

9as jornadas de farmácia hospitalar

PAP / RSA – conceitos e funcionamento

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Driving through value based healthcare

$$\text{Value} = \frac{\text{Clinical Outcomes} \times \text{Patient Satisfaction (PROM; QoL;...)}}{\text{Cost}}$$

Goal of healthcare management: to maximize value, ie, the outcomes that matter to patients in relation to the cost/budget/resource base.

New technology in Healthcare

- Innovative, high-performance technology can be of particular service in:
 - New HTA models
 - The role of outcomes measurement
 - Risk sharing agreements
 - Multi-indication pricing
 - Combos.....

Financial Performance in Healthcare

- New business models increasingly turn hospital operators into **risk** and population health managers.
- To assess risks and efficiently manage the costs of service provision.
- Fee for service vs fee for outcome.

Types of risk sharing agreements

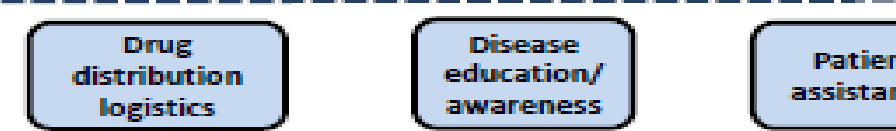
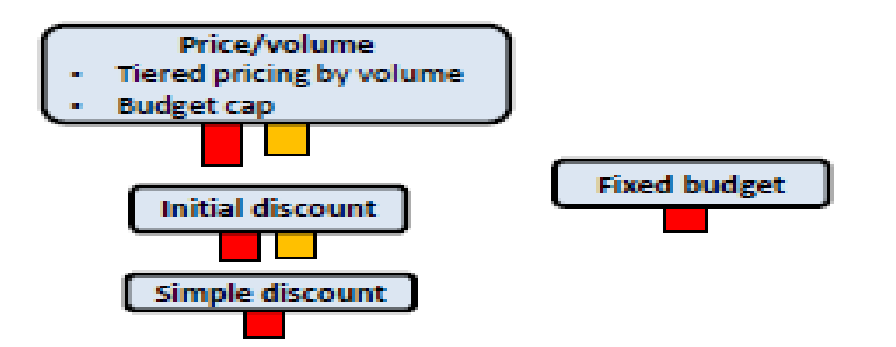
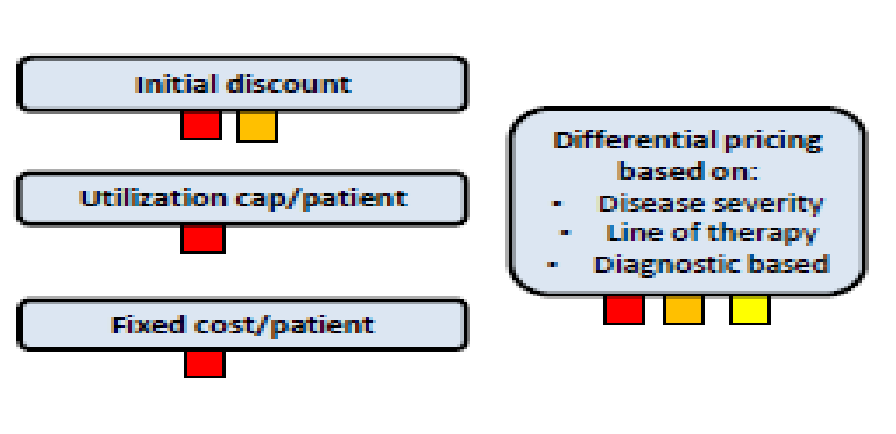
Uncertainties addressed
 Size of bar reflects PAS impact on this dimension
 ■ Budget impact
 ■ Appropriate patient population
 ■ Clinical Effectiveness

Patient level
 (individual data used)

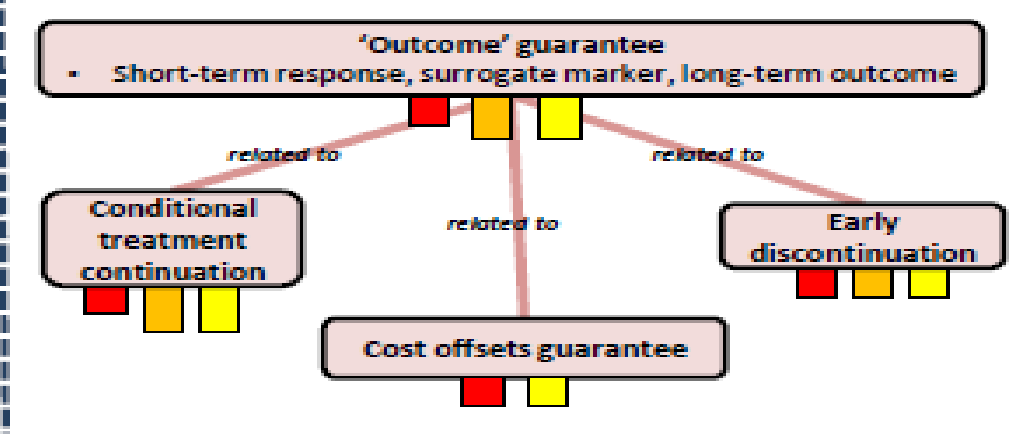
Population level
 (aggregate data or sample used)

