



**PATIENTS AND
HEALTHCARE
PROFESSIONALS AS
EXTERNAL EXPERTS IN HTA**

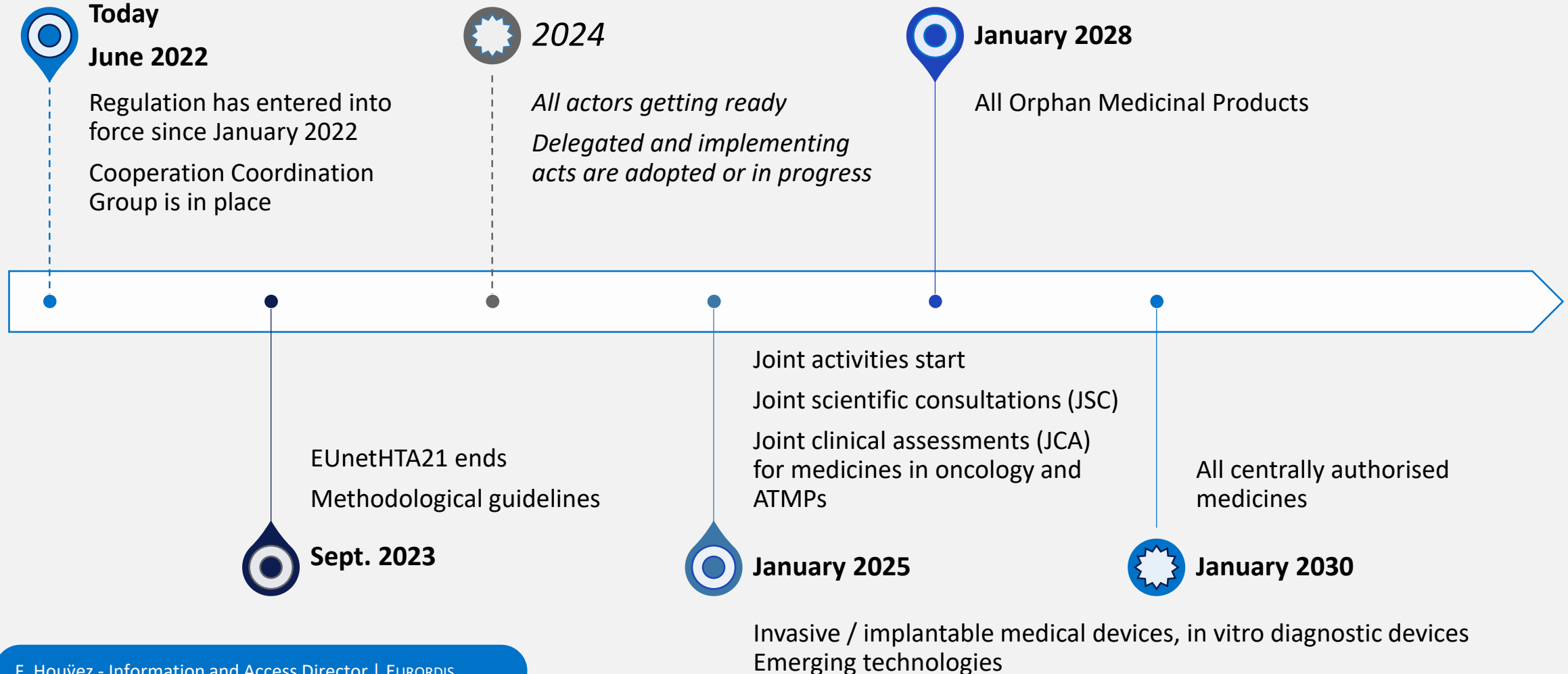
22 JUNE 2022



**DIRECTOR OF TREATMENT
INFORMATION AND ACCESS
EURORDIS**

**PATIENT ADVOCATE SINCE 1988
REPRESENTS EURORDIS AT EMA (PCWP)
AND AT THE FORMER HTA NETWORK**

30 months ahead to prepare yourself for:





