

# Uncovering True Value in Capacity Constrained Health Systems

ISPOR Europe 2024: Roche-sponsored symposium

Sunday 17 November 2024, 5:30pm

# Today's agenda

## Opening remarks

(17:30–17:35)

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- Cliff Goodman (moderator)

## *Audience polling question 1*

## The impetus for change

(17:35–17:45)

- 
- Dr. Luke Nicholson (clinician's perspective)

## Panel discussion

(17:45–18:25)

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- Dr. Luke Nicholson (clinician's perspective)
  - Meindert Boysen (HTA and payer perspective)
  - Paula Head (industry perspective)

## *Audience polling question 2*

## Closing of panel

(18:25–18:30)

# Introduction

Cliff Goodman

# Healthcare capacity constraints are a challenge across many countries

## Contexto

### Las listas de espera en oftalmología, más largas que nunca

- A 31 de diciembre de 2023, un total de 177.844 esperaban solucionar sus problemas de salud visual, 5.751 más que en la mismo día, pero en 2022

### NHS England under 'huge strain' as waiting times hit record high

Worst delays ever for A&E units, hospital care and cancer treatments, data show

### Hundreds left with lost or damaged eyesight after NHS delays - research

NHS England clinicians filed 551 reports of patients who lost their sight since 2019 because of backlog

### Las listas de espera se ensañan con Oftalmología, Cirugía Plástica y Neurocirugía

La especialidad de Oftalmología es la que más pacientes se espera a ser atendido con respecto al último año, con 27.000 personas más. Mientras, en Cirugía Plástica y Neurocirugía se espera más tiempo.

## Too few doctors trained

### Lauterbach warns of serious shortage of doctors

According to Health Minister Lauterbach, 50,000 doctors have been undertrained in the last ten years. He warned of a "very difficult supply situation".

## Le Monde

Consultez le journal

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SOCIÉTÉ - SANTÉ

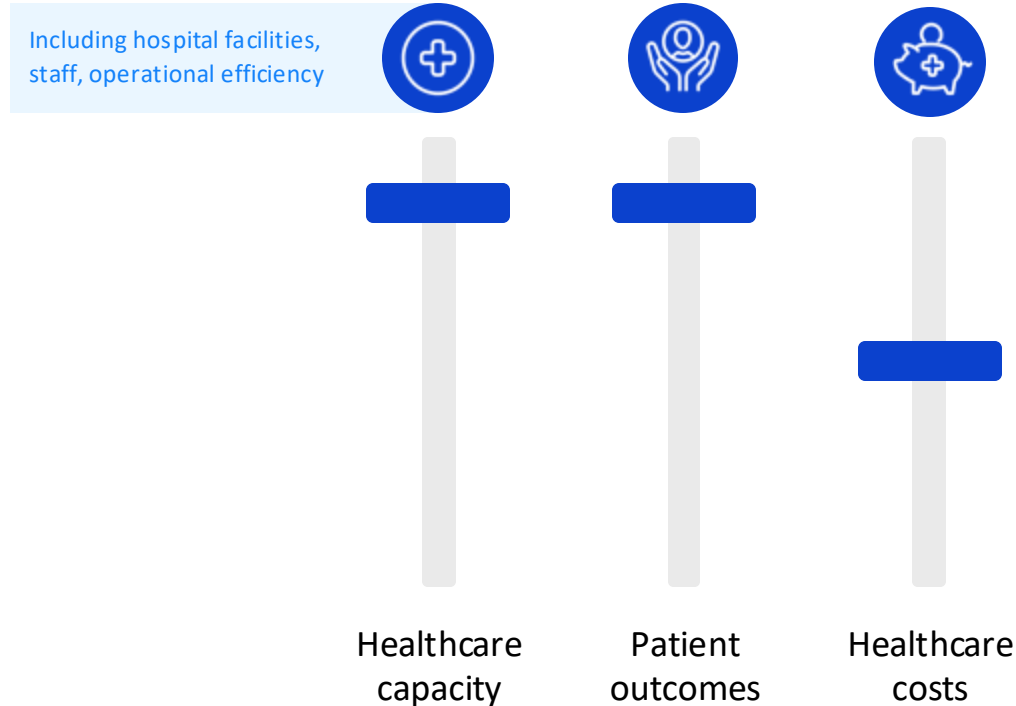
« Un an de délai », « usine de patients »... La galère pour décrocher un rendez-vous chez l'ophtalmologue

Des Français racontent leurs difficultés à trouver un ophtalmologue, et les stratégies mises en place pour faire face à la pénurie.

