HILISKNOWLTON					
Patients' Pers	spectives on Health Technology Assessment in 2009				
About this survey of patients' opinions on Health Technology Assessment					

Health Technology Assessment (HTA) is a process by which governments (or the government-authorised insurers that pay for healthcare) try to assess the value of medicines, medical devices and other medical interventions in comparison with their costs.

Exit this survey

This short survey represents a unique opportunity for patient groups across Europe to FIND OUT WHAT THEY COLLECTIVELY THINK ABOUT HTA TODAY, and to CLARIFY THEIR POTENTIAL CONTRIBUTION towards making HTA more equitable from the patients' perspective.

The survey results will be placed in the public domain. If you wish to be emailed a copy of the survey results upon publication (expected to be late 2009), please leave a contact email address at the end of the questionnaire.

The CLOSING DATE for the survey is Friday 30th October 2009. The survey has been commissioned by Hill & Knowlton, and is being administered by PatientView.

If you have any questions regarding the survey, please do not hesitate to contact: Louise Oatham, HTA survey, PatientView, Woodhouse Place, Upper Woodhouse, Knighton, Powys, LD7 1NG, UK. Tel: 0044-(0)1547-520-965 Email:info@patient-view.com http://www.patient-view.com

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Patients' Pers	pectives on Health Technology Assessment in 2009
Firstly, a few brie	f profiling questions
These simple profiling q made of the results.	estions about your organisation will help the study understand the types of groups answering, and allow more sense to be
(A.) In what c	pacity are you answering?
As an individ	al member of my organisation.
On behalf of	ny organisation.
	like the survey's published report to mention your group's name? more than one option, if relevant.]
Yes, I would	ike my organisation's name to be included among the list of survey participants.
Yes, I would	ike any of my comments to be quoted (and attributed to my organisation) within the text of the report.
No. I would p	refer my organisation to remain anonymous.
If "Yes", please n	ote your organisation's name.
(C.) In which E	uropean country is your organisation headquartered?
[Please select	a country from the menu below.]
	T
(D.) What is ye	ur organisation's main specialty/subject area?

[Please select the MOST RELEVANT specialty from the menu below.]

(E.) Approximately how many members does your organisation have?

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Patients' Perspectives on Health Technology Assessment in 2009

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Your familiarity with Health Technology Assessment (HTA)

lease note that, in the questions below, "HTA" stands for "Health Technology Assessment".

Question 1. Do you know which year your country introduced HTA processes as a way of assessing the value of medicines, medical devices, and other medical interventions compared with costs [Please tick only the MOST RELEVANT option.]

Question 2.

In your country, at what GEOGRAPHIC LEVEL or levels are decisions made about the reimbursement of medicines/medical devices (that is, whether a medical technology should be paid for by the national health system/insurer)?

[You may answer more than one option, if you wish.]

- Decisions are made at European level.
- At national level.
- Regional level.
- Local level.
- I do not know.
- Not relevant in my country.

Question 3.

Do you (your organisation) believe that HTA has made a POSITIVE or NEGATIVE contribution to public/patient health thus far in your country?

Mostly positive thus far.

Mostly negative.

Too early to say.

My country has yet to institute an HTA system.

🥥 I do not know.

Any comments about your answer?

Question 4. How FAMILIAR are you (your organisation) with the decisions made by HTA bodies about the availability of medicines/medical technologies in your country?

🜙 Very familiar.

🜙 Quite familiar.

🕖 Not familiar.

We know nothing about this subject.

Could you describe the types of interaction (if any) that your organisation currently has with your country's HTA authority?

Question 5.

How ACCOUNTABLE do you believe the following aspects of HTA activities/processes are in your country?

[Please regard as a minimum standard of accountability: when the processes are in the public domain, and are transparent.]