Service-based

Financial-based (drug performance not measured)



Outcome-based (drug performance measured)



The usual tenets

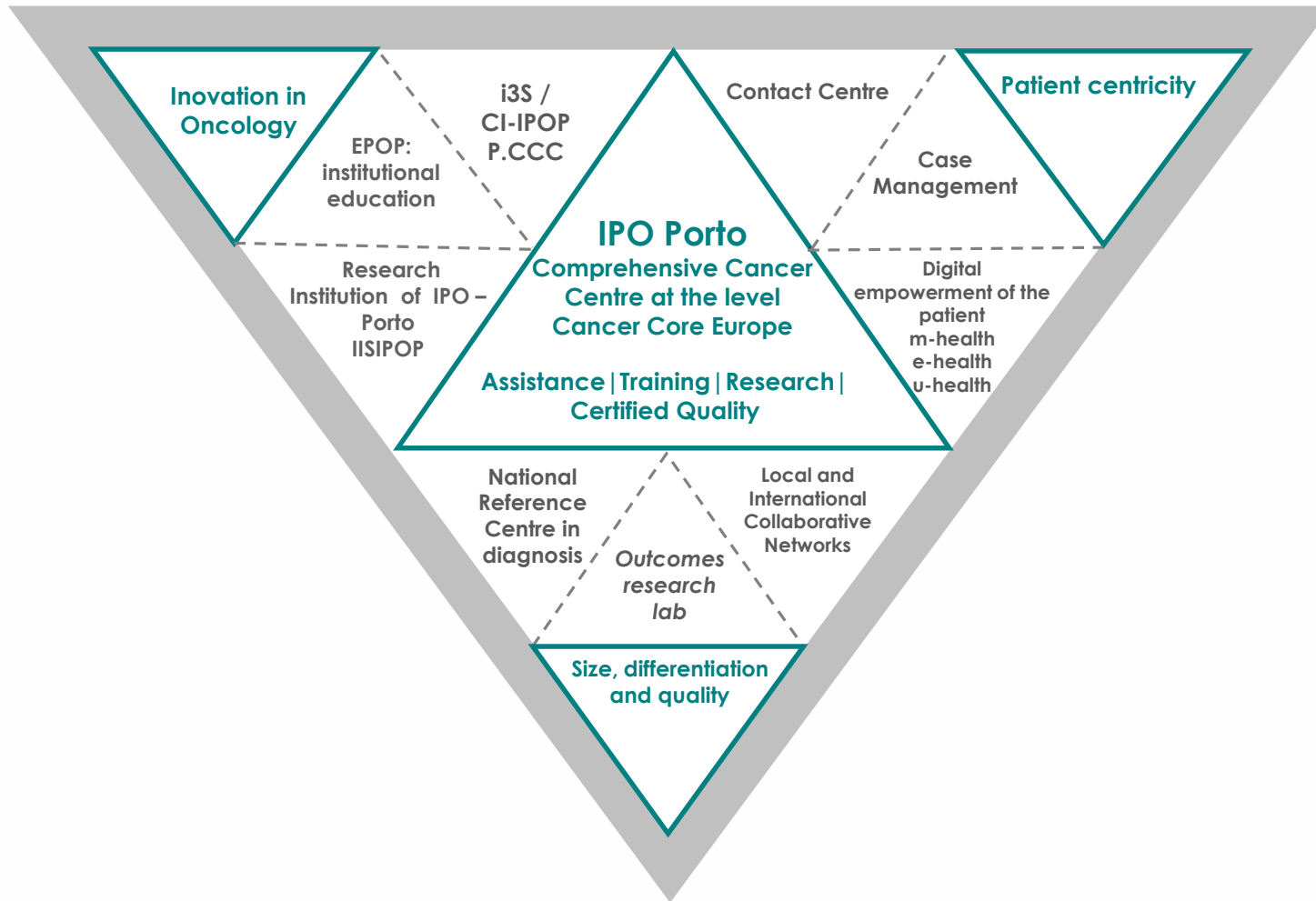
- unmet need
- promising drug
- standard evidentiary route not sufficient
- high-cost drug, not for too many
- easy-to-measure outcome, short-time frame

The usual suspects

- money does not flow back
- admin burden is the show stopper
- patients are not involved
- lawyers/bureaucracy will kill the deal
- not clear who is control of performance
- does not generate the right evidence etc

- **Saturation** point?
- Clear, standardized, decent **models** are easier to adopt;
- A single **IT** solution and workflow for all PAS (web forms, interoperability, audit...)
- Bring forward **Value** (and efficiency, cost, convenience, other preference sources from patients...) to the discussion on the valuation of technological innovation;
- The chance to discuss the **inclusion** criteria;
- Cost and the overall experience of the **data management** is vital for adoption;
- A PAS can and should support the creation of **evidence** and knowledge;
- All stakeholders should be involved.