You as an External expert

- Your own views
- Technology related activities
 - Joint Scientific Consultations
 - Joint Clinical Assessments
- Confidentiality +++
- Declaration of interests +++
- Scientific guidelines



Representing your organisation

- More specific to Stakeholder Network
 - Communication
 - Report summaries, awareness of the cooperation
 - Internal procedures, guidelines, reports
- Contribution to Horizon Scanning
 - Technologies of interest in R&D in your field
- Prioritisation / work plan
 - Technologies you think could benefit from a European joint Assessment?
- Assessments
 - Data your organisation can provide
 - Treatment and Care Management guidelines

Joint scientific consultations: to reduce the risk that inadequate information are submitted at a later stage

P In which population to conduct the research? Which unmet needs, in which Patients?

I How can the research questions be answered? Which study design? Which Intervention?

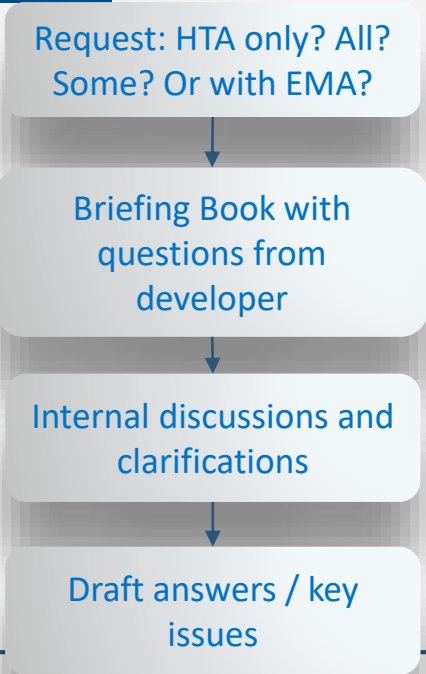
Early phase R&D

C For the research, which would be the most relevant Comparator(s)? Their experience with treatments

O What can be measured to demonstrate benefit(s)? Which Outcomes, and how to measure them?

I.e, experiential knowledge of living with the disease, social consequences, healthcare pathways, ...

