HTAi Patient and Citizen Involvement in HTA Interest Group (PCIG)
E-Bulletin, March 2021

Enhanced quality and relevance of HTA through patient and citizen involvement

http://www.htai.org/interest-groups/patient-and-citizen-involvement.html

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Welcome to our March E-Bulletin!

From our Chair

Have you registered for HTAi's Annual Meeting 2021? This year it will be virtual from 19-23 June. The first two days will be workshops, including the PCIG workshop on the Sunday, and the program has a great variety of panels and presentations sharing good practice and promoting methodological development in patient and citizen involvement.
If you know a patient, a patient representative or someone who works for a patient group who has a strong interest or experience in HTA, please let them know about the 'PCIG PASS'. Consumer or public members on HTA committees are welcome to apply. The 'PASS' will enable them to attend the Annual Meeting for free. To find out the details they simply need to email pcigpass@gmail.com
Applications are due by Friday 16 April 2021.
Members of PCIG will be providing a briefing meeting for recipients of the HTAi travel grants (patient), 'PCIG PASS' and any other interested patient participants in early June.
If you have experience and are passionate about ensuring patients are welcomed and engaged in our Annual Meetings, please drop me an email as PCIG will form a project sub-committee to take forward the work as an HTAi Working Group: Patient Involvement in HTAi 2021 Annual Meeting, for future meetings.

Stay safe
Ann Single, Chair – HTAi Patient and Citizen Involvement Interest Group
singlehaworth@gmail.com

NOTE: Present and past issues of the E-Bulletin can also be accessed on the website
https://htai.org/interest-groups/pcig/e-bulletins/

PCIG Matters

PCIG PASS
Please find below details of the PCIG PASS for the HTAi Annual Meeting 2021. You are encouraged to share this email with those who may be interested in applying. We also have details on LinkedIn which we'd love you to share.
This year, HTAi's Annual Meeting will be virtual. The role of patients in HTA has never been more important and this is reflected in 'Patients at the heart of innovation' being a key theme of the meeting. The PASS has

been established by the PCIG to provide an additional route for patients and their representatives, including staff and volunteers from patient organisations, to attend the HTAi Annual Meeting. This year the meeting will be held from 19-23 June virtually. The first two days will be workshops, including the PCIG 3-hour workshop on Sunday 20 June. PCIG PASS recipients will receive a code to access the event, not funds to reimburse registration.
PCIG is grateful to Edwards Lifesciences, Janssen and Novartis for their sponsorship of these grants and commitment to patient participation in HTAi's Annual Meeting.

How to apply
Simply send an email to pcigpass@gmail.com with the following information.
What is your name?
What is your preferred email address?
Do you work or volunteer for a patient organisation, if so which one?
Please tell us about your work in a patient organisation, patient community or patient advocacy.
What is your interest or experience in health technology assessment?
Are you presenting at HTAi Annual Meeting 2021 or contributing in a specific role? If yes, please provide the details? Please attach a letter of support from your organisation or recommendation if not representing an organisation. Post conference, PCIG will follow up with PCIG PASS recipients to learn about their experience and make further improvements for 2022.

Submit to pcigpass@gmail.com *by Friday 16 April 2021*.
Successful applicants notified: *Monday 26 April 2021*.

PCIG project: Stakeholders Perspectives of Impact in HTA
Our team is looking forward to collecting case studies of the impact of patient involvement in HTA. If you have experienced this firsthand or know someone who has, you can find the questionnaire and more information on how to submit stories through this link.
Please, do not hesitate to contact us or any member of the project sub-committee if you have any questions or prefer to provide your input verbally.
Your experience on how involving patients has impacted HTA is valuable!

Aline Silva and Veronica Gousset

Member publications
Nigel Cook, Heidi Livingstone, Jennifer Dickson, Louise Taylor, Kate Morgan, Martin Coombes, Sally Wortley, Elisabeth Oehrlein, María José Vicente-Edo, Franz Waibel, Barry Liden. Development of an international template to support patient submissions in Health Technology Assessments. International Journal of Technology Assessment in Health Care 2021;37, Issue 1.
https://www.doi.org/10.1017/S0266462321000167.

