



australian healthcare &
hospitals association

the voice of public healthcare®



AHHA Submission to the Health Technology Assessment Policy and Methods Review

23 February 2024



OUR VISION

The best possible healthcare system that supports a healthy Australia.

OUR PURPOSE

To drive collective action across the healthcare system for reform that improves the health and wellbeing of Australians.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Outcomes-focused

Evidence-based

Accessible

Equitable

Sustainable

OUR CONTACT DETAILS

Australian Healthcare and Hospitals Association (AHHA)

Ngunnawal Country
Unit 8, 2 Phipps Close
Deakin ACT 2600

Postal Address

PO Box 78
Deakin West ACT 2600

Phone

+61 2 6162 0780

Email

admin@ahha.asn.au

Website

ahha.asn.au

Socials

<https://www.facebook.com/Aushealthcare/>

<https://twitter.com/AusHealthcare>

<https://www.linkedin.com/company/australian-healthcare-&-hospitals-association>

INTRODUCTION

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to contribute to the Department of Health and Aged Care’s Health Technology Assessment (HTA) Policy and Methods Review.

This submission builds on consultation undertaken with health system leaders in developing a [blueprint for health reform](#) towards outcomes-focused, value-based health care, and AHHA’s operating model of continuously listening to and engaging with the experiences and evidence from our members and stakeholders, as we contribute to the evolution of our health system.

ABOUT THE AHHA

For more than 70 years, AHHA has been the national voice for public health care, maintaining its vision for an effective, innovative, and sustainable health system where all Australians have equitable access to health care of the highest standard when and where they need it.

As a national peak body, we are uniquely placed, in that we do not represent any one part of the health system. Rather, our membership spans the system in its entirety, including – public and not-for-profit hospitals, PHNs, community, aged care and primary healthcare services.

Our research arm, the Deeble Institute for Health Policy Research connects universities with a strength in health systems and services research, ensuring our work is underpinned by evidence.

In 2019, AHHA established the Australian Centre for Value-Based Health Care, recognising that a person’s experience of health and health care is supported and enabled by a diverse range of entities, public and private, government and non-government. The Centre brings these stakeholders together around a common goal of improving the health outcomes that matter to people and communities for the resources to achieve those outcomes, with consideration of their full care pathway.

Through these connections, we provide a national voice for universal high-quality health care. It is a voice that respects the evidence, expertise, and views of each component of the system while recognising that siloed views will not achieve the system Australians deserve.

OUR RESPONSE

1.2. Consumer, clinician and other stakeholder engagement and consideration in HTA

AHHA supports the strengthening of consumer evidence collection and utilisation, and the criticality of a multi-stakeholder advisory group (option 1.c).

In bringing together multiple stakeholders, it is recognised that health technology is one part of a pathway of care, with health outcomes and value gained (as assessed in economic evaluations to inform pricing and access) dependent on its use in the real-world being consistent with that in the evaluation. Just as ‘Drugs don’t work in people who don’t take them’ (US Surgeon General C Everett Coop), pre- and post-operative factors influence the outcomes from an operation.

Real-world data and evidence must therefore triangulate outcomes, processes and costs. It must not be a punitive process about a point in time, but used routinely as a process of continuous improvement to understand the factors that influence achieving the outcomes identified in the economic evaluation to inform decision-making.

Value-based health care provides a framework to bring relevant stakeholders together in identifying appropriate, and transparently considering, real-world evidence across a care pathway. Including a stakeholder such as AHHA which takes a ‘helicopter view’ of health care across the system, not just narrow siloed views, would be important. Leveraging the expertise of the Australian Commission on Safety and Quality in Health Care on understanding healthcare variation will also be important.

4.1. Approaches to funding or purchasing new health technologies

AHHA supports the introduction of a systematic and enhanced rapid program that (re-)reviews health technologies to provide funding/purchasing and disinvestment advice to the HTA.

An explicit disinvestment framework will be critical in helping to address the issue of low and no value care currently contributing to poor outcomes for patients and undermining the sustainability of the health system. A framework to support disinvestment will enable the reallocation and reinvestment of saved resources into other high value areas of the care pathway to drive improvements in the outcomes that matter and generate savings (financial, workforce, environment).

