**TRANSFERABILITY OF HTA INTERVIEW SCHEDULE 02.08.13**

**TRANSFERRING HEALTH TECHNOLOGY ASSESSMENTS OR PHARMACOECONOMIC STUDIES ACROSS JURISDICTIONS**

**PREAMBLE**

**Background**

Emerging markets/countries are increasingly using the tools of health technology assessment (HTA) and pharmacoeconomic (PE) studies to inform clinical and resource allocation decisions at the national or jurisdictional level. However, the conduct of a comprehensive HTA requires a considerable amount of time and financial resources as well as technical expertise, all of which may be challenges in these environments. While adapting or using HTA reports from more mature HTA markets has the potential to save time and budget, but also has challenges.

**Objectives of the study**

This project will have three broad objectives. First, it will review publically available information (e.g. published articles/reports, HTA websites) on the current practices of authorities in nascent HTA countries in using HTA reports from mature HTA countries in decision-making. ‘Use’ in this context can mean evaluating submissions from manufacturers that adapt a global study for local use, or commissioning/conducting local studies that use data of models from other jurisdictions. The research will be conducted in select countries in Central and Eastern Europe, Latin America and Asia. It will map out various common methods of adapting HTAs and PEs to the local context. Secondly, the project will consider the various factors affecting the geographic transferability of HTAs, focusing on the various elements of an HTA and the risks and limitations of using non-native models or data in local decision making. Finally, the project will explore potential solutions for alleviating the tension between scarce financial resources and technical capability gaps on the one hand, and the need in these countries to improve health care decision-making, and to allocate health care resources appropriately, thereby improving public health.

**Personnel and Funding**

The research is being coordinated by Michael Drummond, of the University of York (UK), assisted by research teams led by Federico Augustovski (Argentina), Zoltan Kalo (Hungary) and Bong-Min Yang (Republic of Korea). Funding for the study is through an unrestricted grant from Merck and Co., Inc . The intention is to disseminate the results of the study at scientific meetings and through papers in peer-reviewed journals.

**A N INTERVIEW SCHEDULE IS GIVEN BELOW. THIS WILL FORM THE BASIS OF THE INTERVIEW. IT IS ALSO POSSIBLE TO SEND THE SCHEDULE TO INTERVIEWEES IN ADVANCE, SO THAT THEY CAN PREPARE.**

**1.BACKGROUND INFORMATIO N ON LOCAL HTA ACTIVITIES AND TRANSFERABILITY ISSUES**

**Your country....................**

**Your organization.............**

**Your job title...................**

**1.1 Does your country have official guidelines for conducting health technology assessments(HTAs) or pharmacoeconomic (PE) studies Yes/No**

**If yes, were these developed by your organization? Yes/No**

**If no, which organisation were they developed by?**

**1.2 Which of the following functions does your organization perform?**

 **Conducts HTAs or PE studies Yes/No**

 **Evaluates HTAs or PE studies conducted by others Yes/No**

 **(eg. submissions by manufacturers)**

 **Commissions HTAs or PE studies Yes/No**

**1.3 What is the purpose of the HTA or PE activities your organization engages in?**

 **General information for the health care system Yes/No**

 **To inform reimbursement or coverage decisions Yes/No**

 **(eg. Including technologies in the insurance package)**

 **To inform price negotiations or decisions Yes/No**

 **To develop clinical guidelines Yes/No**

 **Other purpose (please state) Yes/No**

**1.4 In undertaking activities in HTA or PE, which of the following skills does your organization have access to?**

**Physicians/clinical specialists Yes/No**

**Pharmacists Yes/No**

**Epidemiologists Yes/No**

**Health economists Yes/No**

**Medical statisticians Yes/No**

 **1.5 Which international websites do you most frequently consult?**

 **(These can be the websites of HTA organizations in other jurisdictions, or those of international associations or societies. Please give up to 5 in order of frequency)?**