Contributed by Franz Waibel

Cedric Gesbert, Joëlle André-Vert, Marc Guerrier, Margaret Galbraith, Christine Devaud, Jean-Claude K. Dupont, Marie-France Mamzer. The contribution of French patient and consumer groups to health technology assessments over a 2-year period: an observational retrospective study. International Journal of Technology Assessment in Health Care 2021;37. doi: 10.1017/S0266462321000180

Hanin Farhana Kamaruzaman, Ku Nurhasni Ku Abd Rahim, Izzuna Mudla Mohamed Ghazali, Mohd Aminuddin Mohd Yusof. A voice to be heard: patient and public involvement in health technology assessment and clinical practice guidelines in Malaysia. International Journal of Technology Assessment in Health Care 2021;37. doi: 10.1017/S0266462321000118

Haji Ali Afzali H, Street J, Merlin T, Karnon J (2021). The representation of public values in health technology assessment to inform funding decisions: The case of Australia's national funding bodies. International Journal of Technology Assessment in Health Care, 37, E22. doi:10.1017/S0266462320002238
Current HTA processes in Australia lack meaningful public inputs. Using Australia as an example, we describe this important limitation and discuss the potential impact of this gap on the health system and future directions.

The International Journal of Technology Assessment in Health Care has been busy capturing the extent and influence of patient engagement in HTA around the globe. As Brian O'Rourke (previously of CADTH) once said: "If you're not engaging patients, you're not doing HTA". Sincere thanks to editors Sophie Staniszewska and Sophie Werkö. To close:

Sophie Staniszewska, Sophie Söderholm Werkö. Mind the evidence gap: the use of patient-based evidence to create "complete HTA" in the twenty-first century. International Journal of Technology Assessment in Health Care 2021; 37. doi: 10.1017/S026646232100012X
The aim of this paper is to review the concept of patient-based evidence in health technology assessment (HTA), drawing on philosophical ideas of knowledge in order to judge whether current approaches to the use of evidence for HTA are complete. We draw on a number of key sources, including key papers and book chapters, discussion forums, agency reports, and conference presentations. We develop the potential dimensions of patient-based evidence, describe its key attributes, and consider its future development. Patient-based evidence has the potential to be a key concept in HTA, comprised of a series of related elements of importance to patients. We recognize that we raise more questions than can be answered, but as an emerging concept, recognition and understanding of patient-based evidence is still developing. The concepts and methods that support its application in HTA require urgent development. We conclude that clinical and economic forms of evidence are not enough for HTA. For HTA to be complete, we need to consider all relevant aspects of the phenomena, including patient-based evidence.
There is now an urgent need for the global research and HTA community to work together to realize the full potential of patient-based evidence through conceptual and methodological development and wider recognition. We advocate that a task force be set up to address these urgent issues.

Bart Bloemen, Maarten Jansen, Wouter Rijke, Wija Oortwijn, Gert Jan van der Wilt, Mixed claims in Health Technology Assessment: The case of Non-Invasive Prenatal Testing,
Social Science & Medicine, Volume 270, 2021, 113689, ISSN 0277-9536,
https://doi.org/10.1016/j.socscimed.2021.113689.
https://www.sciencedirect.com/science/article/pii/S0277953621000216
Health Technology Assessment (HTA) uses explicit methods to determine the value of a health technology. This typically results in several claims regarding the effects that are expected to follow from the use of a health technology in a particular context. These claims seem to capture conclusions based solely on facts, but they often combine empirical information with normative presuppositions. Claims that have this character reflect (implicit) value judgments and have been labelled mixed claims. Not recognizing these normative components of such claims risks value inattention and value imposition, presenting results as self-evident and not in need of any moral justification. This paper aims to illustrate the role of mixed claims in HTA by analyzing claims and recommendations presented in an HTA report on the introduction of Non-Invasive Prenatal Testing (NIPT) in The Netherlands. Our results show that the report contains mixed claims, and that a normative analysis of these claims can help to clarify the normativity of HTA and evaluate the robustness of claims on alleged effects of a health technology.

