Equidad, eficiencia y progresividad

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Iniciativas como las de Génesis, grupo muy activo, tiene que servir de inspiración

GRACIAS!!

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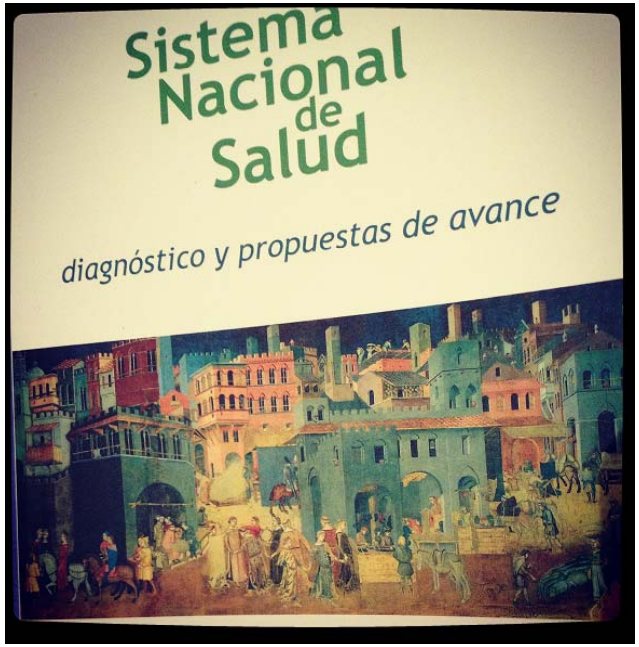

La situación en España es, sin embargo, muy distinta. Pese al significativo aumento registrado en el número de estudios de evaluación económica publicados durante la última década (Catalá-López y García-Altés 2010), y la proliferación de instituciones e iniciativas promovidas por las administraciones públicas (Plataforma AUnETS; Comité mixto de evaluación de nuevos medicamentos) y colectivos profesionales (GENESIS) para impulsar la evaluación de tecnologías sanitarias en nuestro país, lo cierto es que, como ya señalara hace varios años AES (2008), la práctica de la evaluación económica no se ha integrado en el ámbito de la toma de decisiones en el seno del SNS.

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El programa MADRE aporta a la rendición de cuentas y transparencia en las decisiones de financiación de los medicamentos

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- Evaluación económica ayuda:
  1. Negociación de precios:
  2. Decisión sobre financiación;
  3. Aspecto uso racional;

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La EE premia el valor en salud de la innovación, es decir, los medicamentos nuevos, no premia los menos nuevos

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Real Decreto Ley 16/2012

En el terreno práctico, yo les pregunto a ustedes si ¿realmente se está haciendo evaluación económica?

Porque la sensación de algunas personas es que no…

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OECD publishing

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OECD Health Working Papers No. 63

Value in Pharmaceutical Pricing

Valérie Paris, Annalisa Belloni

JEL Classification: I18

Table 3. Main criteria used to inform reimbursement decisions in case-study countries for products subject to assessment

Therapeutic relevance only	Therapeutic relevance and economic considerations
France(1) (safety, effectiveness, severity of the disease, preventive/curative nature of the product, interest in terms of public health)	Australia (cost-effectiveness, budget impact, therapeutic need)
Germany (the drug must not belong to one of the categories excluded from reimbursement by Law of the Federal Joint Committee)	Canada (criteria vary across drug plans but often include cost-effectiveness)
Italy(1) (clinical effectiveness, disease relevance)	Belgium (efficacy and disease relevance, cost-effectiveness for innovative products, budget impact).
Japan (clinical relevance)	Denmark (reasonable price in relation to therapeutic value)
	Korea (cost-effectiveness, clinical benefit, budget impact, coverage in other countries)
	Netherlands (added therapeutic value; cost-effectiveness; budget impact)
	Norway (cost-effectiveness)
	Spain (reasonable price in relation to therapeutic value, cost-effectiveness, budget impact)
	Sweden (cost-effectiveness; need and solidarity and human value principles)
	United Kingdom (2) (no systematic assessment, cost-effectiveness when assessed).

