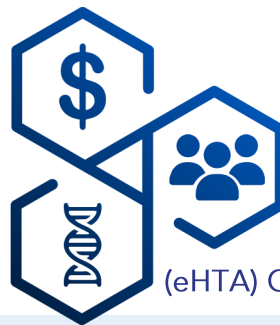


eHTA PLATFORM

early Health Technology Assessment



(eHTA) Core Facility

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The eHTA Core Facility

*is funded by the
Nanomedicines
Innovation Network
(NMIN)*

NMIN

*is a Network for
Centres of
Excellence funded by
the Government
of Canada*

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NMIN
NANOMEDICINES INNOVATION NETWORK
RESEAU D'INNOVATION NANOMÉDECINES

Mission:

- To support the translation of NMIN-funded technologies from bench to bedside using eHTA to inform research and development activities and commercialization-related decisions.
- To increase NMIN investigator and trainee capacity to commission, conduct and interpret eHTA studies by developing standardized resources.

What is eHTA?

- The use of health economics methods (e.g., cost-effectiveness analysis) early in the medical product life cycle when uncertainty is high and evidence is scarce.
- Used to estimate the potential value of a proposed product for key stakeholders, such as patients, physicians, developers, investors and funders.

eHTA Use

Cases:

- Screening of target indications for opportunities to add value
- Optimizing target product profiles for stakeholder value
- Bottom-up market sizing for business plans
- Reimbursement risk assessment for investor pitches
- Societal impact assessments for grant applications
- Design of clinical-stage evidence generation strategies to maximize reimbursement probability

SERVICES:

INITIAL CONSULTATIONS

- To understand each project's health economics needs, develop an initial assessment of potential eHTA studies, and provide suggestions for next steps.

eHTA PLANNING WORKSHOPS

- To provide an overview of eHTA methods and study options.
- To work collaboratively with project investigators to co-create an eHTA study design.

GRANT DEVELOPMENT SUPPORT

- To help secure dedicated funding for eHTA studies either through an application to NMIN's KTEE/ Commercialization Support program, or by integrating an eHTA component into a larger grant application to secure external funding.

CONTRACT RESEARCH SERVICES

Specific project needs and resources will vary, thus two general eHTA models for contract research services are offered:

Economist-led eHTA model

Traditional contract research model where the eHTA study is fully outsourced to the Core Facility team once the study design and scope of work are agreed on.

User-led eHTA model

Project investigators and their teams take the lead in implementing the eHTA study, relying on educational materials and resources provided by the eHTA Core Facility. The Facility team provides expert consultancy and coaching services, leads a planning and study design session, answers questions, and reviews study outputs for quality assurance.

Prices given here are approximate.

All projects are unique.

Actual pricing for any project is determined by its specific needs.

ESTIMATED COST OF SERVICES

Service	Costs (CAD) Academic Non-NMIN	Costs (CAD) Academic NMIN Member
Initial consultation (1-2 hours)	\$200	Free for NMIN
eHTA planning workshop	\$1000	\$1000
Grant development support	\$2000	Free for NMIN
User-led eHTA*	\$5,000-\$15,000 (est.)	\$5,000-\$15,000 (est.)
Economist-led eHTA*	\$30,000-\$50,000 (est.)	\$30,000-\$50,000 (est.)
Ad-hoc research consulting	\$200/hour	\$100/hour

* Please note that every eHTA case study is unique and the cost per case study can vary depending on the level of support required. Actual cost of services will be determined by specific project requirements.

POSITIONING STATEMENT

Early health technology assessment (eHTA) aims to support the translation of innovations from bench to bedside by systematically assessing the value of technologies to patients, providers, and payers at early stages of product development. Over the last two decades, a small number of research organizations in the United Kingdom, the Netherlands and Canada have offered eHTA services to small health technology companies to inform the development of medical devices and diagnostic tests in oncology, rheumatoid arthritis, and cardiovascular diseases. However, commissioning eHTA analyses from commercial contract research organizations is far beyond academic teams' limited R&D budgets.

NMIN's eHTA Platform is unique in that it seeks to facilitate access to eHTA for an underserved user segment: academic life science teams and pre-seed spin-offs, in two ways. First, it is building a dedicated platform to meet the specific eHTA needs of very early clinical translation efforts, such as identifying high-value healthcare applications for a new platform technology for the academic team to explore, and a framework for collaborating with academic life scientists to secure project-based grant funding to support these analyses. Second, the NMIN eHTA Platform is developing a suite of educational materials, analytical tools, and guidelines to strengthen academic investigators' and trainees' capacity to select and conduct relevant eHTA analyses themselves at this very early stage of product development.