Joint Consultation



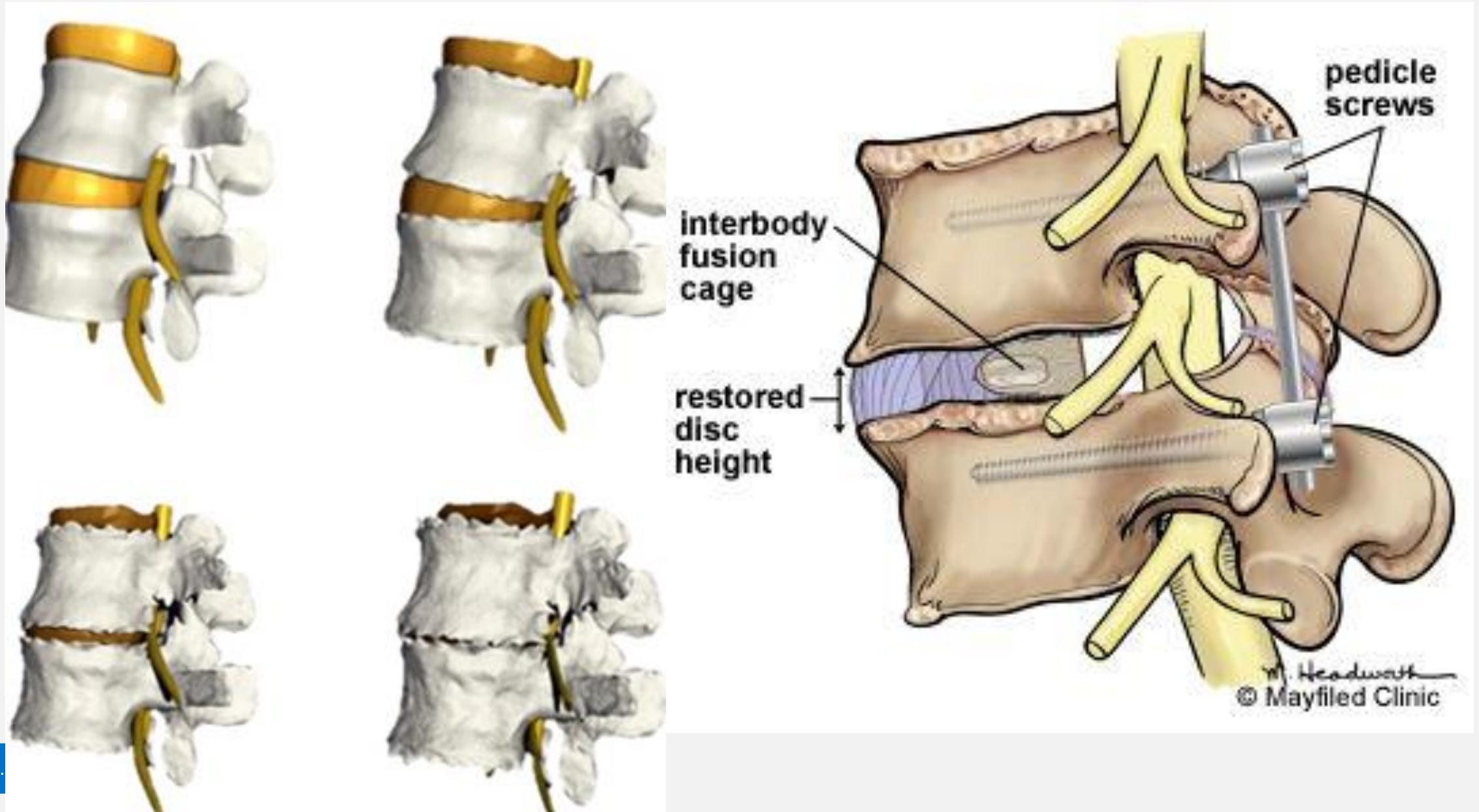
Advice

- 45 days? 90 days?
- “To comment on draft report”
- When do external experts come in?
- Which documents?

Technology placed on market

- How do you prepare?
 - As an individual expert?
 - As a member of an organisation?

A new technology for back pain / discopathy

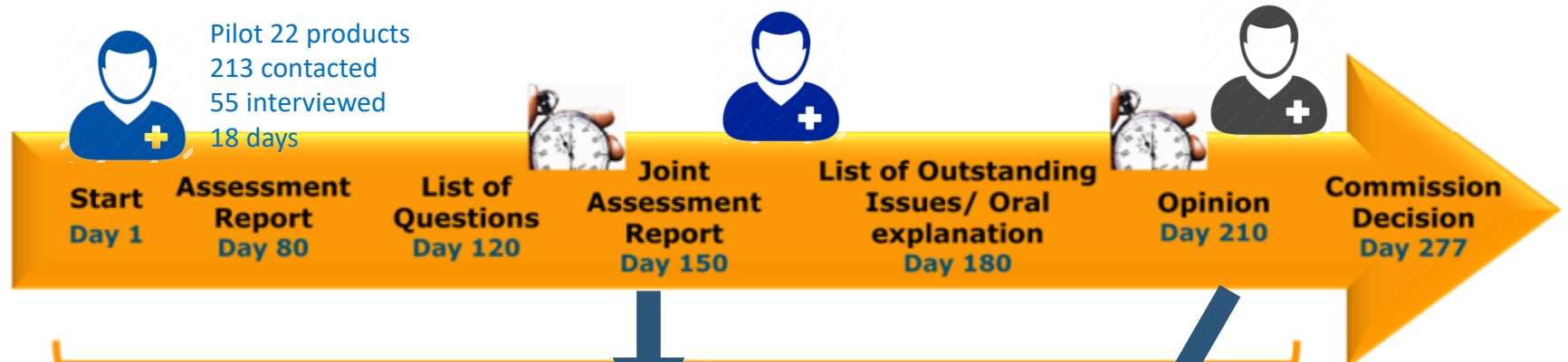


Joint Clinical Assessments

Timelines of medicine evaluation at EMA CHMP Committee for Human Medicinal Products

Evaluation overview - CHMP

Pre-submission meeting
Data to be submitted? Other committees?



