

# Equity in HTA: Exploring Methods and Their Role in Decision-Making

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**NICE** National Institute for  
Health and Care Excellence



# Equity in HTA: Exploring Methods and Their Role in Decision-Making

Today's speakers

## Chair

- Katharine Cresswell, National Institute for Health and Care Excellence (NICE)

## Discussants

- Jeroen Jansen, PhD, University of California – San Francisco, USA
- Melanie Whittington, PhD, Managing Director and Head, Leerink Center for Pharmacoeconomics, Boston, MA, USA
- Sandro Gsteiger, PhD, F. Hoffmann-La Roche Ltd, Basel, Switzerland

# Session Aims

To explore:

- what methods are available to address equity in health technology assessment (HTA)
  - Distributional cost-effectiveness analysis (DCEA)
- what extent HTA bodies should consider equity
- the opportunities and challenges of incorporating health equity in HTA

# What is health equity?

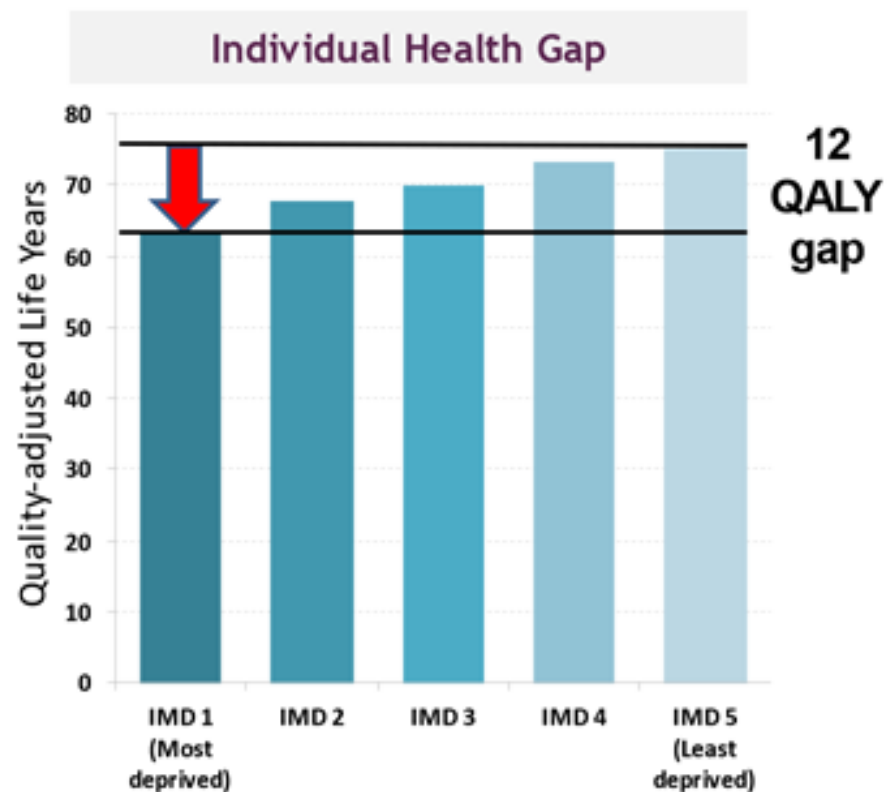
The World Health Organization defines health equity as:



“the absence of unfair, avoidable, or remediable differences among groups of people...health equity is achieved when everyone can attain their full potential for health and well-being”

This can be viewed at the population, subpopulation, and individual levels.

# Health Inequality Gap in England



**Population Total Health Gap**

135m QALY gap

12 QALY gap per person in the most deprived quintile group

×

11.4m people in that group

Source: Love-Koh J et al. *Value in Health* 2015 Jul;18(5):655-62

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# Current status of addressing equity in HTA



2023 CDA (formerly CADTH) Report suggests:

- Health equity is often not considered as part of HTA
- Fundamental change to the conduct of HTA is necessary to advance health equity
- Introduction of equity-focused HTA methodologies can facilitate a systemic and comprehensive focus on health equity within HTA, to enable the delivery of more equitable health outcomes

# About NICE

**NICE helps practitioners and commissioners get the best care to people, fast, while ensuring value for the taxpayer.**

We do this by:



Producing useful and useable guidance for health and care practitioners.



Focusing on what matters most by prioritising topics that are most important to the health and care system or address an unmet need.



Providing rigorous, independent assessment of complex evidence for new health technologies.



Encouraging the uptake of best practice to improve outcomes for everyone.

# A brief overview of NICE and health inequalities

## **NICE's origins**

NICE was established to help address the 'postcode lottery' of availability of treatments, depending on where a person lived

## **NICE Principles**

Principle 9 is 'Aim to reduce health inequalities' - NICE guidance should support strategies that improve population health as a whole, while offering particular benefit to the most disadvantaged.

