

What are the safety nets patients need for the best quality care (HTA, Digital health, Vaccination, Antimicrobial resistance)?

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Content



- Mutuals in Europe
- My work at the Christian Mutuality
- Pathway of a medicine: from development to reimbursement
- About AIM
- AIM's work on prevention/HTA/...

Mutuals in Europe

- Market share of 25%
- 70% of insurance companies in Europe are mutual societies
- Around 230 million people covered
- Health mutual (illness, handicap, infirmity and death) or insurance mutual (cover all types of risk (accident, life insurance, etc.))
- Based on the principle of solidarity between the members
- Non for profit

Me @ CM

Reimbursement
Commission for
Magistral Preparations

Reimbursement
Commission for
diagnostic devices and
care products

Pricing Commission

Consultation Platform
Patients/Consumer –
Federal Medicine
Agency

Member

Commission Of
Evaluation of Medical
practices on Medicines

Commission of
Supervision on Publicity

Agreement
Commission
Pharmacists/Mutuals

AIM Working Group
Pharma

My colleagues: Reimbursement commissions for medicines, implants,

Some examples of what Belgian Mutuals do related to allergy, asthma and COPD



- Sick funds → Health funds (Prevention –health literacy)
- Promoting to become an antibiotic Guardian:
<https://antibioticguardian.com/>
- Restricting the reimbursement of fluoroquinolones
- Reimbursement of counseling to quit smoking
- Participation in projects on indoor and outdoor pollution
- Pharmacy: reorientation of the remuneration (selling → advice/advanced care)
 - COPD/Asthma patients: Good Use of Medicines (concertation between pharmacist and patient)
 - Reference pharmacist for chronic patients

Pathway of a medicine

Fig. 4.2 | Flowchart of the pharmaceutical system



At the European Medicine Agency



Risk vs Benefit



No comparison with other available medicines and no linking with price

Pricing/pay for value

Real costs of a medicine???

- R&D: 2.7 billion, 648 Mio \$, 320 Mio \$?? (depending of the source)

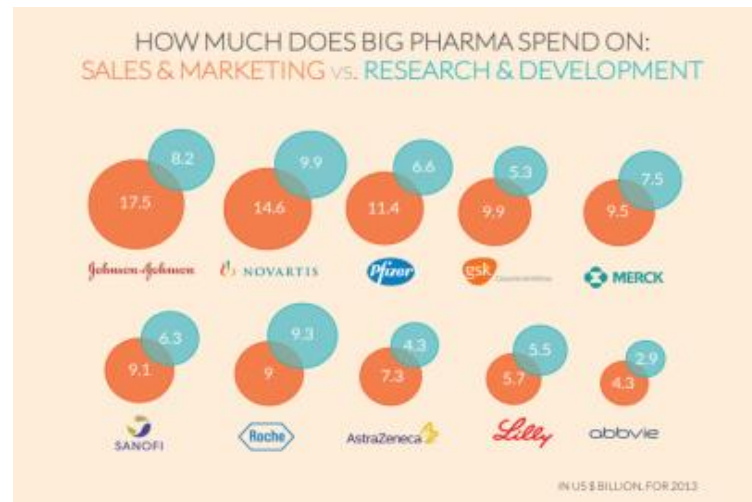
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2653012>

- Production

E.g. Sovaldi (Hep C): production costs: **\$68–\$136/12 weeks** treatment (Clin Infect Dis. (2014) 58 (7): 928-936) <-> Facial price: **€ 43.428 /12 weeks***

- Marketing (> R&D)

No transparency!!



*Source: <https://www.vox.com/2015/2/11/8018691/big-pharma-research-advertising>

Criteria in Reimbursement Decisions



- Therapeutic benefit and relative therapeutic benefit (added value compared to alternatives)
- Medical necessity/priority
- Cost-effectiveness
- Budget impact
- Quality of life

Added value?



BMJ 2017;355:j6530 doi: 10.1136/bmj.j6530 (Published 2017 October 05)

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RESEARCH

Availability of evidence of benefits on overall survival and quality of life of cancer drugs approved by European Medicines Agency: retrospective cohort study of drug approvals 2009-13

 OPEN ACCESS

- For 68 indications
- Time of marketing Authorization
 - ↑Overall Survival (OS): 24/68 (35%) median of 2,7 months (1,0 – 5,8)
 - ↑Quality of life (QoL): 7/68 (10%)

⇒ 44/68 no evidence for a gain in OS et 59/68 QoL!

