

RAPID ASSESSMENT OF STAKEHOLDER VIEWS ABOUT COST-EFFECTIVENESS THRESHOLD AND PAYMENT MODELS DURING THE BRAZILIAN ISPOR CHAPTER MEETING

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OBJECTIVES:

The objective of this work was to evaluate the opinions and knowledge of the participants of the 6th ISPOR BRAZILIAN CHAPTER MEETING on the subjects discussed in the plenaries, evaluating the answers according to the field of activity of the participants.

METHODS:

The 6th ISPOR BRAZILIAN CHAPTER MEETING was held in São Paulo, Brazil, on December 5, 2017. The participants answered questions on the subjects presented in plenaries. Voting was held about the following plenary sessions: "Supplementary health: a map for the future"; "With the word the patient"; and "Cost-effectiveness threshold in Brazil - possible dialogue points". Voting was carried out by means of interactive voting equipment. The responses were evaluated according to the field of the participants and compared globally. The meeting participants were from academia, industry, supplementary health or others.

RESULTS:

One hundred and fifty participants from different segments (public health, supplementary health, regulatory bodies, patient associations, medical associations, and manufacturers) were present at the event.

Most participants believe that the quality of health care is influenced by the remuneration model of the system, and that new models do not have the patient as a priority (patient centric).

