



# Supporting Decision-Making on Costly Hospital Medicines in Austria: Approaches for Democratic Processes

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- ❖ Background
- ❖ Aim
- ❖ Methods
- ❖ Results
- ❖ Conclusion



- ❖ Limited healthcare resources and high healthcare expenditures
- ❖ Introduction of new & ever more costly medicines → prioritization
- ❖ Transparent & standardized processes/ methodologies necessary
- ❖ In Austria: decentralized reimbursement decisions in the inpatient sector



Suggesting options for a national process  
for the reimbursement of costly medicines  
provided in the Austrian inpatient sector.



## ❖ Literature analysis & expert information:

Analysis of reimbursement processes of eleven countries including Austria following different procedural steps:



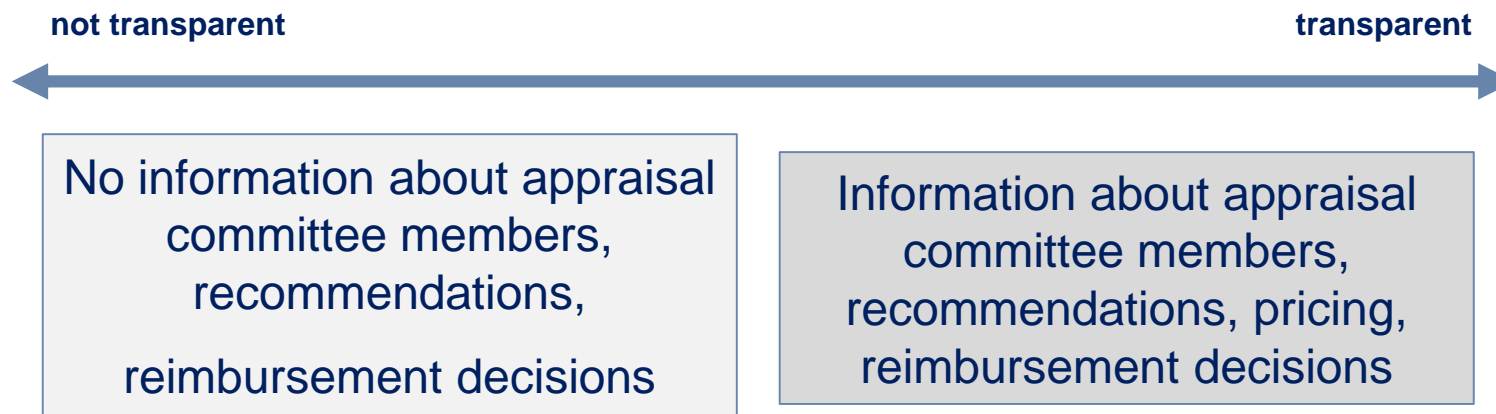


- ❖ Analysis of the strengths and weaknesses of elaborated options for action following 4 criteria:
  - (1) *Evidence-based and methodological transparency*
  - (2) *Transparency of the processes*
  - (3) *Fairness*
  - (4) *Efficiency of the methods and processes*
  
- ❖ Development of different scenarios for a national process for the reimbursement of costly hospital drugs

# (1) Evidence-based and methodological transparency



## (2) Transparency of the processes



Strengths and weaknesses of the elaborated options for action

### (3) Fairness

not fair

fair

No patient participation in assessments or decision-making processes

Patient involvement or integration of patient relevant methodologies for assessments and/or decisions