Contributed by Wija Oortwijn

https://htai.eventsair.com/htai-manchester-2021-am/

HTAi 2021 Innovation through HTA - Manchester UK, June 19-23, 2021, Virtual meeting

For updates visit the HTAi 2021 Annual Meeting website. And Twitter at #HTAi2021VirtualAM
We are pleased to announce that registration is NOW OPEN for HTAi's 2021 Virtual Annual Meeting, taking place Saturday, June 19 to Wednesday, June 23, 2021. This year's Annual Meeting will focus on how adaptive approaches to HTA can continue to provide the cornerstone in leading health systems innovation, particularly as technologies advance and novel interventions rapidly emerge.

Anyone can register for the Annual Meeting, with member and non-member rates available. To take advantage of member registration pricing please become an HTAi member or renew your HTAi membership before registering. To learn more visit the membership section on our website.
For a detailed overview of Annual Meeting Registration fees, please see our 2021 Virtual Annual Meeting Registration page.
The 2021 Annual Meeting will focus on how adaptive approaches to HTA can continue to provide the cornerstone in leading health systems innovation particularly as technologies advance and novel interventions rapidly emerge. As our technological world evolves and new challenges emerge, we will need to adapt HTA to ensure it continues to be a conduit to support technology innovation.
The main theme is supplemented by three plenary themes:
Evidence for HTA: Innovative Methods for Challenging Times
Patients at the Heart of Innovation
Innovating HTA to support Novel Interventions
Early Bird Registration Rates are available until April 30, 2021.

Interest Group Community Portal

In March, the Secretariat hosted a Grand Opening for the Interest Group Community Portal. During this Grand Opening there were addresses from: Rob Abbott, Executive Director; Wija Oortwijn, Vice-President; and Leonor Varela-Lema Interest Group Steering Committee Chair. The recording can be found here: https://youtu.be/eSBrDPyX2tw.
The aim for the Interest Group Community Portal is to provide a space for the collaboration of Interest Groups and their members and to highlight any work being done by Interest Groups. The new Community Portal provides an enhanced option for webinars and presentations. The digital meeting request form is available for you to fill out and submit should you wish to host a webinar. It can be found here: https://htai.org/wp-content/uploads/2021/03/Digital-Meeting-Request-Form.pdf.
If you have any questions, please feel free to reach out to Bryce Doherty bdoherty@htai.org and/or Sydney Ruller sruller@htai.org
Setting Up
Portal Registration: https://htai.eventsair.com/ig-engagement/registration
Portal Access: https://portalapp.htai.eventsair.com/VirtualAttendeePortal/ig-engagement/engagement-portal
Some of the activities you can try doing are:
Make connections with other members of your Interest Group.
Initiate a chat or video call.
View uploaded content in Poster Gallery and Exhibitor Portal

Contributed by Sydney Ruller

HTAi 2021 workshop Values in Doing Assessments of Health Technologies

Half-day workshop scheduled for **June 19, 2021 at 9-12 GMT**

HTA is widely seen as a specific type of policy-research. However, in its course of development it has failed to take account of crucially important insights from policy sciences. The *VALIDATE* (VALues In Doing Assessments of healthcare TEchnologies) project aims to redress this and offers an e-learning course, an accompanying handbook, and appropriate opportunities for internships at European HTA Agencies. For more information: www.validatehta.eu

Contributed by Wija Oortwijn

HTAi Social Media
Feel free to follow us or check in on our social media channels and repost our messaging:
Twitter: twitter.com/HTAiOrg @HTAiOrg
Facebook: www.facebook.com/HTAiOrg @HTAiOrg
LinkedIn: www.linkedin.com/company/htai

What's Happening

NICE podcast on patient involvement
https://linktr.ee/nicetalks
There's a new podcast on the NICE website about the role of patients and patient organisations featuring Jo Jerrome from Thrombosis UK and Laura Norburn from the Public Involvement team at NICE. It's 10 minutes in length and wider than HTAs but includes them.

