WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

PPRI Pharmaceutical Pricing and Reimbursement Information

Gesundheit Österreich GmbH

CALL FOR ABSTRACTS

4th International PPRI Conference

23–24 October 2019, Vienna, Austria

Medicines access challenge – The value of pricing and reimbursement policies

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Venue: Palais Niederösterreich, Herrengasse 13, 1010 Vienna, Austria
Conference website: https://ppri.goeg.at/ppriconference2019
Contact: ppriconference@goeg.at

The PPRI Conference in Vienna brings together around 300 high-level academics, policy-makers and other stakeholders to discuss current challenges and opportunities in the area of pharmaceutical pricing and reimbursement policies.

Abstract presentations

Specific sessions of the conference will be dedicated to allow researchers and policy-makers to present and discuss pharmaceutical policies. You are very warmly invited to submit your abstracts by **31 May 2019**, 23:59 hours CEST.

The presentations of accepted abstracts are scheduled for sessions either on Wednesday, 23 October 2019 from 14:00 to 17:00 hours, or on Thursday, 24 October 2019 from 10:30 to 12:00 hours. There will be three parallel sessions for the three strands of the conference (see details below).

Please note:

» Call for workshops: On Thursday, 24 October, 13:30 to 14:45 there will be the opportunity to organise workshops where the different perspectives of stakeholders will be discussed. The call for workshops is separate to this call for abstracts and can be found at the conference website.

ABSTRACT SUBMISSION GUIDELINES

1) Online submission procedure and deadlines

Abstracts can be submitted electronically through the conference website via an online form https://survey.goeg.at/index.php/152866?lang=en. Please follow the guidelines for online submission (see below)

Abstract submission deadline: 31 May 2019 (23:59 hours CEST); *an early submission of abstracts is recommended and highly appreciated.*
Information on acceptance: You will be informed by **mid July 2019** if your abstract is accepted and in which form it can be presented (oral presentation, brief poster presentation, poster without presentation; see further details below).

2) Different types of submissions and presentations

If your abstract is accepted, there are three possibilities of presenting your work:

1. **Oral presentation**
   Authors of the highest rated submissions per strand will be invited to present their work during a presentation of maximum 10 minutes, followed by a brief question & answer period. For each of the three strands (see below), five abstracts will be selected for an oral presentation.

2. **Brief poster presentations**
   Authors of high rated submissions will be invited to present their work during a brief oral presentation of their poster (no slides). The presentation should be limited to 5 minutes and will be followed by a brief question & answer period (max. 5 minutes). Four poster submissions per strand will be selected.

3. **Posters** (without oral presentation)
   In addition, further accepted submissions will be granted the possibility to be displayed as a poster (no presentation) at a defined exhibition area.

Please note that the best oral presentation and the best poster will be awarded and recognized at the conference (presentation award, poster award).

3) Size and language:

The abstract text must not exceed 400 words. These 400 words do not include title, authors and affiliations, keywords, references and funding sources. Submissions should relate to completed or ongoing research (with preliminary results) and must be in English (spelling within one abstract should be US English or UK English, but not a mixture).

4) Strands

Abstracts can be submitted in one of the following strands:

Strand 1: Local challenges, global learnings? What can other countries learn from best-practice examples in the field of pricing and reimbursement of medicines?

Description: A variety of pharmaceutical policies, including pricing and reimbursement measures, is used in national health systems to achieve equitable access to medicines for all patients at affordable costs. Even if there is no 'one-size-fits-all' model and policies have to be aligned to a country's health system's priorities, cross-country learning can be highly beneficial. Both good-practice examples as well as experiences of less successful policy implementations can guide policy-makers in developing their mix of policy options that is most appropriate to achieve a country's defined policy objectives and to deal with current challenges (limited resources, high prices of medicines, non-availability of essential medicines, limited transparency, counterfeits, shortages). Lessons learned on established policies (such as external price referencing, introduction or change of the remuneration of pharmacies, generic policies, outpatient benefits package schemes) are of interest. In addition, sharing of experiences on more recent policies and models (e.g. measures to enhance the uptake of biosimilars, managed-entry agreements, collaborative approaches, horizon scanning, MCDA and other methodologies for evidence-informed decision-making) is highly appreciated.

In this strand we are looking for **good-/best-practice examples in terms of increasing access and affordability of medicines,** whose learning could be transferred to other setting. We are specifically interested in impact assessments and evaluations that analysed the effectiveness of policies. Success factors and supporting principles should be identified.