Scoping

Of all possible questions to inform on the relative effectiveness of the technology which are the most relevant?

PICO



Patients & Clinicians Input

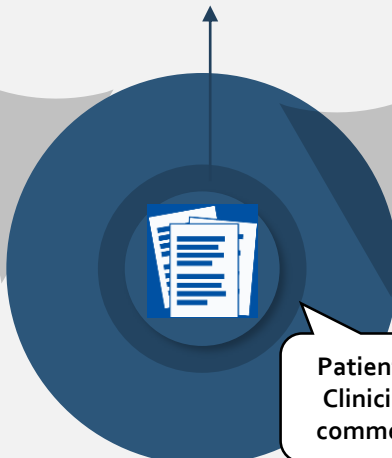
Director | EURORDIS



Data submitted
By technology developer

1st draft

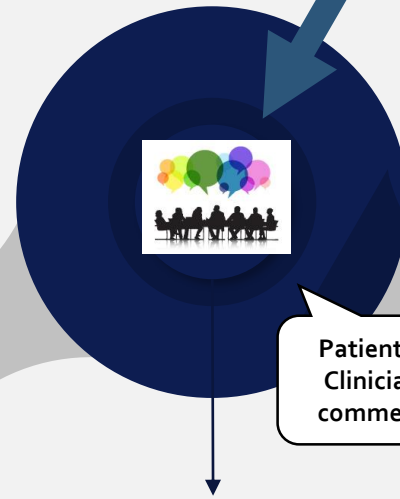
Exchange of data with CHMP



Patients & Clinicians comments

2nd draft

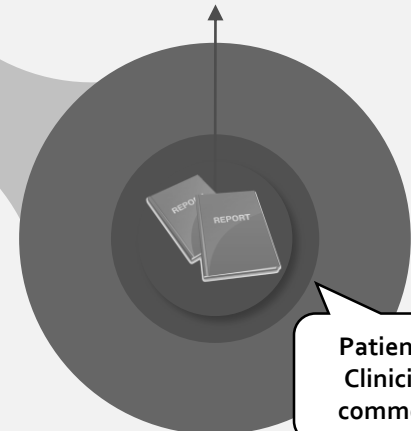
Author and co-author discuss with subgroup members



