HTA369

Who Will Be Shaping European Health Technology Assessment (HTA)? A Scoring System to Anticipate Individual Countries' Influence on, and Uptake of, Joint Clinical Assessments (JCA) in the European Union (EU)

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BACKGROUND

- The European Union (EU) Regulation on health technology assessment (EU HTAR) aims to improve the availability of and the access to innovative health technologies for EU patients.[1]
- With the implementation of joint clinical assessments (JCA) across all member states, the EU HTAR seeks to achieve efficient resource use and to strengthen quality of HTA across the EU.[1]
- As of 12 January 2025, JCA will commence for oncology and advanced therapy medicinal products (ATMPs). From 2028, JCA will extend to orphan medicinal products, followed by all centrally authorized medicinal products in 2030.
- JCA will be conducted by the EU HTA Coordination Group which is composed of national HTA bodies. As the national HTA bodies across EU countries dispose of different levels of resources and HTA expertise, questions arise to which extent individual HTA bodies will influence and use JCA.

OBJECTIVES

The aim of this research was to create two scores to:

1. Predict the influence that individual countries will have on JCA production *and*
2. Estimate the expected uptake of JCA by HTA bodies at national level.

METHODS

- The scores were developed based on selected categories. The ascending levels of the categories indicated increasing influence on or uptake of JCA. An overview of the scoring system is provided in Table 1.
- Four categories were defined for the influence score:
  - **Category one** represented the level of HTA experience based on both the existence of a comprehensive methodological HTA guideline and the duration of time that a country had maintained an established HTA procedure. The rationale being that countries with a longstanding established HTA procedure would have greater influence on JCA production due to greater methodological expertise and more resources available.
  - **Category two** attributed higher scores to countries with HTA focusing on comparative clinical effectiveness versus countries with a focus on cost-effectiveness or budget impact analyses as JCA will solely focus on clinical effectiveness.
  - **Category three** scored countries higher if they had a chair or co-chair function in the EU HTA Coordination Group and/or its subgroups since it was expected that countries with a leading role will exert more influence on JCA production.[2]
  - **Category four** was scored according to the frequency that countries were involved as author, co-author, or reviewer in EUnetHTA assessments from 2016 to 2021 as a more active involvement in EUnetHTA was considered as an indicator for more influence on future JCA production.[3]
- The uptake score was composed of the influence score plus two additional categories:
  - **Category five** measured the previous uptake of EUnetHTA joint or collaborative assessments, extracted from the EUnetHTA 2020 final report.[4] Countries that used EUnetHTA assessments for their national HTA in the past were considered more likely to use JCA in the future.
  - **Category six** attributed higher scores to countries if their HTA guidelines referred to EUnetHTA guidelines since alignment with EUnetHTA methodology was considered to be an indicator for greater uptake of future JCA.

Table 1. Scoring system

CATEGORIES	CATEGORY LEVELS	SCORE
Influence on JCA		
HTA experience	Established HTA procedure incl. methodological guidelines document >10 years	3
	Established HTA procedure incl. methodological guidelines document 5-10 years	2
	Established HTA procedure incl. methodological guidelines document 1-4 years	1
	No HTA procedure established/no guidelines	0
Focus of HTA	Comparative clinical effectiveness	2
	Cost-effectiveness	1
	Budget impact	0
Co-chair function	Chair/co-chair function in the EU HTA Coordination Group and/or subgroups	3
	No chair/co-chair function in the EU HTA Coordination Group and/or subgroups	0
Involvement in EUnetHTA assessments (2016-2021)	Author ≥3 assessments	3
	Author 1-2 assessments	2.5
	Co-author ≥3 assessments	2
	Co-author 1-2 assessments	1.5
	Reviewer ≥3 assessments	1
	Reviewer 1-2 assessments	0.5
	No author/co-author/reviewer	0
Expected uptake of JCA reports		
Prior uptake of EUnetHTA assessments (2016-2021)	Prior use of 7-9 EUnetHTA assessments	2
	Prior use of 5-6 EUnetHTA assessments	1.5
	Prior use of 3-4 EUnetHTA assessments	1
	Prior use of 1-2 EUnetHTA assessments	0.5
	No prior use of EUnetHTA assessments	0
Reference of EUnetHTA methodology in country guidelines	Explicit reference to EUnetHTA methods	2
	Indirect reference to EUnetHTA methods	1
	No reference to EUnetHTA methods	0

RESULTS

Predicted influence of individual countries on JCA

- According to our scoring system, France, Netherlands, Portugal, Germany and Spain were expected to be the five most influential countries with respect to JCA production.
- The countries scored particularly high on HTA experience and EUnetHTA involvement.
- In addition, all five are involved in co-chair functions of the EU HTA Coordination Group.

Expected uptake of JCA reports by individual countries

- The highest predicted uptake scores were identified for Portugal, France, Netherlands, and Ireland followed by Austria, Croatia, Germany and Spain.
- In particular, Portugal, France, Austria, and Spain scored high in the uptake of EUnetHTA Joint Assessments using at least 3-4 EUnetHTA assessments for their national HTA.

