

Carer burden: Is HTA helping or harming the gender health gap?

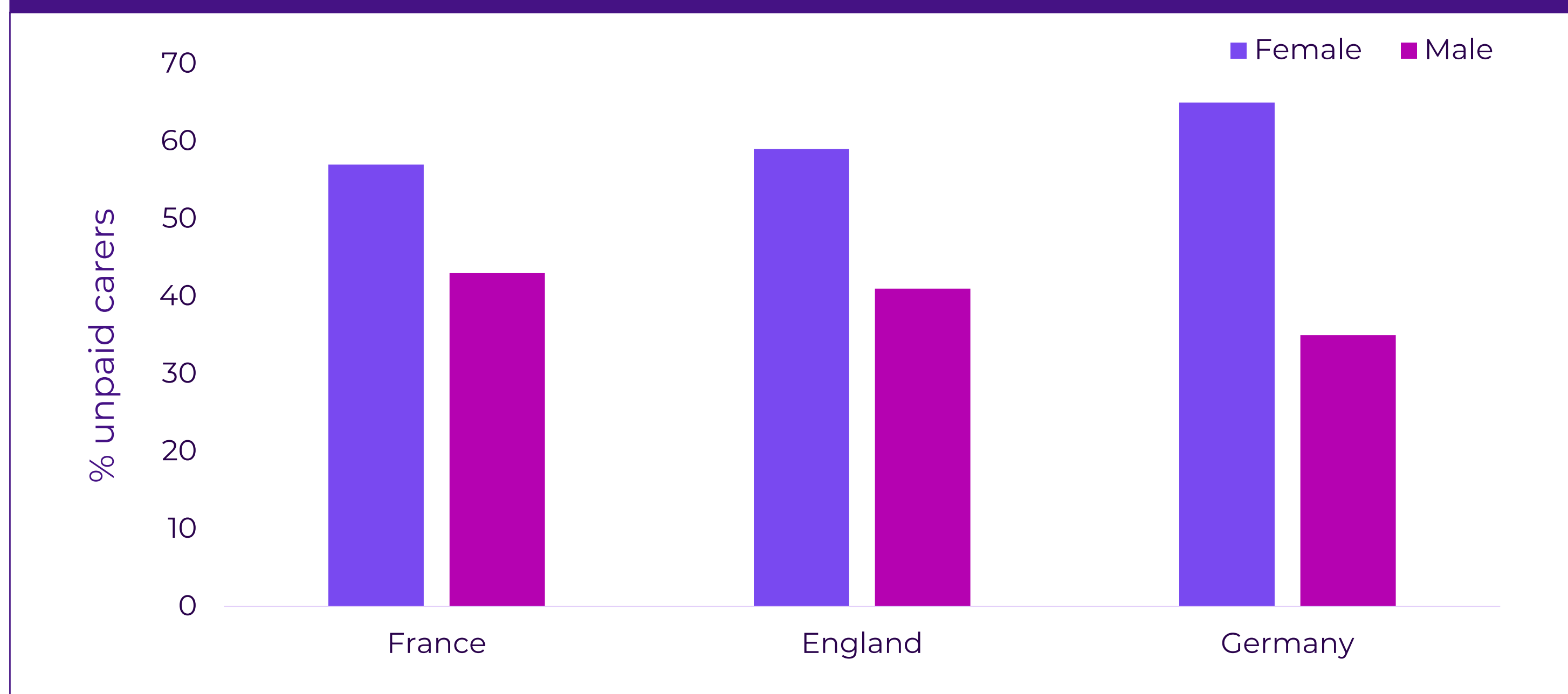
A Ellicott, N Homer, H Moor, J Farrington
Putnam, London, United Kingdom

