

INTRODUCTION

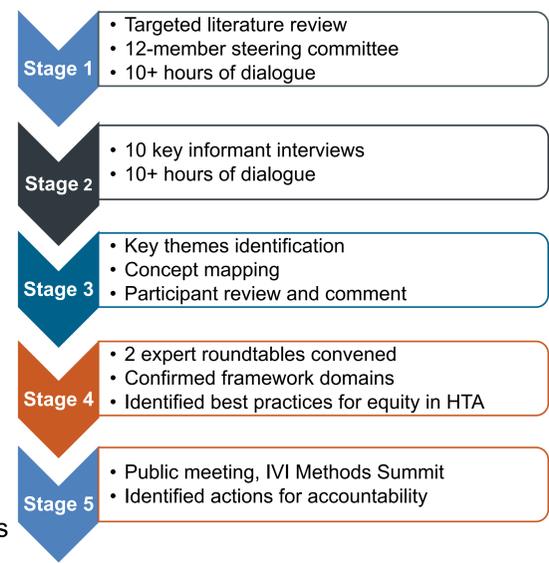
The Innovation and Value Initiative (IVI) began a multi-year Health Equity Initiative in 2022 to engage patients and other stakeholders to identify best practices, define near-term actions for accountability, and highlight what changes are needed to ensure that health technology assessment (HTA) accounts for equity. Near-term actions focus more on process, power, and accountability measures to ensure that patient and caregiver expertise (i.e., lived experience) directly informs how HTA research is conducted and what questions it seeks to address.

METHODS

A multi-stage approach was used (Figure 1).

- Stage 1:** We conducted a targeted literature search and formed a multi-stakeholder Steering Committee.
- Stage 2:** We conducted 10 key informant interviews with patients and other stakeholders with expertise in health equity, research, clinical delivery, policy, and data analysis.
- Stage 3:** We identified key themes through synthesis of dialogue transcriptions. Key insights were reviewed with the Steering Committee and the Framework was modified to include 4 domains. (Figure 2)
- Stage 4:** IVI convened two virtual roundtables to identify actions needed to account for equity in each domain.
- Stage 5:** In March 2023, IVI hosted a public forum, the 4th Annual IVI Methods Summit, focused on key areas for research investment or stakeholder dialogue to address gaps or issues where stakeholder perspectives were not aligned.

Figure 1. Study Approach



RESULTS

IVI identified four Foundational Changes, which focus on the action steps necessary to put the **Power, People, and Processes** domain into practice. Case studies were developed to offer real-world examples of these steps. IVI developed stakeholder [Action Guides](#) with steps and resources customized for each of six key stakeholder roles (Table 1).

Ensuring equity in HTA requires that practitioners in the field shift how they work, and who they work with, in defining and assessing the value of health technologies. Equity in HTA Power, People, and Processes means that (Figure 3):

