

# **Collaborative Approaches for Incorporating Societal Value in Canadian HTA**

Panel Session

Sponsored by Roche

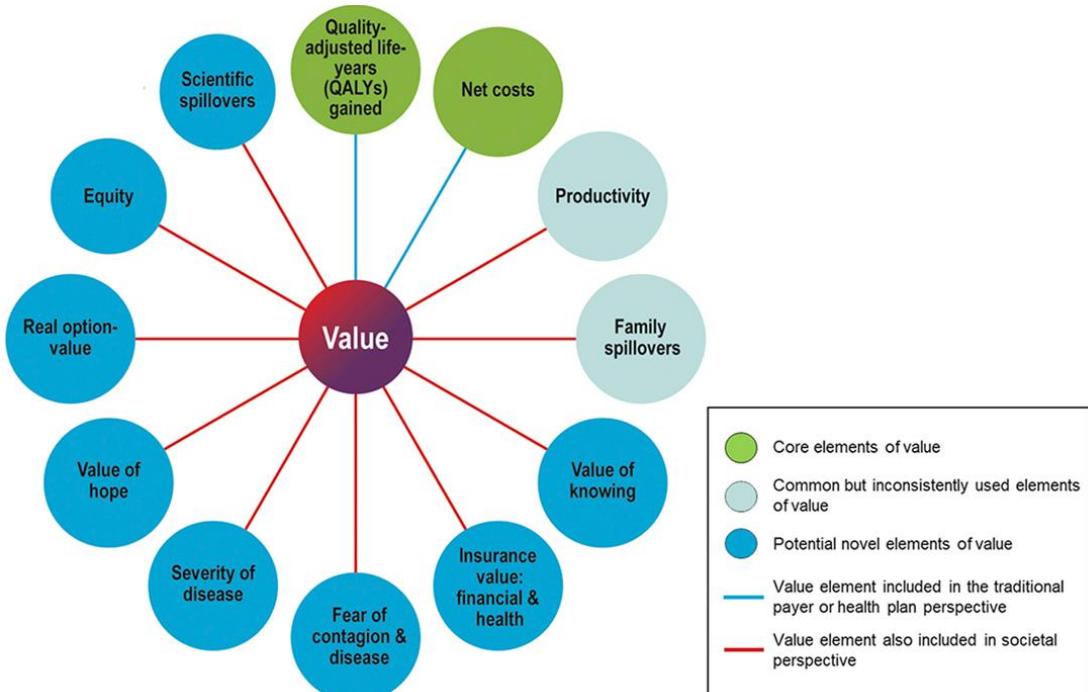
Canadian Association for Population Therapeutics 2024 Conference:  
“Bridging the Gap to Access: Patient-Centered Care in Evolving Healthcare Systems”

October 21-22, 2024, MaRS Discovery District

# Societal value elements in health have been considered by ISPOR in their Value Flower

**The 12 petals represent elements of value in health:**

- **2 elements are included in the traditional healthcare payer perspective** and represent existing cornerstones of value in health:
  - Costs and QALYs gained
- **10 elements are additionally included in the societal perspective:**
  - Productivity and family spillovers are relatively common, yet inconsistently incorporated into cost-effectiveness analysis
  - 8 additional elements are considered potentially novel



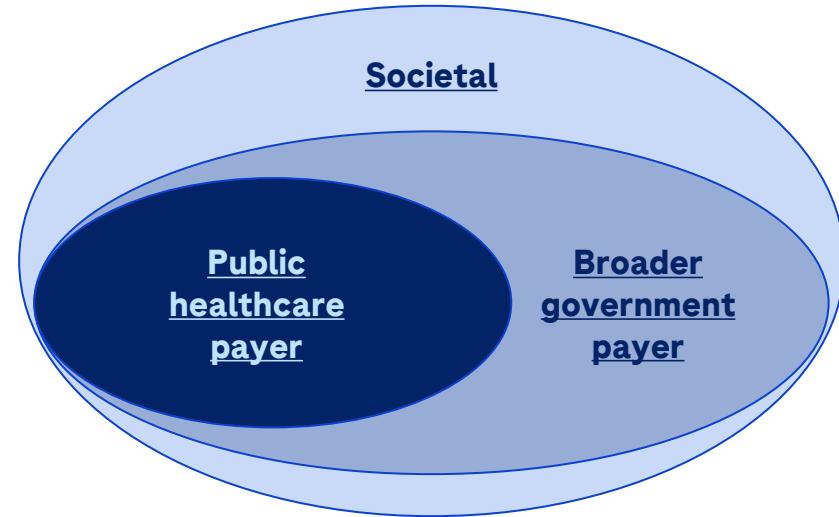
# The consideration of societal value in HTA evaluations depends on the perspective taken

## A public healthcare payer perspective:

- Reflects the view of a decision maker whose responsibility rests only within that sector.
- Typically includes the **direct health effects to the patient and direct medical costs borne by public payers**

## A societal perspective:

- Reflects the perspective of a decision maker whose intention is to make decisions about the **broad allocation of resources across the entire population**
- Often include elements such as:
  - indirect health effects to patients and caregivers
  - time costs incurred by patients and caregivers
  - transportation costs
  - effects on productivity and consumption
  - other costs and effects outside the healthcare sector



