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EAP Working Group

**29|09|2021**

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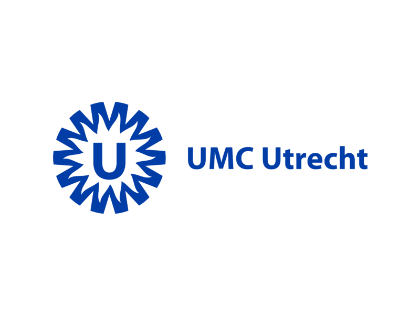
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Third EAP session

## Meeting overview

The third session of the VALUE-Dx Expert Advisory Panel (EAP) was held virtually on the 29th of September 2021, lasting 2 hours. There were five members of the EAP present in addition to four presenters from Work Package 5 (WP5) of VALUE-Dx, and four members of the EAP Working Group who organised and facilitated the meeting.

## Meeting kick-off

Betsy Trainor chaired the session and kicked off the meeting by welcoming the Panel and running through the agenda and session outline.

## VALUE-Dx Progress update

The VALUE-Dx co-lead, Philippe Cleuziat gave a presentation to the Panel about the progress of VALUE-Dx so far; with an update on the status of the PRUDENCE and ADEQUATE trials and of Tasks 5.2, 5.3 and 5.5.

## Questions discussed and feedback received

### Operational questions and feedback

Stefan Fischer (SF) and Sabine Vogler (SV) from WP5 presented an update of Task 5.5. Task 5.5 focus on the analysis of existing and potentially innovative policies applied to new diagnostics in health care systems, to identify good practice and develop a proposal for enhancing fit-for-purpose policy frameworks related to HTA, pricing and funding mechanisms.

SF presented the findings of the mapping of the approach to HTA, pricing and reimbursement of diagnostics across 16 countries based on survey data collected from public authorities in each country. The next stage of the task would be to develop a report describing key facilitators and barriers for pricing and funding policies for diagnostics and the final deliverable will be recommendations for innovative pricing and funding models.

SF and SV proceeded to ask the EAP the following questions:

* Do you have comments on the findings of the report for Task 5.5 (e.g. additions, corrections, reinforcements, etc.)?
* Which policy design (particularly in the dimensions of HTA, reimbursement and pricing policies) might facilitate or hinder the uptake of diagnostics? Can you share a specific country experience?
* Which fit-for-purpose policies, and policy design, could and should be developed to incentivise the uptake of diagnostics?
* Is looking at pricing and reimbursement alone the correct way to approach this?
* Should planned focus groups combine stakeholders from different countries in each group or would it be helpful to have separate country-specific groups from a few countries?

The EAP provided the following feedback in response to the questions:

* The report of Task 5.5 is very informative, and the findings are in line with what they would expect.
* Looking at existing systems in place for reimbursement of similar technologies like flu vaccines in the UK, which have a public health rationale for implementation and have an impact beyond the healthcare system would be a good place to start.
* Taking a holistic approach that includes medical devices, diagnostics and pharmacological treatments when thinking of policies that result in a successfully treated patient, is important.
* Incentives should be for the usage of the device and focus on the human resource rather than the technology. Pay for performance could be a viable model to follow.
* The focus should not only be on pricing and reimbursement when developing polices to promote the uptake of diagnostics, but should also be on influencing clinician behaviour to use the technology
* Focus groups planned as part of Task 5.5 should be country-specific with multiple stakeholders from each country to bring different perspectives within a particular setting.

### Strategic question and feedback

WP5 lead, Jean-Louis Tissier presented the objectives of WP5 to the EAP and asked the Panel how they foresee the sustainability of healthcare systems and which areas they expect governments to look for savings. He also asked if they expect that diagnostic tests will continue to be considered of high importance.

The EAP provided the following feedback in response to the question:

* The COVID-19 pandemic has highlighted the importance of keeping infectious disease on the agenda and the value of diagnosing them accurately.
* It has become clear that the impact of infectious diseases is not restricted to the healthcare system but extends to the whole economy.
* In settings like the UK, thinking has shifted to how the time of highly specialised experts can be saved given that they are the most expensive resource. Using resources in a more cost-effective manner will ensure the sustainability of healthcare systems.
* It is important to formally include the assessment of diagnostics into HTA processes in a way that is operational.

### Feedback from the EAP on sessions

Dalia Dawoud (DD) asked the EAP to provide feedback on how the sessions have been conducted so far, if they would like to collaborate in dissemination activities and if they have any recommendations for improvement.

The EAP fed back that they liked the style of the sessions and that the way the questions were focused was very helpful. They found the documents provided as pre-reading very informative. The Panel also confirmed that they felt that they could engage in transparent and objective discussions in the meetings and did not feel that there is a gap in the expertise of the panel. The EAP members indicated that they would be happy to collaborate in dissemination activities particularly in conference submissions and journal publications.

## Closing

DD thanked all the panellists and presenters for their time and highlighted that the next EAP session is planned for March 2022, and that a guest speaker from the ACT-Accelerator Diagnostics Pillar will be invited to share their experience with COVID-19 diagnostics.

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