- Follow-up after marketing of 5,4 ans (3,3 – 8,1)
 - +3 ↑OS
 - +5 ↑QoL

Health Technology Assessment (HTA)

- Related to use of health technologies and interventions
- A multidisciplinary process that systematically assesses information not only on the clinical benefits but also on the social, ethical and economic aspects
- To inform policy- and decision making: on how best to allocate limited resources to health technologies
- In comparison with alternative available therapies
- EUnetHTA (project → permanent structure)

→ Used in reimbursement decisions

Policies for high priced medicines

Managed Entry Agreements (MEAs)

- Contractual arrangements between a pharmaceutical company and a public payer
- Uncertainty: clinical evidence, cost–effectiveness or budget impact
- Different types of MEAs: finance-based (such as simple discounts or price–volume agreements) or performance-based (linked to health outcomes)
- Tend to be confidential (prices and discounts)
- Variety in Europe (2017): 2 in Norway, 100 in Belgium and 500 in Poland
- Lack of transparency
- Not sustainable → looking for alternative systems

Source: <http://www.euro.who.int/en/publications/abstracts/medicines-reimbursement-policies-in-europe>

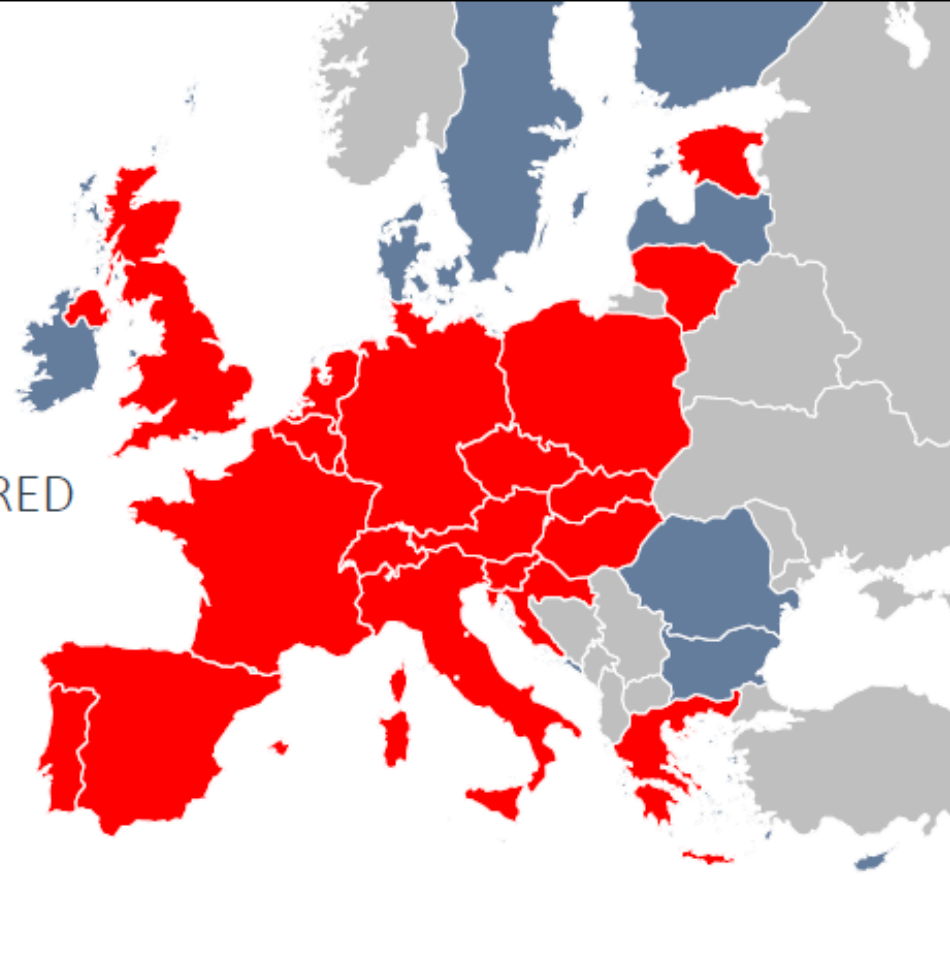
AIM: Members

- Either mutuals or health insurance funds
- All **not-for-profit** organisations
- No shareholders: all surpluses are used to benefit their members
- Providing health coverage to around 250 million people
- Comply with the principle of solidarity between members
- 64 organisations/31 countries/3 continents
- Video:
https://www.youtube.com/watch?v=d9K_Fd3V1Bw