Strand 2: 'Fake' prices – Are price surveys still useful? The value of list prices against the backdrop of external price referencing and managed entry agreements.

Description: A frequently used policy to set pharmaceutical prices is external price referencing which usually refers to official list prices published by authorities in other countries. However, the value of this price information can be challenged since, particularly for high-priced medicines, their prices do not correspond to the ones paid by the health system: in several cases, public payers and purchasers (e.g. health insurance institutions, hospitals, etc.) negotiate confidential arrangements (managed-entry agreements) with pharmaceutical companies whose contents, especially the discounted prices, are kept confidential. The list prices, however, remain high ('fake prices'). This impacts negatively on decision-making (use of artificially higher prices in external price referencing, distorting the balance in the pharmaceutical sector due to information asymmetry) and research (limiting the significance of medicine price studies). It has been argued that, despite their limitations, confidential deals allow health systems to improve access to medicines through obtaining lower prices, whereas others highlighted negative impacts on accessibility to medicines:

In this strand we specifically look for:

» studies and policy interventions that aimed to increase the transparency of 'real' prices
» principles for developing a 'fair price'
» approaches of how to improve existing pricing and reimbursement policies that require price data (e.g. external price referencing, internal reference pricing, generic price link, etc.)

Strand 3: Fix the future? Innovative policy options need to be developed, agreed upon and implemented

Description: In recent years, some medicines with very high price tags entered the markets, and further promising though likely expensive therapies are said to be in the pipelines. Policy-makers have been increasingly worried about ensuring patient access, while at the same time safeguarding the long-term financial sustainability of their health systems and maintaining incentives for industry to encourage them in their investments for new medicines. It has been demonstrated that existing pricing, reimbursement and procurement policies all have their benefits and also limitations. New ideas and solutions of how to ensure access, affordability and incentives for innovation are needed, and they will likely go beyond pricing and reimbursement policies. Has the current business model come to an end? Which are the alternatives? Which tools and avenues for the future can be offered to support policy-makers to equip them for the challenges of the future (e.g. digitalisation of the health care sector and advances in the medical sector like gene sequencing and therapies)? In developing the future, how to ensure that patients and citizens are involved in a meaningful and serious manner? Which roles do financial investors play, how could their interest be aligned to public health priorities?

In this strand, we would like to receive contributions in relation to:

» innovative approaches in pricing and reimbursement policies and beyond;
» assessment and discussion of new funding, payment and investment models (netflix model, amortization, value-based assessment approaches, horizon scanning, personalised medicines, etc.)
» collaborative approaches such as joint negotiations, joint procurement, information sharing, early dialogue and collaboration among the value chain

5) Publication of your abstract in the Journal Pharmaceutical Policy and Practice (Conference Supplement)

A selection of abstracts will be published in a Supplement of the BioMed Central Journal of Pharmaceutical Policy and Practice (JOPPP) www.joppp.org. Please indicate your consent during abstract submission for your abstract to be published in the Journal. Abstracts to be published in the Journal Supplement will be selected by the Scientific Programme Committee, though the final approval is made by the editor of the journal.

6) Evaluation procedure

Submitted abstracts are evaluated by the members of the Scientific Programme Committee. Topics that are likely to be highly ranked for conference presentation include:

(1) sound research methodology;
(2) (practical) conclusions that can be transferred to other countries and contexts
(3) approaches to increase transparency in the field of pharmaceutical policy
(4) reference to solutions
(5) to strengthen the balance in the pharmaceutical sector
(6) an impact assessment/evaluation of a pharmaceutical pricing and/or reimbursement policy implemented resulting in increased access to affordable medicines;
(7) elements and/or an assessment of cross-country cooperation initiative (e.g. joint procurement or negotiations, sharing of information)

7) Young Researcher Award

The best abstract submission by a researcher below the age of 35 will be recognized by the Scientific Programme Committee with the Young Researcher Award 2019. The award includes an exemption from the conference fee as well as an explicit mention in the conference programme.

Guidelines for completing the online form for abstract submission

1) Personal contact data

Data fields no. 1–13: Personal data

Please complete the fields asking for your contact data and agree to the data protection regulations as mentioned below.

Data fields no. 14: Data protection regulation: □ I accept the data protection regulations*.

