Speaker

EVOLUTION OF VALUE: PERSPECTIVES FROM BOTH SIDES OF THE ATLANTIC

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Valuing Health in France: Something New?

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French context in a few words

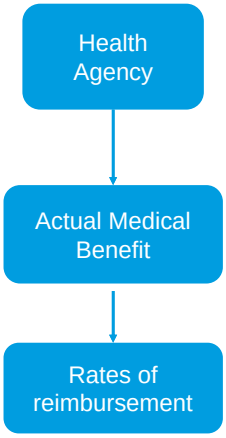
- A (quasi-)unique payer: the National Health Insurance (marginal role for other payers, in any case at hospital)
- Centralized decision-making for reimbursement
- Administrated prices (joint decisions between the NHI and the government's administration)
- A National Health Agency (HAS): certification, accreditation and evaluation

Until recently no room for CEA … poorly known and not well accepted by stakeholders

No barrier to treatment: the funding principle

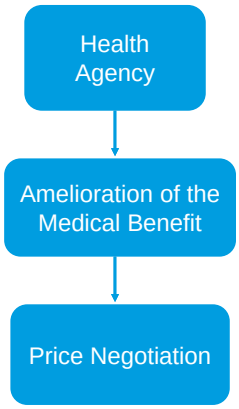
- Decision of reimbursement: ***based on clinical criteria only (indication by indication)***
- Different rates of reimbursement depending on the **Actual Medical Benefit** (insufficient, moderate, strong)
- No place for CEA concerning reimbursement decisions

So far, a credo substantially unchanged …



Price setting: major role for clinical benefits

- **Administrated prices (drugs and medical devices)**: negotiation between industrials and the government (framed by a conventional agreement)
- Price negotiation: driven by clinical assessment of the **Amelioration of the Medical Benefit** (European « prices corridor » for moderate/important AMB)
- **Until recently** (2014) no place for CEA (no explicit reasoning in terms of opportunity costs)



However, for the last ten years, things have been moving … slowly

CEA: a first political impetus 10 years ago

« ***Health French Agency has to design the cost-effective healthcare strategies*** »
(2007, Financial Law of Social Security)

- It doesn't sound that significant… but it is kind of a revolution in the French context
- Practically, the place of economic evaluation in the decision process remained unclear
- Production of evidence but no real impact on decision

CEA: a place in the decision making process… finally

- Since 2014, industrials have to provide cost-effectiveness studies for innovative drugs (and medical devices) with a significant budget impact.
- The Health Agency evaluates CEA from a methodological point of view (supported by specific guidelines)
- ICER are used to document price negotiations (with no more details required in the draft law)
- Unusual role for CEA: on prices setting only (on theory), no reference to threshold values

Any impact so far?

- **On drug prices**: hard to say… probably a marginal impact… if any
- Context of global regulation of drug expenses: (quasi-)capped budget, low increase rate last years (even negative some years)
- Tightening evaluation for low-efficiency drugs (dereimbursement), price decrease thanks to generic drugs
- In value, innovative drugs (essentially delivered in hospitals) capture a rapidly increasing share of the total drug expenses

New innovative treatments (in oncology in particular) represent a great challenge: will dereimbursement and price decreases be sufficient to contain drugs expenses?

Can we expect more direct use of CEA? More decisions supported by opportunity cost analysis? Far from certain…

Appropriateness rather than cost-effectiveness

- Last statement of the French health ministry: inappropriateness of healthcare should allow to reduce expenses up to 30% !!
- Main efforts where it is politically possible and easier to implement
- One can do at least as well with much less: room for financing innovations
- No real room for CEA, except for cost-minimization studies

The efficiency of the healthcare expenditure containment during these last ten years is poorly known (one major consequence, for sure: deteriorating working conditions for health professionals in hospital)

Yet, slow dissemination of a new way of thinking

- In ten years the landscape has changed even if it is by impressionist touches
- CEA methods and principles are shared by a larger community of health system actors (by a growing number of physicians in particular)
- New public financing for CEA studies
- Skills in CEA methods disseminate in hospitals, in health system administrations and more marginally in the academic area (very few trainings at university for the moment)
- CEA is part of the decision process concerning price setting of innovative drugs

In midstream

- Impact of CEA on decisions appears to be weak so far, the opportunity cost principle (QALY metric) remains a controversial point (not well understood and/or not well accepted)
- CEA needs to find its place in the decision processes in France, nobody knows exactly what to do with cost-effectiveness evidence in the actual decision context
- We are now in midstream, either we turn back either we move forward to integrate more precisely CEA in new deliberation processes

Hope (but not sure) that « en marche » slogan could apply to this topic too !