Values and Quality Standards for Patient Involvement in HTA

The HTAi Interest Sub-Group for Patient/Citizen Involvement in Health Technology Assessment (HTA) has developed Values and Quality Standards for patient involvement in HTA via an 18-month research process. This included an evidence review, nominal group technique with an expert workshop and three-round Delphi process to develop international consensus. The consensus process received input from 150 respondents in 39 countries.

We’re now developing tools to support implementation of these Values and Quality Standards to improve patient involvement in HTA. So do let us know what we can do to help you. Please contact pat.standards@btinternet.com.

Values for Patient Involvement in HTA

**Relevance**
Patients have knowledge, perspectives and experiences that are unique and contribute to essential evidence for HTA.

**Fairness**
Patients have the same rights to contribute to the HTA process as other stakeholders and have access to processes that enable effective engagement.

**Equity**
Patient involvement in HTA contributes to equity by seeking to understand the diverse needs of patients with a particular health issue, balanced against the requirements of a health system that seeks to distribute resources fairly among all users.

**Legitimacy**
Patient involvement facilitates those affected by the HTA recommendations/decision to participate in the HTA; contributing to the transparency, accountability and credibility of the decision-making process.

**Capacity building**
Patient involvement processes address barriers to involving patients in HTA and build capacity for patients and HTA organizations to work together.

Quality Standards for Patient Involvement in HTA

**General HTA process**

1. HTA organizations have a strategy that outlines the processes and responsibilities for those working in HTA and serving on HTA committees to effectively involve patients.
2. HTA organizations designate appropriate resources to ensure and support effective patient involvement in HTA.
3. HTA participants (including researchers, staff, HTA reviewers and committee members) receive training about appropriate involvement of patients and consideration of patients’ perspectives throughout the HTA process.
4. Patients and patient organizations are given the opportunity to participate in training to empower them so that they can best contribute to HTA.
5. Patient involvement processes in HTA are regularly reflected on and reviewed, taking account of the experiences of all those involved, with the intent to continuously improve them.

**For individual HTAs**

6. Proactive communication strategies are used to effectively reach, inform and enable a wide range of patients to participate fully in each HTA.
7. Clear timelines are established for each HTA with advance notice of deadlines to ensure that appropriate input from a wide range of patients can be obtained.
8. For each HTA, HTA organizations identify a staff member whose role is to support patients to contribute effectively to HTA.
9. In each HTA, patients’ perspectives and experiences are documented and the influence of patient contributions on conclusions and decisions is reported.
10. Feedback is given to patient organizations who have contributed to an HTA, to share what contributions were most helpful and provide suggestions to assist their future involvement.