

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

Panel Session

Sponsored by Roche

Canadian Association for Population Therapeutics 2024 Conference:

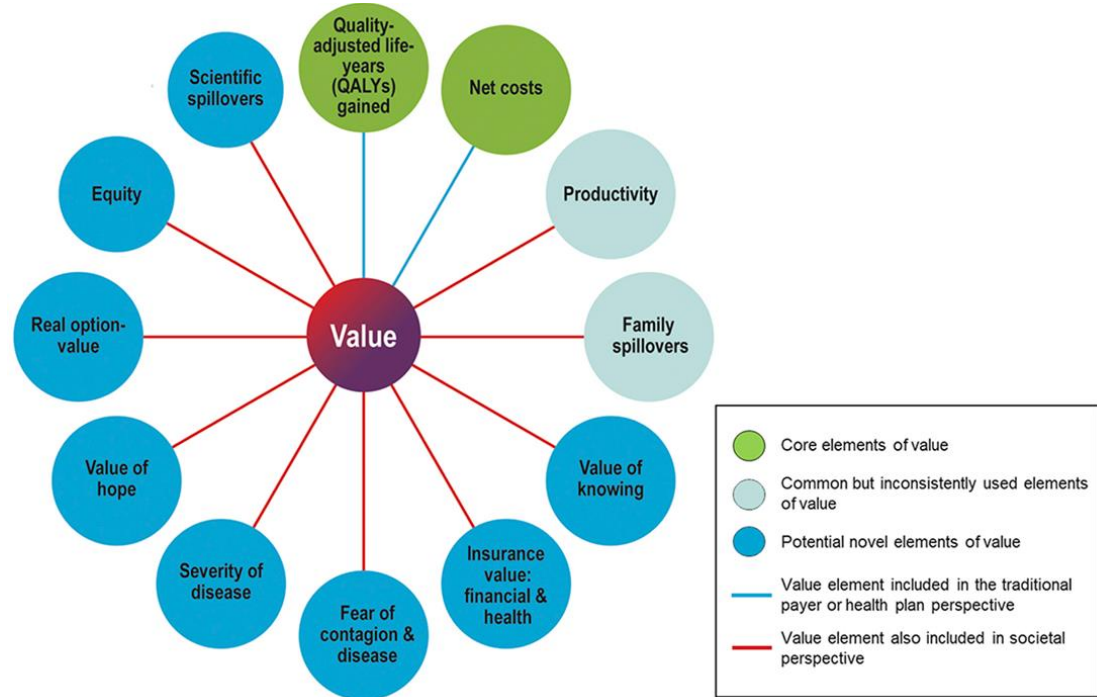
“Bridging the Gap to Access: Patient-Centered Care in Evolving Healthcare Systems”

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



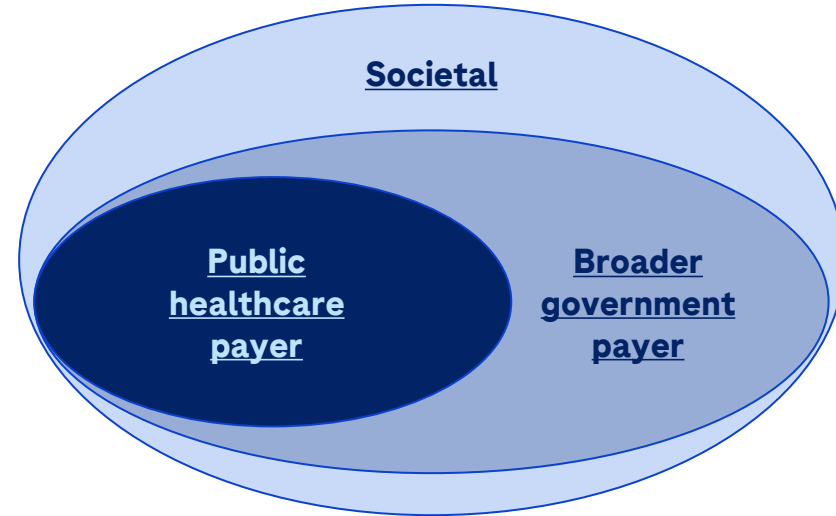
# The consideration of societal value in HTA evaluations depends on the perspective taken

## 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>a</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:

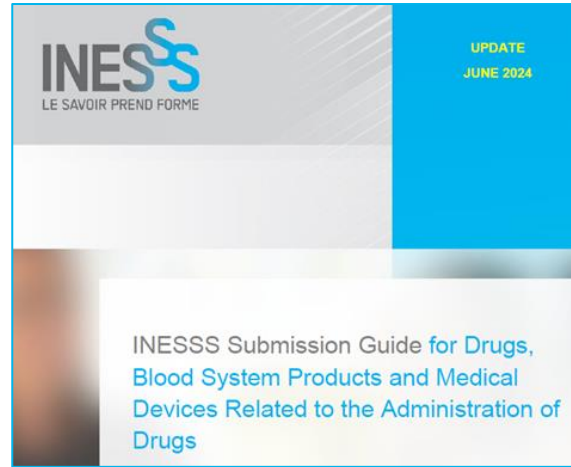
- Productivity, family spillover, equity and transportation

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



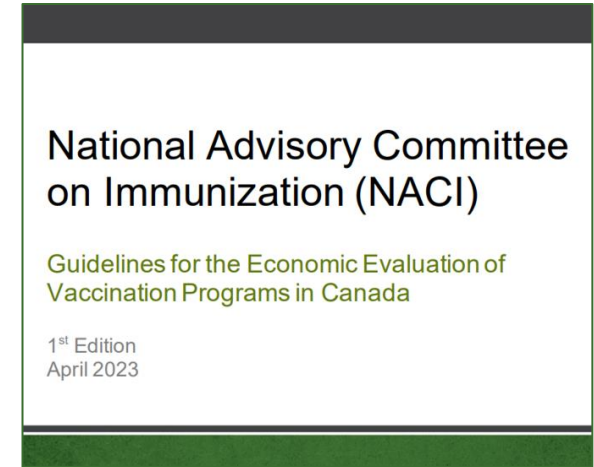
**CDA-AMC**

**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

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**Doing now what patients need next**