ISPOR Education Forum Examines Governance, Assessment Methodologies, and Evidence-informed Decision Making in Latin American Health Policy

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Approximately 50 attendees took part in an educational forum on governance, assessment methodologies, and evidence-based health policy decision making in conjunction with the recent ISPOR 5th Latin America Conference.

Held just after the Conference at Santiago’s Marriott Hotel on 9 September 2015, and funded by an educational grant from Roche, the Forum sought to identify methodologies for incorporating societal preferences and value-based criteria in reimbursement assessments; explore governance models for gaining input from patients, therapy area experts and other stakeholders in decision making; and improve understanding of how governments and stakeholders can use real-world evidence to strengthen health care systems.

Following introductory remarks by Manuel Antonio Espinoza, President of the ISPOR Chile Chapter, the Educational Forum opened with a scene-setting presentation by Eduardo Cazap, founder and president of the Latin American and Caribbean Society of Medical Oncology (SLACOM) and past president of the International Union Against Cancer (UICC). Dr. Cazap stressed the need for health systems to focus not only on treating disease but also on promoting health, taking account of societal preferences. Health care is no longer seen as the exclusive concern of medical professionals; citizens are taking an increasingly active role in decisions affecting their own health. However, access to high-quality care remains unequal across Latin America, setting back national goals of universal health coverage (UHC)1. These disparities are aggravated by differences in national income and health care budgets across the region and sometimes within the countries themselves2. In this respect, policy makers must strive to use health care resources as efficiently as possible, while ensuring that budgets are sufficiently robust to meet society’s needs. Other barriers to UHC across Latin America include fragmentation of health systems, inadequate screening and diagnosis, and insufficient data for establishing evidence-informed health technology assessment (HTA) systems3.

Dr. Cazap noted the need for Latin American governments to give greater attention and funding to cancer prevention, diagnosis, and treatment, integrating cancer control actions within national cancer control plans whenever possible. Cancer imposes tremendous economic costs but does not receive adequate priority4, especially in light of higher-profile health threats such as Ebola, for which a vaccine is already undergoing clinical testing. Dr. Cazap called on civil society to join medical professionals in raising awareness of cancer, putting it on the political agenda, and urging government authorities to set adequate budgets for cancer control. He highlighted an initiative led by Uruguayan, President Tabaré Vázquez, which seeks to advance the World Summit Against Cancer’s goals: (1) defining a Global Cancer Plan that will serve as an umbrella document to complement national cancer control plans around the world, and (2) establishing a Cancer Global Fund, similar to the global fund addressing HIV/AIDS, to provide necessary funding for specific components of the Global Cancer Plan.

Following Dr. Cazap’s remarks, Felicia Knaul, Full Professor at the University of Miami’s Miller School of Medicine and Director of the Miami Institute for the Americas, spoke about challenges to ensuring financial sustainability of health systems in Latin America, especially those posed by demographic aging, epidemiologic transitions, and the increased prevalence of non-communicable diseases (NCDs) such as cancer. Noting that technological advances are uncovering transmissible aspects to NCDs that blur the distinction between them and infectious diseases, Professor Knaul urged her listeners to consider not just transmissibility; but also the distinction between chronic and acute conditions. Adequate funding is needed to ensure equitable access to treatment for all diseases — transmissible as well as non-communicable, chronic as well as acute.

To ensure that health systems take adequate account of patient needs, Professor Knaul recommended a life-cycle approach to disease

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management combining primary and secondary prevention, diagnosis, treatment, palliative care, and financial support. In making coverage decisions, payers must strive to ensure access to what patients most value, such as pain control (e.g., access to morphine) and protection against catastrophic expenses. When developing metrics for evaluating health system performance, it is essential to focus them on the causes of patient suffering.

Mexico has made particular progress toward the twin goals of financial sustainability and increased attention to patient needs. Just twelve years ago, some 50 million Mexicans lacked health coverage, while today all citizens have guaranteed access to a broad range of interventions, including expensive latest-generation treatments for breast cancer. Additionally, as mentioned by Professor Lindemberg Costa of Brazil’s Bahia Federal University (UFBA), Brazil’s social and health programs guarantee universal access to treatment for hypertension, diabetes, and other conditions, and special access programs have been established for other non-covered diseases. Even in Brazil, however, universal health care remains an elusive goal due to low per-capita health spending and infrastructure limitations. To overcome remaining access barriers, Brazil and other countries must improve disease awareness, establish more public-private partnerships, and strengthen communication, collaboration, and mutual understanding among health care system stakeholders.