Environmental impact indicators should be included in any disinvestment framework to ensure alignment with subject 5.3, the National Health and Climate Strategy and the healthcare decarbonisation agenda. See Deeble Institute for Health Policy Issues Brief [Decarbonising Clinical Care in Australia](#) for further details¹.

4.2. Approaches to incentivise development of products that address antimicrobial resistance (AMR)

AHHA supports the specific focus on antimicrobials as a health technology for which standard HTA processes and policies may not be applicable given the implications of AMR on society.

AHHA supports that HTA of antimicrobials is considered in conjunction with other policy measures and in the context of real-world use and evidence. The HTA process must be part of a learning health system approach².

4.3. Understanding the performance of health technologies in practice

AHHA supports the sentiment from stakeholders that ‘existing sources of RWD could be better used to generate the RWE to support funding decisions after health technologies are funded’³. However, it should also be recognised that there is significant development expected in this area, in terms of the outcomes that matter to people and communities, their use in shared decision-making, data standards and interoperability.

Patient reported outcome measures are being used in Australia; however, there is currently no national standard operating model. There would be value in considering the work of the Welsh Value in Health Centre, which is discussed in the Deeble Institute for Health Policy Research *Perspectives Brief*, [Transforming for value-based health care: Lessons from NHS Wales](#) and the resources developed by the Welsh Centre on PROMs and PREMs⁴.

5.2. Establishment of horizon scanning programs to address specific informational needs within HTA and the health system

AHHA supports the introduction of a horizon scanning program focused on meeting the needs of Australians.

The options paper⁵ highlights horizon scanning to meet priority areas (including addressing equity), and this is strongly supported. However, the scope of horizon scanning must also explicitly include an understanding of the potential implications for the introduction of technological advances in terms of equitable access (not just the resources, systems and processes, as noted in option 1b on page 38).

Horizon scanning program will need to work closely with not only consumers and clinicians, but health services and stewards to understand the pathways of care and the investments across the care pathway to ensure equitable access. Including a stakeholder such as AHHA which takes a ‘helicopter view’ of health care across the system, not just narrow siloed views, would be important.

The importance of considering equitable access in horizon scanning is illustrated with the introduction of mechanical thrombectomy for ischaemic stroke⁶. The solution to equitable access is not in the economic evaluation of the technology; rather, ‘the issues with improving access are complex and include a number of inter-related barriers operating at individual, service, and systems levels.’⁷

5.3. Consideration of environmental impacts in the HTA

AHHA has long advocated for and strongly supports the embedding of environmental considerations into the processes of HTA in Australia. Prioritising new technologies with a low carbon footprint is a simple strategy to reduce the health and aged care’s impact on climate change and will ensure alignment with the National Health and Climate Strategy in particular Objectives 2 (Health system decarbonisation) and 3 (International collaboration).

