EXPERT REVIEWS

'HTA for Crisis': sharing experiences during the 7th EBHC Symposium

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Magdalena Wladysiuk*[1,2], Anna Tabor[2] and Brian Godman[3,4,5]

[1]*HTA Consulting, Starowiślna Street 17/3, 31–038 Cracow, Poland*
[2]*CEESTAHC, Starowiślna Street 17/3, 31–038 Cracow, Poland*
[3]*Department of Laboratory Medicine, Division of Clinical Pharmacology, Karolinska Institutet, Karolinska University Hospital Huddinge, SE-141 86, Stockholm, Sweden*
[4]*Institute for Pharmacological Research 'Mario Negri', Via Giuseppe La Masa 19, 20156 Milan, Italy*
[5]*Prescribing Research Group, University of Liverpool Management School, Chatham Street, Liverpool, L69 7ZH, UK*
**Author for correspondence:*
Tel.: +48 124 218 832
Fax: +48 123 953 832
m.wladysiuk@ceestahc.org

'HTA for Crisis' – 7th Evidence-Based Health Care Symposium organized by the Central and Eastern European Society for Technology Assessment in Healthcare
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The Central and Eastern European Society of Technology Assessment in Health Care was founded in Krakow, Poland in 2003. On October 8th and 9th, the 7th symposium took place titled 'HTA for Crisis'. This meeting was attended by over 250 decision makers, evidence-based specialists, healthcare managers, commercial company personnel and experts. The symposium was principally divided into four main themes: insurance in times of crisis; importance of pricing of health services in times of crisis; managing welfare benefits in times of crisis and Health Technology Assessment in crisis-laden countries. The symposium finished by debating potential ways forward for healthcare systems in times of crisis.

Over 250 people from all key stakeholder groups from across Europe and other continents recently took part in the 7th Evidence-Based Health Care Symposium in Krakow, Poland. There was a free exchange of information from all major stakeholder groups, facilitated by delegates submitting abstracts regarding their experiences, projects and views on Health Technology Assessment (HTA) in Europe – especially those from the Central and Eastern European region.

The symposium centered on four main themes:

- Insurance in times of crisis;
- The importance of health services pricing in times of crisis;
- Managing welfare benefits in times of crisis;
- HTA in crisis-laden countries.

Alongside this, there was also a separate session on 'Between the devil and the deep blue sea? The diversity of approaches to healthcare management at times of crisis' to continue the debate on potential ways forward for healthcare systems in times of economic crisis.

Session 1 reviewed potential sources for financing healthcare systems, especially if universal health insurance is currently insufficient to cover basic healthcare needs. Mel Walker (GlaxoSmithKline, London, UK) discussed funding for healthcare in times of economic crisis from an industry perspective. Adam Sliwinski (Warsaw School of Economics, Warsaw, Poland) presented the results of his research analyzing the behavior of insurance companies in the face of changing economic conditions and discussing potential ways forward. Krzysztof Łanda (Meritum L.A., Kraków, Poland) presented findings to suggest that the gap between available resources for healthcare in Poland and the contents of the benefit package was the main problem facing Poland. A healthcare system can be neither effective nor equitable if there are insufficient resources. One way forward was to introduce additional health insurance – complementary insurance. This theme was reviewed again at the end of the symposium with speakers suggesting that inefficiencies in the current system should be addressed first before asking citizens for additional insurance as this is against the European ideal of equitable and comprehensive healthcare. Alongside this, addressing major shortfalls in the financing of healthcare if they exist in Poland versus other European countries.

Session 2 concentrated on the invisible revolution, which has or will shake all stable connections between payers and service providers. The

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necessity for always evaluating healthcare provision is essential. Chris Henshall (HTAi Policy Forum, UK)stated that health systems face rising patient expectations and economic pressures, and decision makers are constantly seeking to enhance efficiency. There is international interest in defining and enhancing the role of HTA to support decisions to optimize the use of resources with particular interest in 'disinvesting' low-benefit technologies. 'Disinvestment' may not be the best term – it may be better to discuss the optimal use of resources. HTA contributes to both routine and *ad hoc* optimization processes. Stefan Boguslawski (Polish Centre for Medical Statistics, Warsaw, Poland) focused on the question: Are hospitals equipped with sufficient instrument for benefits-cost management? The healthcare system in Poland in 2012 is under particular pressure exacerbated by public payers focusing on the short-term responding to crises instead of streamlining implementation mechanisms. As a result, there has been rapid growth in private expenditures alongside failure of the public system and dissatisfaction among patients in Poland – the highest level in the EU. Sophie Cros (Abbott Vascular International BVBA, Diegem, Belgium) subsequently discussed the role of HTA for medical devices companies, with Łanda finishing the session by stating a national Pricing Agency is necessary in Poland and should evaluate medical and nonmedical technologies. Such an agency should be involved in risk-sharing arrangements particularly for expensive technologies.