### (4) Efficiency of the methods and processes

not efficient

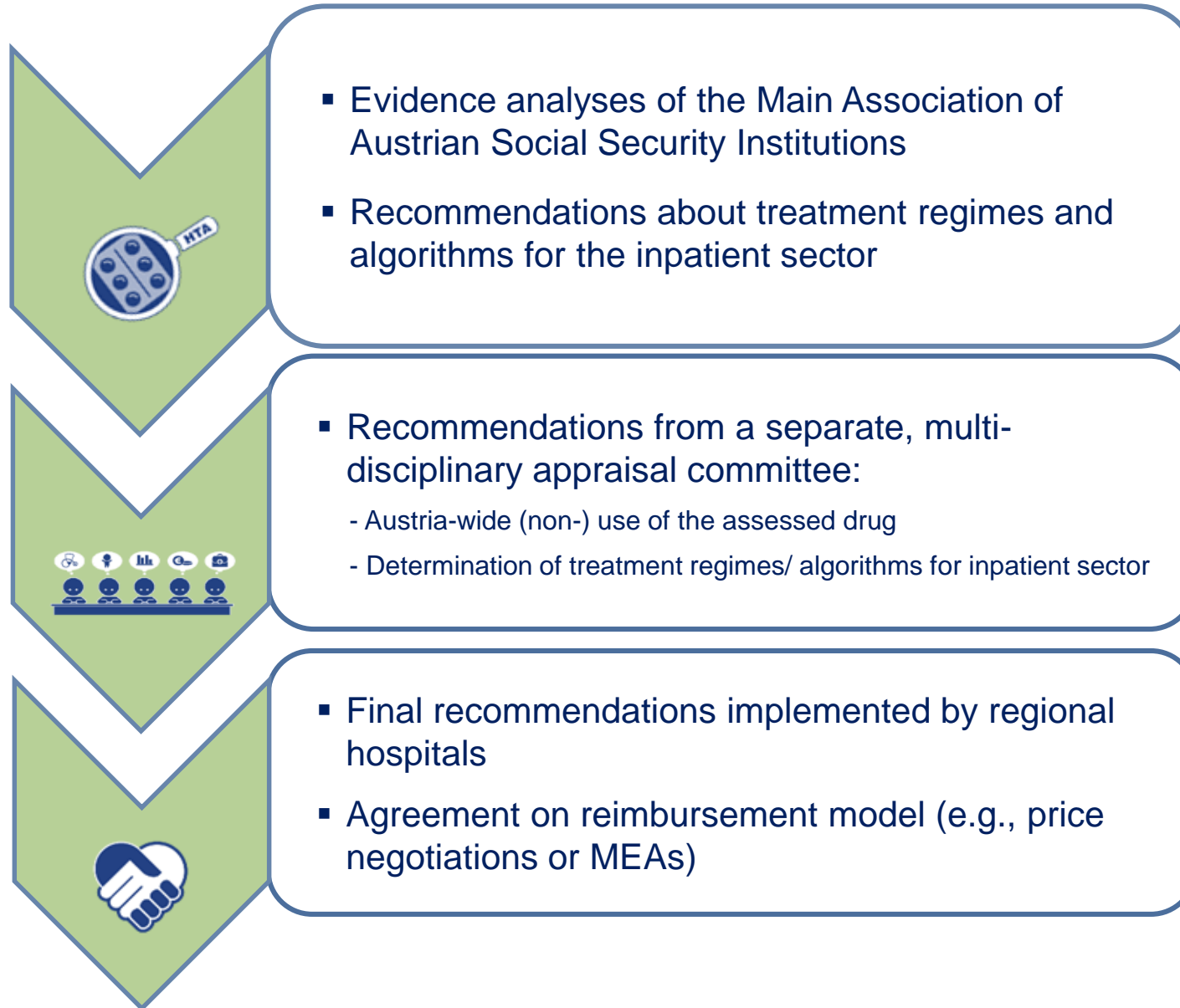
pragmatic and efficient

National assessments for small countries

Transnational cooperations, e.g. Beneluxa & EUnetHTA

Strengths and weaknesses of the elaborated options for action



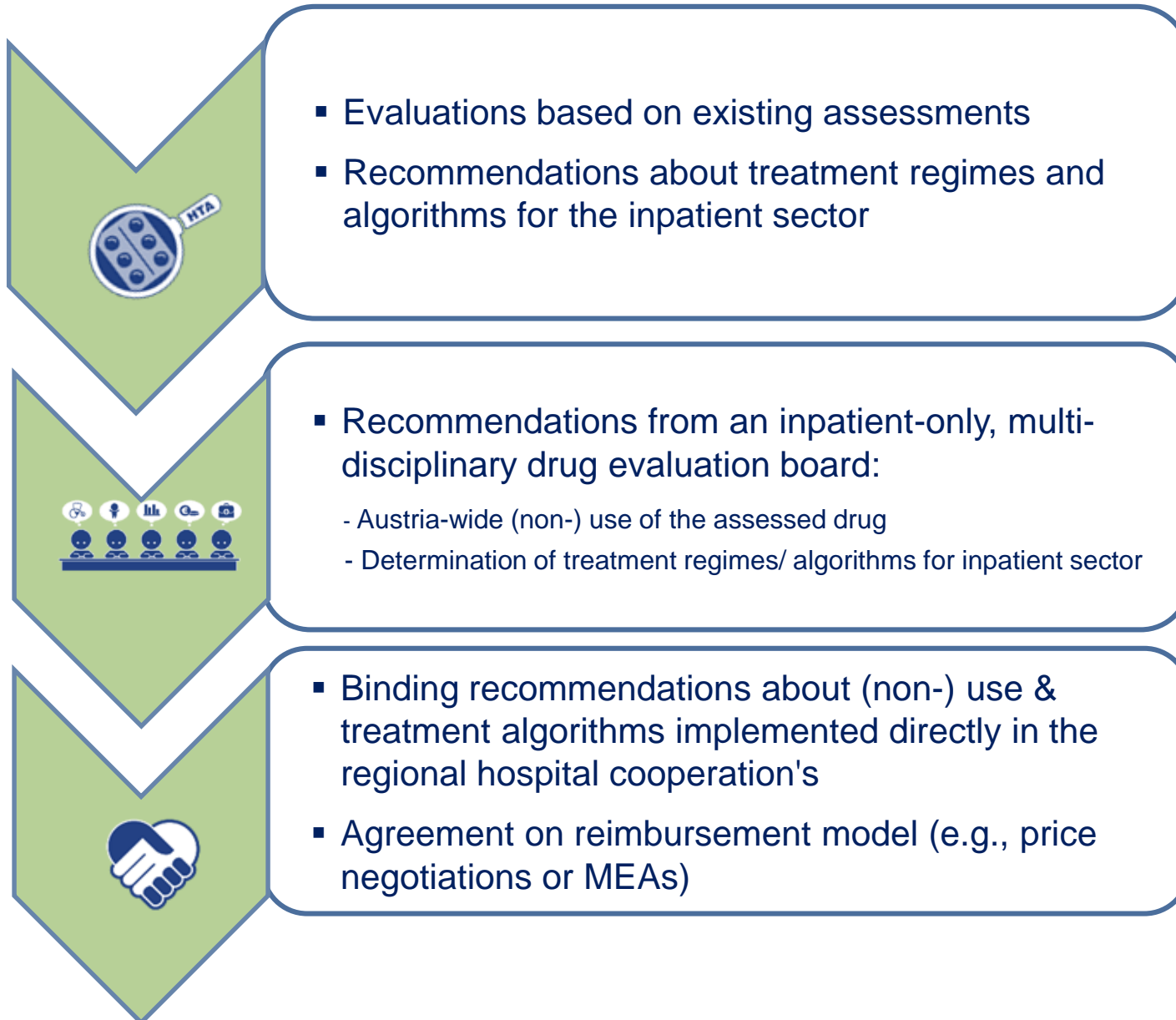


## Scenario 1: The Evaluation Board of Hospital Medicines



<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"><li>❖ Existing infrastructure</li><li>❖ Cross-sector perspective for evaluations → standardized methodologies</li><li>❖ Separation of assessments and decisions in the inpatient sector</li><li>❖ Linkage to processes with international cooperation's</li></ul>	<ul style="list-style-type: none"><li>❖ Occasion-based assessments (pilot projects)</li><li>❖ Capacity increase or outsourcing necessary</li><li>❖ Need of commitment of the regional hospitals</li></ul>