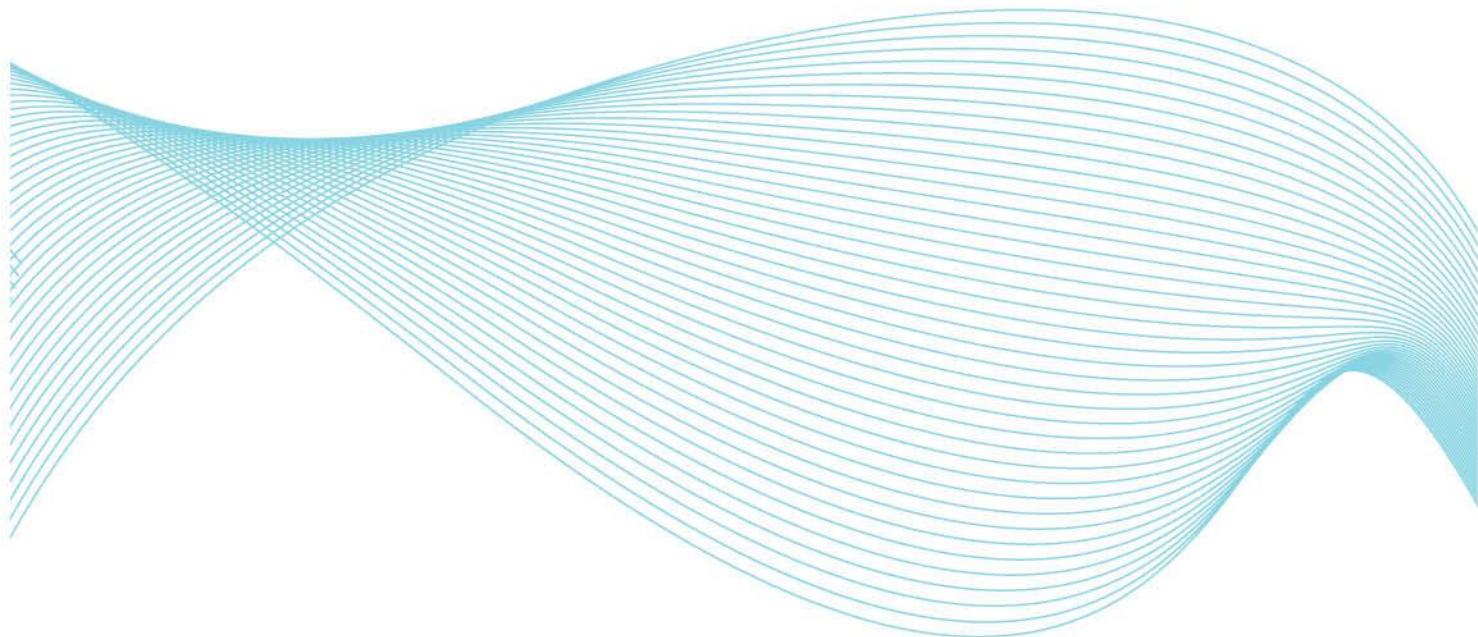
Additionally, organisations, services and health professionals across Australia are actively engaging in efforts to reduce the environmental impacts of the care they provide, yet report difficulties due to the complexity of obtaining comprehensive information to inform procurement and clinical decision around scope 2 and 3 emissions on top of already significant workloads. Activity to assess the environmental impact of new health technologies and products at the HTA level and transparency of reporting of this information is a critical step to better supporting decarbonisation and investment decision making at all levels of the health system.

Considerations of how new technologies and products interact within pathways of care and the impact that this could have on the environment should also be considered in the process of HTA. For example, what would the workforce requirements be to operate a new product and how does this contribute to emissions, would it save transport emissions by reducing the need for face-to-face consultations? Would investing in a high value new technology early in the pathway promote savings (financially, socially, and environmentally) by preventing high-cost interventions at a later point of condition progression?

Failure to consider the interaction of new technologies, products and pathway of care would be a missed opportunity to create a more integrated and sustainable health system and undermine alignment with the international value-based health care agenda being pursued by all states and territories as outlined in the National Health Reform Agreement and Addendum. See Deeble Institute for Health Policy Research *Perspectives Brief*, [Transforming for value-based health care: Lessons from NHS Wales](#)⁸.

REFERENCES

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- ³[HTA Review - Consultation 2 - options paper.DOCX](#), page 147.
- ⁴Hoban E & Haddock R 2024, Perspectives Brief: Transforming for value-based health care: Lessons from NHS Wales, Deeble Institute of Health Policy Research, no: 27. Accessed 23 February 2024 at:
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- ⁵[HTA Review - Consultation 2 - options paper.DOCX](#), page 157.
- ⁶White Paper: Access to Mechanical Thrombectomy, March 2023. Accessed on 23 February 2024 at:
<https://austrokealliance.org.au/wp-content/uploads/2023/03/Access-to-Mechanical-Thrombectomy-in-Australia-White-Paper-March-2023.pdf>
- ⁷Ibid, page 5.
- ⁸Hoban E & Haddock R 2024, Perspectives Brief: Transforming for value-based health care: Lessons from NHS Wales, Deeble Institute of Health Policy Research, no: 27. Accessed 23 February 2024 at:
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