Contributed by Heidi Livingstone, NICE Public Involvement Adviser

Share4Rare toolkit for patient advocacy
https://www.share4rare.org/library/share4rare-toolkit-patient-advocacy/introduction-toolkit
Check out the chapters, use the templates and define your strategy to set a strong base for your advocacy effort. Raise awareness and understanding in your rare disease in terms of essentials, strategy, communication, research, education, and resources.
See full Toolkit – developed by Begonya Nafria, Sant Joan de Déu Research Foundation, Barcelona.

International Neuroendocrine Cancer Alliance (INCA) Boot Camp Created a Unique Pool of Global Champions for Patient Involvement in Neuroendocrine Tumour (NET) Research
The INCA Research Committee launched the first INCA Boot Camp for Research Patient Advocates in June 2020 to build a future with more active and meaningful involvement of NET patients globally in medical research for NETs. The INCA Boot Camp brought together 18 prominent NET patient advocates from Africa, Asia, Australia, Europe and North America for nine consecutive monthly webinars to explore the various aspects of the drug development process and patient involvement in it. Bringing together passionate NET patient advocates from around the globe, the online training modules designed by our delivery partners, *Patvocates*, took our participants through the many facets of research and HTA, including drug development, statistics and why they matter, PROMS (Patient Reported Outcome Measurements) and QOLs (Quality of Life) and evidence-based patient advocacy.
The first class of the INCA Boot Camp graduated in February 2021, and the response has been overwhelmingly positive. All the participants concluded that the course gave them more confidence to have a seat at the table with research partners such as pharmaceutical companies, clinical researchers or government bodies, by knowing and understanding the language, having a background to how decisions are made, and how they can use their influence through lived experience. It is the goal of INCA to expand on this course by offering it more widely .Read more about the initiative and our participants at https://incalliance.org/bootcamp/.

Contributed by Simone Leyden, NeuroEndocrine Cancer Australia, International Neuroendocrine Cancer Alliance (INCA)

Finding Your Ethical Research Self: A Guidebook for Novice Qualitative Researchers
Book by Emma Tumilty and Martin Tolich
https://www.google.com.au/books/edition/Finding_Your_Ethical_Research_Self/4dQiEAAAQBAJ?hl=en&gbpv=1&printsec=frontcover

Synapse Patient focused Medicine Development: A time to reflect, move forward
https://synapse.pfmd.org/events/a-time-to-reflect-move-forward
Apr 14, 2021 from 14:30 to 16:30 (GMT+02:00)
Nicholas Brooke, Neil Bertelsen, Maria Dutarte EUPATI are speaking at this event.

First official meeting of SISAQOL-IMI
https://www.imi.europa.eu/projects-results/project-factsheets/sisaqol-imi
The first official meeting of SISAQOL-IMI - a public/private, multidisciplinary partnership involving 42 stakeholder groups representing academia, industry, patient organisations, regulators and cancer institutes - took place virtually on 17th and 18th March. The four-year project will work towards generating recommendations to standardise the use, analysis and interpretation of patient reported outcome (PRO) data, such as health-related quality of life and symptoms, in cancer clinical trials. This work will help ensure that the issues which really matter to patients, and significantly impact them, are part of treatment decision-making in a consistent and accurate manner.

