

HTAi ISG – Conditional Coverage/Access with Evidence Development

Our 138 member special interest group includes leading experts, stakeholders, and policy makers from around the world to discuss concepts and best practice in conditional coverage/access with evidence development (CED/AED), addressing critical issues in methods, policy, financing, governance, and implementation issues. The first activity of our ISG involved a lively and insightful email discussion about the terminology to describe health technologies used in the context of data collection. While the interchange may have appeared semantic on the surface, there were many useful conceptual issues raised that helped to clarify the goals and challenges associated with this policy mechanism. A compilation of all comments received is posted on the HTAi website under the ISG – Conditional Coverage section. Although many terms were offered, including access with evidence development, use with evidence development, pay for evidence, only in research etc., an important conclusion was that a single term is not adequate for all locations. Our ISG was, however, able to come to a consensus on a definition of ‘any policy mechanism that links financial support for medical technologies or treatments to a requirement for systematic data collection and analysis with the intent of using that data to modify health policy or clinical decision-making.’

Following this, a brief questionnaire was posted on the HTAi website and circulated to ISG members in order to obtain basic information about completed, ongoing, or planned projects that involve CED/AED around the world. Upon completion, survey respondents are contacted by staff working with Dev Menon at the University of Alberta in order to collect more detailed information and ultimately develop a comprehensive inventory and searchable database. This effort is being coordinated with EUnetHTA (workpackage 7) which has also been looking into CED/AED. This inventory of CED/AED-like projects around the world will be invaluable in determining successful models, frequent challenges, and potential collaborative opportunities and will help ensure that healthcare decision makers have sufficient evidence on emerging technologies upon which to base clinical and policy decisions in the future.

The ISG also has access to a discussion forum hosted on the Center for Medical Technology Policy’s website. Through this, ISG participants can elect specific issues that are important regarding the implementation of CED/AED. Proposed topics currently include: regulatory barriers to CED/AED, methodological barriers to CED/AED, international collaborative efforts, and emerging technologies that may be appropriate for CED/AED.

On February 22nd and 23rd 2009, the Center for Medical Technology Policy, in collaboration with the University of Alberta School of Public Health, brought together leading experts with direct experience in designing and implementing coverage and access schemes. Participants from England, Scotland, British Columbia, Ontario, Alberta, Australia, and the U.S.A. shared their experience on existing approaches to coverage with evidence development schemes and participated in open discussions focused on the lessons learned from each experience.

One striking aspect of the presentation on programs in British Columbia, the UK, the US, and elsewhere was the consistency and familiarity of many of the challenges encountered.

Furthermore, there were some hints from a few of the successful programs about strategies and methods that could be emulated by those who might try to implement these programs in the future. We are now working to form a small workgroup to produce a CED/AED Field Guide. This field guide will help avoid making previous mistakes and encourage the adoption of the best practices established by others.

Activities of the ISG are handled by staff of the Center for Medical Technology Policy, with substantial assistance from Kalipso Chalkidou of NICE and Dev Menon of the University of Alberta.