COULD MULTI-STAKEHOLDER PARTNERSHIP IMPROVE PATIENT ACCESS TO BETTER HEALTHCARE IN LATIN AMERICA?

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In this talk

• Some issues related to Patient Centered Care
• Role of the patient and citizen
• Case study: patient-user involvement in social values exercise in SUMAR (Argentina Public National Insurance)
NOTHING ABOUT ME WITHOUT ME

(Valerie Billingham, Salzburg Global Seminar, 1998, “Through the Patient’s Eyes.”)

Patient Centered Care
Different Stages–Technology Cycle

- Prioritise.
- What research?
- ¿Do we cover it?
- HTA
- Real-Life- Post-MKT
- ¿What gets out?

- Research & Development
- Experimental Technology
- Innovative Technology
- General Use
- Obsolescence & Replacement

- Early safety concerns detected by industry - high probability of occurrence
- Health technology assessment at national level ideally prior to widespread use
- Later safety concerns detected by industry or surveillance - low probability of occurrence
- Training - at point of introduction of new staff
- Post marketing surveillance
- Clinical engineering

- Macro level
- Meso level
- Micro level
“Development and Implementation of an evaluation and prioritization process for decision making and definition of coverage policies for SUMAR”
SUMAR

• Public Health Insurance for uncovered argentiniens
• Childs, adolescents, pregnant women and adults up to 64 years old
• 15 million covered

OBJECTIVES

- Establish a set of criteria for assessing new health technologies for SUMAR

Stages of the Project

- Lit Review
- Interaction with SUMAR
- Identify relevant criteria
- Criteria (general and SUMAR specific) long lists
- Validation los listados largos y selection de los criterios de mayor importancia.
- Short Lists (generals & SUMAR specific)
- In depth interviews SUMAR
- Prioritization activity with local authorities
- Interviews with MoH
- Activity with local authorities
- Users (focus groups)
- Activity with local authorities
- Users (focus groups)
- Final criteria list
- Validation & weighting
General Criteria (long list) 37 criteria

8 dimensions

A: Impacto del problema de salud.
B: Beneficios y resultados en salud
C: Características de la evidencia
D: Situación actual del problema de salud
E: Impacto económico de la prestación/intervención y eficiencia
F: Complejidad para incorporar la intervención
G: Contexto general
H: Prioridades, justicia y ética

SUMAR specific (long list)

Se propusieron inicialmente 15 criterios que se ampliaron a 21 luego de la interacción con las autoridades y referentes del Programa.

• Búsqueda bibliográfica
• Interacción con autoridades SUMAR

Validation

• In Depth interviews (8 authorities)
• Local SUMAR staff
Preliminary short lists

• general (8+4 criteria)
• SUMAR (8+4 criteria)

Short List Valuation: Focus groups with users
Focus groups

- Four focus groups with users (by age and gender).
- 18 subjects (4 males, 14 females) from 18 to 60 years.
- A simple weighting of general criteria was performed.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
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<tbody>
<tr>
<td>Impact/Disease Burden</td>
<td>10.7%</td>
</tr>
<tr>
<td>Efficacy / Effectiveness</td>
<td>10.7%</td>
</tr>
<tr>
<td>Organizational requirements and ability to reach target population</td>
<td>10.1%</td>
</tr>
<tr>
<td>Preventive interventions</td>
<td>9.9%</td>
</tr>
<tr>
<td>Limited current alternatives</td>
<td>9.9%</td>
</tr>
<tr>
<td>Equity</td>
<td>9.1%</td>
</tr>
<tr>
<td>Patient, Family and other sectors Costs</td>
<td>9.1%</td>
</tr>
<tr>
<td>Relevance and Validity of the Evidence</td>
<td>8.5%</td>
</tr>
<tr>
<td>Cost-effectiveness</td>
<td>8.5%</td>
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<tr>
<td>Budget Impact</td>
<td>7.6%</td>
</tr>
<tr>
<td>Social and Cultural aspects</td>
<td>5.6%</td>
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</table>
Final General Criteria Short List

<table>
<thead>
<tr>
<th>General Criteria</th>
<th>Relative Weight</th>
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</thead>
<tbody>
<tr>
<td>Impact/Disease Burden</td>
<td>18.2</td>
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<tr>
<td>Equity</td>
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<td>Preventive interventions</td>
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Final Remarks

• Widely used criteria in other parts of the world were also considered relevant and practic in Argentina.

• General public and patients were broadly in line with the selection of the most important criteria (short list).

• No new criteria emerged

• We could produce and validate with a broad range of stakeholders (including patient and users) a list of “Prioritisation criteria” aligned with the mission and vision of SUMAR.
¡Muchas gracias! THANKS!!

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