Par Chloé Martin

Publié le 11 juin 2019 à 11h08, modifié le 17 juin 2019 à 17h02 - 1 lecture 0 min.

A sustainable health system requires an optimal balance between costs, outcomes and capacity



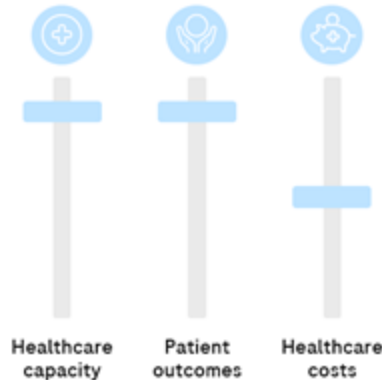
# Overlooking capacity limits in decision-making leads to missed opportunities to optimise care



## FALSE ECONOMY

Economic evaluations often assume unlimited capacity

Real-world constraints like limited beds, doctors, and equipment are overlooked



# Overlooking capacity limits in decision-making leads to missed opportunities to optimise care



## FALSE ECONOMY

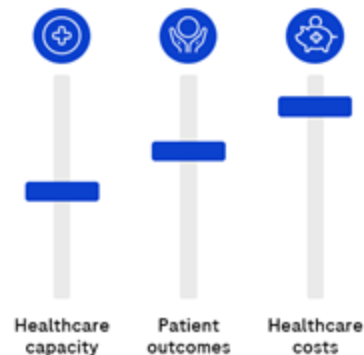
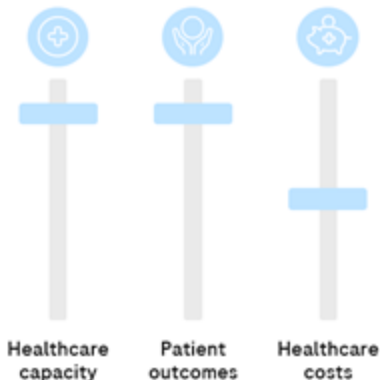
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Real-world constraints like limited beds, doctors, and equipment are overlooked



## REALITY

Including impact of capacity constraints on healthcare costs and outcomes will capture the true value of an intervention and improve HTA decision-making



# It's time for a poll !

1) Capacity constraints are not currently included in value assessments - do you think they should be?

- Yes
- No



# The impetus for change

Dr. Luke Nicholson

*Disclaimer: The information provided in this presentation is exclusively based on the speaker's personal clinical experience at Moorfields Eye Hospital during the last 10 years. It is intended for informational purposes only, as an example of Real-World Experience in a particular Hospital*