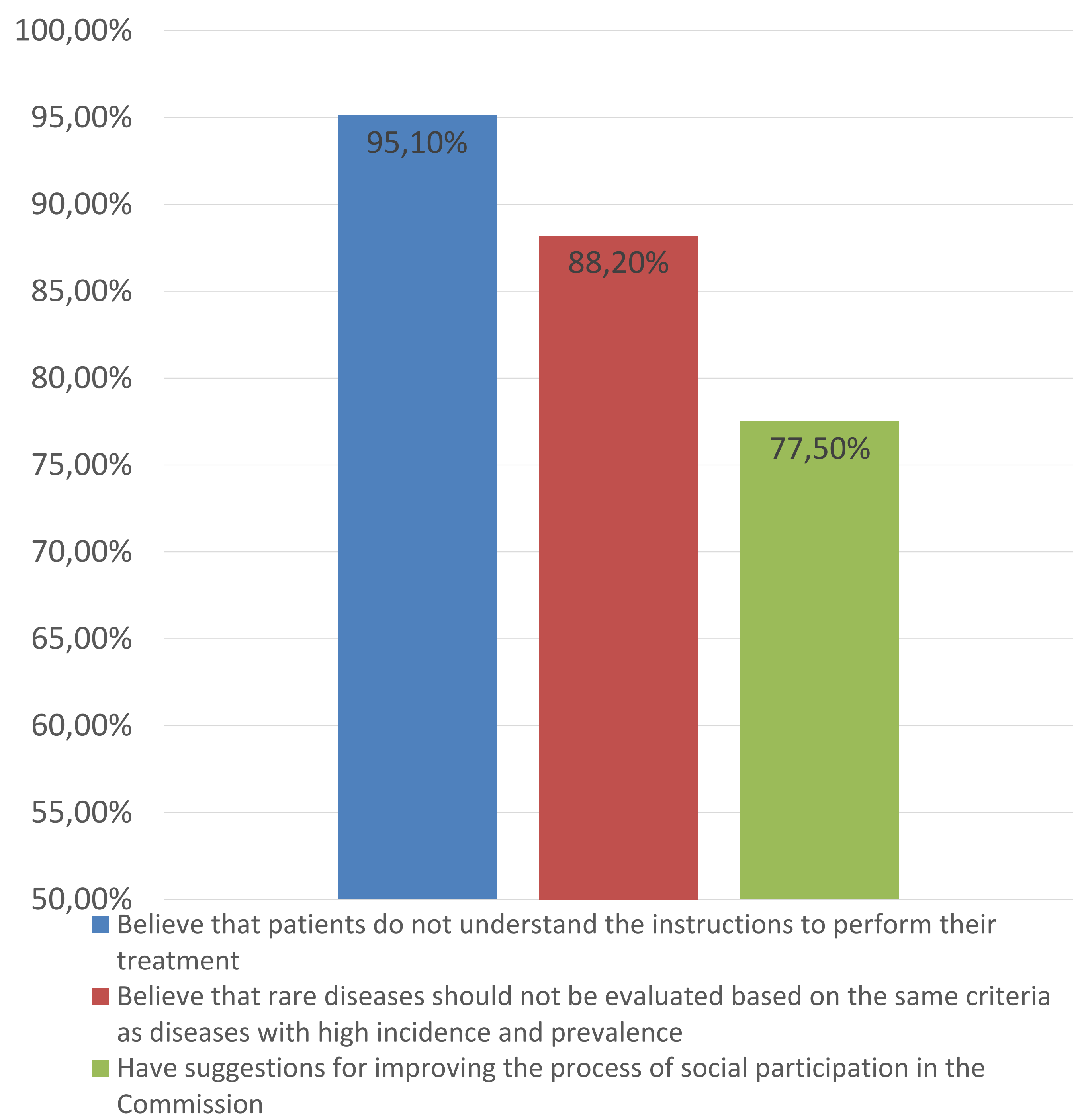
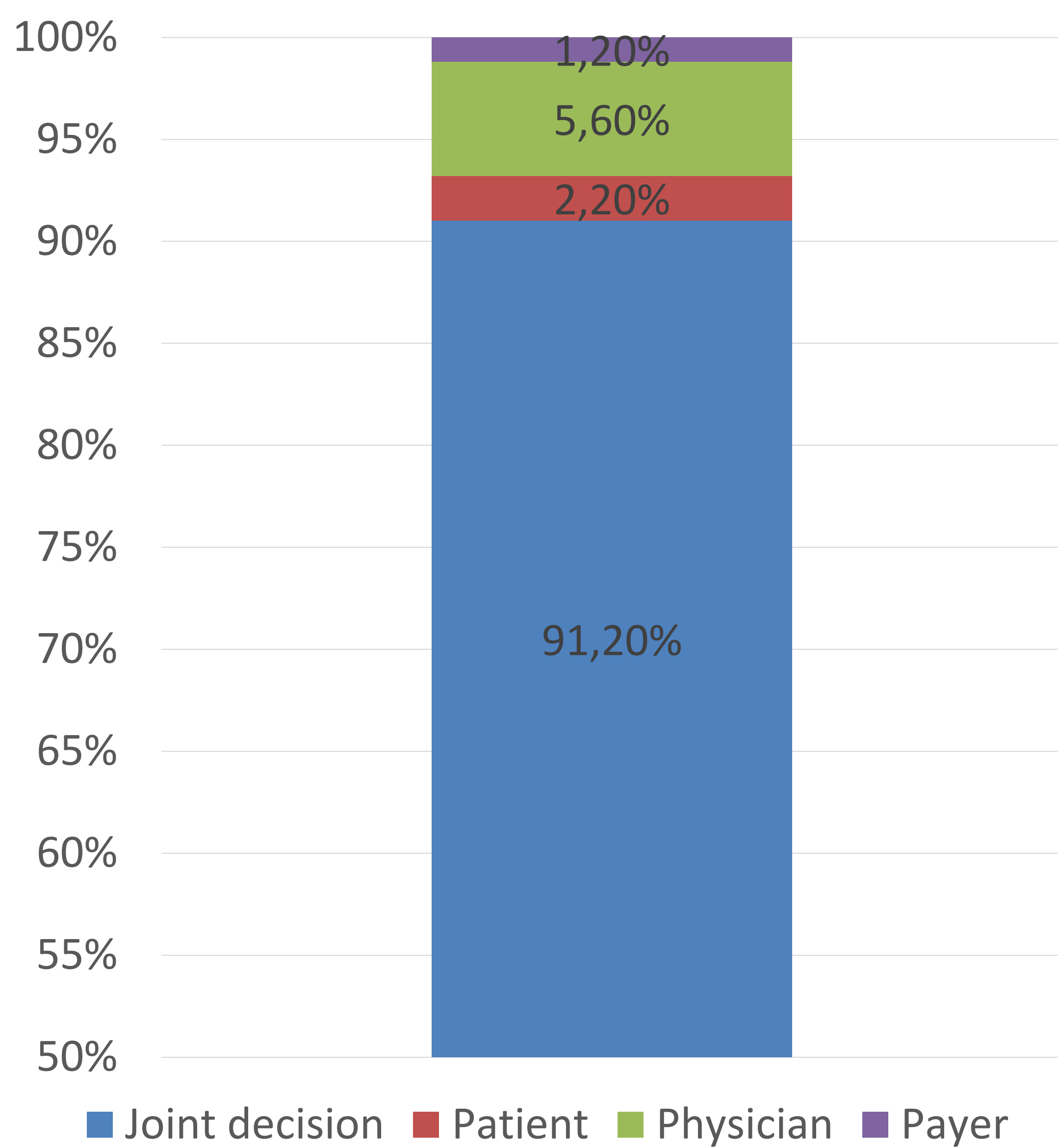
Biosimilar drugs were considered safe for patients, and there was agreement on the process of health technologies assessment (HTA): the National Supplementary Health Agency (ANS) should carry out the same evaluation process of CONITEC (National Commission for the Merger of Technologies for SUS).