	Very accountable.	Sometimes accountable.	Not accountable.	I do not know.
The LEVEL OF INDEPENDENCE that the HTA authority has from government.	0	0	0	0
Whether consideration is given to GOVERNMENT HEALTH POLICY when reaching an HTA decision.	0	0	0	0
The GOALS/OBJECTIVES of the HTA processes.	0	0	0	0
COMPARISONS MADE during the HTA processes with other relevant medicines/technologies that are already available within the healthcare system.	C	C	Ú.	C
The OUTCOME OF STAKEHOLDER CONSULTATIONS in the HTA processes, and their relative contribution to the final HTA decision.	0	0	0	0
The CLINICAL EVIDENCE looked at in the HTA processes to determine whether a medicine/technology could be reimbursed.	0	0	0	C
The ECONOMIC APPROACH taken in the HTA processes to determine whether a medicine/technology could be reimbursed.	0	0	0	0
(And, if relevant in your country) The PRICE NEGOTIATIONS that take place with the manufacturer during the HTA process.	0	0	0	C
The FRAMEWORK by which the 'VALUE' of a product is assessed ('value' could include anything from the size of the patient population addressed by the medicine/technology, to a medicine/technology's safety profile, or whether the medicine/technology promotes a shift of treatment into primary care).	O	0	0	0
Any comments about your answer?				

Any comments about your answer:

Question 6.

(A) Are you (your organisation) AWARE of the following activities related to HTA?

Exit this survey

[You may tick more than one option, if you wish.]

	Aware when at European level.	,	Not aware.	I do not know.
Consultations about HTA's PRIORITIES (that is, which technologies should be reviewed).		F		<pre>F</pre>
Consultations on the MERITS of a medicine/technology as judged from the PATIENTS' PERSPECTIVE.				
Discussions about HTA METHODOLOGY.				
Discussions as to how European countries can CO-ORDINATE their HTA processes.				
CONFERENCES on HTA subjects (particularly when regulators are present).				
Research about the IMPACT of HTA ON PATIENTS.				
The work of MEDEV (Medical Evaluation Committee), a working group of the European Social Insurance Platform.				
The work of the European Network of Health Technology Assessment (EUnetHTA), a pan European HTA mechanism.				

(B) Do you think that patients should participate in the European HTA mechanism?

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🔾 No.

🥥 I do not know.

Would you like to comment on your answer?

(C) It is currently proposed that for patients to be meaningfully involved in the European HTA mechanism, a consultation with all stakeholders once a year will be sufficient.

Do you agree or disagree that one yearly meeting is sufficient to take properly account of patients view?

Ves.

🕖 No.

If no, how frequently do you believe patients should be consulted in a pan-European HTA mechanism?

Ouestion 7.

Can you (your organisation) indicate which of the following statements is TRUE or FALSE from the patient perspective in your country?

	Please select one option in each box below.
HTA is a complex process LITTLE UNDERSTOOD by patients.	•
HTA is the ONLY LOGICAL APPROACH for rationing the use of medicines/medical technologies.	v
HTA remains the province of academics and clinicians, and has SO FAR EXCLUDED other stakeholders (including patient groups).	v
HTA authorities accuse patient groups of being in the pocket of pharma/industry — which is WHY patient groups are NOT INVOLVED in the HTA processes.	v

Any comments about your answers?

Question 8. What RIGHTS (if any) do patients (or patient groups) have to appeal against an HTA decision in your country?

[You may tick more than one option, if you wish.]

- The (legal) right to APPEAL AGAINST an HTA decision within a limited time period.
- The right to COMPLAIN ABOUT an HTA decision, and have that decision REFERRED FOR REVIEW.
- The right to PUBLICLY LOBBY against an HTA decision.
- Although (in principle) patients in my country have the right to appeal against an HTA decision, FEW DO SO.
- I am NOT AWARE of any rights in my country to appeal against an HTA decision.

Any comments about your answers?

Question 9.

Has your organisation EVER CHALLENGED the HTA authority in your country to secure patient access to a new medicine/medical technology?

Ves.

[You may tick more than one option, if you wish.]

- The (legal) right to APPEAL AGAINST an HTA decision within a limited time period.
- The right to COMPLAIN ABOUT an HTA decision, and have that decision REFERRED FOR REVIEW.
- The right to PUBLICLY LOBBY against an HTA decision.
- Although (in principle) patients in my country have the right to appeal against an HTA decision, FEW DO SO.
- I am NOT AWARE of any rights in my country to appeal against an HTA decision.

Any comments about your answers?

Question 9.

Has your organisation EVER CHALLENGED the HTA authority in your country to secure patient access to a new medicine/medical technology?



UWe intend to.

🥥 I do not know.

If "Yes"/"We intend to" could you describe how your organisation did/plans to do this?