*We are processing the data you entered here electronically for the sole purpose of managing the abstract submission process. In case your abstracts is accepted for presentation (either oral or poster) we will include the title of your abstract, name of the author(s), institution(s), country in the conference programme and conference website. In case you agree to the publication of your abstract in the conference supplement we will forward your contact data to the publishing institution (BioMed Central) who may contact you in case of any necessary communication and to encourage the submission of original manuscripts to the journal. Your contact data will not be forwarded to 3rd parties except for cases mentioned above. Further details can be found in our data protection regulations

2) Abstract

Data field no. 15: Conference strand in which the abstract is submitted (for selection):

Please select the relevant conference strand for your abstract:

- Strand 1 – Local challenges, global learnings? What can other countries learn from best-practice examples in the field of pricing and reimbursement of medicines?
- Strand 2 – Fake' prices – Are price surveys still useful? The value of list prices against the backdrop of external price referencing and managed entry agreements
- Strand 3 – Fix the future? Innovative policy options need to be developed, agreed upon and implemented.

Data field no. 16: Title of the abstract: Please enter a short title of your abstract
Data field no. 17: Authors and Affiliations: Please list the names of the authors, with the corresponding author at first place. A comma should separate author names. Where authors are from a number of different institutions, the appropriate institution number from the affiliation list should be given as a number immediately after each author's name – e.g.:

Sabine Vogler1, Jaime Espin2. 1 WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies, Pharmacoeconomics Department, Gesundheit Österreich GmbH (Austrian Health Institute), Vienna, Austria 2 Escuela Andaluza de Salud Pública / Andalusian School of Public Health, Campus Universitario de Cartuja, Granada, Spain

Affiliations should include department, institute, town and country. When there are multiple affiliations, each should be listed with a number at the beginning used in connection with the author's names (see above).

Data field no. 18: **Age of presenting (Co-) Author:** Please provide the birth year of the presenting author if you wish to be considered for the young researcher award. (All authors below the age of 35 will be considered.)

! Please note !
The Abstract must not exceed 400 words (excluding title, authors and affiliations, key words, funding sources, tables and figures, references)!

Data field no. 19: **Background:** Abstracts should start with a short statement of the background of the specific problem addressed *(max. 400 characters)*

Data field no. 20: **Objective(s):** State clearly the key objective(s) of the study (or policy option) in the form of specific aims or research questions. If relevant, describe the specific changes the intervention or policy under analysis was intended to accomplish. *(max. 1500 characters)*

Data field no. 21: **Region covered:** Enter information on the geographical region(s), which are covered by the study (WHO regions: AFRO, EMRO, EURO, PAHO, SEARO, WPRO). Please state also if the study was/is carried out at international, national, provincial/regional, or local level. *(max. 1500 characters)*

Data field no. 22: **Methodology:** Please explain the study design and indicate the type of study (description, analysis, policy evaluation, review, qualitative study). Please indicate if the study addresses the out-patient sector, the in-patient sector or the interface. Specify whether the study examines the public sector, private sector, or both. *(max. 1500 characters)*

Data field no. 23: **Time period:** Enter the time period of the study (date begun, date ended) *(max. 1500 characters)*

Data field no. 24: **Result(s):** Please provide the main results of the study. *(max. 1500 characters)*

Data field no. 25: **Conclusion(s) and lessons learned:** Report conclusions directly supported by The evidence as well as their policy significance. Give equal emphasis to positive and negative findings of scientific merit. If possible, state here relevant factors of the success of the policy and intervention surveyed or barriers from which others could learn. *(max. 1500 characters)*

Data field no. 26: **Keywords:** Choose up to five keywords that best describe your survey, analysis or evaluation.

Data field no. 27: **Funding Source(s):** Name the organization(s) that funded / are funding the research.

Data field no. 28: **References (optional):** All references should be cited/called out consecutively in the text, using numbers in square brackets. Only papers that have been published, or are in press, or are available through public e-print/preprint servers should be included in the reference list. Journal abbreviations should follow MEDLINE standards. References should be laid out in Vancouver style and be preceded by the relevant reference number. Foreign/translated works are allowed in references, as long as they also follow Vancouver style. Please ensure that the number of ref-

erences listed is reasonable (and would not exceed more than half a page). An example of a reference for a journal article follows. The full reference style guide can be found at the journal's website.

1. *Chomczynski P, Sacchi N. Single-step method of RNA isolation by acid guanidinium thiocyanate-phenol-chloroform extraction. Anal Biochem. 1987; 162:156-159.*

Data field no. 29: **Tables and Figures (optional):** You are allowed to include relevant tables/figures, kindly upload them here (at maximum 3)

Tables must be called out in the text. Tables should be formatted using the "table function" in a Word processing program and should not be created with tabs or submitted as images.

