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The HTAi Policy Forum: promoting public-private sector dialogue on the development and use of HTA in health system decision making

The HTAi Policy Forum was established in 2004 to provide an environment where senior staff from industry and public sector bodies conducting or using HTA to inform coverage decisions could meet with one another, selected experts and patient representatives for informal strategic discussions on the present state of HTA, its development and implications. A first residential meeting was held in January 2005 and the Forum has held a major residential meeting each year since. Meetings are planned and facilitated to promote in-depth and open discussion. Applications for membership are invited annually and membership has grown from 13 organisations in 2005-06 to 28 in 2011-12 (14 for-profit and 14 not-for-profit). The HTAi Board makes decisions on membership and appoints the Forum Chair. Meeting topics are chosen by Forum members and papers on Forum discussions have been published each year since 2007. These are widely read and Forum members also present Forum discussion at the HTAi annual scientific meetings and a wide range of other international meetings each year. Applications for membership and informal reports from Forum members and others suggest that the Forum is widely perceived to be of value for members, HTAi and the HTA community more widely.

Origins and initial aims
In the 1990s, a number of major healthcare systems established formal arrangements to conduct health technology assessment (HTA) of new technologies to inform decisions about the inclusion of those technologies within the group of technologies covered (i.e., provided or reimbursed) by the system. By the early years of this century, formal HTA arrangements of this kind were operating in Australia (The Pharmaceuticals Benefit Committee – PBAC – and the Medical Services Advisory Committee – MSAC), Canada (Canadian Common Drug Review – CCDR – managed by Canadian

Coordinating Office for HTA – CCOHTA, now CADTH), the UK (National Institute for Clinical Excellence – NICE) and elsewhere. Since then, other systems have developed similar arrangements and this trend continues, with growing interest in Asia and Latin America as well as North America, Europe, and Australia.

The author worked in the English Department of Health in the 1990s and was involved there in the establishment in 1993 of the NHS HTA Programme and, in 1999, NICE. In this capacity, he was involved in discussions with those responsible for leading NICE in its early years. As a member of the Committee for a New Society for Health Technology Assessment and then founding President of HTAi, he was also involved in international discussions with the leaders of NICE and some similar organisations in other countries. It was clear from these discussions that, while bodies of this kind had frequent interactions with industry, these were focussed primarily on the review of specific products and there were few, if any, opportunities for the leaders of these organisations and industry to discuss the principles of how HTA could best be conducted and used in decisions on products. Discussions with senior staff in industry confirmed this, and that there was an appetite on both sides for an international forum in which such discussions could take place, removed from the pressures (and in some cases, tensions) of discussions of the coverage of specific products.

Organisations consulted from both public and private sectors agreed that the new Society – HTAi – would be the most appropriate body to convene such a forum, given its mission to support and promote the use of HTA around the world as a scientifically based means of promoting the introduction of effective innovations and the effective use of resources in health care, and of promoting discussions between all those involved in HTA whether in the public or private sectors. After extensive informal discussions with the HTAi Board and with potential initial members, the HTAi Policy Forum was formally established in 2004, with an inaugural meeting in 2005. The initial aims of the Forum were stated as:

"to provide a unique opportunity for top people from public and private sector organisations with strategic interests in HTA to meet one another, members of the HTAi Board, and invited international experts for strategic discussions about the present state of HTA, its development, and its implications for health care systems, industry, patients and other stakeholders"

Meetings and rules of engagement
The intention from the outset was to provide an environment that would promote and support informal discussion (i.e., not restricted to the current

formal policy position of the organisations from which participants came). All involved were clear that, while conventional scientific conferences and meetings were of value, they were looking for the Forum to help them have in-depth discussions in an environment where they could speak frankly with one another about challenges in current arrangements and brainstorm ways in which these could be improved. To achieve this, it was agreed that the Forum should hold one main residential meeting a year, running for at least 24 hours in an "off-site" environment. It was further agreed that numbers should be limited and that most of those attending should be senior staff from organisations with direct involvement in the use of HTA in health system decision making that were prepared to commit to at least three years of membership in the Forum and to abide by the Chatham House Rule[1] . The programme of the inaugural meeting was constructed to develop the discussion topic through the meeting with input as appropriate from external experts (including patients and clinicians) but with the majority of time given to structured group and plenary discussion and to informal interactions during breaks and meals.

The inaugural main meeting was held in February 2005. Forum members met for a second, shorter meeting in June 2005 immediately before the HTAi Annual Scientific Meeting, primarily to review progress at the initial meeting and agree to a work plan and topic for the next year. This annual cycle of a main residential discussion meeting in January/February and a shorter "business" meeting at the HTAi Annual Meeting in June has been continued in each subsequent year, though the residential meetings have been extended to run from Sunday evening to Tuesday lunchtime to allow more time to develop and work through an issue in appropriate depth.

