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# The Value of HTA: Are Perceptions Reality?

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Presented at: Strategies for Managing the Diffusion of High Cost Diagnostic Technology - the case of PET scanning  
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## Basis for Discussion

- Are Health Technology Assessments a reliable tool in the analysis of the clinical value of PET in oncology? Who audits the auditors? Liselotte Højgaard. Eur J Nuc Med Mol Imaging (2003) 30:637-641. Editorial.
  - INAHTA response Feb 2004;31(2):295-7.
  - Author's reply; Editor's comment Feb 2004;31 (2):297-8.
  - Van Tinteren response October 2003;30(10); 1438-9.
- Do we need randomised trials to evaluate diagnostic procedures? Jan 2004; 31(1):129-132. Controversies.
  - Pro: Van Tintern
  - Con: Valk




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## Objectives of Discussion

- Identify perceptions of HTA from technology user's perspective
- Highlight issues critical to HTA of dx testing & HTA in general
- Use as constructive criticism to improve HTA
  - Resist the temptation to get defensive
  - All are trying to do the right thing




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## Summary of Editorial

- How HTA is conducted
  - Appropriate methods of evaluation
- How HTA decisions are made
  - INAHTA agencies' reports gave different conclusions
- How HTA is used in decision making
  - Questioned value of HTA in determining PET's utility




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## Objectivity

- Perception: HTA is inherently biased against new technologies
  - HTA is very influential on policy
  - HTA is too closely aligned with policy makers
    - “inborn negative attitude towards a new and very expensive technology”
    - “exclusion of new expensive methods and treatments is their task, if the new modalities are not effective”




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## Accuracy

- Perception: HTA does not reflect clinical reality & not appropriate for clinical policy
  - Dx accuracy studies = standard in diagnostics evaluation
  - Cited improvements to methods




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## Accuracy

- Perception: HTA does not reflect clinical reality & not appropriate for clinical policy (cont.)
  - Excessive emphasis on RCTs, improved survival
    - Too difficult, time consuming, expensive, not achievable
    - Ethical conflicts associated with randomization
    - RCT research lags behind clinical advances, detrimental
  - Others argue for RCTs, but earlier




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## Accuracy

- Perception: HTA does not address ethics
  - Detached from ethical considerations associated with insufficient resource allocation to healthcare
    - Uses “a world of limited healthcare resources”
  - Not focused enough on the patient
  - Appropriate perspective for evaluation




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## Reliability

- Perception: Disconnect exists between scientific/clinical evaluation & HTA
  - Debate on need for evaluation beyond dx accuracy
  - Science expects reproducible methods & findings, why not HTA?
    - INAHTA agencies use same methods, different conclusions




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## Reliability

- Perception: Disconnect exists between scientific/clinical evaluation & HTA (cont.)
  - INAHTA responded:
    - Different publication periods & context for assessment not accounted for
    - Conclusions/recommendations WERE consistent
    - “The review should be reproducible, but the recommendations may not be.”
    - Content vs. communication?



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## CONCLUSIONS

- Perceptions ARE reality

*“All our knowledge has its origins in our perceptions” - Leonardo da Vinci*

*“Reality is merely an illusion, albeit a very persistent one.” - Albert Einstein*



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## WHAT NOW?

- What should HTA do about them?
- Are chasms inevitable or avoidable?
- Increased stakeholder involvement in the HTA process?