# Demand for intravitreal injections is increasing, yet health systems are struggling to keep pace



Increasing demand for eye care services due to demographic shifts<sup>2</sup>

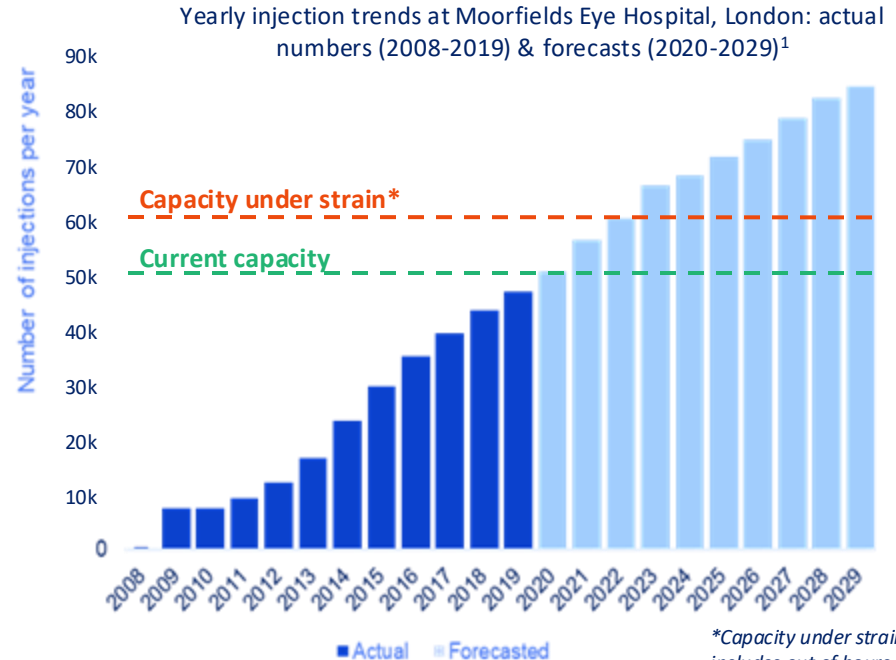


Increasing use of intravitreal injections<sup>2</sup>



Global shortage in ophthalmologists<sup>3</sup>

Near term increase in gap between demand and capacity



# Key challenges at the Moorfields Eye Hospital retinal clinic fall into three major themes



Shortage of trained staff and lack of infrastructure to increase capacity



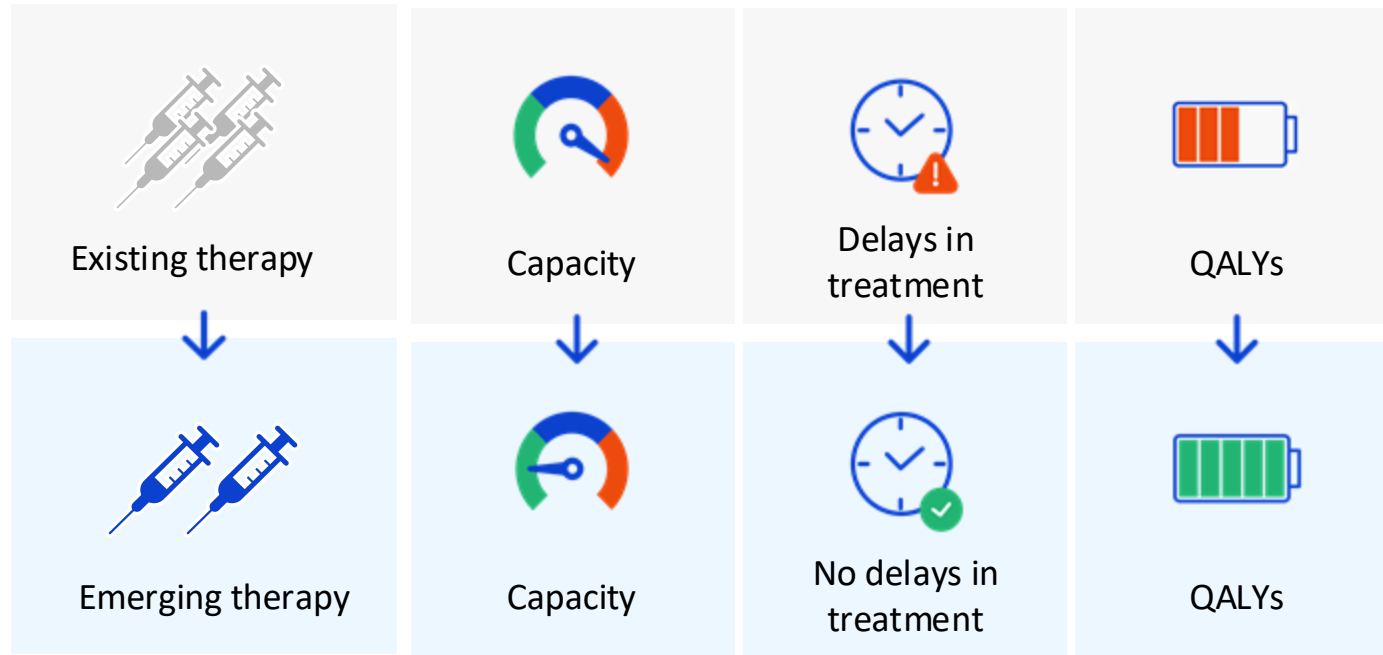
Staff are diverted from other retina services



