EVOLUTION OF VALUE: PERSPECTIVES FROM BOTH SIDES OF THE ATLANTIC

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Valuing Health in France: Something New?

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French context in a few words

- A (quasi-)unique payer: the National Health Insurance (marginal role for other payers, in any case at hospital)
- Centralized decision-making for reimbursement
- Administrated prices (joint decisions between the NHI and the government’s administration)
- A National Health Agency (HAS): certification, accreditation and evaluation

Until recently no room for CEA … poorly known and not well accepted by stakeholders

No barrier to treatment: the funding principle

- Decision of reimbursement: based on clinical criteria only (indication by indication)
- Different rates of reimbursement depending on the Actual Medical Benefit (insufficient, moderate, strong)
- No place for CEA concerning reimbursement decisions

So far, a credo substantially unchanged …
Price setting: major role for clinical benefits

- **Administrated prices (drugs and medical devices):**
  negotiation between industrials and the government (framed by a conventional agreement)

- Price negotiation: driven by clinical assessment of the **Amelioration of the Medical Benefit** (European « prices corridor » for moderate/important AMB)

- Until recently (2014) no place for CEA (no explicit reasoning in terms of opportunity costs)

However, for the last ten years, things have been moving … slowly

CEA: a first political impetus 10 years ago

« **Health French Agency has to design the cost-effective healthcare strategies** »

- It doesn’t sound that significant… but it is kind of a revolution in the French context

- Practically, the place of economic evaluation in the decision process remained unclear

- Production of evidence but no real impact on decision
CEA: a place in the decision making process… finally

- Since 2014, industrials have to provide cost-effectiveness studies for innovative drugs (and medical devices) with a significant budget impact.
- The Health Agency evaluates CEA from a methodological point of view (supported by specific guidelines)
- ICER are used to document price negotiations (with no more details required in the draft law)
- Unusual role for CEA: on prices setting only (on theory), no reference to threshold values

Any impact so far?

- **On drug prices**: hard to say… probably a marginal impact… if any
- Context of global regulation of drug expenses: (quasi-)capped budget, low increase rate last years (even negative some years)
- Tightening evaluation for low-efficiency drugs (dereimbursement), price decrease thanks to generic drugs
- In value, innovative drugs (essentially delivered in hospitals) capture a rapidly increasing share of the total drug expenses

**New innovative treatments (in oncology in particular) represent a great challenge: will dereimbursement and price decreases be sufficient to contain drugs expenses?**

**Can we expect more direct use of CEA? More decisions supported by opportunity cost analysis? Far from certain…**
Appropriateness rather than cost-effectiveness

- Last statement of the French health ministry: inappropriateness of healthcare should allow to reduce expenses up to 30%!!
- Main efforts where it is politically possible and easier to implement
- One can do at least as well with much less: room for financing innovations
- No real room for CEA, except for cost-minimization studies

The efficiency of the healthcare expenditure containment during these last ten years is poorly known (one major consequence, for sure: deteriorating working conditions for health professionals in hospital)

Yet, slow dissemination of a new way of thinking

- In ten years the landscape has changed even if it is by impressionist touches
- CEA methods and principles are shared by a larger community of health system actors (by a growing number of physicians in particular)
- New public financing for CEA studies
- Skills in CEA methods disseminate in hospitals, in health system administrations and more marginally in the academic area (very few trainings at university for the moment)
- CEA is part of the decision process concerning price setting of innovative drugs
In midstream

- Impact of CEA on decisions appears to be weak so far, the opportunity cost principle (QALY metric) remains a controversial point (not well understood and/or not well accepted)

- CEA needs to find its place in the decision processes in France, nobody knows exactly what to do with cost-effectiveness evidence in the actual decision context

- We are now in midstream, either we turn back either we move forward to integrate more precisely CEA in new deliberation processes

  Hope (but not sure) that « en marche » slogan could apply to this topic too!