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

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Sarah Wolf, Claudia Wild
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:

- Health Technology Assessment: Evidence synthesis
- Appraisal: Advisory Committee
- National reimbursement decisions
Methods II

- 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

- **not evidence-based**
  - No standardized methods for evidence analyses

- **evidence based**
  - Published methodological guidelines for evidence analyses

(2) Transparency of the processes

- **not transparent**
  - No information about appraisal committee members, recommendations, reimbursement decisions

- **transparent**
  - Information about appraisal committee members, recommendations, pricing, reimbursement decisions
(3) Fairness

- Not fair: No patient participation in assessments or decision-making processes
- Fair: Patient involvement or integration of patient relevant methodologies for assessments and/or decisions

(4) Efficiency of the methods and processes

- Not efficient: National assessments for small countries
- Pragmatic and efficient: Transnational cooperations, e.g. Beneluxa & EUnetHTA
- Evidence analyses of the Main Association of Austrian Social Security Institutions
- Recommendations about treatment regimes and algorithms for the inpatient sector

- Recommendations from a separate, multi-disciplinary appraisal committee:
  - Austria-wide (non-) use of the assessed drug
  - Determination of treatment regimes/ algorithms for inpatient sector

- Final recommendations implemented by regional hospitals
- Agreement on reimbursement model (e.g., price negotiations or MEAs)
### Scenario 1: The Evaluation Board of Hospital Medicines

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>❖ Existing infrastructure</td>
<td>❖ Occasion-based assessments (pilot projects)</td>
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<td>❖ Cross-sector perspective for evaluations → standardized methodologies</td>
<td>❖ Capacity increase or outsourcing necessary</td>
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<td>❖ Separation of assessments and decisions in the inpatient sector</td>
<td>❖ Need of commitment of the regional hospitals</td>
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<td>❖ Linkage to processes with international cooperation's</td>
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Scenario 2: Coordination of regionalized decision processes

- Evaluations based on existing assessments
- Recommendations about treatment regimes and algorithms for the inpatient sector

- Recommendations from an inpatient-only, multi-disciplinary drug evaluation board:
  - Austria-wide (non-) use of the assessed drug
  - Determination of treatment regimes/ algorithms for inpatient sector

- Binding recommendations about (non-) use & treatment algorithms implemented directly in the regional hospital cooperation's
- Agreement on reimbursement model (e.g., price negotiations or MEAs)
### Advantages
- Use of existing drug assessments
- Stakeholder involvement (clinicians) → increase of commitment
- Binding recommendations

### Disadvantages
- Currently occasion-based assessments
- No cross-sector perspective/methodology
- Capacity increase for the evidence synthesis needed

Scenario 2: Coordination of regionalized decision processes
- Individual clinician’s requests for reimbursement
- Systematic evaluation process through external institute(s)
- Recommendations about treatment regimes and algorithms for the inpatient sector

- Recommendations through an appraisal committee:
  - Determination of treatment algorithms
  - Recommendation about reimbursement through a specific drug fund

- Final decision by the Federal Health Commission about treatment regimes, algorithms and reimbursement
- Agreement on central MEA with documentation and obligated data delivery

Scenario 3: Expansion of the hospital benefit catalogue for costly drugs
<table>
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<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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</thead>
<tbody>
<tr>
<td>Use of existing processes (evidence analysis/synthesis, appraisal)</td>
<td>Time-consuming decision-making process</td>
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<td>Standardized methodologies for evidence analyses</td>
<td>Need of creation of a specific drug fund</td>
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<td>Requirements of central documentation of MEAs for reimbursement</td>
<td>Weak commitment to recommendations</td>
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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