

HTA: In pursuit of a single platform

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Disclaimer

This presentation reflects my own views on risk sharing and does not reflect the views of the government or any other organization or committee that I am affiliated with.

Pharmacoeconomics

- Guidelines published on 1 Feb 2013
- Pharmacoeconomic evaluation effective in SA since 1 April 2013
- Submissions are voluntary and hence PE is still decentralised
- PE by government will become mandatory in future

HTA – medical devices and other technologies

- Should be implemented
- Guidelines should be written

Advantages of centralization

- Availability of guidelines to understand how decisions are made
- Rigorous process
- Supported by legislation
- Pooling of expertise – better decision making
- Transparency of decisions
- Information in the public domain
- Consistency in decision making

Advantages of centralization

- Access to information
- Better understanding if pricing is reasonable or not
- Providers can make submissions

Disadvantages to centralization

- Bogged down in bureaucracy
- Can result in delays due to a single player
- Lessons from MCC experience

Role of providers

- Part of decision making process in the central committee
- Provide expert clinical advice
- Provide input directly or via professional organisations
- Outcomes may influence provider behaviour
- Serve as reviewers

Participation in process

- All role players who could add value should participate in HTA
- Include funders, expert consultants, providers, patient experts

Concluding remarks

- Centralization HTA has numerous advantages
- Providers have a role to play in all aspects of HTA
- Provide clinical input which is essential in HTA
- Providers contribute towards a patient-centred input