

Sustainability of Healthcare Systems in Asia: Exploring the Role of Horizon Scanning and Reassessment in the HTA Landscape

Key Messages from the 7th HTAi Asia Policy Forum held in Hanoi, 6-8 November 2019

The theme of the 2019 HTAi Asia Policy Forum (APF) was *'Sustainability of Healthcare Systems in Asia: Exploring the Role of Horizon Scanning and Reassessment in the HTA Landscape'*.

One of the key messages of the meeting was that lines between horizon scanning (HS), reassessment and full HTA are at times blurred. All three are elements of HTA, using the same principles and at times methodologies, which are applied at different time points in the life cycle of a health technology.

Horizon Scanning

- It is important to clarify the definition and purpose of horizon scanning (HS), noting that different stakeholders may have different uses.
 - There was general agreement by members that the benefits of HS include:
 - the identification of incoming therapies and the rapid evaluation of their potential impact on a health system
 - the managed entry of a technology into all aspects of the health system
 - providing an informal opportunity for early dialogue between key stakeholders, especially industry and clinicians, which can offer opportunities for education and to build trust.
 - In Asia, efficiencies are gained by HS identifying technologies that have US FDA approval or approximately 3 years prior to product launch in Asia.
- HS for technologies as they enter the health system is of reduced/limited value.
 - HS for a class of technologies or all technologies in a clinical pathway is more effective than looking at individual technologies and may present opportunities to identify reassessment targets. However, the assessment of single technologies is faster, easier and less resource intensive.
 - HS for devices is different than that for pharmaceuticals, which tends to occur much earlier in the development pipeline and acts in a gatekeeping role. HS for devices tends to be around monitoring the early uptake and diffusion of the new device.
 - Transparency in the HS process, with early dialogue between stakeholders (agencies, clinicians and industry), is of critical importance.
 - A shared Asian HS network/collaboration was viewed as a positive goal to strive for, with an emphasis on the local Asia context.

Health Technology Reassessment

- HTR should ensure the appropriate care for the appropriate patient at the appropriate time.
- HTR rarely results in the complete removal of a service but rather a restriction of a service to particular subgroups. HTR may even result in a widening of indications (the removal of subgroup restrictions), increased prices (in the case of some managed entry agreements) or the identification of a new use for an existing technology.
- Conducting HTR is important to monitor/maintain UHC to ensure the continued optimum use of health technologies.
- HTR is in its infancy in Asia.
- HTR can be difficult and challenging, requiring early and extensive stakeholder engagement with policy makers, clinicians and patients. Some of the key challenges of HTR are similar to those identified in HS:
 - a lack of HTA capacity. Again, is there “scope creep”, asking HTA agencies to do the work of the regulator?
 - a lack of good quality data describing the usage of the technology in the real-world setting. Data is critical to inform and provide transparency of the HTR process;
- a lack of clear processes and incentives; and
- a lack of stakeholder “buy in”.
- HTR can be informed by HS methodologies.
- Countries are resource limited. Effective use of the health care budget requires wise decision making around both investment of new technologies and the commissioning of HTR. If there is a known lack of data, entrenched clinical practice, or a technology will become naturally obsolete, then HTR should not be conducted and resources can be directed elsewhere. In Asia, particularly in Low and Middle Income Countries, the selection of topics for HTR is critical.
- Collaboration with industry is still challenging and met with caution from the agency members. The first-step is continued and open dialogue. Similarly, sharing information across countries would be useful but a formal collaboration, such as that proposed as a HS network, may be challenging without funding. Sharing methods and results across Asia is also a good first step to advance learning in HTR across Asia.



Pictured: The HTA team at the Health Strategy and Policy Institute in Hanoi, Vietnam.