Developments between 2004 and 2012

Membership and attendance at meetings

Membership of the Forum is open to organisations that are organisational members of HTAi and leaders in the development and use of HTA internationally to promote innovation, quality and efficiency in health care. Organisations must demonstrate that they work at the interface of HTA and decision making, and are chosen on the basis of their experience and competence, and not to make the Forum representative of all the constituencies involved in HTAi. The Forum aims to balance the numbers of for-

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1   The Chatham House Rule states that "When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed" (see http://www. chathamhouse.org/about-us/chathamhouserule-translations).

profit and not-for-profit organisations that are members. Thirteen organisations sent delegates to the initial meeting of the Forum in 2005. Membership has since grown to a total of 28 organisations, 14 for-profit and 14 not-for-profit.

Each member organisation is entitled to send up to two delegates to a Forum meeting, and most choose to send two to each meeting. HTAi Board members also attend meetings of the Forum (the main discussion of the Forum is held alongside the "winter" meeting of the Board), and leading international experts and people able to represent patient, clinical and public perspectives on the topic of discussion are invited to join Forum meetings as appropriate to ensure that relevant issues are identified and discussed.

With the current arrangements, around 60 people typically attend the main discussion meetings of the Forum. Member organisations feel strongly that it would not be possible to maintain the unique nature of the Forum's discussions if the number of attendees were expanded any further. There is, however, on-going demand from new organisations to join the Forum. A formal process has therefore been developed to assess the contributions that those applying for membership would make to the Forum and compare this with the contributions being made by current members. Expressions of interest in Forum membership are sought each year in April and members of the Policy Forum Committee evaluate these organisations and current Forum members against explicit criteria to arrive a recommendation to the HTAi Board on the most appropriate future membership. Decisions are made by the Board in June so that new members can participate in planning for the main Forum meeting the following January/February.

Leadership

The Forum was established and chaired from 2005 to 2007 by the author. Karen Facey chaired and led the Forum from for 2008 to 2010. The author was appointed as chair for a second time for 2011to 2013. The Chair is supported in the leadership role by the Policy Forum Committee.

Governance

The Forum has developed from an organisation with relatively ad hoc arrangements in its early stages to one with governance structures appropriate to its visibility and significance for HTAi and the wider HTA community. Much of this important development took place under Karen Facey's leadership.

The Forum is part of HTAi and the HTAi Board therefore has overall responsibility for the Forum. The Board appoints the Chair and members

of the Forum, with advice from the Policy Forum Committee (and, in the case of the Chair, a vote by Policy Forum members). The Policy Forum Committee is also appointed by the Board, with advice from the Policy Forum Chair who in turn consults with Forum members.

Meeting topics, outputs and other activities
Meeting topics are chosen by members of the Forum. The topics of the 7 main discussions meetings since 2005 are listed in Table 1. Papers based on each of the discussions from 2007 onwards have been published in the International Journal for Technology Assessment in Health Care (IJTAHC) and are referenced in the table. All the IJTAHC papers based on Forum discussions are freely available from the HTAi website.

In recent years, HTAi Annual Scientific Meetings have included parallel panel sessions on Forum meetings, led by the Forum Chair and members. The HTAi Board is considering how the work of the Forum can be given greater prominence at HTAi Annual Scientific Meetings. In addition, the Forum Chair and members are asked to contribute to other parts of HTAi Annual Scientific Meetings and regional meetings, and to meetings organised by other international and national organisations and societies. The author has himself contributed to over 15 meetings in this way in the last 12 months.

Secretariat
The Forum and Forum Chair were supported in the early years by the HTAi Secretariat at the Institute for Health Economics in Edmonton, Canada. Rapporteurs were appointed for each of the meetings in 2005 and 2006 to develop papers on the discussions for those present, in consultation with the Chair.

With the decision to move in 2007 to formal published papers, a Scientific Secretariat was recruited to work alongside the HTAi Secretariat in IHE to support the Forum. The York Health Economics Consortium (YHEC) was appointed to provide this service from 2007 to 2008, and the Norwegian Knowledge Centre for the Health Services (NOKC) from 2009 to 2011. The HTAi Secretariat at IHE had continued to provide logistical support to the Forum and in 2011 the HTAi Board decided to augment the HTAi Secretariat to allow it provide integrated logistical and scientific support.

