Can *Community Advisory Boards* contribute to *Health Technology Assessment* (HTA)?

Eurordis Membership Meeting 2019

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Patient Engagement Manager - HTA

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THE 3 STEPS

REGULATORS
benefit/risk evaluation

- Can the technologyy work?
- In the context of a clinical trial

HTA
Relative Effectiveness Assessment

- Does it work and improve care?
- In clinical practice

DECISION
Pricing & Reimbursement

- Is society willing to pay?
- Based on REA and economic aspects

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EURORDIS.ORG

eunethta
EUROPEAN NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT

EURORDIS
RARE DISEASES EUROPE

EUnetHTA JA3

Evidence generation

Lead: HAS

Co-lead: GBA

EDWP:

- **NICE (UK)**
- **AIFA (IT)**
- **NIPN (HU)**
- **RIZIV (BE)**
- **ZIN (NL)**
- **RER/AIFA (IT)**

- **EARLY DIALOGUES**

& **PARALLEL EMA//HTA Scientific Advice**

- **Post-Launch Evidence Generation – (PLEG)**

Joint Production

Lead: NIPHNO

+ 33 Associated HTA bodies

Co-lead: LBI

(Other Technologies)

ZIN

(Pharmaceuticals)

- **JOINT & COLLABORATIVE ASSESSMENTS**

(Relative Effectiveness Assessment report - REA)

Early Dialogues / Scientific Advice (or EMA // HTA "*parallel consultation*")

(Request to EMA & EunetHTA)
SINGLE GATEWAY

PARALLEL CONSULTATION

Parallel Consultation:
INDIVIDUAL (PCI)

Coordinated by EMA

EMA + (up to 3) Voluntary HTA bodies from EUnetHTA

Parallel Consultation:
CONSOLIDATED (PCC)

Coordinated by EMA + ED Secretariat

EMA + EDWP (+ 3 HTA bodies from EUnetHTA)