Session 3 looked more specifically at ways to optimize the use of resources. Roger James (independent Health Consultant) discussed 'The Green Revolution: Integrated, Person-Centred Community Care.' James said the 'Green' revolution is a series of research- and evidence-based initiatives challenging traditional models of hospital based delivery. The principles of the 'Green' revolution are: quality, innovation, integration, productivity and sustainability. Iñaki Gutiérrez-Ibarluzea (OSTEBA Basque office for Health Technology Assessment, Vitoria-Gasteiz, Spain) discussed the approaches and actions undertaken in the Basque Country in collaboration with other entities and organizations to review the best use of resources. Possible savings from systematic, comprehensive and accountable reduction in low added or no added value practices and technologies are part of the solution. This process, called disinvestment, is a decision-making process. HTA is providing information to make this process transparent and accountable. Jonna Lis (Polskie Towarzystwo Farmakoekonomiczne, Warsaw, Poland) focused on the role of cost containment methods for optimal welfare benefits management. EU countries differ in the methods they define, collect and allocate financial resources, but all countries define a budget for health and pharmaceutical spending. Evidence shows new innovative drugs can be cost effective. Consequently, healthcare systems should evaluate current service delivery patterns and methods to help fund these new drugs. One way forward to help fund new premium priced technologies could be Patient Access Schemes (PASs). Jan Jones (NHS Scottish Medicine Consortium, Tayside, Scotland) discussed the current situation in Scotland under the Scottish Medicine Consortium – the NHS Scotland HTA Organization. PASs group principles require schemes to be operationally manageable for the NHS. For this reason, simple financial discounts are favored over more complex finance or performance-based schemes. Twenty medicines with a PASs have been accepted for use in NHS Scotland (to July 2012) – six are complex schemes (including one performance-based scheme) and 14 are simple discounts. Advantages of PASs include the potential to reduce uncertainty in economic analysis or to provide effectiveness 'real world' data. Disadvantages centre on the administrative burden of complex schemes, which can be labor intensive to manage, co-ordinate and track.

Session 4 discussed approaches to healthcare provision within countries undergoing economic problems. Kristina Garuoline (National Health Insurance Fund under the Ministry of Health of the Republic of Lithuania, Vilnius, Lithuania) described decision-making process for funding drugs in Lithuania. Scoring systems are being developed by the Ministry of Health's Commission for Modification of the list of diseases and reimbursement with reimbursement granted on the basis of scoring. Reforms have also been instigated regarding the pricing of generics and originators to free resources to start reimbursing new pharmaceuticals [1]. Jurij Furst (Ministry of Health of the Republic of Slovenia, The Health Insurance Institute of Slovenia, Ljubljana, Slovenia) stated that the crisis presented opportunities to improve the effectiveness of pharmaceutical policy. Economic criteria have become much stricter when reviewing the value of new drugs. Explicitly defined incremental cost–effectiveness ratio threshold is one option. Recently, reference pricing for therapeutic groups of drugs has been introduced in Slovenia to further conserve resources with compulsory generic substitution planned [2]. Alongside this, quality indicators are also being developed especially where there is polypharmacy [3]. Only motivated physicians and pharmacists with sophisticated technical support will prescribe rationally, which is the ultimate goal of the policy. Jacek Gralinski (Children's Memorial Health Institute, Warsaw, Poland) spoke on rare diseases. There is concern about the costs of drugs for orphan diseases, which has led researchers to question current definitions and practices [4].

The four main sessions were complemented by short presentations including the development of quality indicators for polypharmacy in Slovenia, instigation of multiple measures in Croatia across different disease areas resulting in a reduction in budget deficits alongside funding new drugs and improving care [5], using research to highlight ways to reduce the use of premium priced technologies with limited added value [6], as well as the development of dynamic tools for collecting and reviewing available data for analysis.

The last session focused on the diversity of approaches to healthcare management at times of crisis. Two opposing approaches to healthcare were presented and debated. Magdalena Władysiuk (HTA Consulting, EESTAHC, Krakow, Poland) discussed the problems faced by Central and Eastern European countries – especially if there are insufficient resources (% gross domestic product) allocated to healthcare. Godman *et al*. discussed examples across Europe where health authorities had instigated measures to obtain

low prices for generics, enhance their use versus patented products in a class [2] as well as improve the quality and efficiency of prescribing through essential drug lists [7]. Alan Haycox, Rachel Houten, Sarah Richards (University of Liverpool, Liverpool, UK) discussed how to use of HTA to help maintain universal healthcare coverage at a time of financial crisis. Responding to crisis from a US perspective, Mitch Sugarman (Meditronic, Inc., MN, USA) presented current and potential future methods that can be used in an insurance based system to help maintain the quantity and quality of health service provision.

We eagerly look forward to the 8th Evidence-Based Health Care Symposium in 2013.

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