IMI PREFER: Patients and researchers in partnership
https://www.imi-prefer.eu/news/news-item/?tarContentId=931946
PREFER is a five year (2016 – 2021) project funded by the Innovative Medicines Initiative (IMI) working to provide a set of systemic methodologies and recommendations to assess, engage and include patient perspectives during the development, approval and post-approval of new therapies, providing a better understanding of recommended best-practice approaches.
Giving patients a voice in the development of treatments means we first need to listen to them. The PREFER project develops recommendations for when and how that voice can be heard through a structured approach known as patient preferences. We rely on four patient organisations to make sure the patient voice is heard in the project. Together with universities and companies, they are part of developing recommendations for when and how patient preferences can be part of decision-making on whether or not to develop a treatment, if it should be approved, become available to patients, and what to do in case there are safety concerns after it is put on the market.
Medicines, therapies and medical devices that can help diagnose or treat a condition are made for patients. In PREFER, the patient perspective is included on several levels. The European Cancer Patient Coalition (ECPC), European Patients Forum (EPF), International Association of Patient Organisations (IAPO) and Muscular Dystrophy UK (MDUK), are full members of the project's consortium. This means they are involved in the research and have a voice in PREFER's decision-making bodies. To complement their voice, we involve patients and patient organisations in our clinical patient preference case studies. Here, local patient organisations and advocates that understand the disease are contributing to the design of surveys, ensuring that the language is understandable, recruiting participants and making sure that results are communicated back to the people that participated in project's research.

By Antonella Cardone & Paulina Gono, European Cancer Patient Coalition (ECPC), Valentina Strammiello, European Patients Forum (EPF), Kate Adcock, Muscular Dystrophy UK (MDUK), and Kawaldip Sehmi and Sonja Potenze, International Alliance of Patient Organisations (IAPO)

European Council, Council of the European Union: Health Technology Assessment

https://www.consilium.europa.eu/en/press/press-releases/2021/03/24/health-technology-assessment-council-agrees-its-negotiating-position/
Member states agreed today on a mandate to start negotiations with the European Parliament on a legislative proposal concerning joint work on health technology assessment for the benefit of patients. The proposed legislation foresees, for instance, the establishment of a Coordination Group comprising national health authorities. This group will work on joint clinical assessments and joint scientific consultations on health technologies. The proposed legislation should benefit patients, member states and health technology developers. Accordingly, it will improve patients' access to health technologies. The joint work carried out at EU level should provide valuable scientific information to national health authorities. Companies will not need to provide at national level the same information about their products that they have already submitted at EU level. This will lead to cost savings and reduce duplication of work.
The negotiation mandate adopted today is an important milestone. The regulation on health technology assessment, once adopted, will be a major step forward in the field of health. It will constitute a robust framework for cooperation for the benefit of member states, industry and, above all, patients.

Marta Temido, Portuguese Minister of Health

Encouraging international authors
In a previous E-Bulletin we highlighted how Brian Godman supports colleagues from a diverse range of countries to publish papers on pricing and access to medicines. Brian Godman and his multi-national colleagues have a paper: Pricing of oral generic cancer medicines in 25 European countries; findings and implications. Generics and Biosimilars Initiative Journal (GaBI Journal). 2019;8(2):49-70. DOI: 10.5639/gabij.2019.0802.007. The paper has over 27,000 views to date (http://gabi-journal.net/pricing-of-oral-generic-cancer-medicines-in-25-european-countries-findings-and-implications.html). This makes it one of the most read articles in the Journal to date, quite an achievement.

Publications

Two papers from a series in the BMJ on co-production in global health research
S Redman, T Greenhalgh, L Adedokun, S Staniszewska, S Denegri, on behalf of the Co-production of Knowledge Collection Steering Committee. Co-production of knowledge: the future. BMJ 2021;372:n434. http://dx.doi.org/10.1136/bmj.n434
A new collection highlights the role of co-production in strengthening health systems

D Tembo et al. Effective engagement and involvement with community stakeholders in the co-production of global health research. BMJ 2021;372:n178 | doi: 10.1136/bmj.n178 1
Doreen Tembo and colleagues argue that small changes as well as larger system-wide changes can strengthen citizens' contribution to knowledge in health research.

Contributed by Sophie Staniszewska

Metaphors of organizations in patient involvement programs: connections and contradictions
Paula Rowland, Carol Fancott, Julia Abelson 2021. Journal of Health Organization and Management ISSN: 1477-7266. https://www.emerald.com/insight/content/doi/10.1108/JHOM-07-2020-0292/full/html
What do we mean when we say "organizations must learn from patients"?
Through our analysis, we interpret a range of metaphors of the organization, including organizations as (1) power and politics, (2) systems and (3) narratives. Through these metaphors, we display a range of possibilities for interpreting how organizations might learn from patients and associated implications for organizational change.