# The inclusion of societal value varies across international HTAs

Table 3. HTA organizations inclusion of value elements

Value element	HTA guideline mentioned value element <sup>a</sup>	HTA guideline recommended value element inclusion in <sup>b</sup> :		
		Base case analysis	Sensitivity analysis	Qualitative discussion
Productivity	42 (79%)	14 (26%)	23 (43%)	2 (4%)
Family spillover	41 (77%)	18 (34%)	18 (34%)	5 (9%)
Equity	35 (66%)	0 (0%)	5 (9%)	23 (43%)
Transportation	27 (51%)	14 (26%)	10 (19%)	0 (0%)
Adherence-improving factors	25 (47%)	5 (9%)	3 (6%)	5 (9%)
Severity of disease	21 (40%)	0 (0%)	3 (6%)	4 (8%)
Social services	15 (28%)	7 (13%)	4 (8%)	0 (0%)
Generization	15 (28%)	9 (17%)	7 (13%)	1 (2%)
Education	8 (15%)	2 (4%)	3 (6%)	0 (0%)
Housing	8 (15%)	2 (4%)	3 (6%)	0 (0%)
Consumption	8 (15%)	2 (4%)	5 (9%)	0 (0%)
Legal or criminal justice	7 (13%)	3 (6%)	1 (2%)	0 (0%)
Scientific spillover	4 (8%)	0 (0%)	0 (0%)	2 (4%)
Reduction of uncertainty	4 (8%)	0 (0%)	1 (2%)	0 (0%)
Real option value	3 (6%)	0 (0%)	0 (0%)	1 (2%)
Economic activity	3 (6%)	0 (0%)	0 (0%)	2 (4%)
Value of hope	2 (4%)	0 (0%)	0 (0%)	1 (2%)
Healthcare capacity	2 (4%)	0 (0%)	0 (0%)	0 (0%)
Environment	1 (2%)	1 (2%)	0 (0%)	0 (0%)
Insurance value	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Fear of contagion	0 (0%)	0 (0%)	0 (0%)	0 (0%)

<sup>a</sup>There were a total of fifty-three HTAs.

Abbreviation: HTA, health technology assessment.

**Breslau et al. (2023) reviewed 53 international HTA methods guidelines:**

**Perspectives varied:**

- 42% recommend a societal perspective
- 34% a healthcare payer perspective

**A substantial variation in the number and type of value elements was found:**

- Mean of 2.3 / 10 societal elements
- Mean of 3.3 / 11 novel value elements
- Inclusion in Sensitivity analysis > Base case > Qualitative discussion

**Only 4 societal / novel value elements appear in >50% of the HTA guidelines:**

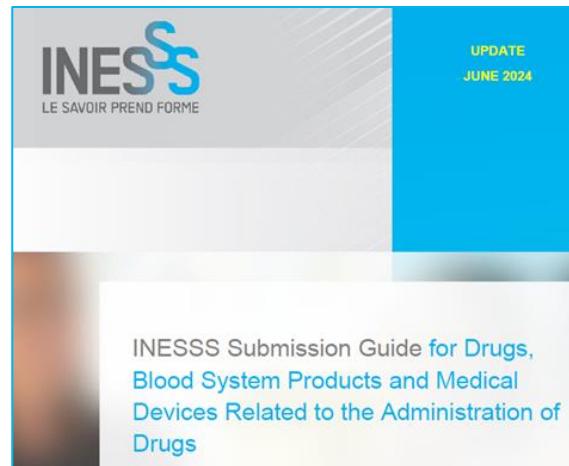
- Productivity, family spillover, equity and transportation

# In Canada, HTA agencies have historically adopted different perspectives for the base case economic analysis



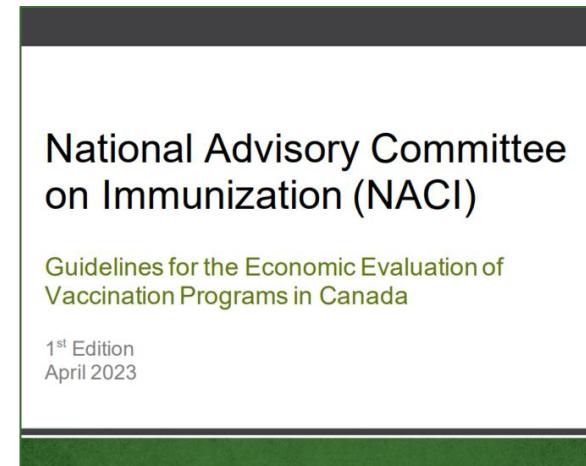
**CDA-AMC**

**Healthcare payer perspective\***  
(\*Standard reviews)



**INESSS**

**Societal perspective**



**NACI**

**2 reference case perspectives:**  
- Publicly funded healthcare  
payer  
- Societal

# CDA-AMC's new pilot will broaden the base case perspective for certain drugs

## Piloting the Addition of New Perspectives to Economic Evaluations of Drugs

- In March 2024, CDA-AMC announced the testing of a **new approach to bring the societal perspective** to economic evaluations of drugs reviewed through the **complex review process**:
  - I.e. Cell and gene therapies, drugs that are first-in-class, drugs reviewed through Health Canada's expedited pathways, and drugs that have an undefined place in therapy
- As of **October 1, 2024**, societal perspective is required for all complex reviews
- CDA-AMC will employ a **“test-and-learn approach”** during this pilot

# Objectives of today's panel

- **What are the key considerations for the shift towards incorporating broader value elements in HTA and decision-making in Canada?**
- **How can we foster a collaborative approach to support this ongoing evolution in HTA and decision-making in Canada?**

# Panel Speakers

Moderated by: Sarah Vaselenak, Health Economist at Roche Canada



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**Doing now what patients need next**