Note: (1) In France and Italy, recommendations on listing are not based on economic considerations. However, if authorities and the company cannot agree on a price, the product cannot be listed. In France, new products with a claimed added therapeutic value of competitors will be subject to economic evaluation from October 2013. (2) NICE does not systematically evaluate medicines for funding in England and Wales, while the assessment body in Scotland evaluates all new products.

Sources: Country profiles, PPRI and PHIS profiles, Le Polain et al. (2010) and Wilsdon and Serota (2011)

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Table 6. Analytical approaches for economic evaluation, as recommended by submission guidelines or recommendations issued by HTA bodies

Country and Authors of guidelines	Perspective adopted and preferred analytical technique
Australia Pharmaceutical Benefits Advisory Committee (PBAC, 2008)	**Perspective:** public payer **Analytical methods:** CMA, CEA, CUA are accepted but the technique adopted must be justified.
Belgium Health Care Knowledge Centre (KCE, 2012)	**Perspective:** health care payer (social insurance and patients) **Analytical methods:** If improving life expectancy is the main objective of the treatment and the most important outcome for the patient: CEA; if the treatment has an impact on health-related quality of life that is significant to the patient or if there are multiple patient-relevant clinical outcome parameters expressed in different units that cannot be translated into one common unit in a valid way: CUA (CBA not accepted)
Canada Canadian Agency for Drugs and Technologies in Health (CADTH, 2011)	**Perspective:** several perspectives accepted but should be presented separately **Analytical methods:** Where clinical outcomes are final (an event that is relevant and noticeable to patients): CEA/CUA Where clinical outcomes are intermediate (subjective clinical measures where extrapolation of health benefits to life-years or QALY is more difficult, non clinical endpoints, or surrogate endpoints): CEA/CUA If data are not available to support the relationship between surrogate and final clinical outcomes a CCA is required
Italy	No guidelines
Korea Health Insurance Review and Assessment service (HIRA)	**Perspective:** public payer or societal **Analytical methods:** CEA/CUA
Norway The Norwegian Medicines Control Authority (NoMA, 2005)	**Perspective:** Limited Societal perspective **Analytical methods:** CMA, CEA, CUA, CBA are accepted but the choice of technique must be justified.
Sweden Pharmaceutical Benefits Board (TLV, 2003)	**Perspective:** Societal **Analytical methods:** CEA/CUA is recommended, CBA where QALY are difficult to use. If the effects of the new products are comparable to those of the best comparable treatment, then a cost comparison is sufficient.
Netherlands Foundation for Health Care and University (2006)	**Perspective:** societal **Analytical methods:** CEA, CUA, no CMA
UK: Scotland Scottish Medicine Consortium (SMC, 2007)	**Perspective:** National health system and patients **Analytical methods:** CMA, CEA, CCA, CUA, CBA accepted, choice needs to be justified.
UK: England & Wales National Institute for Health and Clinical Excellence (NICE, 2008)	**Perspective:** National Health System and Personal Social Services (PSS) **Analytical methods:** CEA or CUA for the reference case are the preferred forms of economic evaluation.
France Haute Autorité en Santé (HAS, 2011)	Pharmaco-economic assessment is not yet used in R&P process but will be from October 2013. **Perspective:** all financing agents **Analytical methods:** CEA/CUA
Germany Institute for quality and efficiency in health care (IQWiG, 2009)	Pharmaco-assessment is not used in the R&P process. **Perspective:** statutory health insurance and patients **Analytical methods:** Efficiency frontier method based on a CEA, but CUA also possible.

Sources: Country profiles, National Guidelines

Spain??

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El principio de la financiación selectiva y no indiscriminada” de los medicamentos no se ha materializado en la aplicación explícita de criterios coste-efectividad

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A esto se añade la ausencia de un sistema de fijación de precios de los medicamentos que retribuya la innovación sobre la base del valor que realmente ésta aporta

(value-based pricing)

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Fijar los precios máximos financiables por el SNS según el balance coste-efectividad de los medicamentos;

Iniciar una estrategia a largo plazo de reinversión, desplazando aquellas tecnologías de escaso valor terapéutico y elevado coste por otras más coste-efectivas;

Reformar el sistema de precios de referencia a semejanza de modelos como el alemán, donde los copagos de los usuarios son evitables

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¿Qué necesitamos?

Voluntad y coordinación

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AES siempre está y estará al lado del Ministerio para avanzar en el camino de la evaluación

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