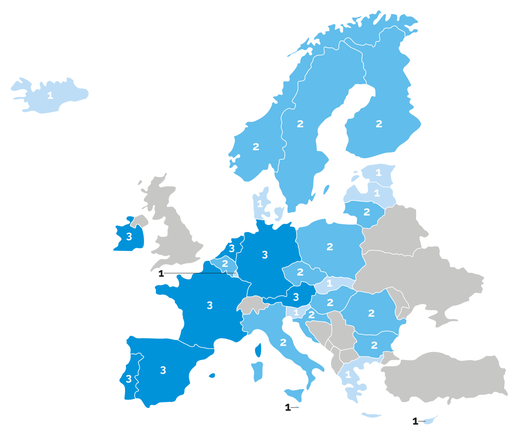

Figure 1. Scoring on expected influence on JCA

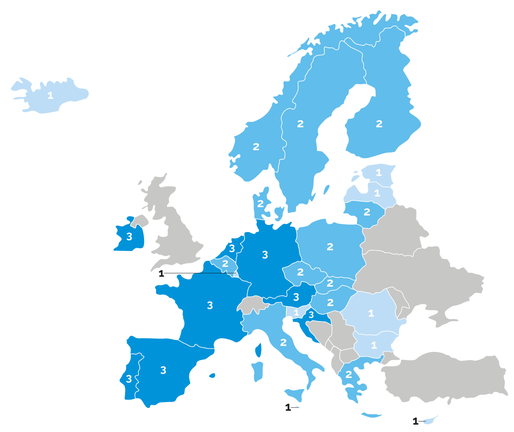

Figure 2. Scoring on the expected uptake of JCA

Scoring per country and category

- Overall, the highest scores were achieved by Portugal (14.5), France (14), and the Netherlands (13). Lowest scores (0) were found for Latvia, Iceland, and Cyprus.
- An interesting finding was that the Netherlands and Germany both scored 0 points in the uptake of previous EUnetHTA assessments, although they are rather active in shaping EU HTA processes and methods guidelines development.
- Italy and Norway scored low on contribution to EUnetHTA assessments, but are contributing substantially to the future EU HTA framework through co-chair functions in the Coordination Group.
- Whilst Sweden contributed substantially to previous EUnetHTA assessments, no reference was made in their country guidelines to EUnetHTA methodology.

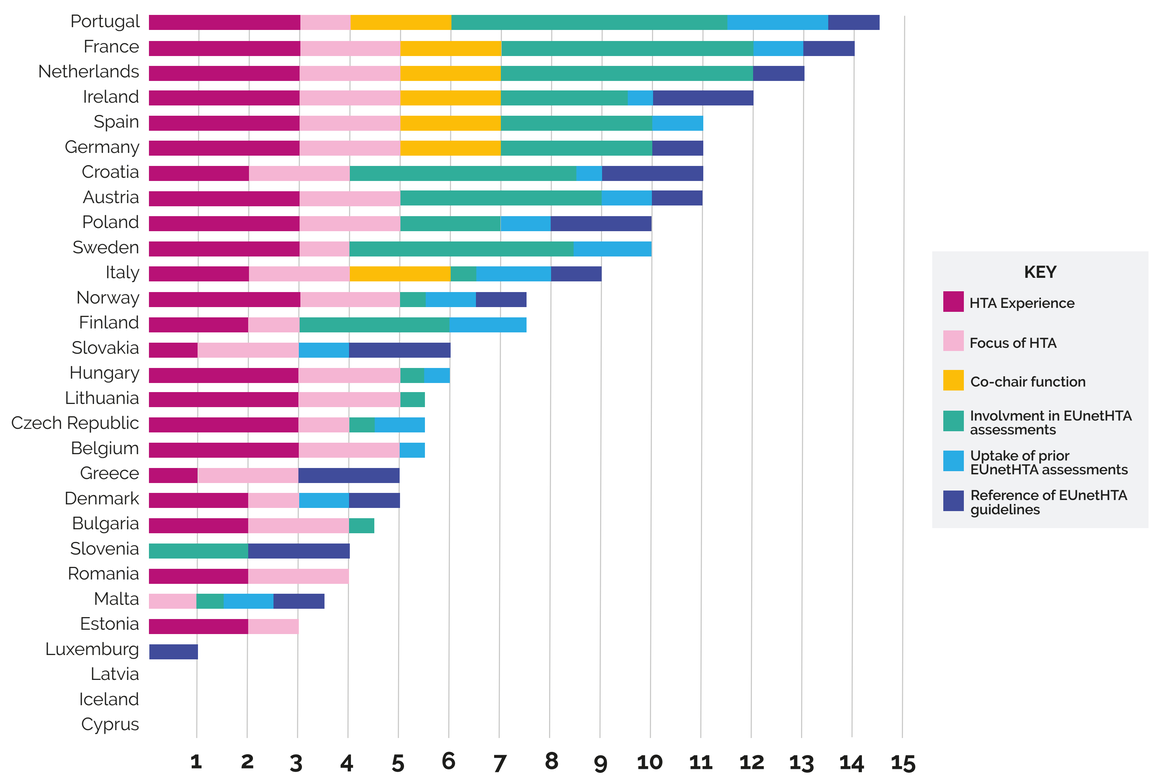

Figure 3. Scoring per country and category

CONCLUSIONS

- Whilst we found a correlation between expected influence and uptake for some countries like France, Netherlands and Portugal, the most influential countries were not necessarily those for which the highest level of uptake was anticipated. Similarly, a low influence level was not always related to low JCA uptake.
- This shows that country-specific contexts and characteristics influence the potential uptake of JCA. Further research and future analyses on actual JCA uptake as of 2025 are needed to better understand country-specific challenges and opportunities related to JCA.

REFERENCES

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DISCLOSURES

All authors contributed to the design of the research, participated in the collection, analysis, and interpretation of data; and contributed to writing, reviewing, and approving this poster.

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