

Health Technology Assessment Submission

Thank you for the opportunity to comment upon the [Health Technology Assessment Policy and Methods Review Consultation 2 Options Paper](#). We **applaud the HTA Review Reference Committee** for including environmental considerations in this important review and which are in alignment with the Federal Government's [National Health and Climate Strategy](#). Healthcare decarbonisation is **desired by consumer groups**. For example, Health Care Consumers' QLD, ACT, and NSW have expressed a vision to decarbonise healthcare.

We are a team of collaborators from multiple disciplines from the University of Melbourne with specific interest in the incorporation of environmental considerations into health technology assessments. Our team comprises :

- Dr Forbes McGain, Associate Dean Healthcare Sustainability, Faculty of Medicine, Dentistry & Health Sciences, The University of Melbourne
- Dr Scott McAllister, Senior Researcher, Department of Critical Care, Faculty of Medicine, Dentistry, and Health Sciences, The University of Melbourne
- Prof Eugenie Kayak, Professor of Sustainable Healthcare, Department of Critical Care, Faculty of Medicine, Dentistry, and Health Sciences, The University of Melbourne
- Dr Rebecca Patrick, Senior Fellow/Academic Convener – Climate CATCH Lab, Melbourne School of Population and Global Health, The University of Melbourne
- Dr. Ben Dunne, Honorary Fellow, Department of Surgery, Faculty of Medicine, Dentistry & Health Sciences, The University of Melbourne

We are encouraged by the six proposed options described in Section 5.3 of Environmental Considerations in HTA in the Consultation options paper. We urge the Reference Committee to consider these options not just a considerations for the future but as immediate actions. These initial steps will help towards achieving Australia's global commitments to achieve net zero emissions.

Below we provide our comments to the six proposed options.

1. *Reporting of environmental impacts, starting with embodied greenhouse gas emissions, in the assessment of cost-effectiveness by Australian HTA bodies.*
Use process based life cycle assessment (LCA), which is precise, robust and evidence based. Ensure that scope 3 emissions are accurately captured and included in reporting. Avoid the use of environmentally extended input output (economic) studies for HTA environmental assessments.¹
2. *Potential for use of these data in approval and reimbursement decisions.*
A critical component involves collating the environmental impact data. There needs to be guidance what these data should be, how they are presented (type of unit metric) and how they should be incorporated into the health technology assessment. As a collaborative effort with HTA evaluators, we are currently testing working on a research project in exploring the incorporation of environmental impact considerations into an economic evaluation of a diagnostic technology. We are testing the use of the available repository, how publicly available data can be incorporated and how stakeholders would like to these information to support reimbursement decisions.

Additionally, such data can be used to guide decisions and incentivise environmentally sustainable and low carbon health interventions. Importantly, for devices in particular, the

carbon footprint **per patient** or **per use** should be reported so to ensure that reusable devices are accurately assessed against single use devices. Single use devices may have a lower carbon footprint when compared directly with reusables, but not when compared over the life of the single use device, and for the total number of patients treated. There needs to be standardisation in reporting and use of these data.

3. *Potential for public reporting of these data, to inform clinical decision-making.*

These data should be publicly reported to ensure transparency, allowing critiquing of reported impacts, and allowing clinicians to factor this information into their discussions with patients and clinical decisions.

4. *Development of guidance documents and examples to facilitate environmental impacts reporting.*

Environmental impacts guidance documents are required at multiple levels. For example, as indicated in Table 1 (Carbon Footprint of Common Inhalers used for Asthma Management) of Section 5.3 guidance data about the carbon footprint of different asthma inhalers could guide individual clinicians and patients. Careful considerations and guidance on how these should be used and incorporated consistently into health technology assessments and in the decision making process is needed.

5. *Alignment with international best practice in comparable jurisdictions.*

The UK NICE and the Canadian Drug and Health Technology Agency have strategic plans as outlined in Section 5.3 We agree that Australia also needs to be contributing to these efforts in shaping local and international guidelines to ensure its relevancy to the Australian health system The [International HTA Collaborators](#) could further assist this process of alignment and Australia needs to be proactive in these discussions.

6. *The role of international standards for carbon foot printing of health technology products*

International standards are required. The International Organization for Standardization (ISO) standards must be updated for healthcare products to include environmental considerations. [ISO 14040](#) details environmental management: life cycle assessment so it will be a relatively straightforward process to provide links to the ISO 14040 standards in updated standards for healthcare products. It is essential that efforts to include environmental considerations in HTAs are aligned with international practices to ensure the highest standards are in place. Industry requires a consistent standard for environmental compliance, and need guidance to ensure the requirements are clear and the information provided is accurate and transparent.

We envisage environmental footprinting studies operating in tandem with future clinical trials of new health technologies. Environmental data will then be business as usual for a wide range of healthcare products. A requirement for environmental evidence as part of future HTA applications provides considerable motivation for manufacturers and sponsors to begin planning to collect data for LCA studies which will be of value to clinicians, consumers and the Australian population.

Reference:

1 McAlister S, Morton RL, Barratt A. Incorporating carbon into health care: adding carbon emissions to health technology assessments. *Lancet Planet Health* 2022; **6**: e993–9.