1. **................**
2. **................**
3. **................**
4. **................**
5. **................**
6. **EXPERIENCE OF ORGANIZATIONS EVALUATING HTAs or PEs WITH CONTENT FROM OTHER JURISDICTIONS (IF YOUR ORGANIZATION DOES NOT EVALUATE STUDIES, GO TO SECTION 3)**

**2.1 In evaluating an HTA or PE study in your jurisdiction, has your organization ever consulted an HTA or study in another jurisdiction? Yes/No**

**2.2 If yes, in what ways are the studies used?**

 **For general background information............................... 0ften/Sometimes/Never**

 **To check the validity of the data or assumptions in the local dossier from the manufacturer .................................... Often/Sometimes/Never**

 **To compare the conclusions in the local dossier with the conclusions in other jurisdictions ............................ Often/Sometimes/Never**

 **As a basis for making a local decision, based on the foreign study’s**

 **recommendatons ............................................ Often/Sometimes/Never**

 **2.3 Which countries or jurisdictions do you consider to be the most appropriate reference countries for your own jurisdiction?( Please list up to 5 in priority order)**

1. **..................**
2. **..................**
3. **..................**
4. **..................**
5. **..................**

**2.4 In considering the relevance of foreign HTAs or PE studies in you jurisdiction, have you ever used any of the following transferability toolkits, or checklists as a guide to how studies from other jurisdictions can be used?**

 **Eunethta Transferability Toolkit Yes/No**

 **ISPOR Transferability Task Force Report Yes/No**

 **Spath Transferability Criteria Yes/No**

 **Welte Knockout Criteria Yes/No**

 **Antoniansas Transferability Score Yes/No**

 **Other (Please give details)..................................... Yes/No**

**`2.5 Do the HTAs or PE studies submitted to your organization ever use data from other jurisdictions? Yes/No**

 **Yes/No**

**2.6 If yes, what categories of data are most often used:**

 **Data on epidemiology of disease or baseline risk Often/Sometimes/Never**

 **Data of relative treatment effect (eg from international clinical trials) Often/Sometimes/Never**

 **Data on resource use (eg number of hospital admissions) Often/Sometimes/Never**

 **Unit costs/prices Often/Sometimes/Never**

 **Health state preference values/utilities Often/Sometimes/Never**

**2.7 Does your organization take an official position on the transferability (ie local applicability) of data from other jurisdictions? Yes/No**

* 1. **Based on your experience, or the official position if there is one, does your organization’s view on transferability differ by category of data? For example:**

 **Data on epidemiology of disease or baseline risk**

 **Often transferable/Sometimes transferable/Never transferable**

 **Data of relative treatment effect (eg from international clinical trials)**

 **Often transferable/Sometimes transferable/Never transferable**

 **Data on resource use (eg number of hospital admissions)**

 **Often transferable/Sometimes transferable/Never transferable**

 **Unit costs/prices**

 **Often transferable/Sometimes transferable/Never transferable**

 **Health state preference values/utilities**

 **Often transferable/Sometimes transferable/Never transferable**

**2.9 Have HTAs or PE studies submitted by manufacturers to your organization ever used decision- analytic models developed in other jurisdictions? Yes/No**

**2.10 If yes, how are models used:**

**Without any adaption to the model structure to reflect local circumstances**

 **Often/Sometimes/Never**

 **With adaptation to reflect local circumstances**

 **Often/Sometimes/Never**

 **2.11 Does your organization take an official position on the use of models developed in other jurisdictions? Yes/No**

 **2.12 If yes, which of the following statements are consistent with the policy:**

 **We only accept locally developed models Yes/No**

 **We accept models developed in other jurisdictions, providing they are adapted to reflect local circumstances Yes/No**

 **We accept models developed in other jurisdictions without adaptation**

 **Yes/No**

**3.EXPERIENCE OF ORGANIZATIONS COMMISSIONING OR CONDUCTING LOCAL HTAs OR PE STUDIES (IF YOUR ORGANIZATION DOES NOT COMMISSION OR CONDUCT STUDIES, GO TO SECTION 4)**