Figures must be cited/called out in the text. You must have all necessary permissions to use figures. Figures must be supplied at 300dpi per minimum. Each figure must be uploaded as single, composite file (e.g. as jpeg, png, pdf). Don't include figures with embedded hyperlinks.

Data field no. 30: **Consent to publish details from individual participants/patients –** yes/no
If the abstract contains details relating to individual participants (for example a case report), written informed consent for the publication of these details must be obtained from the participants, and a statement to this effect must appear at the end of the abstract. *E.g. Informed consent to publish has been obtained from this patient.* The JOPPP guidelines for consent statements can be found here: http://www.biomedcentral.com/about/editorialpolicies.

3) Journal Supplement

Data field no. 31: **Do you (and all co-authors) consent for your abstract to be published in the Conference Supplement of the BioMed Central Journal of Pharmaceutical Policy and Practice (JOPPP) if selected?** (yes*/no)
* If consenting to be published in the JOPPP supplement and if selected by the Scientific Programme Committee for publication, the final approval is made by the editor of the journal. The editors of the supplement at the conference organisers and the Journal editor reserve the right to make minor corrections of typos or check for comprehensibility. The author is responsible and liable for the quality of the submitted content of the abstract. The author will be informed about the selection and publication of the abstract and proposed changes (if needed) and will receive a copy of the abstract to be published in the Journal supplement prior to publication.

Data field no. 32: **To be considered for publishing in the journal supplement, do you confirm that your abstract/research is original and not previously published?** (yes/no*)

* Abstracts that have previously been published by the same author may be included at the discretion of the Editor-in-Chief, as long as the author has permission for such republication.

Please find below a sample abstract.

Appendix B

Guidelines for Authors: Preparation of Abstracts – Sample Abstract

Abstract title here in sentence case (no unnecessary capitalization), no underlining and no full stop at the end

Firstname A Lastname[1]*, Firstname B Lastname[2], Firstname C Lastname[3]

[1]Department, University, Town, State, USA
[2]University, Town, County, UK
[3]Company, Town, State, Canada, Postcode

*Email address of corresponding author if being included

The text in this abstract should not be more than 400 words, unless otherwise specified by your conference organizer. Please use single line spacing and type the text unjustified without hyphenating words at line breaks. Use hard returns only to end headings and paragraphs, not to rearrange lines.

Greek and other special characters may be included - if you are unable to reproduce a particular special character, please type out the name of the symbol in full. Please check if abstract submission systems have corrupted special characters or <p> values. SI units should be used throughout (litre and molar are permitted, however). Abbreviations should be used as sparingly as possible and should be defined when first used.

Citations to references should be included in square brackets [1,2], and citations to any figures (Figure 1) and tables (Table 1), must also be included in round brackets. All figures and tables need corresponding citations in the text, and vice versa.

Structured headings such as Background, Results and Conclusions may be added.

Tables should be formatted using the "table function" in a word processing program not created with tabs or submitted as graphical items.
Tables should not have highlighting or shading. Tables should be submitted in editable format.

	X[a]	Y	Z	p*
Parameter 1	≤9	10-12	≥13	0.01
Parameter 2[b]	1.20	1.07	0.98	0.0001
Parameter 3	a	b	c	0.05

Table 1. Short title, maximum one sentence

Figure titles must form part of the text file and not be part of the graphical figure. Figures must be supplied electronically in the body of the text at 300 dpi minimum. Each figure (even if made up of parts) must be inserted as a single, composite file and not inserted into a table. Please align figures with text.

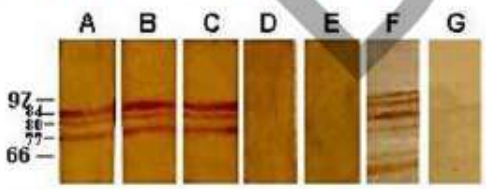

Figure 1. Short title, must be separate, editable text and not embedded in image.

Trial registration
Current Controlled Trials ISCRTN73824458

References
1. Lastname A, Lastname B, Lastname C. Title of journal article. Journal Medline abbreviation. Year; Volume:first page-last page.
2. Lastname E. Title of book chapter. In: Lastname F, editors. Name of Book. Volume 2. 2nd edition. Place: Publisher; Year. p.first page-last page.