

# Project IDEATE: Designing a Robust Methodology for an Experimental, Retrospective Outcome-Based Agreement in a Breast Cancer Treatment

Burton J<sup>1</sup>, Sloan R<sup>7</sup>, Halsby K<sup>1</sup>, Saínz de la Fuente G<sup>1</sup>, John G<sup>2</sup>, Selby J<sup>2</sup>, Warburton A<sup>2</sup>, Clifton-Brown E<sup>1</sup>, Laing H<sup>3</sup>, Bale C<sup>4</sup>, Davies M<sup>5</sup>, Chowdhury M<sup>6</sup>, Porter T<sup>7</sup>, Pearson-Stuttard J<sup>7</sup>

<sup>1</sup> UK Health & Value, Outcomes Innovation & Evidence, Pfizer Limited, Walton Oaks, United Kingdom

<sup>2</sup> Digital Health and Care Wales, Cardiff, United Kingdom

<sup>3</sup> Value-Based Health and Care Academy, Swansea University, Wales, United Kingdom

<sup>4</sup> Betsi Cadwaladr University Health Board, Wales, United Kingdom

<sup>5</sup> Singleton Hospital, Swansea Bay University Health Board, Wales, United Kingdom

<sup>6</sup> UK Oncology Haematology, Pfizer Limited, Walton Oaks, United Kingdom

<sup>7</sup> Health Analytics, Lane Clark & Peacock LLP, London, United Kingdom

## Summary

- Implementation of OBAs has been limited due to complexity in design and data collection.
- We worked collaboratively across organisations and disciplines to build consensus on key parameters for a feasible OBA.
- We have designed a 12-step approach to develop an OBA for implementation.

## Introduction

- Outcome-based agreements (OBAs) have the potential to align incentives of payers and providers of therapeutics around patient and population health.
- Many barriers prevent their routine implementation, including contract design, data challenges, administrative burden, and the benefits/risks perceived by payers.
- We aimed to co-create a robust, systematic methodology for OBA design in partnership with the Welsh healthcare system to overcome existing barriers and succeed in a real-world setting.

## Methods

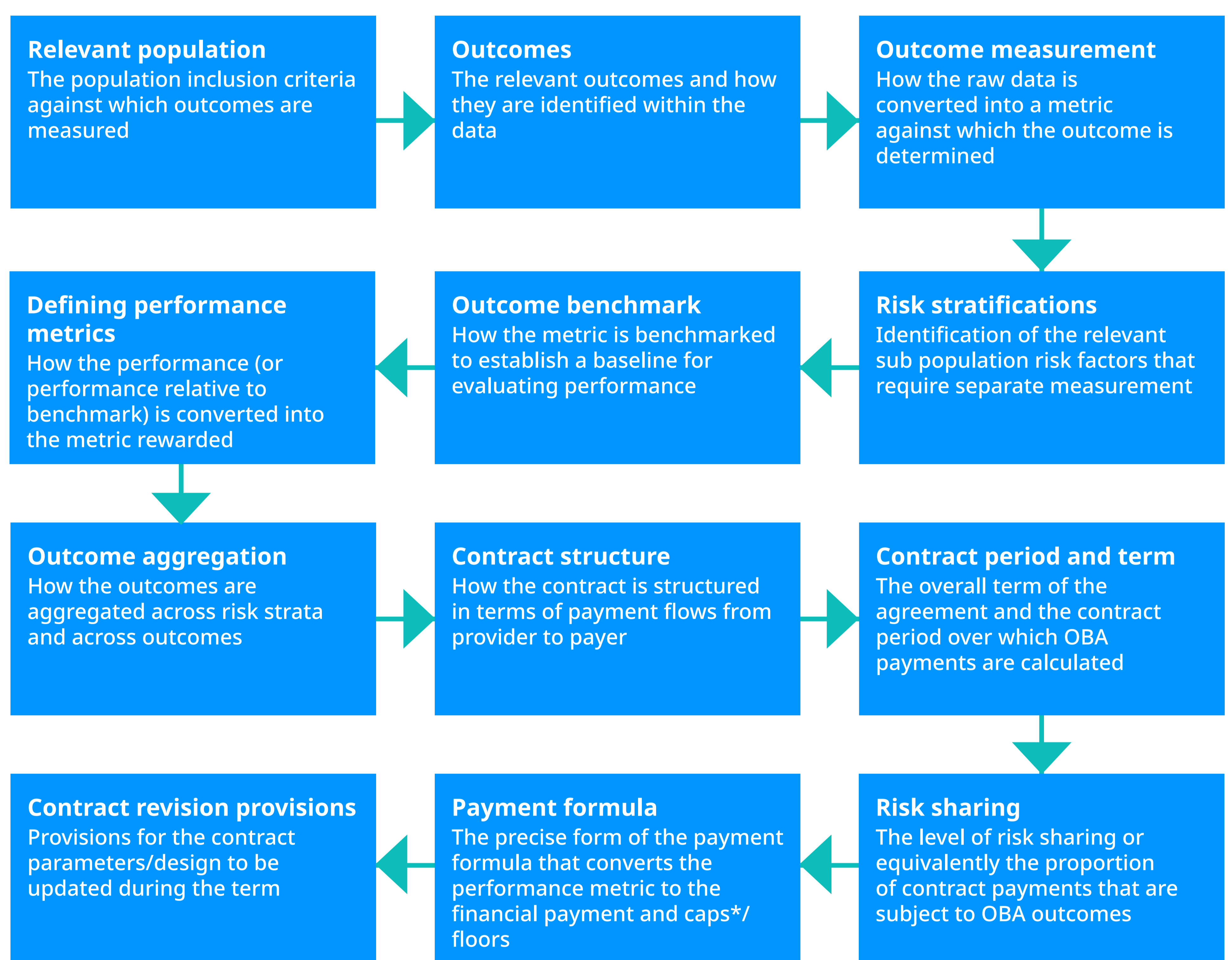
- IDEATE developed a methodology for OBA design focused on improving patient health outcomes.
- We facilitated workshops for outcomes, data, and contract design with a range of stakeholders including clinicians, pharmacists, commissioners, and data experts to build consensus on key parameters for the experimental OBA, including priority clinical outcomes.
- In parallel, we created a novel linked real world data environment for the analysis.

