HEALTH POLICY PERSPECTIVES

AIM's perspectives on Health Technology Assessments – An EU-wide approach?

Interview with

Menno Aarnout (AIM)

AIM Healthcare and social benefits for all

Q. First, tell us about International Association of Mutual Benefit Societies (AIM)? What is your work?

AIM is an association of healthcare payers. We have 58 members in 30 countries in Europe, but also in Africa, the Middle East and Latin America. Some 200 million people in Europe receive healthcare coverage from one of our members, healthcare mutual benefit societies, Krankenkassen (the German social health insurers), and national health insurance funds. All of our members are non-profit organisations. Their aim is to ensure sustainable access to good quality healthcare for all. AIM brings its members together to learn from each other, to learn from external experts, to increasingly understand what the impact of EU policy is on their goals and organisations and to influence EU policy-making.

Q. What is your work on Health Technology Assessments and how do you take part in EU and national level discussions on the topic?

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Some of our members conduct Health Technology Assessments (HTAs), some contribute to the process of HTA and to HTA bodies, but all of our members are affected by the outcome of a HTA. We are the primary and the end users of HTAs. It's important to know whether a product works or not. As primary users, all of our members are interested in the HTA process, including the methodologies and data used. They can also contribute to data collection from clinical practice. Our members want to be involved in setting priorities. HTAs should not be carried out for new products only, but also generics and other products that are already on the market for a while. Discussions are now mainly focused on HTA for pharmaceuticals, but we should consider putting more emphasis on medtech and other technologies.

Q. How do you work with other stakeholders on the issue, specifically patients/patient groups?

AIM is a member of the HTA network as set up by the European Commission. It would be good if that network would be used for a genuine exchange between the European Commission, Member States and stakeholders. We want to be involved in the work of EUnetHTA. However, to date that turns out to be rather difficult. EUnetHTA is currently discussing the definition of 'unmet medical need', improvement of 'early dialogues' and 'real world evidence collection'. Our members want to be involved in those discussions.

EUnetHTA remains to date in our view too much of a 'technical exercise among HTA bodies' where it could and should be much more an exercise where end users should be involved: P&R decision makers/payers, patients and healthcare professionals. Such an exchange should of course not undermine the independence of a body carrying out the actual HTA assessment.

Q. What is your first impression, regarding the European Commission proposal for a regulation on Health Technology Assessment?

We, as AIM, are very much in favour of continuing EU collaboration in the field of HTA. It would lead to efficiency gains; there is no need to reinvent the wheel 26 times and also create, for example, time/space/funds for reassessment. Joint activities should lead to more and better joint tools and guidelines, but also joint assessments (both clinical and economical).

The European Commission proposal has many interesting elements that would give this type of collaboration a more structural character. We look very much forward to discussions with the European Commission, the European Parliament and the Council about this draft regulation.

"Collaboration cannot be forced upon countries and organisations. There needs to be a genuine willingness among all parties involved to work together and to give up some of their independence."

It is a very ambitious proposal. There are a few countries that would most likely have difficulties at this stage to give up their 'independence' as far as HTA is concerned. In addition, among AIM members there is such a reluctance. We think that it will be highly unlikely that a majority in the Council would support the idea of obliging national HTA bodies to strictly rely on clinical assessments done collectively.

Q. What do you see as areas of concerns or issues which may need 'safeguards'?

It is very good to see that the European Commission is taking this important topic forward. To ensure support of payers and governments, it is important that involvement of industry in the actual HTA is limited. It is important that HTA bodies can rely on independently collected data and data analysis. We think it would not be a good idea if the industry would be a direct funder of HTA activities.

Transparency is extremely important. Transparency of methodologies, of organisations and people involved, of data used, etc. For cost-effectiveness studies this counts, of course, too. These studies can only be properly done if they are done in a transparent way. Secret pricing does not allow for a public debate about cost-effectiveness of treatments.

Q. What do you think is key to ensure sustainability for EU Member States' healthcare systems in the future?

We have to spend our money wisely. That means that we should spend it on treatments that work. Tools such as HTA and overall quality/outcome measurement systems are therefore becoming more and more relevant. We should also pay a fair price for those products and services; not a high price only because it works well, but a price that takes into account costs of production, R&D, sales volume, period of market exclusivity, ability to pay, etc. We have to continue to improve the organisation of healthcare in an effective and efficient way, close to the patient: highly specialised doctors in academic hospitals where needed, trained nurses in the community where possible. We also have to ensure that healthcare systems are based on solidarity. Only if the healthy take care of the sick and the rich take care of the poor, healthcare systems will be sustainable.

Q. Finally, what are your priorities for 2018?

Of course, the HTA proposal is one of our priorities, but also the upcoming European Parliament elections in 2019. AIM will continue to strive for sustainable access to good quality care, based on solidarity. We want to increase the visibility of AIM towards the European institutions and other relevant stakeholders. Also, prevention is becoming increasingly more important for our members, so we will continue to work on that. We will also use our platform to exchange best practices to integrate healthcare and long-term care better, which still function too much in isolation from each other. We want to underline the need for a social Europe. Europe can only be strong if it is social. In addition to jobs, growth and trade, we have to make sure that policies have a positive impact on sustainable access to healthcare for all.

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