

# **Public Involvement in HTA in Canada**

## **Problems, Policies, and Politics**

**François-Pierre Gauvin, Ph. D.**

**2009 Annual CAHSPR Conference**

**Calgary, May 14, 2009**

# In recent years

Calls for greater public involvement in HTA

But the idea diffused at various speeds

# Canadian HTA agencies

	<b>CADTH</b>	<b>AETMIS</b>	<b>HTA unit Alberta</b>	<b>MAS</b>
<b>Jurisdiction</b>	Pan-Canadian	Québec	Alberta	Ontario
<b>Year of creation</b>	1989 (former CCOHTA)	1988 (former CETS)	1993 (formerly at AHFMR, now IHE)	2001
<b>Formal public involvement scheme</b>	Yes	Ad hoc	Ad hoc	Yes
<b>Year of adoption of PI</b>	2006	---	---	2007
<b>Characteristics</b>	2 public members on 2 advisory committees	---	Consensus Development Conferences	Consultative process at 3 key points (email, mail, fax) Appeal process Citizens' panel

# Today's presentation

An overview of **key factors** influencing Canadian HTA agencies' decision **to adopt, or reject**, the idea of **public involvement**

...not a review of specific agencies

## Qualitative study

**HTA literature** (up to March 2008)

**Websites of HTA agencies** (May 2005 – February 2008)

**42 interviews with key informants, 17 in Canada** (February 2006 – November 2007)

## Analytical framework

**Agenda-setting literature** (e.g. Kingdon, 2003; Baumgartner and Jones, 1993; Cobb and Ross, 1997; Rochefort and Cobb, 1994)

# FINDINGS

## Emergence of the idea

“Floating around” since early 2000s in Canada  
But disagreements over its salience

“We are at the beginning of a process. I think the rhetoric is probably more advanced than in practice.”

- Member D of HTA agency

“I'm not sure that most HTA people think it's a really important issue.”

- Scholar A

# Favourable factors

**Recognition of problems** (e.g. complex and contentious issues, values judgments, lack of transparency, etc...)

**Spillover effects** from other sectors, jurisdictions, and agencies

**Communication and persuasion** within the HTA community

“It has been heralded by the **plethora of task forces, reports, royal commissions, and provincial commissions** that have been done across the country. All of these have consistently identified the necessity for some kind of mechanism to be established in which the **values** of Canadians are **integrated** into the **policy-making machinery.**”

