Drug investment and disinvestment: methods, outcomes, and challenges

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Disclosures

• This presentation does not necessarily reflect the views of any of the following institutions:
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Why


Increasing efficiency ≠ reducing cost

New treatment more costly (+)

Existing treatment dominates

New treatment more effective (+)

New treatment more effective and more costly (trade-off)

New treatment cost-effective

New treatment less effective (-)

New treatment less effective and less costly (trade-off)

Existing treatment dominates

New treatment less costly (-)

Maximum WTP per QALY
A global health care challenge

Controlling costs, without compromising health and quality of health care

Drug life cycle
Current drug list

New drugs to be covered
Disinvestment implemented

Improving in efficiency
New drug list

ICER

Budget

Initiation | Identification | Evaluation | Implementation

Investment

Manufacturer | New drug | • Efficacy
• Safety
• Effectiveness
• Cost effectiveness

• Decision maker
• Healthcare provider
• Manufacturer

Disinvestment

• Manufacturer (passive)
• Policymaker (active)

• All listed drugs
• Specific drug classes
• Drugs with new evidence

• Efficacy
• Safety
• Effectiveness
• Cost-effectiveness

• Decision maker
• Healthcare provider
• Manufacturer
Initiation

• Drug manufacturers (passive)

• Policy makers (active)

Identification

• Systematic approach
  – New evidence
  – Patent expiry/generic drugs
  – Clinical practice pattern variation

• Request-driven initiation (passive)
  – Commercial factors
  – Safety
Identification

• Active investment and disinvestment system
  – First time, all drugs/phase-in
  – Post-marketing surveillance
  – Evidence update

• Passive investment and disinvestment system

• Target
  – Clinically ineffective
  – Safety issue
  – Little or no health gain for the cost
  – Cheaper generic drugs available

Evaluation

• Efficacy and Safety
• Effectiveness
• Cost Effectiveness
Implementation

General
Encouraging generic prescribing

Targeting
Restricting to specific groups

(Re)assessment System

1. All
2. By treatment class
3. By prioritizing

- Systematic review
- Clinical practice/guidelines
- Post market surveillance

- New drugs
- New evidence
- Safety
- Generic drugs
- Practice variation
Challenges

- Identifiable candidates for disinvestment
- Experts more conservative when saying NO
  - Older treatments with no contemporary evidence
  - No evidence vs evidence of no effect or of harm
- Resistance from stakeholders
- National database to track the usage
- Short term investment with saving in the long term

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