

DIFFERENT METHODS, DIFFERENT RESULTS? COMPARING HEALTH TECHNOLOGY ASSESSMENTS IN THE UNITED KINGDOM AND GERMANY

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OBJECTIVES: Implementation of health technology assessments (HTAs) by HTA agencies varies internationally, perhaps most profoundly with respect to health economic evaluation methods. Whereas the UK National Institute for Health and Care Excellence (NICE) relies heavily on cost utility analysis, HTAs by the German Institute for Quality and Efficiency in Health Care (IQWiG) and the Federal Joint Committee (Gemeinsamer Bundesausschuss, GBA) focus on comparative effectiveness based on a rigorous application of principles of evidence-based medicine (EBM). The present study aimed to explore the extent to which different value judgments and resulting methodological choices lead to different HTA outcomes. **METHODS:** We extracted data from all GBA decisions between January 2011 (when early benefit assessments were implemented) and April 2015 (cut-off date for the present study), as well as all published NICE single technology appraisals (STAs) during this period. We compared health benefit assessment results by IQWiG/GBA and by NICE overall, and by additional criteria including therapeutic area, clinical and incremental cost effectiveness, and patient-relevant endpoints. **RESULTS:** During the study period, NICE issued guidance for 88 technologies (125 subgroups). GBA completed 105 appraisals (226 subgroups). We identified 37 matched condition-intervention pairs; of these, 24 were evaluated differently by NICE and GBA. NICE recommended 29/37 treatments, whereas GBA confirmed additional benefit for 21/37 only. By therapeutic area, interventions for hematological and oncological diseases were relatively more likely to be evaluated positively by IQWiG/GBA; in contrast, NICE appraisals were relatively more favorable towards treatments for metabolic and cardiovascular disorders. Results including all interventions were consistent with the findings reported for matched pairs. **CONCLUSIONS:** Overall, NICE tends to evaluate new drugs more favorably than IQWiG/GBA. However, treatments for some therapeutic areas like cancer were evaluated more favorably by IQWiG/GBA. Our results lend support to the hypothesis that different HTA methods contribute to systematic differences in decision-making.

Presented to the 19th Annual European ISPOR Congress, Vienna / Austria, October 29 - November 02, 2016.

[Value in Health](#) 2016; 19 (7): A494.