Health Technology Assessment Committee Terms of Reference

In 2011, the BC Health Technology Assessment process and the Health Technology Assessment Committee (HTAC) were established as a joint Ministry of Health (Ministry) and health authority initiative to improve and maintain the health and well-being of British Columbians, and to provide value for money. HTAC assesses Ministry and health authority sponsored health technology assessments (HTAs) to make recommendations about the provincial coverage of non-drug health technologies. These evidence-informed recommendations are made to Leadership Council and are based on HTAC's publicly-available multi-criteria decision analysis framework.

BACKGROUND
An HTA is a comprehensive assessment of the clinical effectiveness, cost-effectiveness, and broader effect of health technologies on both patient health and the health care system. To standardize decision-making surrounding non-drug health technologies across the province, Leadership Council established HTAC to provide advice on non-drug health technology coverage in the province.

Every citizen of British Columbia is entitled to the best health care that the province can afford, but resources are finite. As such, HTAC must weigh the evidence related to the benefits and costs of all health technologies in forming its recommendations.

1. MANDATE
The mandate of HTAC is to:
- Establish and implement a prioritization and decision-making process that is transparent, credible, consistent and fair.
- Support health authorities, the Ministry, and Leadership Council in making evidence-informed decisions in a timely manner.
- Make recommendations to Leadership Council on the public provision of non-drug health technologies that fall within the Committee's scope. Recommendations should:
  - balance opportunities to improve health outcomes with the need to manage health care costs;
  - promote standardization of technologies across the province where warranted; and
  - promote the health and safety of British Columbians.

2. SCOPE
A health technology can include a wide range of tools, devices, diagnostics, equipment, and procedures involved in the maintenance, restoration, and promotion of health. It encompasses interventions at any stage of health care, including risk detection and disease prevention, early detection of disease, diagnosis, treatment, rehabilitation and palliative care.

HTAC focuses on the clinical and cost-effectiveness of new[1] and emerging health technologies that have a large-scale effect on the public health care system. The BC Health Technology Assessment process will be applied to all new non-drug technologies under consideration for public provision that meet the cost threshold of $25,000 per patient or $1,000,000 province-wide. The cost threshold includes both the direct costs of a technology and indirect costs such as those associated with implementation and operation. Technologies assessed should be transformative (e.g., with the potential to meet an unmet need, and/or replace an insured device or procedure) rather than those in which minor changes in technique or to an existing device have been made.

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[1] In this context, new refers to technologies that are not currently publicly provided across the province for clinical purposes, as well as new applications of existing technologies.

HTAC may examine health technologies that have already diffused within the province, at the request of Leadership Council or the Deputy Minister of Health, when the need has been identified for a systematic evidence-informed analysis. HTAC may also assess any other technology at the request of Leadership Council or the Deputy Minister.

HTAC does not examine or provide recommendations about pharmaceutical products, infringe upon the important role of innovation through health research, or engage in reviews of disease management. It does, however, examine the integration of technologies related to specific diseases and conditions.

3. ROLES
HTAC
The role of HTAC is advisory in nature. HTAC makes recommendations directly to Leadership Council regarding the public provision of non-drug health technologies.

Standing Committee on Health Services and Population Health (SCHSPH)
The role of SCHSPH in reviewing HTAC's recommendations is advisory in nature. SCHSPH shall ensure pertinent implementation considerations were taken into account in the development of the HTA and shall provide advice to Leadership Council on feasibility.

Standing Committee on Financial and Corporate Issues (SCFCI)
The role of SCFCI in reviewing HTAC's recommendations is advisory in nature. SCFCI shall ensure a reasonable and financially prudent approach was taken in the development of the HTA and shall provide advice to Leadership Council on affordability.

Leadership Council
The role of Leadership Council is to decide whether HTAC's recommendations should be implemented based on feasibility and affordability.

4. RESPONSIBILITIES
The responsibilities of HTAC are to:
- Consider all nominations submitted to the health technology assessment process.
- Prioritize nominations for assessment based on HTAC's publicly-available prioritization criteria.
- Score assessments based on its multi-criteria decision analysis framework.
- Make recommendations to Leadership Council as the Committee deems appropriate, and consider requests for reconsideration as appropriate.
- Provide advice and recommendations based on a systematic, objective, evidence-informed analysis of proposed health technologies in the context of existing clinical practice, taking into account economic, human resource, regulatory, and ethical considerations.
- Create a forum to maximize opportunities for, and prioritize the uptake and diffusion of, emerging health technologies deemed to significantly improve patient outcomes and/or systems efficiencies relative to existing or competing interventions.
- Outline the implications of implementing recommendations, including the effect on individuals, society, and health care sectors.
- When appropriate, recommend field evaluation of technologies deemed to be potentially useful but for which there is inadequate high-quality evidence to support multimillion-dollar, multi-year investments.

