



27 March 2019

Health Technology Assessment International

Dear Secretariat

Input on proposed updated definition of health technology assessment.

Thank you for the opportunity to comment on the proposed updated definition of the phrase “health technology assessment”. I hope the comments I offer below will be helpful in further refining the definition.

I am commenting in my capacity as an academic at Sydney Health Ethics and the Sydney Law School, University of Sydney. I’ve had a long-standing interest in health technology assessment, particularly ethical aspects of the process. My research focuses on the regulation and assessment of innovative technologies ranging from high cost cancer medicines, off-label use of medicines, and more recently, stem cell therapies.

In considering the guiding principles for developing a definition as stated in the consultation document, particularly the focus on keeping the definition simple and easy to understand, as well as short and memorable, I have the following suggestions and propose a revised definition below:

- The definition lumps too many catchwords together in a very short space. These are “efficient”, “sustainable”, “equitable”, “high-quality”, “comparative”, “systematic”, “transparent”, “multidisciplinary”, “explicit and scientifically robust”. What these words mean in the context of HTA is not clearly apparent and appears jargonistic, obfuscating rather than clarifying the meaning. I would suggest using less of these catchwords in the definition, and perhaps including them in the notes, if necessary.
- In the first sentence there is an inconsistency. The definition mentions the need for a multidisciplinary approach, but then focuses on “explicit and scientifically robust methods”. However, not all disciplines are scientific in nature. For instance, in Note 2 it is stated that “ethical, social, cultural, or legal issues” are relevant to the assessment of value, but methods of assessing this are not usually “scientific”. Some of the activities described in Note 3 I also wouldn’t necessarily consider scientific. If HTA is to be truly multidisciplinary, there must be an openness to the methods of various disciplines.
- In the interests of brevity, it seems unnecessary to mention “explicit” along with “scientifically robust”, for two reasons. First, you would hope a scientific investigation is explicit about its methods, and second, transparency is mentioned as a quality of the process in the second sentence. It seems like an unnecessary addition.

- The first sentence mentions some qualities of the “process” of HTA, and the second sentence seems to list additional qualities that couldn’t fit into the first sentence, but that stakeholders thought was important to include. The third sentence also seems to mix the aims with process considerations. It would provide clarity if the first sentence focuses only on what HTA does, the second sentence focuses only on attributes of the process, and the final sentence focuses on the aims.
- The aim of HTA as stated in the third sentence again seems jargonistic. The statement of the aim is mixed with qualities of the process. As I understand it the aim of HTA is ultimately to improve health outcomes for individuals and society. Questions of efficiency, sustainability, equity, and quality are not aims but factors that need to be considered as part of the process.

As an example of a definition that could address the points I have raised, here is a suggestion that specifies what HTA does in the first sentence, what the qualities of the process are in the second, and what the purpose is in the final sentence:

“A multidisciplinary approach to generating evidence and assessing the value of using health technologies at different points in its lifecycle. The process incorporates the perspectives of multiple stakeholders, and it is both transparent and systematic. The purpose is to inform decision-making about the best use of health resources to improve health outcomes for patients now and into the future”.

The fact that “decision-making about the best use of health resources” would need to incorporate a range of concerns such as health system efficiency, sustainability, equity, and the like could be added in the notes, and I think is perhaps already sufficiently addressed in Note 2 which elaborates on the dimensions of value. The final sentence in my suggested revision also makes more apparent the fact these decisions are comparative, and not made in isolation.

I understand that there might be some controversy around the use of the word patient versus consumer, however whatever word is used the point is that one of the key roles of HTA is the balance the needs of individuals that need treatment now, against ensuring a system that can look after the needs of future patients.

Thank you for considering these comments.

Kind Regards

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