## **NICE 2021-26 strategy**

"a renewed determination to prioritise our work to reduce those health inequalities that have been highlighted during the pandemic"



# How NICE considers health inequalities

Definition: *“Health inequalities are differences in health across the population, and between different groups in society, that are systematic, unfair and avoidable.”*

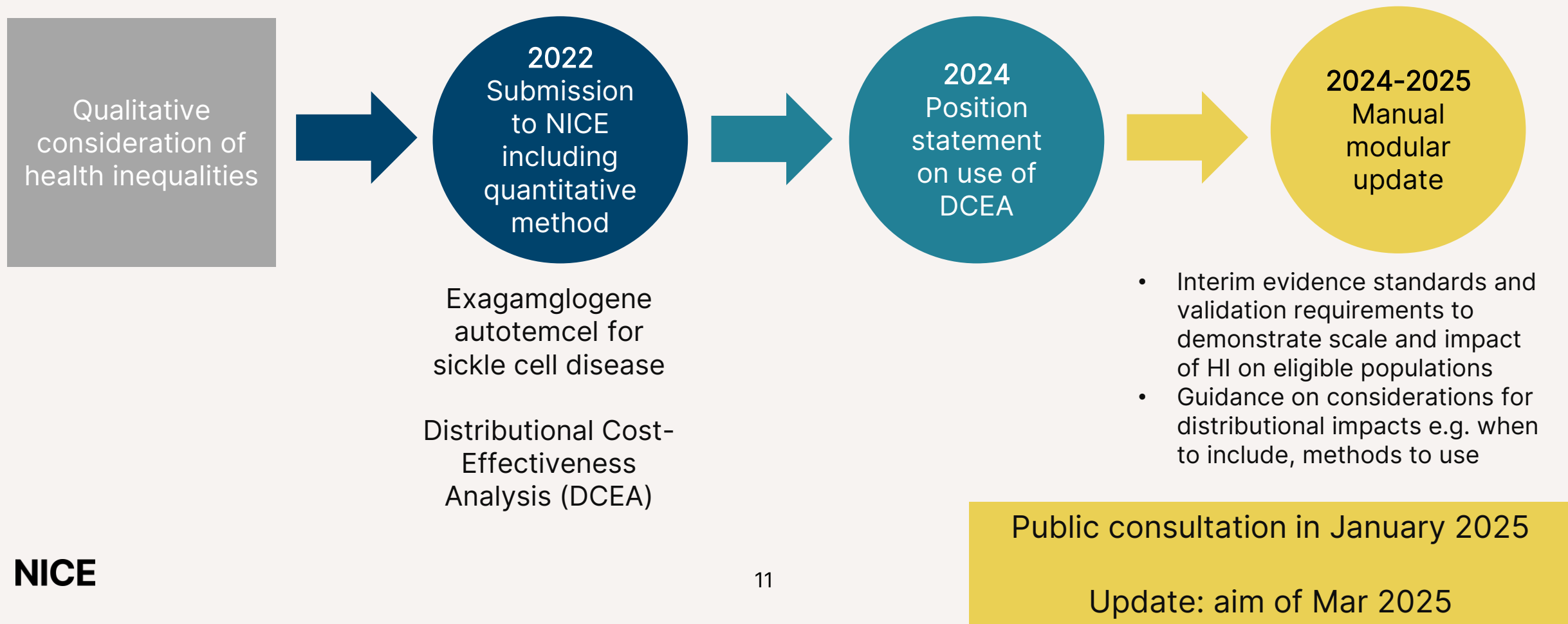
- Inequalities between who?



Inequalities of what?



# Development of considering health inequalities in HTA



# Additional work on addressing Health Inequalities

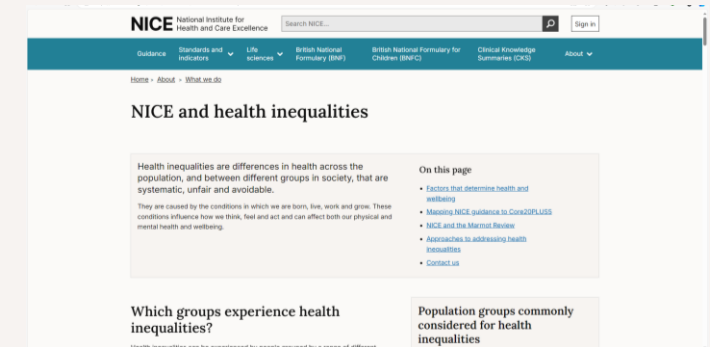
EHIA and HI Briefings in guideline development

- Equality and Health Inequality Impact Assessment (EHIA)
- HI Briefings used to inform EHIA

Pilot DCEA tool in guideline development

- Commissioned by NICE, developed by University of York
- Provides quantitative estimates of the impact of NICE recommendations on health inequalities
- Piloted in weight management and T2D

Collation of NICE guidance & resources addressing HIs



[NICE and health inequalities](#) | [What we do](#) | [About](#) | [NICE](#)

# Thank you