**3.1 In commissioning or conducting an HTA or PE study in your jurisdiction, has your organization ever consulted an HTA or study in another jurisdiction? Yes/No**

**3.2 If yes, in what ways are the studies used?**

 **For general background information............................... 0ften/Sometimes/Never**

 **To help structure a local analysis .................................... Often/Sometimes/Never**

 **As a source of data for a local analysis ............................ Often/Sometimes/Never**

 **As a basis for making a local decision, based on the study’s**

 **results or recommendatons ............................................ Often/Sometimes/Never**

**3.3 In commissioning or conducting HTAs or PE studies in you jurisdiction, have you ever used any of the following transferability toolkits, or checklists as a guide to how studies from other jurisdictions can be used?**

 **Eunethta Transferability Toolkit Yes/No**

 **ISPOR Transferability Task Force Report Yes/No**

 **Spath Transferability Criteria Yes/No**

 **Welte Knockout Criteria Yes/No**

 **Antoniansas Transferability Score Yes/No**

 **Other (Please give details)..................................... Yes/No**

**` 3.4 Have HTAs or PE studies conducted or commissioned by your organization ever used data from another jurisdiction?**

 **Yes/No**

 **3.5 If yes, what categories of data are most often used:**

 **Data on epidemiology of disease or baseline risk Often/Sometimes/Never**

 **Data of relative treatment effect (eg from international clinical trials) Often/Sometimes/Never**

 **Data on resource use (eg number of hospital admissions) Often/Sometimes/Never**

 **Unit costs/prices Often/Sometimes/Never**

 **Health state preference values/utilities Often/Sometimes/Never**

**3.6 Have HTAs or PE studies conducted of commissioned by your organization ever used decision- analytic models contained in studies conducted in other jurisdictions? Yes/No**

**3.7 If yes, how are models used:**

**A published description of the model is used to develop a local model**

 **Often/Sometimes/Never**

**An electronic version of the model is obtained and populated with local data**

 **Often/Sometimes/Never**

**An electronic version of the model is obtained and adapted for local use (e.g. by modifying the model structure)**

 **Often/Sometimes/Never**

**4. EXAMPES OF LOCAL HTAs USING DATA OF ANALYSES FROM OTHER JURISDICTIONS**

 **Can you provide any examples of local HTAs or PE studies evaluated conducted or commissioned by your organization that transferred analyses or data from other jurisdictions?**

 **(If possible give references, or copies of the studies concerned, highlighting the analyses of data that were transferred.)**

 **5. OBSTACLES TO TRANFERING HTAs OR PE STUDIES FROM OTHER JURISDICTIONS**

 **In your view, what are the main obstacles to using data or analyses HTAs or PE studies from other jurisdictions in studies for your jurisdction? (Please indicate all those that apply and rank them in order of importance)**

 **Studies are often badly reported, or not enough details are given ........**

 **Studies often have methodological deficiencies .........**

 **Studies often use methods that are too advanced for decision-makers in my jurisdiction**

 **........**

 **Studies are often conducted in countries with a higher GDP, so the results do not apply in my jurisdiction .........**

 **The current standard of care/ relevant comparator is often different in my jurisdiction**

 **..........**

 **Other practice patterns, or the availability of facilities, are often different in my jurisdiction ..........**

 **The patient population is often different in my jurisdiction ..........**

 **It is often difficult or impossible to obtain an electronic copy of the model ..........**

 **Often, it is not possible to find local data to re-populate the model ...........**

 **Decision-makers in my jurisdiction much prefer a locally designed study ...........**

 **Other obstacles (please list and rank) ...........**

 **6 FINAL OBSERVATIONS**

 **Do you have any additional thoughts about the transferring of HTAs or PE studies (for local use) that you would like to share with us?**

**THANK YOU FOR YOUR PARTICIPATION. WE WILL MAKE OUR REPORT AVAILABLE TO YOU IN DUE COURSE.**