Figure 3. Foundational Shifts in HTA Power, People, Processes

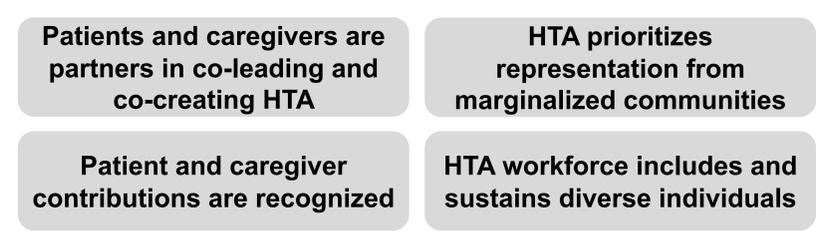
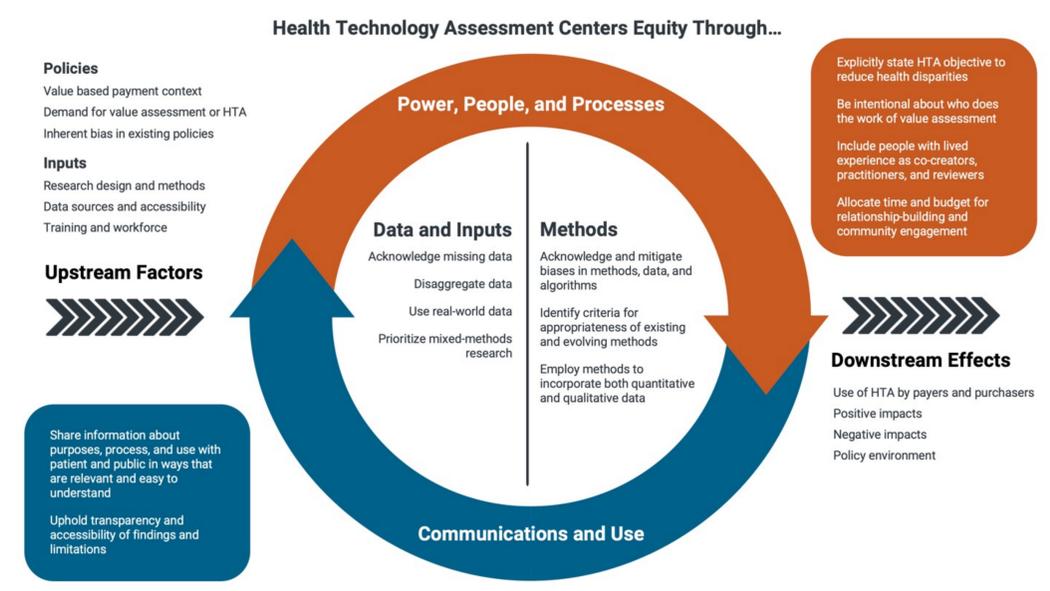


Table 1. Accountability Actions and Practice Changes for Patient and Caregiver Partnership in HTA

Foundational Change: Patients and caregivers are partners in co-creating and co-leading HTA	
Accountability Actions	Necessary Practice Changes
<p>Professional Association Leaders</p> <ul style="list-style-type: none"> Update HTA best practice standards, guidance, and training to emphasize partnerships and co-creation with patients and caregivers. To guide standards adoption, design training in partnership with patient organizations. 	<p>Researchers</p> <ul style="list-style-type: none"> Establish ongoing partnerships with patients and caregivers to inform all HTA research, from planning and scoping through analysis, synthesis, and application. Outline clear roles for co-creation, including how patient input is weighted with other expert input.
<p>Journal Editors</p> <ul style="list-style-type: none"> Require within HTA-related journal articles a description of collaboration with patients and caregivers. Prioritize publishing articles with patient and caregiver co-authors. 	<p>Patient Organizations</p> <ul style="list-style-type: none"> Raise awareness among patients and caregivers about how HTA informs payer and purchaser decision-making and help individuals find opportunities to partner with researchers conducting HTAs. Develop and provide training and learning communities for patients and caregivers regarding HTA terminology, processes, and participation.
<p>Research Sponsors</p> <ul style="list-style-type: none"> Make evidence of partnership with patients and caregivers a prerequisite for funding approval. Encourage partnerships starting during proposal development and throughout HTA processes. Encourage co-investigator and leadership roles for patients and caregivers in HTA research. Require that HTA reports include details of partnerships with patients and caregivers. Fund patient organizations to develop and provide training and learning communities that prepare patients and caregivers for engaging in HTA work. 	<p>Payers and Purchasers</p> <ul style="list-style-type: none"> Assess patient and caregiver engagement as part of evaluating appropriateness of an HTA for decision-making. Prioritize using HTAs where patients and caregivers partnered throughout HTA processes.

Figure 2. IVI Health Equity in HTA Framework



CONCLUSIONS

A systematic, multi-domain approach to incorporating equity considerations into HTA is needed to ensure equitable and patient-centered decision-making. Changes in the people involved and processes used in HTA will be required by all stakeholders, to ensure alignment with the goals of U.S. healthcare decision-makers.

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