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► To cite this version:

Clara Monleon, Mondher Toumi, Hans-Martin Spath, Claude Dussart, Carlos Crespo. Development of the RELIANT (REveaLing Implicit fActors iN HTA) checklist to support the HTA Deliberation. European Conference of the International Society for Pharmacoeconomics and Outcomes Research, Nov 2023, Copenhagen, Denmark. hal-04757212

HAL Id: hal-04757212

<https://hal.science/hal-04757212v1>

Submitted on 28 Oct 2024

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Development of the RELIANT (REvealing Implicit Factors iN HTA) checklist to support the HTA Deliberation

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Background:

Deliberation in HTA is the informed and critical examination of an issue and the weighing of arguments and evidence to guide a subsequent decision. However, there are implicit factors impacting the HTA recommendations through this process. Since these factors are not acknowledged in the HTA guidelines or HTA recommendation, they may jeopardize the legitimacy and transparency of HTA.

Objectives:

The RELIANT checklist (REvealing Implicit Factors iN HTA) aims to assist HTA decision-making by accounting for implicit factors.

Methods:

A targeted literature review was performed to identify existing checklists assisting the HTA deliberative process. The findings from a SLR¹ previously published by our research group, from a semi-qualitative research with HTA experts as well as from an assessment of the HTAi/ISPOR checklist contributed to the development of the RELIANT checklist. A group of experts assessed the checklist² and their comments were incorporated into the final version.

Results:

We developed the RELIANT checklist that is intended to be used for medicines. It comprises 16 questions spread across 7 dimensions covering perspectives, objective factors, meeting dynamics, personal interest, previous experience, context, and cognitive biases. The target audience of this tool are HTA practitioners.

The goal is to acknowledge and elucidate the implicit factors present in the HTA deliberative process for pharmaceuticals and therefore to improve the deliberation by making it more rationale, impartial, legitimate and transparent.

The checklist is aimed as a practical tool to be used prospectively, and around the deliberation prior to reaching a final recommendation. This would allow to think prospectively on all the implicit factors that can impact the recommendation and therefore this would allow the HTA practitioner to be conscious and thoughtful about them.

Table 1: Excerpt of the RELIANT Checklist

f) Cognitive biases (individual and collective)	In an effort to be as objective as possible, do you consider any of these potential biases may impact your judgement?		
	Yes	No	Sometimes
• Affect heuristic (decision influenced by subjective feelings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anchoring bias (focusing on the first picture you learn and staying with the first impression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attentional bias (paying disproportional attention to some things, over others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Authority bias (having more confidence in a decision that was validated by an authority figure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Automation bias (tendency to accept automated clinical decision advice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Availability bias (making judgments of likelihood based on ease of recall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Confirmation bias (focusing on information confirming personal beliefs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consistency tendency (difficulty in changing a point of view when the change is justified by the new evidence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• False consensus effect (overestimation on how much other people are aligned with your appreciation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Framing effects (perception influenced by the way in which the evidence was presented)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Groupthink (situation in which the views of the decision-making group become homogeneous and contrary views are discouraged)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Halo effect (giving disproportionate weight in decision making to the beliefs of eminent individuals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hard/bandwagon effect (choosing based on other people choices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• In-group conformity (having more confidence in a decision when it is in agreement with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Intellectual bias (becoming closed-minded about a belief)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Novelty (uncritical acceptance of a new technology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Optimism bias (tendency to overestimate the likelihood of favorable outcomes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Overconfidence bias (overestimation of personal ability or opinion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conclusions:

There is scarcity of tools accounting for the existence of implicit factors in the HTA deliberative process. Given the lack of checklists in the literature accounting for these factors, the RELIANT checklist fills a gap in this area since it is the first tool to support the HTA deliberative process by guiding the HTA practitioner to reflect on the implicit factors that may be influencing the process.