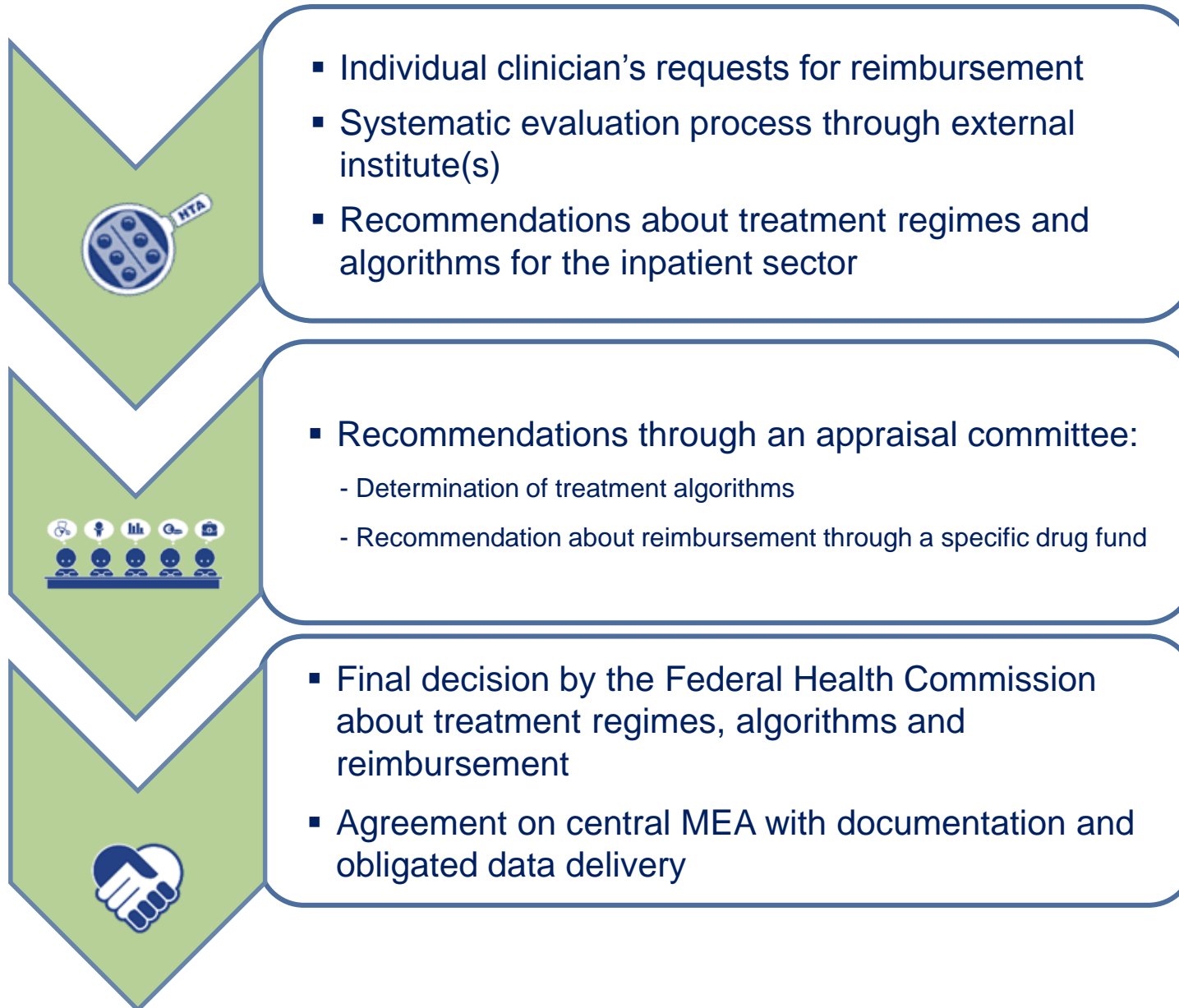
Scenario 1: The Evaluation  
Board of Hospital Medicines



## Scenario 2: Coordination of regionalized decision processes



Advantages	Disadvantages
<ul style="list-style-type: none"><li>❖ Use of existing drug assessments</li><li>❖ Stakeholder involvement (clinicians) → increase of commitment</li><li>❖ Binding recommendations</li></ul>	<ul style="list-style-type: none"><li>❖ Currently occasion-based assessments</li><li>❖ No cross-sector perspective/methodology</li><li>❖ Capacity increase for the evidence synthesis needed</li></ul>



## Scenario 3: Expansion of the hospital benefit catalogue for costly drugs



<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"><li>❖ Use of existing processes (evidence analysis/ synthesis, appraisal)</li><li>❖ Standardized methodologies for evidence analyses</li><li>❖ Requirements of central documentation of MEAs for reimbursement</li></ul>	<ul style="list-style-type: none"><li>❖ Time-consuming decision-making process</li><li>❖ Need of creation of a specific drug fund</li><li>❖ Weak commitment to recommendations</li></ul>

Scenario 3: Expansion of the hospital benefit catalogue for costly drugs



- ❖ *Evidence-based, transparent, faire and efficient* allocation of limited healthcare resources worthwhile
- ❖ 4 criteria can be contradictory → priorities necessary
- ❖ Identifying pragmatic and feasible options of action for the Austrian context
- ❖ Presented scenarios as basis for discussion



Thank you for your attention