Patients & Clinicians comments

Report

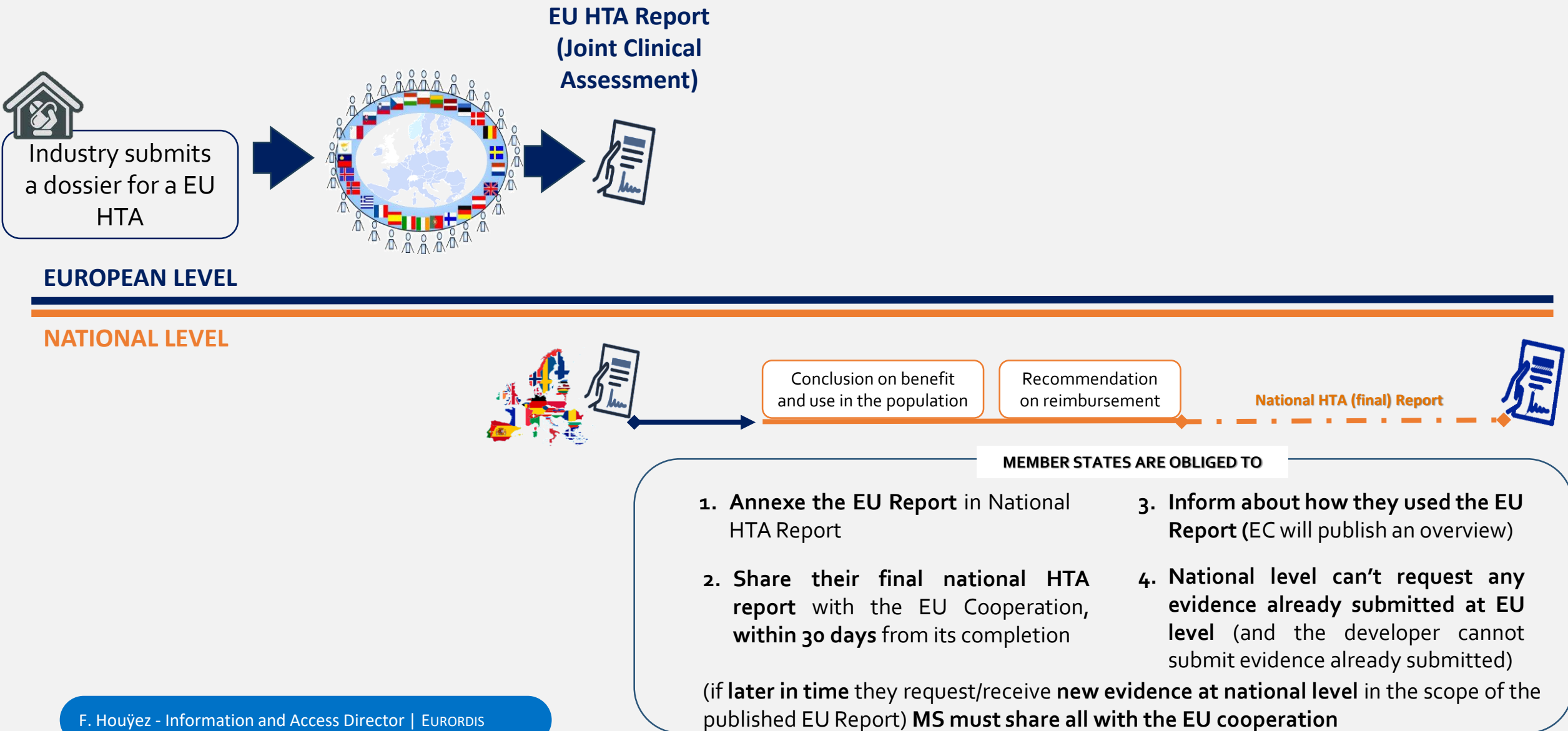
Published simultaneously with the EMA Product Information /Decision on the Marketing authorisation \pm 1 or 2 months