EUnetHTA Early Dialogues

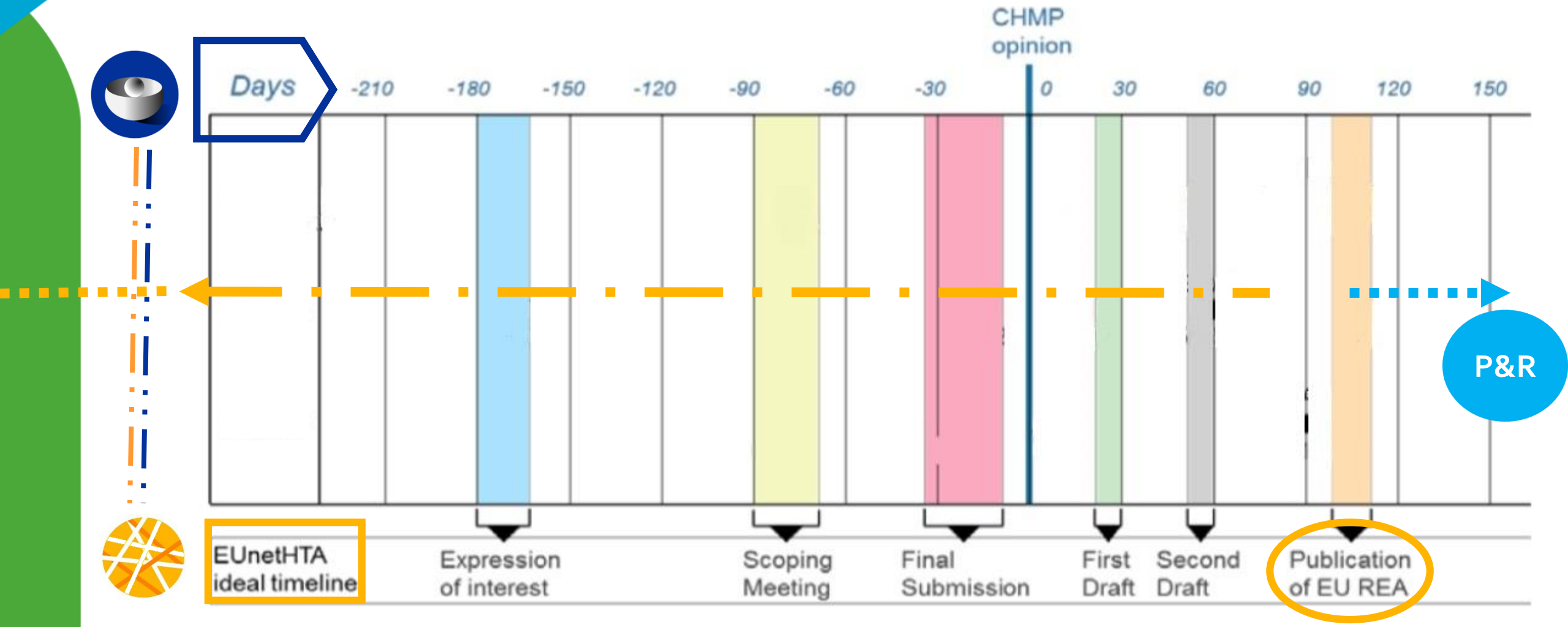
Request to EUnetHTA only

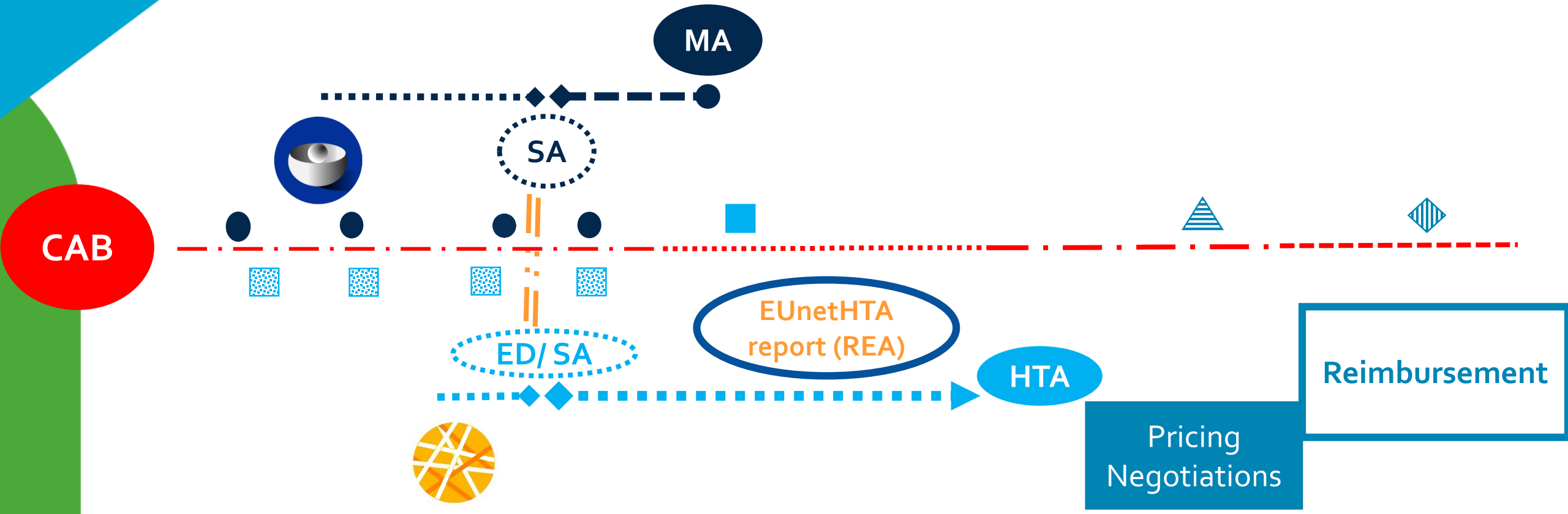
Multi-HTA bodies Early Dialogue

Coordinated by EUnetHTA ED Secretariat

EDWP (+ 3 voluntary HTA Bodies)

EUnetHTA Joint HTA Assessments TIMELINE





- If a CAB envisages to contribute to SA (e.g. with a written report), the same could apply to HTA Early Dialogues
- Patients can raise their own "List of Issues" for the ED/SA discussions
- In pricing negotiations, no reason why a CAB could NOT be consulted by health authorities or share its views publicly

TAKEAWAYS

- NO issue is by default out of a CAB's scope (all along the technology life-cycle)
- All the matters is to reflect to the questions which need to be answered: e.g.
  - *What is not yet met/improved by existing treatments? / what a new one should bring?*
  - *What's new in the treatment compared to the existing ones?*
  - *Which tools do we have to measure a faire price?*
- Under the current rules, the CAB's role in giving advice to HTAs still need to be tested
- a CAB remains a top-level engagement experience, at the service of the patient community as whole and to the public