design, leverage and integrate existing international activities and guidelines, incorporate Australian context and evidence, and fine tune responses and messages specific to HTA. Critically, Australia should continue to develop and enhance systems that ensure privacy protections and data security. Australia could develop a strategic approach to increase confidence, awareness, and acceptance of cross-jurisdictional and cross-sectoral RWD access and use in HTA. This approach should centre consumer and community engagement and co-design, leverage and integrate existing international activities and guidelines, incorporate Australian context and evidence, and fine tune responses and messages specific to HTA. Critically, Australia should continue to develop and	QH strongly supports the collection of real-world data/real-world evidence as an adjunct to clinical trial performance data, for assessment of clinical and cost-effectiveness in the HTA process. The collection of real-world data is also crucial in validating the performance expectations during post market reviews.

		enhance systems that ensure privacy protections and data security.	
5. Futureproofing Australia's systems and processes			
Section	**Subject**	**Option**	**Comments**
5.3 Consideration of environmental impacts	Environmental impact reporting	Investigate of the following options in consultation with industry and other stakeholders: 1. Reporting of environmental impacts, starting with embodied greenhouse gas emissions, in the assessment of cost-effectiveness by Australian HTA bodies. 2. Potential for use of these data in approval and reimbursement decisions. 3. Potential for public reporting of these data, to inform clinical decision-making. 4. Development of guidance documents and examples to facilitate environmental impacts reporting. 5. Alignment with international best practice in comparable jurisdictions. The role of international standards for carbon foot printing of health technology products.	**QH advocates for environmental impact reporting, the consideration of this within decision making processes and the publication of this data. QH sees this as an important mechanism to ensure industry has a focus on the reduction of environment impact.**
5.2 Establishment of horizon scanning	Horizon scanning for advanced therapies (including high cost, HSTs funded through the NHRA) and other potentially disruptive technologies.	Structured horizon scanning process: 1. Consistent with the NHRA mid-term review recommendation 29: A structured horizon scanning process should be established for 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	Horizon scanning is viewed by QH as an essential additional mechanism to the sponsor driven approach for identifying new health technologies for the Australian market. QH will in addition be performing horizon scanning to augment nationally coordinated horizon scanning for to support its own local needs. QH agrees with the prioritisation of identified

	Horizon Scanning to meet priority areas (including addressing equity and HUCN). Horizon Scanning to help operational and capacity planning for HTA and health systems.	Committees (currently PBAC and the Medical Services Advisory Committee (MSAC)) to support forward planning and priority setting. (see State and territory government collaboration in HTA 2. 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) 3. The horizon scanning program should establish and seek agreement on what the purpose and objectives of the horizon scanning process is (what is the research question?), how the information will be used/translated into action? Including explicit scope, audience, purpose, process/methods and outcomes/outputs. 4. The developed horizon scanning should be tied to actions required to be undertaken by the partners to prepare for the funding and successful implementation of the identified health technology. 5. A method to measure and evaluate the success of the horizon scanning program, its outputs and impacts, should be developed, and the program be regularly reviewed and updated accordingly.	technologies within priority areas to limit outputs for consideration.

		Continue to progress multi-agency, international collaboration around horizon scanning: Noting the international collaboration efforts the Department is already progressing, investigate if/where the information available through international collaboration on horizon scanning would meet the informational needs (or part there-of) for the purposes of the above. 1. Establish an active horizon scanning process that to identify therapies with promising added therapeutic value, in a priority area (patient indication). This should include new therapies or new patient indications for the 'repurposing' of existing therapies. 2. This process should be open to the use of patient and clinician community partnerships, to help identify possible therapies/expanded indications, and involve them in the later parts of the process to ensure they can be informed about potential future health technologies. 3. In line with the priority reforms under the National Closing the Gap Agreement 2020 between all Governments and the Coalition of Peaks, this process should	

		also include collaboration with ACCHS to help identify therapies for addressing areas of unmet clinical need for First Nations peoples. 4. Develop a framework that includes an assessment of prioritisation of therapies after they have been identified through the scanning process to assist in informing the decision / action related to the identified therapy. *(note: areas of action from this proposed horizon scanning program are discussed under the section on "proactively addressing gaps* in *the PBS" and broader pathways sections)* 1. **Develop a method to measure and evaluate the success of the horizon scanning mechanism outlined in section 6 of the Strategic Agreement in meeting its objectives as agreed in the Strategic Agreement**: a. identify major therapeutic advances which may enter the regulatory or reimbursement systems (or both) over the following 18-24 months and other trends and which may represent a significant disruption in the treatment paradigm and/or require innovation in health care system planning; and	

		b. understand the potential implications for the Commonwealth from the introduction of these advances in terms of resources, systems and processes. If this mechanism is not meeting its objectives, investigate alternative mechanisms to achieve these objectives in collaboration with industry (e.g. industry could provide advanced notice to the Department and relevant stakeholders and how that information will be tied to action, or if it would be more effective to participate in an international collaboration for horizon scanning such as PharmScan used by NICE and how this may be cost recovered).	