Contributed by Sally Wortley

(Re)defining legitimacy in Canadian drug assessment policy? Comparing ideas over time
Katherine Boothe 2021. Health Economics, Policy and Law. Doi:10.1017/S1744133121000013

An Evidence Review of Low-Value Care Recommendations: Inconsistency and Lack of Economic Evidence Considered
Kim DD, Do LA, Daly AT, Wong JB, Chambers JD, Ollendorf DA, Neumann PJ. J Gen Intern Med. 2021 Feb 23. doi: 10.1007/s11606-021-06639-2. https://onlinelibrary.wiley.com/doi/full/10.1111/ecin.12992
Our study found that evidentiary rationales for low-value care vary substantially, with most recommendations relying on clinical evidence. Broadening the evidence base to incorporate cost-effectiveness evidence can help refine the definition of "low-value" care to reflect whether an intervention's costs are worth the benefits. Developing a consensus grading structure on the strength and evidentiary rationale may help improve de-implementation efforts for low-value care.

The influence of hidden researcher decisions in applied microeconomics
Nick Huntington-Klein, Andreu Arenas, Emily Beam et al. Economic Inquiry 2021. https://doi.org/10.1111/ecin.12992
Researchers make hundreds of decisions about data collection, preparation, and analysis in their research. We use a many-analysts approach to measure the extent and impact of these decisions. Two published causal empirical results are replicated by seven replicators each. We find large differences in data preparation and analysis decisions, many of which would not likely be reported in a publication. No two replicators reported the same sample size. Statistical significance varied across replications, and for one of the studies the effect's sign varied as well. The standard deviation of estimates across replications was 3–4 times the mean reported standard error.

Many Analysts, One Data Set: Making Transparent How Variations in Analytic Choices Affect Results
R Silberzahn, EL Uhlmann, DP Martin et al. Advances in Methods and Practices in Psychological Science 2018. Volume: 1 issue: 3, page(s): 337-356. https://doi.org/10.1177/2515245917747646

Methods of Economic Evaluation
A series of introductory to intermediate educational articles on the methods of economic evaluation. PharmacoEconomics https://link.springer.com/collections/bddbfgidgg

On the integration of early health technology assessment in the innovation process: reflections from five stakeholders
Tummers M, Kværner K, Sampietro-Colom L, Siebert M, Krahn M, Melien Ø, Hamerlijnck D, Abrishami P, Grutters J (2020). International Journal of Technology Assessment in Health Care 36, 481–485. https://doi.org/10.1017/S0266462320000756
Early health technology assessment (HTA), which includes all methods used to inform industry and other stakeholders about the potential value of new medical products in development, including methods to quantify and manage uncertainty, has seen many applications in recent years. However, it is still unclear how such early value assessments can be integrated into the technology innovation process. This commentary contributes to the discussion on the purposes early HTA can serve. Similarities and differences in the perspectives of five stakeholders (i.e., the hospital, the patient, the assessor, the medical device industry, and the policy maker) on the purpose, value, and potential challenges of early HTA are described. Best practices should be shared to optimize both the innovation process and the methods to perform an early value assessment.

Evaluation of patient engagement in medicine development: A multi-stakeholder framework with metrics

Vat LE, Finlay T, Robinson P, Barbareschi G, Boudes M, Diaz Ponce AM, Dinboeck M, Eichmann L, Ferrer E, Fruytier SE, Hey C, Broerse JEW, Schuitmaker-Warnaar TJ. Health Expect. 2021 Feb 24. doi: 10.1111/hex.13191.

Real-world evidence: perspectives on challenges, value, and alignment of regulatory and national health technology assessment data collection requirements
Sievers H, Joos A, Hiligsmann M. Int J Technol Assess Health Care. 2021 Feb 24;37:e40. doi: 10.1017/S0266462321000131.
We could close evidence gaps by showing the actual value of medicines in patients under real-world conditions. However, experts acknowledged certain challenges such as: (i) heterogeneous perspectives and differences in outcome measures for RWE generation and (ii) missing practical experience with RWD collected through mandatory registries within the German benefit assessment due to an unclear implementation of the GSAV.