Patients' outcomes are falling short

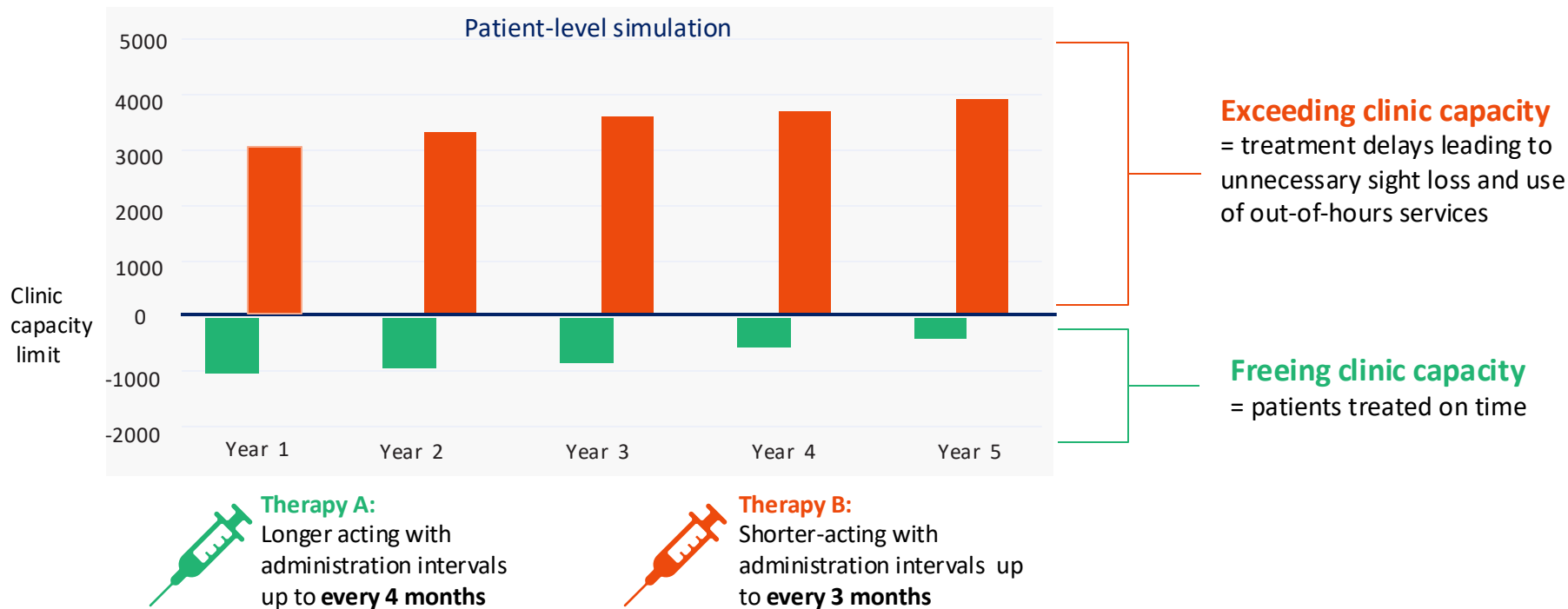
Innovation in new therapies, including longer-acting therapies, may be necessary to mitigate the increasing demand in the assessment and treatment of patients