Table 1: HTAi Policy Forum meeting topics and published papers

Year	Policy Forum Topic	Published Papers (Deliberations from Policy Forum Meetings)
2011	HTA-Regulatory Interaction	"Interactions between health technology assessment, coverage, and regulatory processes: emerging issues, goals, and opportunities"[1]
2010	Managed Entry Schemes	"What principles should govern the use of managed entry agreements?"[2]
2009	HTA for Optimization of Technology Utilization	"HTA to optimize health technology utilization: using implementation initiatives and monitoring processes"[3]
2008	Harmonising Evidence Requirements for HTA in Decision Making	"Harmonization of evidence requirements in HTA for reimbursement decision-making"[4]
2007	Conditional Reimbursement/Coverage with Evidence	"Coverage with Evidence Development: an examination of conceptual and policy issues"[5]
2006	Rethinking Regulation and Health Technology Assessment	Not published.
2005	Promoting Clinically Relevant Innovation and Managing Uncertainty: the role of the HTA process	Not published.

Achievements of the Forum to date

HTAi is currently exploring a formal evaluation of the impact of the Forum. The author meanwhile offers the following personal observations on the achievements, value and impact of the Forum for its members, for the wider HTA community, and for HTAi as an organisation.

Perhaps one of the main achievements of the Forum is that it has thrived and developed in the 7 years since its foundation. The growth of the Forum in itself suggests that it has been providing something of value to its members, to HTAi and to the HTA community and institutions around the world. The five papers derived from the Forum's discussions that have now been published in IJTAHC represent another important achievement, and the papers summarizing the Forum's 2011 and 2010 discussions ranked as IJTAHC's second- and fourth-most read articles of 2011, as reported on the publisher's website (as of December 2011).

Applications for new membership of the Forum exceed the places available, and only one organisation has left the Forum voluntarily since it was established. These facts suggest that member and potential member organisations see the Form as providing something of value for them. It should be noted here that private sector organisational members pay HTAi $22,000

USD per annum for their membership. Informal discussions suggest that Forum delegates value the Forum as a place where they can develop their personal understanding and networks through open and in-depth discussions with senior colleagues from organisations in their own and other sectors. While the Forum does not produce consensus statements, members report that they find the Forum's published papers useful in discussions within and beyond their own organisations. And members and their organisations value the opportunity to contribute to international thinking on HTA.

Various developments suggest that the work of the Forum also has value for, and has had an impact on, the wider HTA community. As noted above, the Forum's papers appear to be being read widely. Again as noted above, the Chair and members of the Forum receive numerous invitations to present the work of the Forum at a wide range of national and international meetings. And the HTAi Policy Forum model has been taken up in a number of related developments in the HTA world, including national developments in Canada and Italy and the work of some other international and national organisations.

HTAi receives a number of benefits from the Forum. Insofar as the work of the Forum is valued by its members and the wider community, HTAi's own reputation and value is enhanced. HTAi also receives a considerable income from the Forum membership fees which exceed the costs of running the Forum and hence help to fund HTAi's wider activities. And HTAi's Annual Scientific Meetings benefit from the Forum's work, as described above.

Some HTAi members, however, have expressed reservations about the Forum. The author is aware of concerns that membership is restricted and not open to all, and a concern amongst some about the promotion of discussions between public sector HTA organisations and industry. While the latter is a legitimate view, it would appear to contradict one of HTAi's main aims. The HTAi Board and the Forum have discussed at length the issue of the restricted membership of the Forum. Their view is that the success of the Forum has depended, and will continue to depend, upon membership being restricted to those at the interface of HTA and decision-making who play a leading role in the development of HTA to promote innovation, quality and efficiency in health care, and upon numbers attending Forum meetings being tightly controlled. They have, however, taken a number of steps (described above) to enhance the value of the Forum's work to HTAi members and the wider HTA community, and a number of further developments are currently under discussion.

Role of Berit Mørland

It is appropriate for a paper in this edition of the Journal to pay tribute to the role that Berit Mørland has played in the formation and development of the HTAi Policy Forum.

As a member of the Committee for a New Society for Health Technology Assessment, Berit was involved in the early discussions of a possible Policy Forum and played an important role in the thinking at that stage. As the first Vice President, and then the second President, of HTAi, she continued to contribute to thinking on the Forum and the implementation and development of the concept. And she gave leadership to the team at NOKC who provided the Scientific Secretariat to the Forum from 2008 to 2011. Berit's support, connections and standing in HTA in Norway, INAHTA, HTAi and more widely have played a key role in ensuring the success of the Forum to date, and the author is personally grateful to Berit for her support and wise counsel throughout his own involvement with the Forum.

Literature

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