Acceptance code HTA96

Background

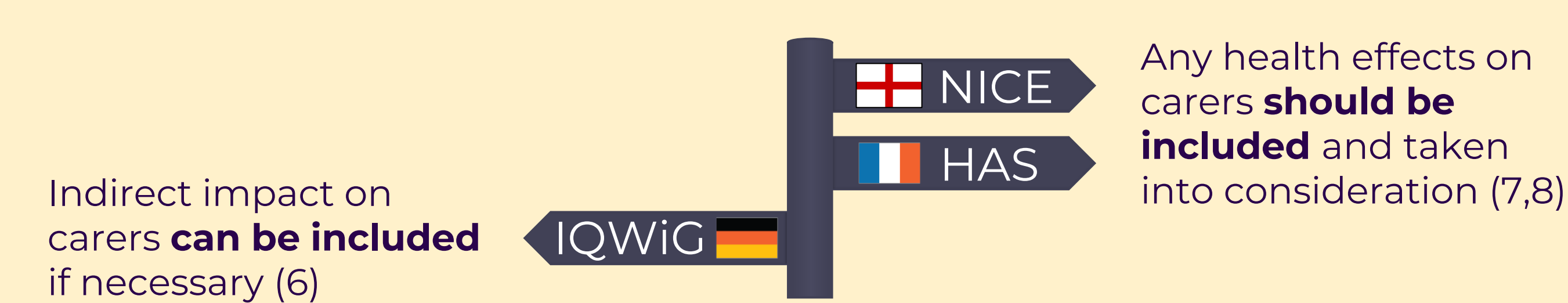
Health inequality exists between genders globally. One aspect of gender health inequality is unpaid or informal care. Unpaid carers report significantly poorer mental and physical health outcomes than non-carers (1,2), and a majority of informal carers are women.

Figure 1. A greater proportion of unpaid carers are women (in France, England, and Germany) (3-5).



HTA bodies can assess and reimburse innovative therapies based on different aspects of value, including their impact on carer burden.

Guidance regarding inclusion of carer burden varies:



Objectives

- 1 To compare the inclusion of carer burden in NICE, HAS, and IQWiG appraisals
- 2 To determine the impact of carer burden on HTA decision-making in England, France, and Germany

Methods

Identification:

The NICE website was searched for TAs and HSTs assessing interventions for paediatric indications. Focus was placed on paediatric indications due to the high informal care burden placed on the families of these patients.

TAs and HSTs were identified, which assessed interventions indicated for children with: juvenile arthritis, chronic hepatitis C, plaque psoriasis, and paediatric-onset hypophosphatasia.

The HAS and IQWiG websites were subsequently cross-referenced for technology appraisals assessing the identified interventions for the specified indications.

Search strategy:

All identified appraisals were then searched using the following terms:

NICE	HAS	IQWiG
"carer", "caregiver"	"soignant"	"Pfleger", "Betreuer"
"family", "relative"	"famille", "relatifs"	"Familie", "Verwandte"

Data extraction:

A data extraction sheet was developed in Microsoft Excel. For each identified technology appraisal, the assessing HTA body, indication of interest, and intervention of interest were recorded, in addition to whether carer burden had been included in the appraisal and the nature of its inclusion.

Abbreviations: HAS, Haute Autorité de Santé; HRQoL, health-related quality of life; HTA, health technology assessment; IQWiG, Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen; NICE, National Institute of Health and Care Excellence; QALY, quality-adjusted life year

Results

Carer burden was only included in NICE appraisals:

	NICE	HAS	IQWiG
Appraisals retrieved	8 8 appraisals assessing 10 therapies	8 All 8 NICE appraisals had been assessed and published by HAS in 9 appraisal documents	3 Only 3 of the 8 NICE appraisals were retrievable from IQWiG, assessing 3 of the 10 therapies
Appraisals including carer burden	5 62.5% of retrieved appraisals from NICE included carer burden	0	0