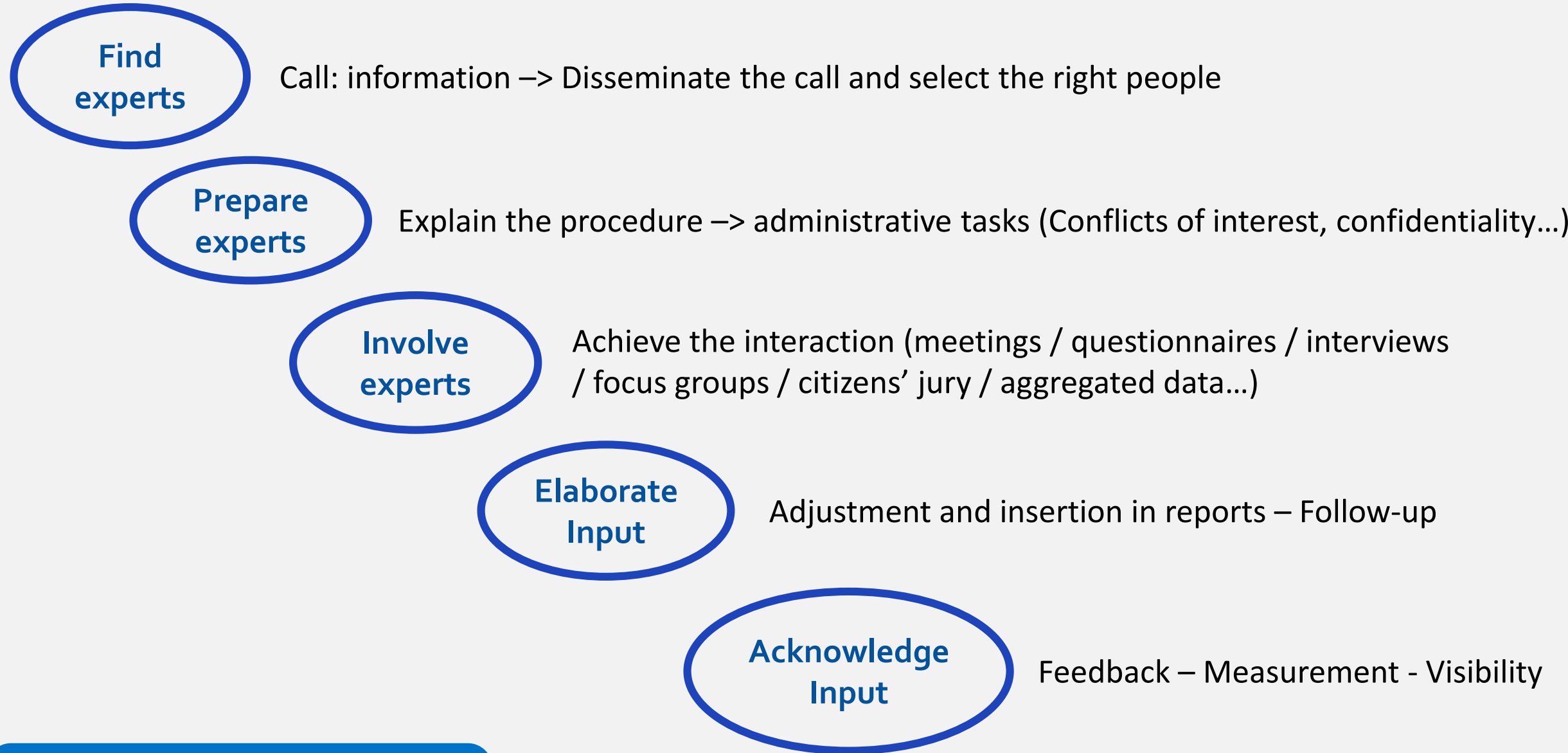
Patients & Clinicians comments

What does it mean for Member States?

(how the system is meant to work)



Stages of Expert involvement



Trainings for patients and for healthcare professionals

Not exhaustive

DIU Clinical trials in Rare Diseases



Universities of Lille, Dijon, Lyon
For patients' advocates and healthcare professionals

105 hours

Clinical research, R&D, evaluation and regulation of medicines

E-learning and onsite



HTADS International Continuing Education

https://www.imit-tirol.at/page.cfm?vpath=departments/public_health/htads-continuing-education-program/introduction-to-health-economics-and-hta

Modeling Approaches for HTA 3 days
50 hours

Introduction to Health Economics and Health Technology Assessment 3 days
50 hours

EUPATI Patient Expert Training Programme



<https://learning.eupati.eu>

27 modules, + 8 days = **75 hours**

Clinical development, regulatory affairs, HTA

E-learning and onsite

LSE Principles of HTA



https://www.lse.ac.uk/resources/calendar/courseGuides/HP/2021_HP4_D2E.htm?from_serp=1

20 hours

Lectures and seminars: half a unit

Part of a 2-year programme

EURORDIS Summer School Rare Diseases



<https://openacademy.eurordis.org/summerschool/>

For patients' advocates & academics

23 hours e-learning + 5 days = **57 hours**

Clinical development, regulatory affairs, HTA, pharmacovigilance

So, when do you prepare ?

