Facing the dynamics of future innovation: The role of HTA, industry and health system in scanning the horizon.

Reflections on the HTAi Global Policy Forum held in Barcelona, Spain, from January 28 to 30, 2018

Dr. Sean Tunis
President, HTAi

HTAi is pleased to have convened the fifteenth Global Policy Forum in Barcelona, Spain, focussing this year on the role of horizon scanning in preparing the health system for potentially high impact technologies. The stage was set for the two and a half day dialogue by four thought-provoking speakers: Dawn Craig (NIHR Innovation Observatory, UK), Alvar Agusti (Clinician, Spain), Tess Harris (patient advocate, Switzerland) and Eveline Klein Lankhorst (Dutch Ministry of Health, Netherlands). The remainder of the meeting included brief presentations, panel debates, small group discussions and many animated hallway conversations. It is a special privilege for me, as well as the HTAi Board of Directors, to be able to participate in these unique discussions among some of the finest thinkers from the HTA and life sciences community. It is my hope that others at the event learnt as much as I did.

Dr. Laura Sampietro-Colom
Chair, HTAi Global Policy Forum

Horizon scanning has gained increasing attention in recent years; however, there is limited evidence of its impact on health systems. Despite having horizon scanning in place, we still experience global ‘asteroids’ (such as 3D printing, cell/gene/regenerative therapies, and hepatitis C drugs) that are disruptive to the health system.

The fifteenth HTAi Global Policy Forum brought together 72 senior representatives from public sector agencies, industry and HTAi leadership to discuss Facing the Dynamics of Future Innovation. The main session of the Forum was split into two major strands: ‘Optimising horizon scanning systems’ and ‘The role of horizon scanning in preparing health systems for taking up innovation’.

Below are some reflections on the key messages that were developed during the event. I would like to thank all members and speakers for their thoughtful contributions and I very much look forward to ongoing discussions and debate at the HTAi 2018 Annual Meeting in Vancouver!

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## Define what is meant by horizon scanning and start early!

Horizon scanning (HS) can mean different things to different people. Is it a tool to plan an agency’s work programme? Can it be used to identify areas of unmet clinical need and drive innovation? When does HS become early HTA? What about ‘older’ technologies with extended indications?

Although many of the answers depend on the end-user’s perspective, it was mentioned that HS should consider a time horizon of more than two years. Starting early and taking a long-term perspective is key for meaningful HS; focusing on health technologies in the late stage of development will not be sufficient to prepare the health system appropriately.

## Involve all stakeholders and look outside of the HTA community for information and skills

A clear message from the Forum was the need to include all stakeholders in early dialogue, particularly patients and clinicians. Patients are invariably some of the most well-informed stakeholders on developments and they share this information through a variety of online and social media platforms. It is, however, important that all views are balanced, with standardized methodologies employed and confidentiality of data assured.

Outside of the HTA community, capital investors, bankers and financial analysts have valuable skills and resources from which HS systems can learn and improve in terms of predictive accuracy. Improvements in efficiency could also be gained by moving beyond the traditional labour-intensive methods of monitoring and screening to applying natural language processing and the use of artificial intelligence (such as that proposed by the UK NIHR Innovation Observatory, for example).

## Focus on whole disease areas and acknowledge there are differences between devices and drugs

Focussing on specific technologies or single indications also limits the potential impact of HS. It was felt that a more holistic view targeting disease areas or clinical pathways in HS would be more beneficial. Additional factors, such as a longer time horizon (more than five years), linking early HTA with HS and involving all stakeholders would optimize the impact of HS.

There are obvious challenges when considering HS for devices. These include a wide range of potential interventions, no single regulatory body, rapid evolution (including the sometimes exponential ‘learning curve’), potential direct to consumer markets and manufacturers outside of the current identification systems.

## Joint horizon scanning systems are possible but should only focus on the identification of technologies

HS, by its very nature, should be fact-based; there should be no judgement or values surrounding the identification of technologies. For this reason, joint (international) HS systems are possible. The remit of these systems can only go as far as identification; filtration and prioritisation of the results must be done at a more local level. In all HS, but especially collaborative efforts, transparency and sensitivity around commercial-in-confidence data is essential.

## Horizon scanning needs to be incorporated into the health system

HS can only be truly effective if it is sufficiently integrated into the health system, and if there is policy receptivity to its findings. Without this, even the most sensitive and specific HS system will have only limited impact in preparing the health system for innovation and potentially disruptive technologies. The HTA community should come together, acknowledge shared agendas with transparency and use our collective abilities to attempt to help shape sustainable and equitable health systems as much as is feasible.