Use of MCDA in HTA, Coverage and Reimbursement Decision-Making
Experiences and Insights from EMEA, Latin America and Asia-Pacific

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Disclaimer

- The views expressed at this presentation are my own.
Some facts about Latin America

- 20 Countries
- Projected growth by 2030: -2.8%
- GDP per capita (PPP): $ 16,587
- Highly fragmented Healthcare Systems
- Universal Health Coverage index: 70%


HTA and MCDA to support healthcare decision

- HTA has no formal role in the decision-making process
- Only applied for a selected group of technologies (high cost)
- Limitation in HTA capacity building
- Emphasis on cost-effectiveness (and ICER) as decision-making rule
- Interest of include more decision-making criteria (unmet medical need, relevance to priority setting, budget impact)

FIFARMA recommended MCDA criteria ...

- Cost-effectiveness excludes other important factors such as: innovation, disease severity, size of patient population, equity, or clinical guidelines.
- Countries with Cost/QALY, have less access to “new cancer drugs” and/or are adopted more slowly at lower rates.

<table>
<thead>
<tr>
<th>Description of criteria</th>
<th>McDA criteria for inclusions</th>
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<tbody>
<tr>
<td>Quantitative criterion</td>
<td>Added therapeutic benefit/innovation</td>
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<td>Improved efficacy/effectiveness</td>
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<tr>
<td>Improved safety</td>
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<td>Unmet medical need addressed by new technology</td>
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<td>Quality of life (patients, families, caregivers)</td>
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<td>Economic impact</td>
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<td>Economic impact from a societal perspective</td>
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<td>Local health system priorities</td>
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<td>Disease severity/progression</td>
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<td>Health prioritization</td>
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<td>Clinical guidelines and international health standards</td>
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<td>Completeness in international and local clinical practice guidelines</td>
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<td>Medications approved by globally recognized healthcare organizations</td>
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<tr>
<td>Quality of evidence</td>
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<td>Integrity and consistency of evidence</td>
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<tr>
<td>Relevance and validity of evidence</td>
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<tr>
<td>Equity</td>
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<tr>
<td>Patient access</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Sustainability of manufacturer business practices</td>
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<tr>
<td>Capacity of local system to use appropriate interventions</td>
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MCDA as a deliberative tool in healthcare decision-making

- Decision makers can find this “partial” (deliberative) form of MCDA a useful way of summarizing the relevant evidence, to help structure their deliberations about which alternatives are best.

MCDA criteria for inclusion

- Limits Cost-effectiveness from their criteria, given economic impact and effectiveness are already listed as separate criteria.

Not only the “pharmaceutical” industry is interested in MCDA..

- To value the innovation, are important the cost effectiveness and budget impact analysis. The societal perspective support the considerations of how much health the patient gains and what is the cost of that gain\(^1\)

- Policymakers are paying attention to alternative approaches including MCDA and “Value Frameworks” \(^1,2\)

- MCDA is gaining interest among decision makers, as it could value and prioritize different health interventions where resource allocation is difficult\(^2\)

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1. Data from ISPOR Latin America Regional Health Policy Summit. September 2019, Bogota.

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MCDA for Transparent resource allocation in Colombia: results from a Stakeholder panel

- 1. completeness and consistency of reporting evidence
- 2. relevance and validity of evidence;
- 3. disease severity;
- 4. size of population affected by disease;
- 5. current clinical guidelines;
- 6. current intervention limitations;
- 7. improvement of efficacy/effectiveness;
- 8. improvement of safety and tolerability;
- 9. improvement of patient-reported outcomes;
- 10. public health interest; type of medical service;
- 11. budget impact on health plan;
- 12. cost-effectiveness of intervention, attention to vulnerable groups of population;
- 13. attention to differential needs for health/health care

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Castro H, et al. Intl Jnl of Technology Assessment in Health Care, 32(04), 307–314
Exploring the Potential Use of MCDA in Central America and the Caribbean

- Multi-stakeholder panel w/ representatives from 12 Countries:
  - Is MCDA perceived as a robust tool to be incorporated into local decision-making processes for priority setting?
  - In which ongoing decision-making processes can MCDA be most useful and feasible to implement?

Despite limitations in eliciting weights and scoring, the group expressed that MCDA seems reasonably robust to be implemented as a tool for local decision-making processes.

Broader consensus was achieved in the use of MCDA to inform priorities for public health planning, which in some countries is called the National Health Plan or National Development Plan for Health. Representatives emphasized the relevance for prioritizing treatments to be included in the coverage schemes and for joint purchasing.


The Ministry of Health (MoH) undertook a systematic review to identify criteria, from which a shortlist was selected by relevant stakeholders.

Technologies are scored against the criteria using 5-point Likert scales by stakeholders including Ministry of Health staff, citizens and physicians.

*Weights were obtained from a survey of 200 people from the Colombian general population*

Of 314 technologies the MoH prioritized 105 technologies for evaluation based on disease burden and the number of requests via judicial request.

Based on the MCDA benefit-score and the available budget, 70 technologies were included in the 2013 benefits package.

<table>
<thead>
<tr>
<th>Country</th>
<th>Implementation progress by stakeholders</th>
<th>Source</th>
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<tbody>
<tr>
<td>Brazil</td>
<td>a. MCDA proposal for rare disease, Interfarma b. MCDA used for hospital investment, RI Uni, Hospital</td>
<td>Brito et al. [33] Nobre et al. [34]</td>
</tr>
<tr>
<td>Argentina</td>
<td>Incorporation of MCDA into the SUMARI Project, Ministry of Health</td>
<td>Pichon-Riviere [35]</td>
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<tr>
<td>Colombia</td>
<td>Pilot completed in 2013 and MCDA implemented for healthcare prioritization, RTS</td>
<td>Jaramillo [36]</td>
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<tr>
<td>Chile</td>
<td>Utilization of MCDA in considering tender offers, University of Chile Hospital</td>
<td>‘Informe de Evaluación’ [37]</td>
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<tr>
<td>Dominican Republic</td>
<td>Seeking insight from external consultants, Ministry of Public Health</td>
<td>Espinoza [38]</td>
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<tr>
<td>Ecuador</td>
<td>Prioritization process for HTA utilizing MCDA recommended, Ministry of Public Health</td>
<td>Sotomayer et al. [39]</td>
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</tbody>
</table>

Table 3. Examples of recommended or actual real-world utilization of MCDA in LATAM.


Is there a future for MCDA in the Region?

- MCDA is an important decision-making approach that allow for inclusion of a variety of value elements in process that can be made transparent to stakeholders.
- MCDA for HTA emphasizes fair process, argumentation, iteration and systematic thinking.
- Priority setting tends to be more complex in lower- and middle-income countries (LMICs).
- It is important to learn the lessons and be aware of the current, more general methodological debates in the application of MCDA for HTA.

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