Interrogating the promise of technology in epilepsy care: systematic, hermeneutic review
Chrysanthi Papoutsi, Christian DE Collins, Alexandra Christopher, Sara E Shaw, Trisha Greenhalgh. Sociology of Health & Illness 2021
Technology development is gathering pace in epilepsy with seizure detection devices promising to transform self-care and service provision. However, such accounts often neglect the uncertainties, displacements and responsibilities that technology-supported care generates. The authors developed a conceptual framework surfacing the underlying logics by which technology-supported epilepsy care is organised. Each of these logics enacts different techno-scientific futures and carries specific assumptions about how (often imagined) 'users' and their bodies become co-constituted. Our review shows that studies in this area remain primarily deterministic and technology-focused. Few draw phenomenological insights on lived experiences with epilepsy or use social theory to problematize the role of technology.

Development of a checklist to guide equity considerations in health technology assessment
Maria Benkhalti, Manuel Espinoza, Richard Cookson, Vivian Welch, Peter Tugwell, Pierre Dagenais. International Journal of Technology Assessment in Health Care 2021;37.

The inverse care law re-examined: a global perspective
Richard Cookson, Tim Doran, Miqdad Asaria, Indrani Gupta, Fiorella Parra Mujica. Lancet 2021; 397: 828–38.
An inverse care law persists in almost all low-income and middle-income countries, whereby socially disadvantaged people receive less, and lower-quality, health care despite having greater need. By contrast, a disproportionate care law persists in high-income countries, whereby socially disadvantaged people receive more health care, but of worse quality and insufficient quantity to meet their additional needs. Both laws are caused not only by financial barriers and fragmented health insurance systems but also by social inequalities in care seeking and co-investment as well as the costs and benefits of health care. Investing in more integrated universal health coverage and stronger primary care, delivered in proportion to need, can improve population health and reduce health inequality. However, trade-offs sometimes exist between health policy objectives. Health-care technologies, policies, and resourcing should be subjected to distributional analysis of their equity impacts, to ensure the objective of reducing health inequalities is kept in sight.

A comparison of the innovation and value initiative's open-source value project and the Institute for Clinical and Economic Review's value assessment framework
Hallock C, Tan R. HTA Quarterly. Spring 2021. https://www.xcenda.com/insights/htaq-spring-2021-comparison-ivi-icer
https://www.thevalueinitiative.org/
Because there are diverse views among US stakeholders in terms of defining and approaching value, it is important that value assessments incorporate different perspectives. Historically, cost-effectiveness

models have been generally proprietary, static, and developed from a single perspective, but this approach is improving. In examining IVI's OSVP and ICER's 2020–2023 VAF methodology updates, we see a microcosm of the evolving value narrative and importance of multistakeholder involvement in assessments of value.

Key differences between IVI and ICER include additional elements of patient-centricity, transparency, and flexibility of the assessment, model, and final report. Since inception, IVI's approach has offered a transparent and adaptable model that allows users to alter inputs and provides a range of results based on different preferences. In contrast, ICER's MDD model provides base-case model results from a health system perspective and a modified societal perspective, as well as sensitivity analyses that highlight the key variables affecting those results; ICER also describes additional perspectives from stakeholders in a section of its report but does not appear to incorporate them meaningfully in the assessment. Of note, however, ICER recently announced the release of its Interactive Modeler, a modifiable rendering of the ICER's models used to produce a specific evidence report exclusively hosted on Xcenda's Formulary Decisions platform. This has been viewed as a step in the right direction for improved transparency.

The ongoing pressure from US stakeholders to expand definitions of value and incorporate multiple perspectives in value assessments should result in better incorporation of the patient perspective, more comprehensive information for decision making, and improved healthcare policy. It will be important to monitor how these changes affect the decision-making process, including how future reimbursement policies will be linked to assessments of value.

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