No Value Without Equity: Transforming Power, People, and Process for Equity in Health Technology Assessment

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INTRODUCTION

The Center for Innovation & Value Research (the Center) 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.

METHODS

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

Stage 1: We conducted a targeted literature search and formed a multi-stakeholder Steering Committee.

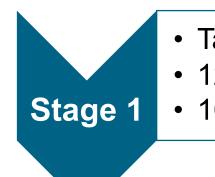
Stage 2: We conducted 10 key informant interviews with patients and other stakeholders with expertise in health equity, research, clinical delivery, policy, and data analysis.

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: The Center convened two virtual roundtables to identify actions needed to account for equity in each domain.

Stage 5: In March 2023, the Center hosted a public forum, the 4th Annual 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



- Targeted literature review
- 12-member steering committee 10+ hours of dialogue
- 10+ hours of dialogue
- 10 key informant interviews
- - Key themes identification Concept mapping
- - Participant review and comment
- - 2 expert roundtables convened Confirmed framework domains Identified best practices for equity in
- - Public meeting, IVI Methods Summit Identified actions for accountability

RESULTS

The Center 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. The Cetner developed stakeholder Action Guides with steps and resources customized for each of the 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 2. The Center Health Equity in HTA Framework

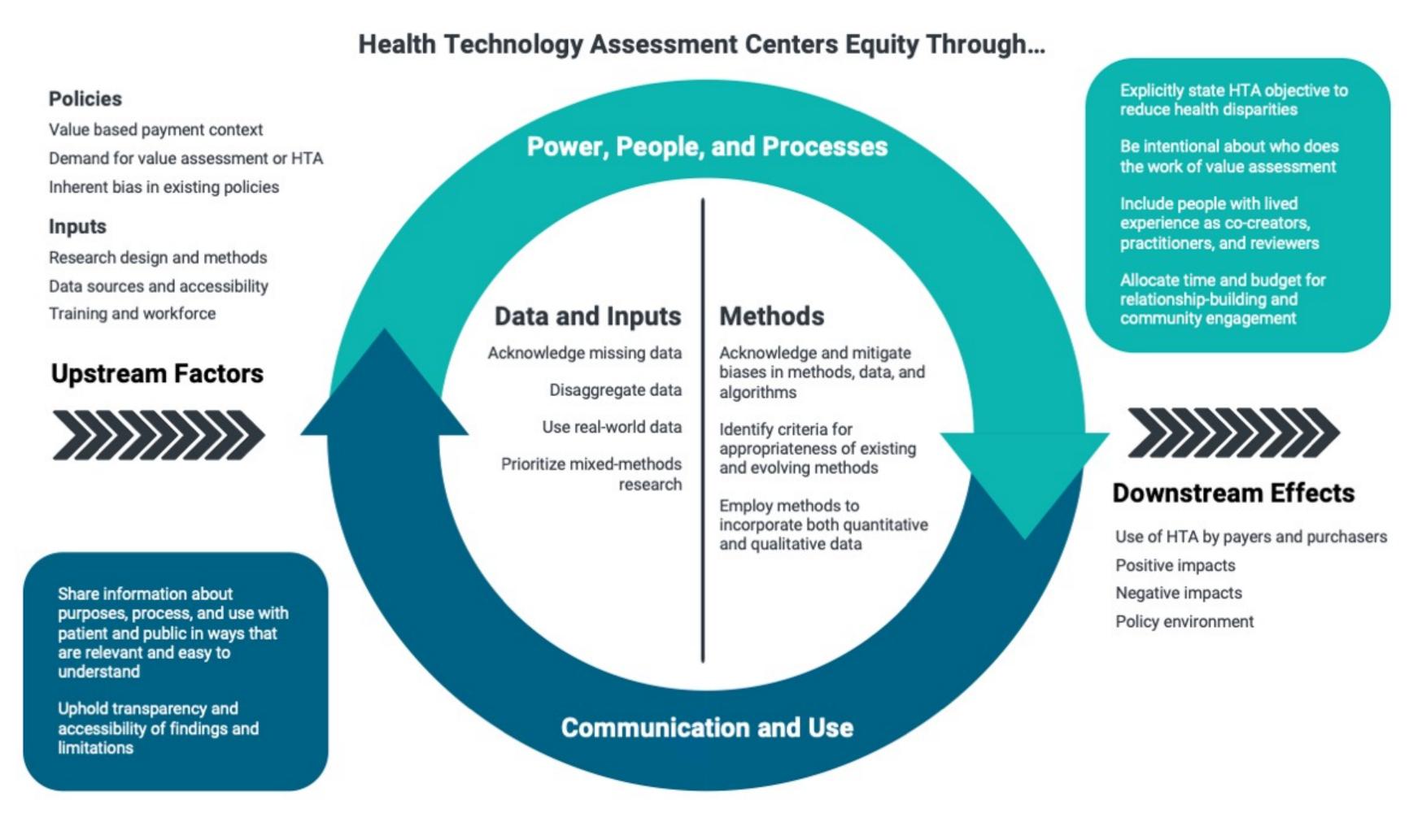


Figure 3. Foundational Shifts in HTA Power, People, and Processes

Patients and caregivers are partners in co-leading and co-creating HTA

Patient and caregiver contributions are recognized

HTA prioritizes representation from marginalized communities

HTA workforce includes and sustains diverse individuals

CONCLUSION

Systematic, multi-domain approaches to incorporating equity considerations into HTA are 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.

CONTACT

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Table 1. Accountability 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

Professional Association Leaders

- 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.

Journal Editors

- Require within HTA-related journal articles a description of collaboration with patients and caregivers.
- Prioritize publishing articles with patient and caregiver coauthors.

Research Sponsors

- 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.

Payers and Purchasers

- 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.

Necessary Practice Changes

Researchers

- 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 cocreation, including how patient input is weighted with other expert input.

Patient Organizations

- 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.