	Totally agrees	Partially agrees	Partially disagrees	Totally disagrees
Quality of health care is influenced by the remuneration model of the system.	62,90%	25,80%	9,10%	2,20%
Do the system's new remuneration models have the patient as a priority?	5,70%	32,20%	25,30%	36,80%
Is the use of biosimilar drugs safe for the patient?	23,30%	44,40%	22,20%	10,10%
The HTA process carried out by ANS should be the same one as carried out by CONITEC.	16,50%	35,20%	24,20%	24,10%

When questioned about which health outcomes should be considered for health technology assessment, the vast majority stated that this decision should be made jointly by physicians, patients, and payers. The attendees also agreed that not all patients understand the instructions for performing the treatment.

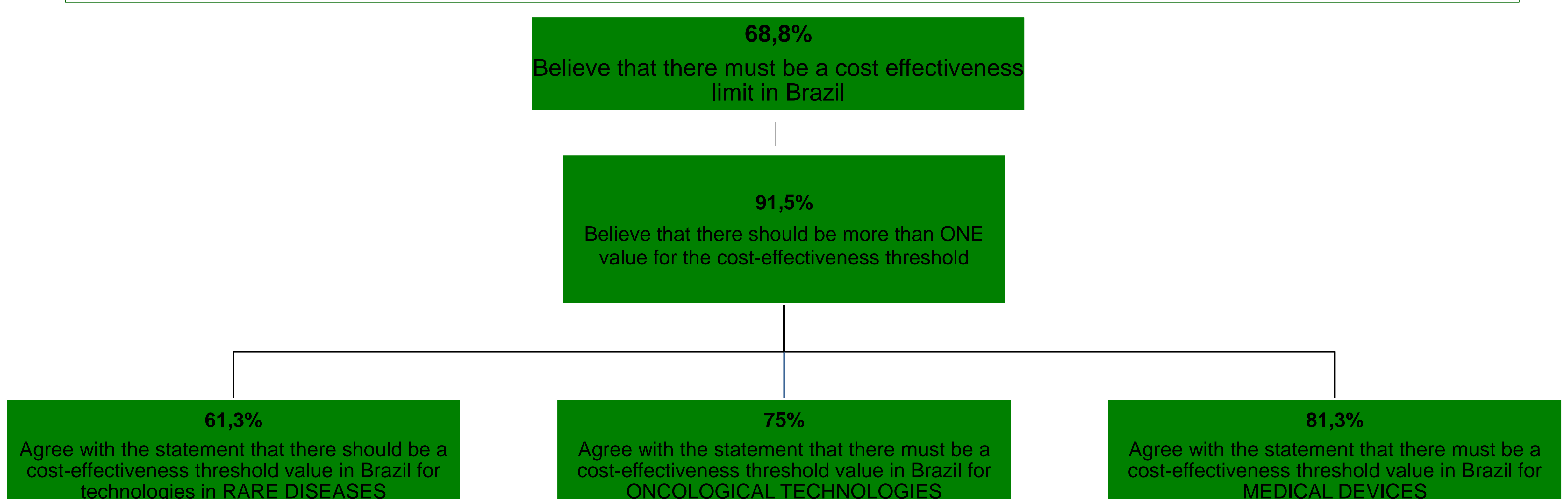
The participants also believe that patients with rare diseases should not be evaluated with the same criteria as diseases of high incidence and prevalence. 56.2% are aware of CONITEC's initiatives for public involvement in their discussions, and 77.5% have suggestions for improving the process of social participation in the Commission.

Who should determine the health outcomes that should be considered for the evaluation of a health technology?



Finally, 68.8% of the participants believe that there should be a cost-effectiveness threshold in Brazil. However, 91.5% of this total stated that there should be more than ONE value for the cost-effectiveness threshold in the country. Rare diseases, oncological diseases, and medical devices must also have their own threshold in Brazil.

COST-EFFECTIVENESS THRESHOLD IN BRAZIL



CONCLUSIONS

According to the Brazilian stakeholders present at the 6th ISPOR Brazilian chapter meeting, the new remuneration models are not patient-centric and the quality of health care is influenced by the form of remuneration. In addition, according to them, Brazil must have an explicit cost-effectiveness threshold, and there should be specific thresholds for medical equipment, rare and oncological diseases.