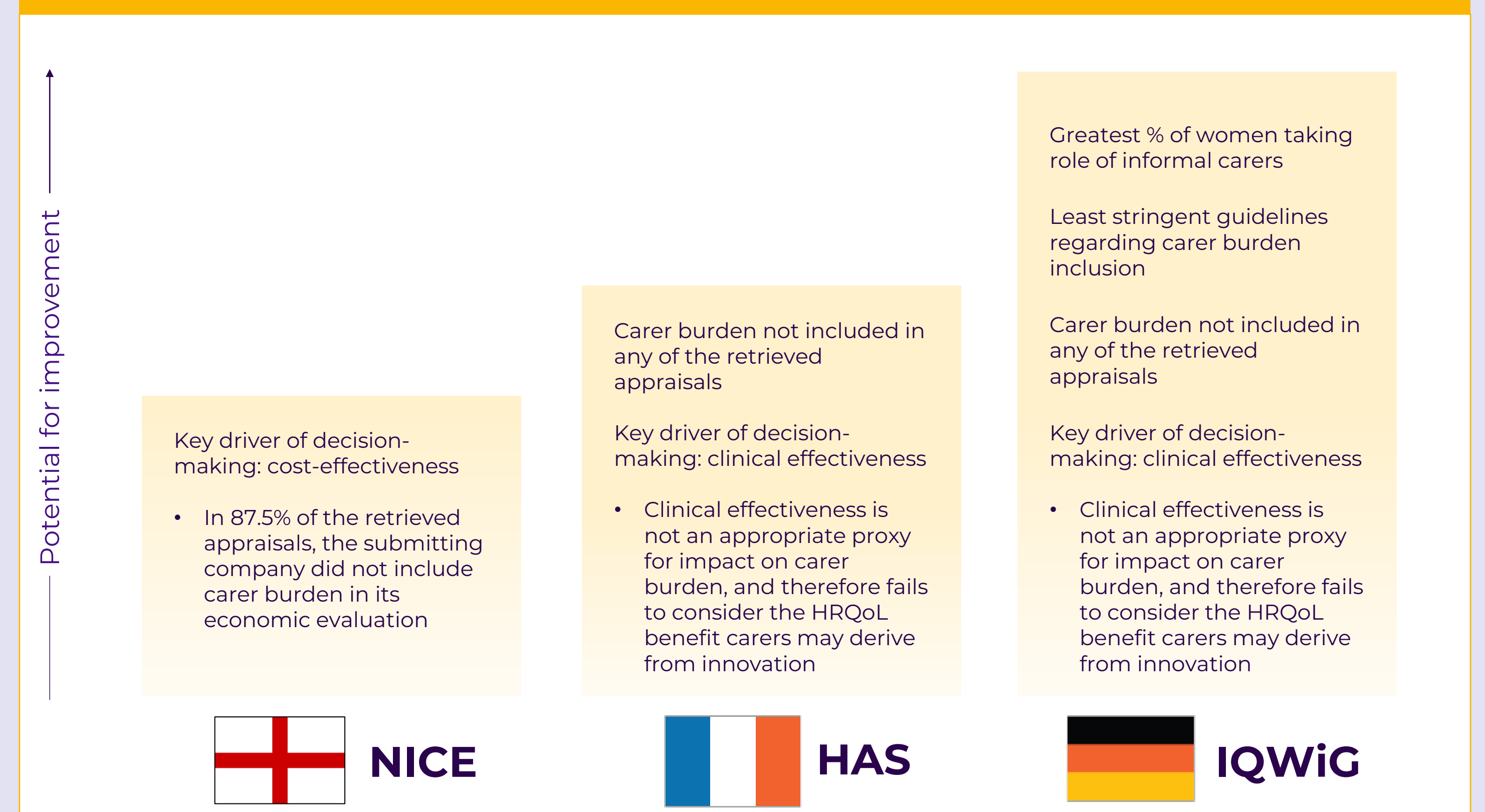
NICE appraisals included carer burden qualitatively (4 appraisals) and in models (2 appraisals)

Impact: Carer burden was described as a **driving factor** in decision-making in all 5 NICE appraisals.

Discussion

All appraisals demonstrate potential for improvement regarding the inclusion and impact of carer burden in HTA decision-making.

Figure 2. Summary of findings from technology appraisal review



Inclusion of carer burden in HTA decision-making will have a proportionately greater impact on women's health, as women are more likely to be carers.

Further work is required to develop a robust method for quantitative inclusion of carer burden in HTA submissions.

Currently, quantitative inclusion of carer burden in economic evaluation presents several challenges, such as the carer QALY trap.

Future Recommendations for HTA

- Continued research is required to develop a protocol for quantitative inclusion of carer burden in cost-effectiveness models for use in global markets
- IQWiG & HAS should update technology assessment guidelines to explicitly include carer burden
- NICE should update technology assessment guidelines to include quantitative assessment of carer burden

References

1. Ervin J, Taouk Y, Fleitas Alfonso L, Peasgood T, King T. Longitudinal association between informal unpaid caregiving and mental health amongst working age adults in high-income OECD countries: a systematic review. *EClinicalMedicine*. 2022;53:101711.
2. Vitaliano PP, Zhang J, Scanlan JM. Is caregiving hazardous to one's physical health? A meta-analysis. *Psychol Bull*. 2003;129(6):946-72.
3. April Foundation. *Baromètre des aidants*. 2021.
4. Carers UK. Key facts and figures about caring. Available from: <https://www.carersuk.org/policy-and-research/key-facts-and-figures/>
5. Wetzstein M, Rommel A, Lange C. Informal caregivers - Germany's largest nursing service. *GBE kompakt*. 2015;6:3
6. Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. General Methods Version 7. Cologne, Germany: IQWiG; 2023
7. National Institute of Health and Care Excellence. NICE health technology evaluations: the manual. London: NICE; 2022
8. Haute Autorité de Santé. Choices in Methods for Economic Evaluation. Paris: HAS; 2020

Contact

Alex Ellicott
alexandra.ellicott@putassoc.com

Find out more at putassoc.com