Following Professor Knaul’s presentation, Dr. Cazap led a panel discussion on “Governance Principles: Transparency and Stakeholder Involvement in Reimbursement Decision Making” with Luciana Holtz de Camargo Barros, President and CEO of Brazil’s Instituto Oncoguia, and Dr. Bruno Nervi, Assistant Professor and Chief of Medical Oncology at the Catholic University of Chile. Both speakers stressed the importance of stakeholder engagement, patient involvement, and transparency in ensuring that reimbursement decision making is informed by evidence and focused on what patients need most.

As a Chilean physician in private practice, Dr. Nervi expressed dismay at the disparities in patient access to treatment in his country, resulting from differing abilities to pay for medicines not covered by public or private insurers. While acknowledging that health authorities face difficult trade-offs in view of limited resources, Dr. Nervi called for greater consideration of patients’ perspectives in deciding which treatments offer enough added benefit to merit coverage. Similarly, Ms. Holtz de Camargo Barros urged payers to put patients’ needs and interests – such as quality of life and pain relief – at the center of decisions on treatment coverage. Decision making about which treatments offer sufficient benefit to merit coverage must be conducted transparently and involve patients themselves. She highlighted the example of Brazil’s HTA agency CONITEC, which requires all reimbursement decision making to include a public consultation period. Although this mandatory public consultation gives patients and other societal actors an opportunity to express their preferences to decision makers, their effective participation in the process is limited, as is their right and ability to request inclusion of new health technologies in Brazil’s publicly funded health care system (the Single Health System or SUS).

Both speakers called upon health authorities to give higher priority to cancer and invest more in screening, early detection, and infrastructure for cancer care. Delayed diagnosis represents a major problem in Brazil, as more than half of the 580,000 Brazilians newly diagnosed with cancer each year present advanced-stage disease. Noting that a majority of these cases involve advanced or metastatic cancer, Ms. Holtz de Camargo Barros stated that these patients deserve equitable access to treatment.

Acknowledging Chile’s progress in cancer care since enactment of the Explicit Health Guarantees (GES) Plan in 2006, Dr. Nervi noted that the country still lacks an early detection system, that widespread tobacco use generates high rates of lung cancer among Chileans, and that only a handful of new oncologists enter clinical practice each year, not nearly enough to address the country’s needs. In Brazil and Chile, even those patients who are manifesting symptoms must sometimes wait months for an endoscopy screening or mammogram, a situation that both speakers described as unacceptable.

The presentations by Professor Knaul, Dr. Nervi, and Ms. Holtz de Camargo Barros provided the basis for a subsequent plenary discussion focusing on how best to incorporate evidence, societal preferences, and value-based criteria in government assessment and reimbursement decisions. Forum participants saw merit in the Multiple Criteria Decision Analysis (MCDA) approach to health technology assessment, but warned that the criteria must be defined transparently and with patients’ interests foremost in mind, and that reimbursement coverage processes must take into account social perspectives and health conditions in each country. Participants also agreed that all stakeholders must work together to ensure that national health systems reflect societal preferences, inclusiveness and a holistic approach, while addressing the needs of patients, especially the most vulnerable.

Concluding the Educational Forum, Dr. Cazap noted the following takeaways regarding good governance, adequate health assessment methodologies, and evidence-informed decision making:

- Ensuring good health care is the responsibility not only of health care professionals but also of all societal actors, including patients themselves;
Latin American countries are unlikely to make progress in strengthening their health systems without active engagement and support by all relevant government officials;

Criteria for assessing new health technologies must be tailored to the situation and needs of particular countries;

Health systems must take into account non-clinical factors that are very important to patients and their caregivers, including ease of access to care facilities, elder and child care during illness, and availability of palliative and pain control treatment; and

Better data is needed across Latin America to ensure that reimbursement decision making is grounded on adequate evidence.

Next Opportunities to Host an ISPOR Educational Forum

Looking to organize an ISPOR educational forum or symposium at the 2017 ISPOR Latin America Conference in São Paulo, Brazil? Write to laconsortium@ispor.org.

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2. PAHO Health Economics and Financing (HEF): Health Care Expenditure and Financing in Latin America and the Caribbean [Fact sheet]