AIM in Europe

AIM in Europe

- 21 COUNTRIES
- 30 MEMBERS
- 200 MILLION PEOPLE COVERED



The aims of AIM



- A platform for exchange
 - General Assembly
 - Conferences
 - *Working Groups*
- Developing expertise
 - Study trips
 - Monthly magazine
- Advocacy towards EU and other international organizations
 - Meetings with representatives of EU institutions and others
 - Contacts with stakeholders
 - Speaking at conferences, workshops etc.
- A voice to national decision makers

Working groups at AIM

- Mutual values
- Prevention
- Healthcare
- Pharmaceuticals and medical devices
- Long-term care
- Fraud prevention, detection and response

WG on pharmaceuticals and medical devices



- Monitor and influence legislative proposals of the EC through contacts with members of the European commission and parliament, ...
- Platform for members to exchange practices, challenges and best practices related to pharmaceuticals and medical devices
- Get involved in the European and international cooperation on HTA/Contacts with EMA (start)/fair pricing (See also <https://www.aim-mutual.org/wp-content/uploads/2017/10/AIM-Paper-on-fair-medicines-prices.pdf>)

Meeting with the EU commissioner regarding HTA proposal



- AIM welcomes a regulation to further strengthen HTA collaboration in the EU
- Joint assessments should be suitable for adaptation to national contexts.
- Payer organisations should be involved in HTA collaboration at EU level

AIM's publications

- AIM memorandum for the European Elections 2019
- Brussels Declaration on air pollution and health
- Position paper on digital healthcare
- Position paper on vaccination
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Next slides are to illustrate and you can check out the website for some more reading:

<https://www.aim-mutual.org/>

AIM memorandum for the European Elections 2019

- Play a key role in prevention
- Contribute to sustainable access to medicines
- Encourage health care innovation at EU level
- Take an international perspective
- Recognise healthcare mutuals as a social economy actor



Brussels Declaration on air pollution and health



AIM Calls on national and European decision makers to:

- adopt comprehensive and strict air quality standards, in line with the health-based recommendations of WHO
- prioritize and promote those measures that tackle both air pollution and climate change
- strengthen efforts to bring down emissions of air pollutants from all sectors, but particularly work to decrease air pollution from transport in cities, coal plants etc.
- become more engaged in clean air efforts and this in all sectors of society according to the principles of Health in all Policies (prevent diseases, reduce healthcare costs and improve the quality of life of all European citizens)

AIM Position paper on Vaccination

1

Provide citizens with tailored and comprehensive information which describes the risk-benefits balance to enable them to make well-informed decisions and to avoid unreasonable fear of side effects.

When communicating about immunization, scientific data is important but will not make people act. Communication campaigns should include all relevant arguments in their narrative.

2

3 Involve all stakeholders in the development of communication strategies and campaigns about vaccination. The pharmaceutical industry should not be engaged in communicating to the public.

Guidance on the requirements for healthcare professionals in charge of immunization and on their specific role in addressing vaccine hesitancy needs to be provided.

4

5 The availability of vaccines should be expanded beyond clinical settings under the condition that vaccines are administered by continuously trained professionals and vaccines are properly registered.

Stakeholders should engage on social media in a dialogue with the public in order to refute anti-vaccine groups' allegations and increase trust around immunization.

6

7 Vaccination programmes need to be harmonized across the EU in order to help recover trust on immunization.

The exchange of comparable data between Member States on vaccine hesitancy, interventions and prevention should be encouraged and facilitated. Member States should share information on communication plans at European level in order to coordinate activities but also to align communication of public health authorities.

8

Digital Healthcare



THE DIGITAL TRANSFORMATION MUST SUPPORT SOLIDARITY-BASED HEALTH SYSTEMS *AIM'S POSITION PAPER ON DIGITAL HEALTHCARE*

- Patients need to be in control of their health data
- Electronic health records need interoperability, comprehensiveness and access
- Big data for all within solidarity-based social protection systems
- The big challenge of reimbursement
- Giving more attention to cybersecurity
- Delivering on the promise of prevention for better access to health
- Including mutuals in future technology developments

Questions?



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