INTRODUCTION

The Innovation and Value Initiative (IVI) began a multi-year Health Equity Initiative in 2022 to review literature and identify stakeholder perspectives on how health technology assessment (HTA) should center health equity. A multistakeholder Steering Committee defined that "HTA advances health equity when it reduces health disparities by aligning access and affordability of healthcare technologies and services with the differing needs and values of diverse patient populations, especially those who are most marginalized."

STUDY OBJECTIVES

To identify best practices to ensure health equity is integrated into health technology assessment (HTA).

METHODS

Two Expert Roundtables were held as the fourth stage on IVI’s Health Equity Initiative (Figure 1).

Stage 1: We conducted a targeted literature search and sought input to define domains for centering equity in HTA from a multi-stakeholder Steering Committee, identifying five Domains: Processes, Methods, Data & Inputs, Objectives, and Communication, as well as up- and downstream factors such as data availability and policy issues.

Stage 2: We conducted 10 key informant interviews from September-October 2022 with individuals with lived experience, expertise in health equity, and skills in research, clinical delivery, policy, and data analysis.

Stage 3: We identified key themes arising from the discussions through review and synthesis of dialogue transcriptions. Key insights were reviewed with the Steering Committee and the Framework was modified to include 4 domains: Power, People & Processes; Data & Inputs; Methods; and Communications & Use.

Stage 4: In December 2022 and January 2023, IVI convened two virtual roundtables including discussants representing:

- lived experience,
- patient advocacy organizations,
- researchers,
- payers,
- clinicians, and
- industry.

RESULTS

The HTA Health Equity Framework used in the discussions is shown in Figure 2.

Recurring focus of discussion was the need for:

- reframing power and representative participation in HTA, and
- demand for solutions and accountability for change in processes and methods used.

Primary findings from these conversations include:

- Fundamental change to the conduct of HTA is necessary to advance health equity.
- Stakeholders in positions of power must be accountable for leading change; there is collective responsibility for allyship that includes, and responds to, the perspectives of patients and caregivers.
- All actors must meaningfully engage patients and caregivers in HTA from the start.
- HTA practitioners can no longer wait for better data.
- Mixed methods approaches are necessary.

CONCLUSIONS

IVI’s HEI roundtables identified best practices, grouped into near-term actions; actions requiring further exploration, testing or development; and up- and downstream actions requiring leadership and resources that exist outside HTA.

Near-term actions focus more on process, power, and accountability measures, as well as testing existing methods and approaches.

However, wider attention to stakeholder roles and collaborative responsibilities of researchers and policymakers is needed for change.

REFERENCES