When procedure starts: how to anticipate and to start identifying patients early? How much time to explain the role of the external experts, what is expected from them, how to best contribute?



Upstream

- Existing training programmes: 20 to 105 hours or more
- Discuss your unmet needs, treatment guidelines
- Engage in Patient Preferences Elicitations, Community Advisory Boards (CABs), patient/disease registries
- Familiarise with Patient Reported Outcomes Measures / Patient Relevant Outcomes for their disease (PROMs)
- Familiarise with PICO and with methods used in HTA
- Compare standard of care in different countries, discuss the limits and the benefits of different technologies
- Organise a database of patients / clinicians (different stages of the disease, ensuring gender, language, geographic diversification etc., as well as various levels of expertise)



Downstream

- Either the Cooperation secretariat or an HTA body to initiate the procedure?
- Dependent on when developer requests a Joint Consultation, or when developer submits an application to EMA
- For medical devices?
- Short time to identify and mentor the expert (if not already familiarised with HTA)
- Just a few hours – days to explain procedure and prepare (administrative work and documents)

Open questions

To engage in HTA Cooperation

How can we build EU processes from national HTA experiences and feedback from experts?

How to train more external expert/organisations on HTA in general, and on EU procedure(s)?

Organisations: contact database, awareness raising, collecting experiences?

Methods to identify / involve clinicians or patients (organisations' membership list, social networks, ERNs, clinics in Pubmed...)?

THANK YOU

Further reading

Achievement of the HTx Project

Potential barriers of patient involvement in Health Technology

Assessment in Central and Eastern European countries

Frontiers in Public Health

Dimitrova M, Jakab I, Mitkova ZE, Kamusheva MS, Tachkov K,
Nemeth B, Zemplényi A, Dawoud D, Delnoij D, Houyez F, Kaló F

<https://www.frontiersin.org/articles/10.3389/fpubh.2022.922708/abstract>

In press – accepted 13 June

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HTA Regulation: the structure

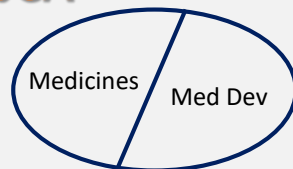
- Work plan
- Annual Report
- Validates the work

> Sub-Groups



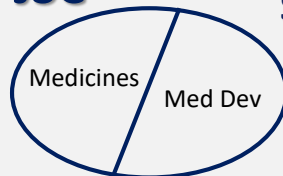
Obligations
Art 10 & 13

JCA



JCA Report /
Summary Report

JSC



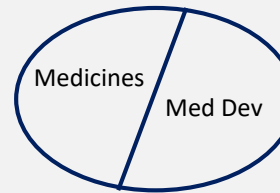
Advice

**Horizon
Scanning**



Report

Methods



Guidelines

Others



Voluntary Cooperation

Secretariat



Art. 15 & 28

- Support the Coordination Group and Sub-Groups
- Ensure interactions with Stakeholders, EU Agencies, Developers
- Enforce procedural rules and Involvement of experts

JCA: Joint Clinical Assessment
JSC: Joint Scientific Consultation

HTA Regulation 2021/2282: the structure

Chapter I - Art. 1-6

General Provisions

The brain of the system:
Coordination Group

Chapter II - Art. 7-23

Joint Work

The HTA activities to be fulfilled by the Member States in/as European Cooperation

Section 1 - Art. 7-15

Joint Clinical Assessment

Section 2 - Art. 16-21

Joint Scientific Consultation

Section 3 - Art. 22

Emerging Health Technologies

Section 4 - Art. 23

Voluntary Cooperation

Chapter III - Art. 24-26

General Rules for Joint Clinical Assessment

Rules others than process and obligations

Chapter IV - Art. 27-31

Support Framework

Funding, **Stakeholders**, EC role and rules to be implemented

Chapter V - Art. 31-36

Final Provisions

To enforce the law