Why is this important to the future of IPO-Porto?



- An European Accredited knowledge center in cancer
- A Patient Centric Culture & Practice
- Pushing forward for innovative care models

Treatment – Innovative drugs in use

Protocol	Treatment start date	Average age	Total number of patients	No. of patients in treatment	No. of patients who completed treatment	No. of patients who progressed	No. of patients who died
Protocol A	03-04-2014	57	10	0	10	9	5
Protocol B	08-08-2014	50	3	1	2	1	2
Protocol C	06-08-2015	55	9	2	7	6	2
Protocol D	11-01-2016	57	5	4	1	1	1
Protocol E	04-08-2014	52	22	14	8	6	2
Protocol F	27-08-2015	43	25	2	23	n.a.	n.a.
Protocol G	16-02-2015	67	10	9	1	n.a.	1

Data until 30/9/2016

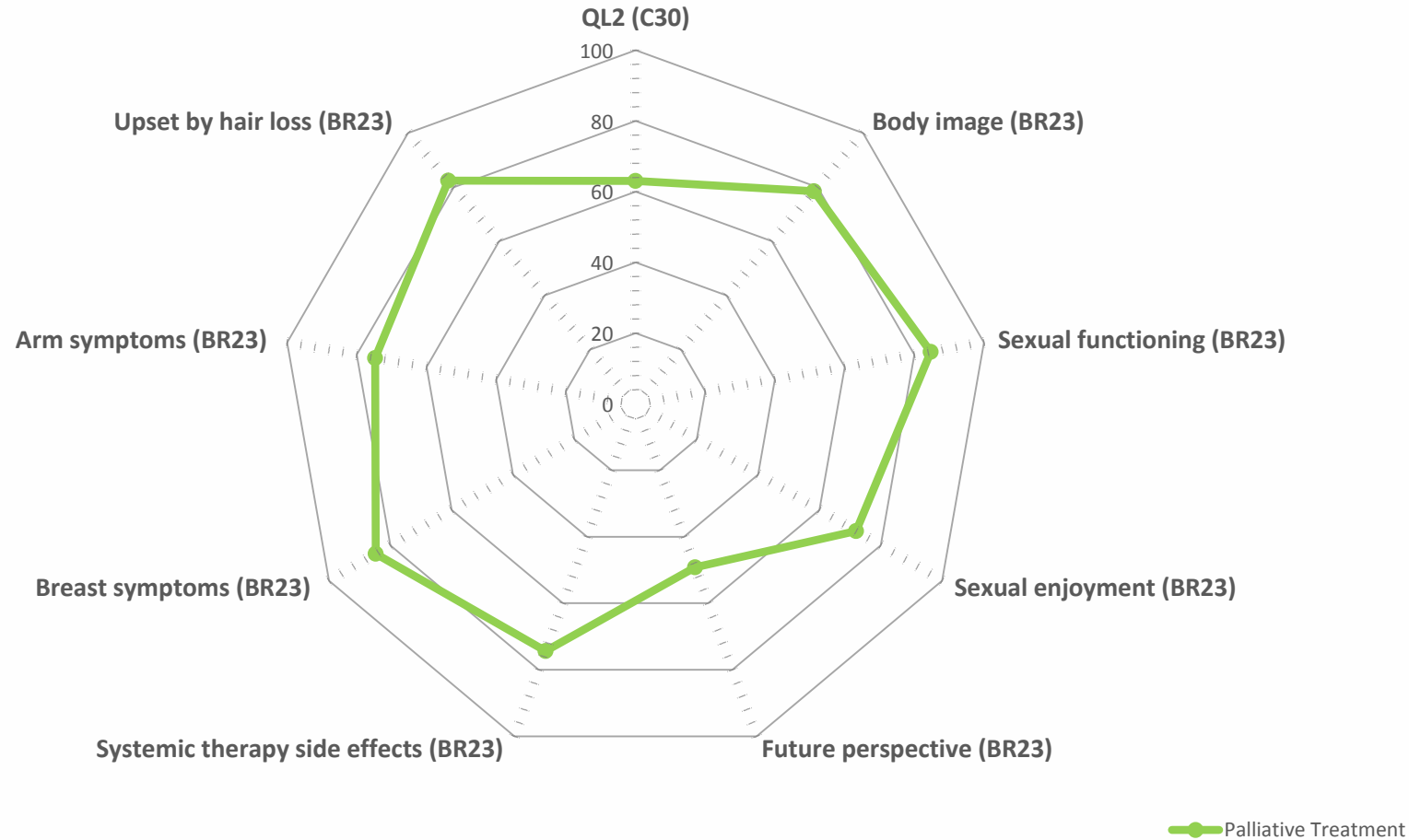
Most frequent adverse events

- Febrile neutropenia
- Alopecia
- Vomiting and nausea
- Cardiac toxicity (FEVE)
- Asthenia
- Nail disorder
- Edema
- Pulmonary toxicity
- Joint pain
- Mood swings

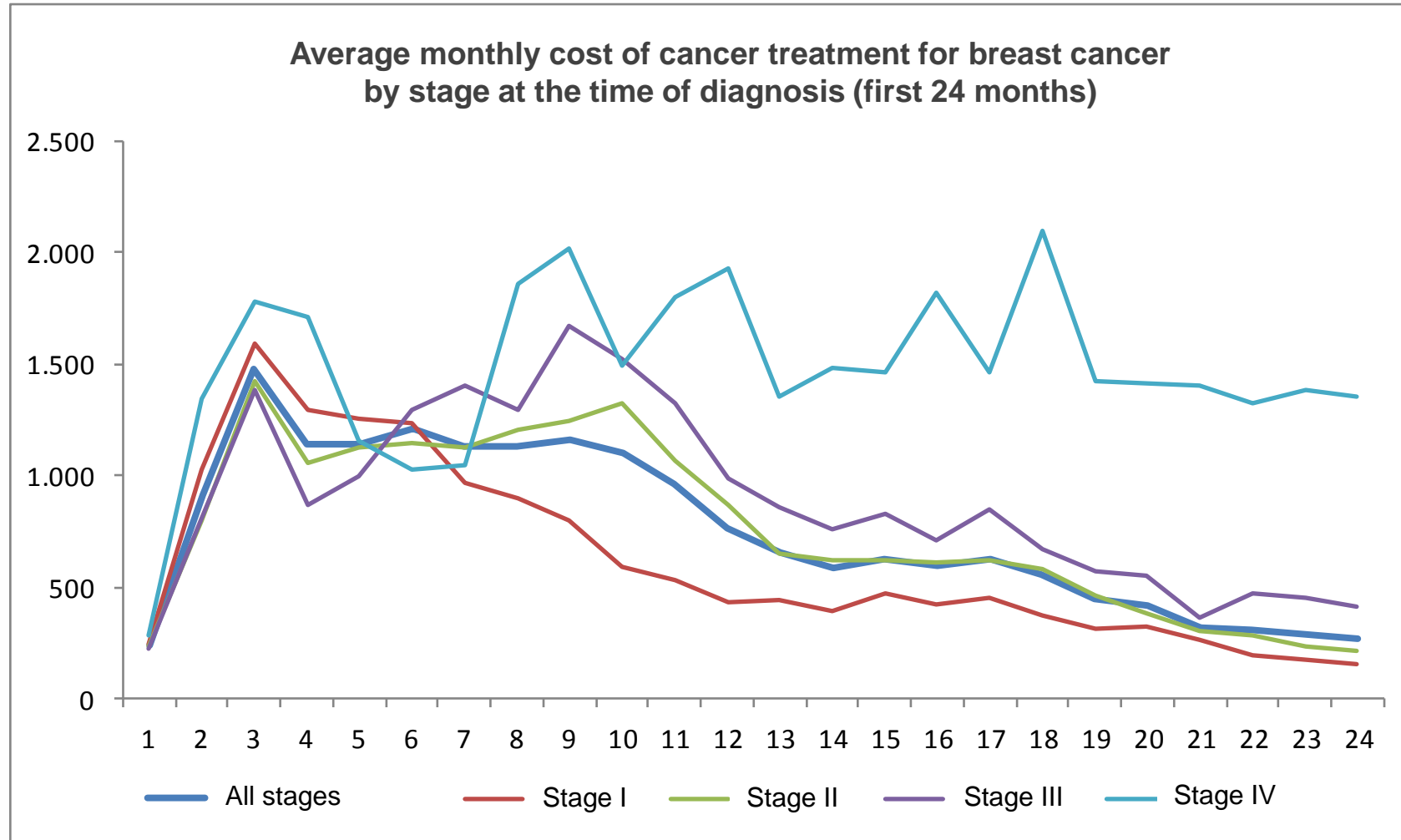
PROM's - Quality of life

The value of therapeutic innovation in patients with metastatic breast cancer

(a score of 100 represents the best performance)



Breast cancer treatment cost



A shared vision



A shared Vision