- Ensure transparency regarding its decision-making process, recommendations and the analyses upon which recommendations are made to Leadership Council.
- Develop the capacity within and across health authorities to make consistent evidence-informed decisions about the public provision of non-drug health technologies.
- Promote a culture of critical appraisal and evidence-informed decision making within the health authorities.

5. COMPOSITION

HTAC shall be composed of at least one public member, up to five professional members, seven health authority members, one PHSA Supply Chain member, and one Ministry member, totaling a minimum of twelve voting members, including two co-chairs. The five professional members shall include a health economist, a health technology assessment expert, an ethicist, a physician, and another health practitioner.

6. APPOINTMENT

Leadership Council will appoint health authority and PHSA Supply Chain members for renewable two-year terms. The Ministry will appoint the Ministry member. These members will be considered core Committee members, and core members will vote on the renewal of all memberships. The co-chairs will be chosen by core Committee vote and will be in place for two-year terms.

The core Committee will select the public and professional members, who will also be appointed for renewable two-year terms. Public members will be selected based on their ability to speak to the general patient experience rather than to a specific cause or condition, to attend meetings via teleconference or in-person, and to read and understand medical academic literature. Professional members will be selected based on their qualifications and their ability to attend meetings via teleconference or in-person.

7. TERMINATION FROM THE COMMITTEE

Members are required to attend all the technology assessment[2] meetings each year. However, the co-chairs have the discretion to approve, in advance, an extended absence of any member (subject to the right of the Ministry or health authority to replace their respective members at any time). A member may resign at any time upon written notification to the co-chairs. The co-chairs may request that Leadership Council replaces a member who has missed three Committee meetings in a row.

8. CONFLICT OF INTEREST

All members must abide by the terms of the HTAC conflict of interest guidelines. Breach of the guidelines may result in termination of the member from the Committee.

9. CONFIDENTIALITY

Members are required to respect the confidentiality of any materials provided as part of the assessment process and the discussions at the meetings. No member shall knowingly divulge any such information to any person other than another member, unless the member is legally required to do so. A member shall not use information obtained as a result of his or her involvement in the committee for his or her personal benefit. Each member shall avoid activities which might create the appearance that he or she has benefited from confidential information received during the course of his or her activities with the health technology assessment process.

10. COMMITTEE MEETINGS

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[2] Meetings at which health technology assessments are reviewed.

NATURE OF MEETINGS

HTAC shall hold health technology assessment meetings as required to carry out its responsibilities and to consider all nominations made to it. Significant preparation time will be required of members prior to each meeting.

ATTENDANCE

Members are required to attend all health technology assessment meetings. A member who is unable to attend an in-person meeting may request permission from the co-chairs to participate by telephone or another communication method. The co-chairs shall have sole discretion in deciding whether to grant permission to such member's request.

At the co-chairs' discretion, members who fail to attend three consecutive technology assessment meetings may be asked to provide an explanation to the co-chairs as to why they were unable to attend. Without an explanation of extenuating circumstances, such members may be terminated from the Committee.

QUORUM

The quorum at meetings of HTAC shall be eight members.

11. RECOMMENDATIONS

Recommendations shall be made based on consensus scores on the multi-criteria decision analysis assessment framework. Voting will be conducted if a consensus cannot be reached on a score. If a vote is required for a Committee recommendation, the affirmative vote of at least 50 per cent plus one of the voting members participating in the meeting, excluding abstentions, is required. Silent (anonymous) voting will be conducted if it is deemed appropriate by the co-chairs. Voting will be done in camera.

REASONS FOR RECOMMENDATION

When making a recommendation to Leadership Council, HTAC shall provide a rationale for the recommendation and this will be distributed in accordance with the procedure established.

Recommendations shall specify the circumstances under which high-quality evidence supports the use of the technology, and state that the technology should not be used in circumstances for which there is insufficient evidence to support its use.

SEEKING CLARIFICATION

At the discretion of the co-chairs, HTAC may seek additional written information from:
   a) Nominators in order to carry out its mandate; and/or
   b) Experts or other stakeholders in order to carry out its mandate.