REALISING THE FULL POTENTIAL OF BENEFIT-SHARING PROGRAMS FOR BIOLOGICS

A European Comparative Analysis of Implementation Challenges

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DEFINING THE SCOPE OF BENEFIT-SHARING PROGRAMS

WHAT?

Collaborative arrangements between stakeholders in healthcare

WHO?

HEALTHCARE PROVIDERS ⟷ **PAYERS**

Prescribers, nurses, pharmacists, managers — NHS, insurer groups

WHY?

To generate savings by incentivizing the use of 'best-value' biologics (BVB)

HOW?

1.Setting prescription objectives for BVB – encouraging HCPs to comply with the objectives

2.Generating/sharing savings with the stakeholders involved in the benefit-sharing initiatives

3.Establishing pathways for saving's reinvestment that would allow quality of care improvements

OBJECTIVES

> Categorize diverse designs of benefit-sharing programs

> Identify implementation barriers and facilitators

> Propose recommendations to realize the full potential of benefit-sharing programs

METHODOLOGY

1.Literature review: academic databases and grey literature repositories

2.Semi-structured interviews – Interview guide prepared according to the principles of the Consolidated Framework Implementation Research

> **N=16;** Included countries: UK, France, Germany, Ireland, Italy, the Netherlands, Poland, Portugal, Romania, Sweden

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RESULTS - MAPPING BENEFIT-SHARING EXPERIENCES ACROSS EUROPE

2016 | present

ACSS-NHS hospitals | Adalimumab, enoxaparin sodium, epoietin, etanercept, filgrastim, infliximab, rituximab, somatropin, trastuzumab
Prescribed/dispensed (hospitals)
Uptake objective(biosimilars) – 20% | 15-25% of savings remain at the hospital level

2018 | 2022

MoH-Hospitals | Adalimumab, etanercept, insulin glargine
Prescribed (hospitals)–dispensed (community pharmacies)
Uptake objective (biosimilars) – 80% in 2022
20-30% of savings remain at the hospital level

2019 | present

HSE-Hospitals| Adalimumab, etanercept
Prescribed (hospitals)–dispensed (community pharmacies)
Uptake BVB- 80%
Clinical services receive 500€/ patient treated with a BVB | 3.6M€ savings reinvested in patient care

National-level initiatives | Benefit-sharing principles set nationally; conditions agreed locally | Benefit-sharing conditions set locally

LEARNINGS – UNLOCKING THE POTENTIAL OF BENEFIT-SHARING STRATEGIES

> Benefit-sharing programs have the potential to align the goals/expectations of payers, healthcare professionals (HCPs) and patients regarding prescribing practices for biologics.

> The establishment of clear objectives and clear criteria to redistribute the savings is encouraged and should happen prior to agreeing on a benefit-sharing program.

> It is recommended to link the set-up of benefit-sharing initiatives with success indicators based on quality of care improvements (and not only on cost-savings). These indicators are to be set by HCPs and patient advocacy groups, according to patient's needs.

> It is recommended to increase transparency in the reporting of outcomes from benefit-sharing programs and to include patients in the communication strategy.