- Member B of HTA agency

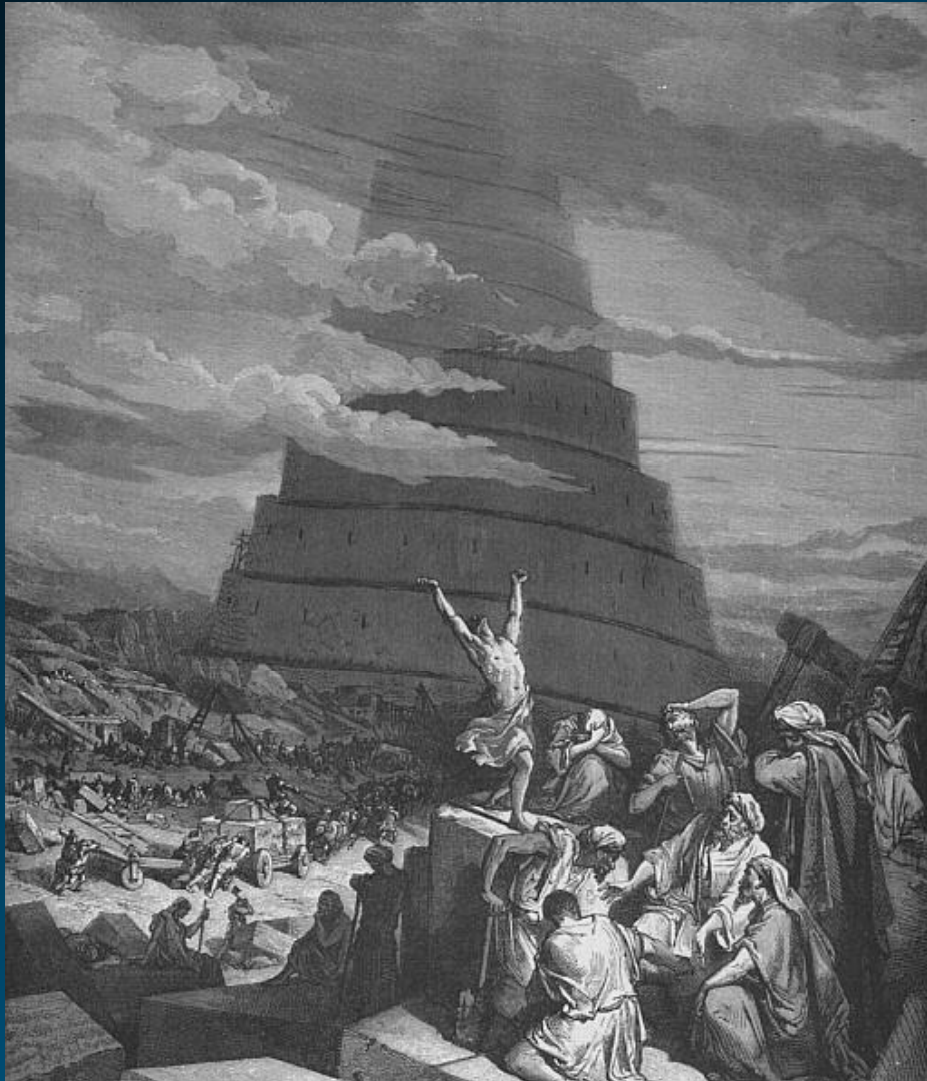
“I think **most of our pressures** not only come from the public themselves but more **from international HTA organizations** that are probably structured a little bit more similarly to Canada.”

- Member E of HTA agency

**But no compelling movement**

... Several unfavourable factors

## Gustave Doré, *La confusion des langues* (1865)



### **MANY UNANSWERED QUESTIONS...**

*Who is the “public”?*

*What is “involvement”?*

*When to involve the public?*

*What is the goal?*

*For what type of issues?*

*What is effective?*

*What are the potential consequences on HTA agencies?*

“Health technology assessment of course is still a relatively new field. [...] That's 30 years. [As a] science or a discipline of medicine, I think that technology assessment is still a bit immature.”

- Scholar A

“People are **uncritically endorsing** these approaches. In other words, it is not entirely clear to me at this point that it is worth doing. Therefore, we need to convince ourselves a little bit more: **Is it worth doing?** What can it add? What is the value of **adding this level of complexity** in assessments that we are doing?”

- Scholar D

“The **fear** of incorporating patients, it's the **unknown**...  
What's going to happen?”

- **Member A of patient and user group**

“I think this is an area that has a **great deal of potential**, but it also has a **great many pitfalls** that one can land quite flat on their face if this isn't thought about carefully and approached quite **systematically** and **methodically**.”

- Member B of HTA agency

# HTA agencies as boundary organizations

Scientific vs. political independence

“I think that decision-makers are at the same time interested and worried. [They are worried] because it may reduce their leeway.”

- Policy-maker C

# CONCLUSION

## A policy niche

The HTA community occupies a relatively **autonomous policy niche** exerting great control over a very **specialized agenda** with **little outside attention**

## A common belief

Public involvement is likely to gain prominence

... but desire to move cautiously

# Resistance and apprehension

Technical feasibility

Value acceptability

Potential consequences

Future constraints

# Future prospects

Ontario - MAS and OHTAC

Quebec – Creation of the new INESSS

# A special thank to

Dr. Julia Abelson

Dr. John Eyles

Dr. Mita Giacomini

Dr. John N. Lavis

...and my key informants!

## Contact info

**François-Pierre Gauvin, Ph. D.**

National Collaborating Centre for Healthy Public Policy

Institut national de santé publique du Québec

Tel : (418) 650-5115 ext. 5544

Email : [francois-pierre.gauvin@inspq.qc.ca](mailto:francois-pierre.gauvin@inspq.qc.ca)