## Results

- Our iterative OBA methodology resulted in a consensus across diverse, multidisciplinary stakeholders and navigated many barriers to develop a feasible OBA design for real-world implementation.
- This was achieved through a 12-stage process covering key considerations as outlined below and in Figure A:

1. Relevant population
2. Outcomes
3. Outcome measurement
4. Risk stratification
5. Outcome benchmark
6. Defining performance metrics (Figures B & C)
7. Outcome aggregation
8. Contract structure
9. Contract period and term
10. Risk sharing
11. Payment formula
12. Contract revision provisions

Figure A – 12 key steps to designing an OBA



\*The caps within the payment formula could be applied to either existing payments levels or higher

Figure B – Defining the performance metric: Payment due under threshold model

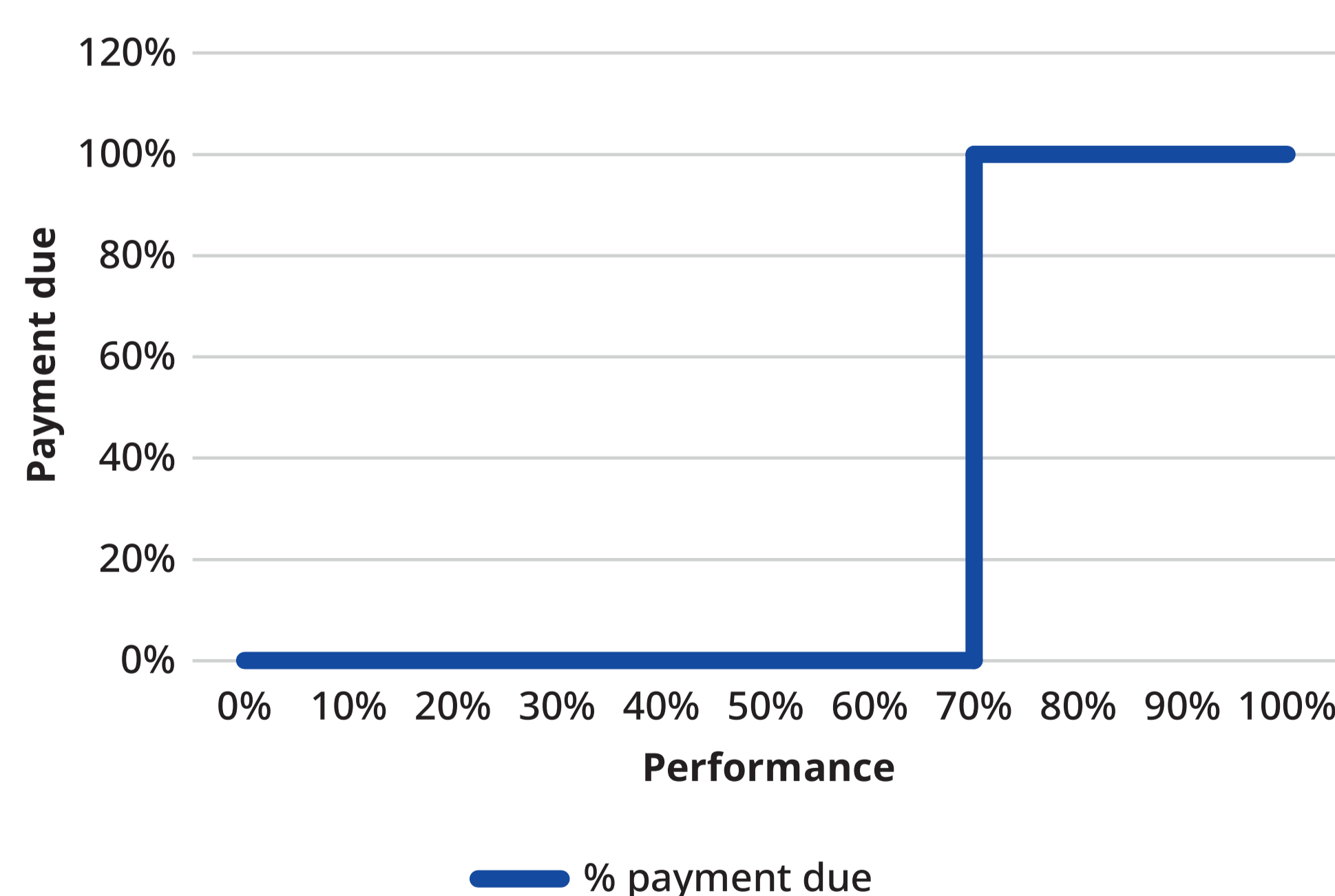
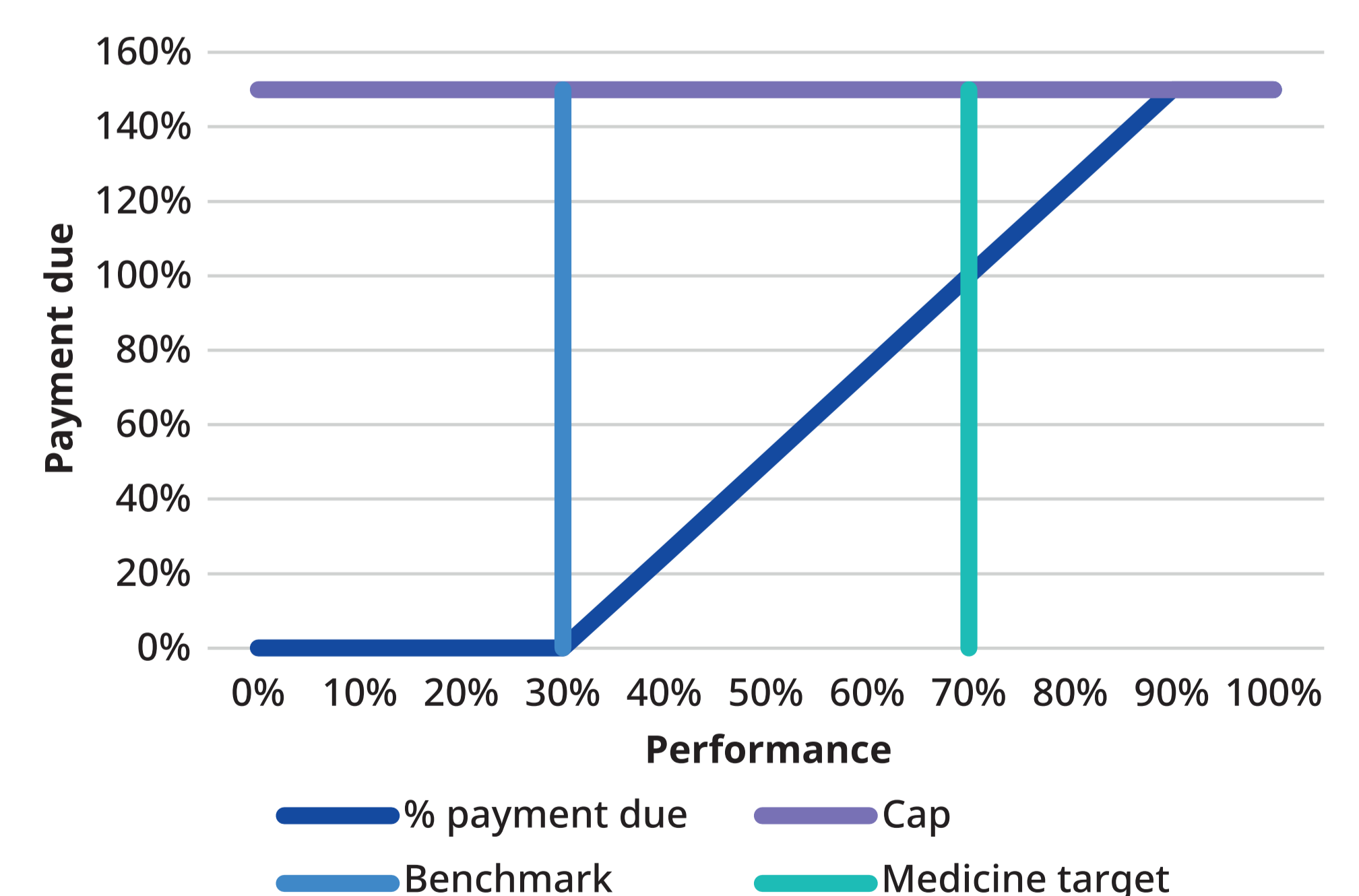


Figure C – Defining the performance metric: Payment due under linear model



## Conclusion

- Trust and transparency proved key for effective collaboration and dynamic problem-solving.
- System readiness in Wales highlighted a unique environment to solve OBA barriers.
- Our cross-disciplinary and cross-organizational methodology is generalisable to a range of health interventions.
- Understanding cash flow across multiple years' budgets needs additional research for successful OBA operationalisation.

Financial disclosure: This study was sponsored by Pfizer.