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HTA and the pharmaceutical industry

Question 10.

Has your organisation BEEN INVOLVED WITH any of the following industry discussions on how to improve HTA health outcomes for patients?

0	0	0	0
\sim	\sim	0	C
0	0	0	0
C	C	C	C
0	0	0	0
	C C C C	0000	

Could you name any pharmaceutical organisations that your group has had direct contact with on the subject of HTA?

Question 11.

Pharmaceutical/medical-device companies and patient groups all try to ensure that patients get access to innovative medicines (and all are increasingly looking for ways to work together to transmit the views of patients to HTA authorities).

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Have you any suggestions as to how patient groups and pharma/medical device companies COULD WORK TOGETHER EFFECTIVELY on HTA issues?



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Patients' Perspectives on Health Technology Assessment in 2009

The way forward

Question 12.

Do you (your organisation) believe that HTA (as the process is applied today) is INAPPROPRIATE in any of the circumstances listed below?

HTA, as currently practised, is not appropriate when applied to ...

	Strongly agree.	Agree.	Disagree.	disagree.	I do not know.
Treatments for RARE DISEASES (since these will always be costly).	0	0	0	0	\odot
LIFE-SAVING treatments.	0	0	0	\odot	0
Treatments that produce dramatic improvements in patients' QUALITY OF LIFE.	0	0	0	0	0
New methods of drug delivery that significantly improve patients' COMPLIANCE to treatment.	0	0	0	0	0
Medical interventions that involve ETHICAL/MORAL ISSUES (for instance, in-vitro fertilisation [IVF], or medicines originating from stem-cell research).	0	0	0	0	0

Could you comment on your answers?

Question 13.

The HTA processes rely heavily on CLINICAL EVIDENCE to reach a decision whenever they assess any medicine/medical technology.

Which of the following additional factors do you (your organisation) believe HTA SHOULD TAKE INTO ACCOUNT when assessing the value of a medicine?

[You may choose more than one option, if you wish.]

Improvements in patients' QUALITY OF LIFE.

- Impact on the CARERS of patients.
- The ability of patients to RETURN TO WORK.

The ability of patients to LIVE AN INDEPENDENT LIFE.

The range of CHOICES OF SIMILAR medical interventions within a therapeutic category.

The SIZE of the patient population addressed.

Whether the METHOD OF ADMINISTERING the medicine/medical technology to the patient is an advance on what went before.

Any other? (Please specify.)

Question 14.

HTA has an important role to play in ensuring that healthcare systems are sustainable, and NOT CRIPPLED BY RUNAWAY COSTS. Therefore, HTA has the inevitable effect of LIMITING the THE LEVELS of medical interventions available.

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Given the above, could you indicate which of the following statements you AGREE OR DISAGREE with?

	Strongly agree.	Agree.	Disagree.	Strongly disagree.	I do not know / have no view.
All citizens, no matter in which European country they live, should have access to the SAME CHOICES of prescription	G	0	0	6	G
medicines/medical technologies.		<u> </u>			
If national healthcare systems pay for all available medicines, NOT ENOUGH MONEY WILL REMAIN to provide patients with other	1.8	1 8	1.8	1.8	1.5
important medical interventions (such as surgery, medical devices, and public-health measures).	0	0	0	0	
Governments/insurers that pay for healthcare NEED TO BE ABLE TO MAKE CHOICES between various medicines/medical	0	0	0	0	0
technologies.	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
The HTA process should be combined with the drug/medical-device approval process. So, if a medical technology is approved,	1.8	1.8	/ ×	1.8	1.8
it is AUTOMATICALLY REIMBURSED.	0	0	0	0	
It is IMPOSSIBLE TO HAVE A TRUE IDEA of the value of a medicine/medical device until that technology is widely used by	6	6	6	6	6
patients.	0	0	0	0	0

What do you (your organisation) believe should be the ROLE of Health Technology Assessment (HTA) in our society?

Question 15.

Finally, can you suggest any ways in which HTA authorities might be persuaded to take GREATER ACCOUNT of patients' views?



Thank you for taking part.

If you would like to be emailed the survey results when published (expected to be late 2009), please leave an email address here (you do not have to leave your name or any other details).

Upon leaving this questionnaire, you will be taken to the PatientView website.