

Your Bar or Mine? The Bar for Change versus the Status Quo in defining Appropriate Benefits for Economic Evaluation of Health Care Technologies

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This letter accompanies the HEMA Working Group report on *Defining Appropriate Benefits for Economic Evaluation of Health Care Technologies*. I strongly support the report's overall objective of providing a framework to help inform HTA organisations' decisions on possible changes to the specification of benefits they use in economic evaluation, and I welcome the constructive revisions made during its development.

The key issue, to me, regarding the report is how the evidential standards to assess potential expansion of the benefit function will shape the pace and direction of methodological evolution in HTA. This is important as it influences how HTA organisations can adapt to reflect the objectives, constraints, and societal preferences that they must balance under conditions of uncertainty and in a changing economic, policy, and social landscape.

My main concern therefor is that the report places greater weight on the risks, evidential requirements, and practical challenges associated with incorporating additional benefits than on existing ones, while mostly overlooking the potential consequences of not incorporating them. This is not because existing elements are supported by complete evidence - they are themselves evolving as the report rightly notes - but because the principles for methodological change are defined asymmetrically.

Over time, a framework that treats inclusion as the higher-risk option and omission as the lower-risk default will tend to favour the status quo irrespective of whether it best reflects the objectives that HTA bodies are asked to pursue. While the report acknowledges that economic evaluation already operates with empirical representations of benefits and opportunity costs that are incomplete and continually developing, from a decision-theoretic perspective this is an argument for greater openness to methodological change rather than extra caution for additional benefits.

The relevant question is therefore whether incorporating an additional benefit - even when evidence remains imperfect - is justified by its potential to meaningfully contribute to our understanding of the full value of a health technology. This also implies that omission of a specific benefit is not a neutral position. Not incorporating a potentially relevant benefit does not ensure fairness, consistency or optimal resource allocation; rather, it means that the implications of that benefit remain unobserved in the formal analysis.

Importantly, an expanded benefit function is expected to be directionally neutral in its implications across decisions. Broader consideration of consequences may strengthen or weaken the case for adoption and may equally support disinvestment or lower prices where wider effects are unfavourable. Thus, expanding the benefit function is not necessarily about making funding decisions more permissive, but about improving the understanding of the full scope of potential impacts of the technology, in a way that is transparent and consistent about the trade-offs for all patients affected by resource allocation decisions.

The report rightly notes that the specification of the benefit function is ultimately a normative choice for accountable decision makers. In that context, the role of methodological analysis is to inform - not determine - those normative choices by making both the costs of extending the framework and the potential costs of leaving relevant benefits unmeasured more visible.

I offer this perspective in a constructive spirit and as complementary to the main report. Making explicit that there are different, but coherent, ways of thinking about the evidential requirements for HTA evolution is intended to strengthen the overall contribution of the HEMA Working Group and reflect its commitment to transparent and inclusive methodological debate.