# Addressing the impact of capacity constraints provides opportunities for improved delivery and patient outcomes

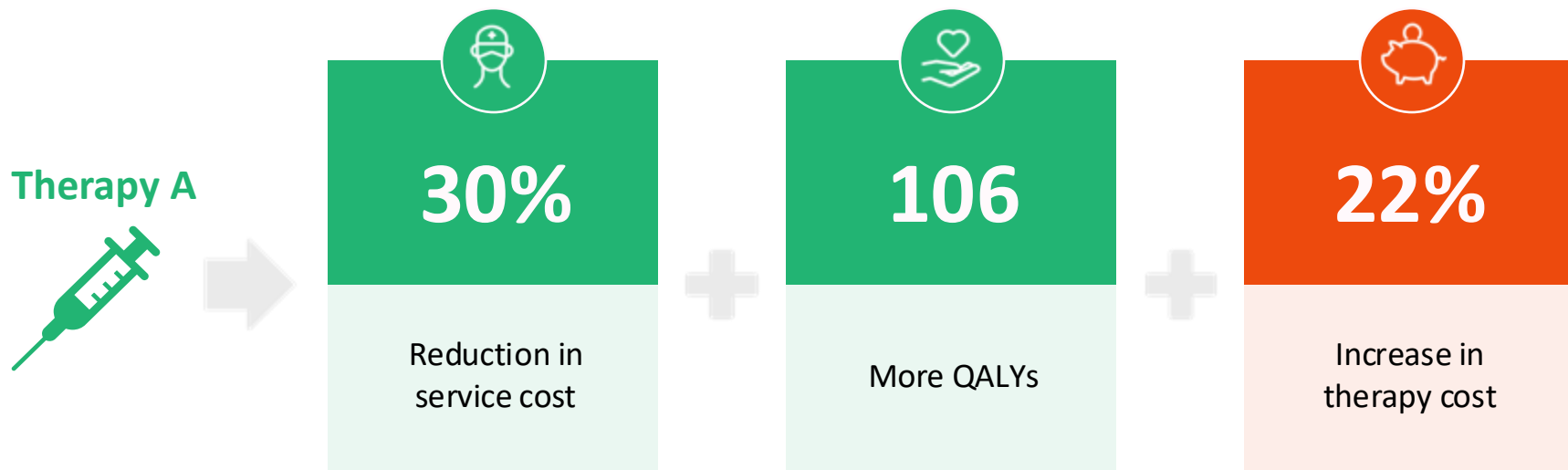


This would better capture the true, real-world value of a new therapy

# Incorporating the impact of capacity constraints is essential for determining true value



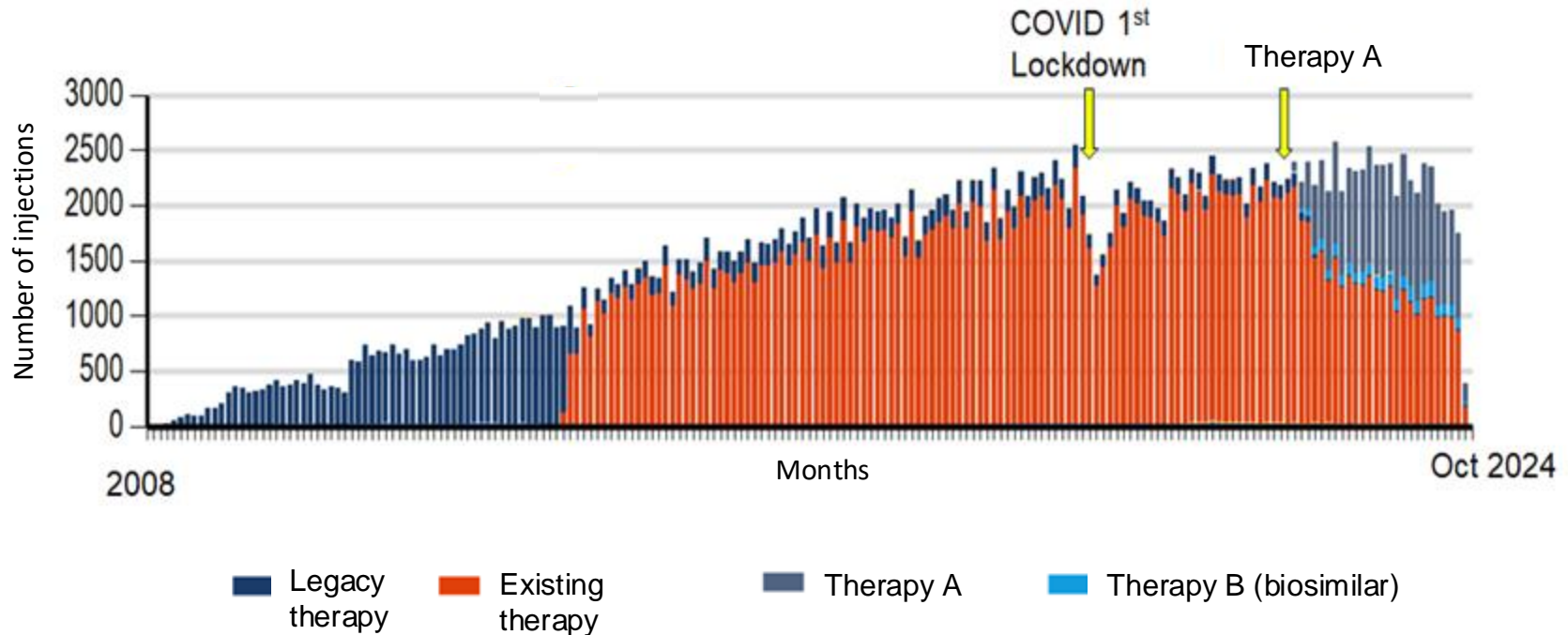
# Therapy A eases capacity constraints, reducing non-drug service costs and improving health outcomes



Therapy A's impact on capacity constraints drives improvements in **overall** cost-effectiveness

# With the introduction of long-lasting drug in clinical practice, the overall number of intravitreal injections is stabilising

Overall number of intravitreal injections given over time at Moorfields



Panel discussion



# It's time for a poll !

2) Having heard the panel, has your opinion changed? How should capacity constraints be included?

- At National HTA level
- At regional HTA/hospital level
- In clinical guidelines
- It should not be included at all

Conclusion