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PHIP14
THE COUNTRY ARCHETYPE MODEL: UNLOCKING THE DOOR TO GLOBAL MARKET ACCESS
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Financial constraints prevent public dispensers in more generous health systems from creating a difficult dilemma for countries globally. As each market strives to manage its pre-scription drug market, highly specific market access requirements and challenges abound for drugmakers. Innovative drugmakers must engage with payers much earlier in the product development cycle in order to optimize trial design to satisfy specific MA and payer requirements on demonstrating innovation (e.g. selecting the appropriate comparator, targeting the correct/local patient population, gathering the most compelling head-to-head). By exploring how pricing and reimbursement (P&R) decisions are made in many major and developing markets around the world, we have developed a Country Archetypes model that identifies similarities among, and, vitally, knowledge and decision-making around how P&R decisions can be leveraged to optimize market access strategy. Data on payer type and drug review processes, payer fragmentation, percentage of individuals covered by a health insurance system, size of the pharmaceutical market, percentage of government and individuals in healthcare spending, and use as a reference country for other nations were collected for 27 of the largest pharmaceutical markets in the world. Considerations around free pricing, health technology assessment, and review of pharmacoeconomic and outcomes research data rules were made, and further segmentations on decision impact, size of reimbursable market, out-of-pocket costs, role of health insurance and market fragmentation applied. Ultimately, from the 27 nations examined, six groups emerged, each comprising countries with common treatment needs, reimbursement regimes, albeit distinct profiles affecting P&R Accountants, Pragmatists, Evidence seekers, Deal-makers, Ceiling setters, and Independents.

Our Country Archetype model is intended to help multinational pharmaceuticals across all measures, albeit distinct profiles that affect P&R: Accountants, who focus on economic value and nations were collected for 27 of the largest pharmaceutical markets in the world. Financial constraints prevent public dispensers in more generous health systems from creating a difficult dilemma for countries globally. As each market strives to manage its pre-scription drug market, highly specific market access requirements and challenges abound for drugmakers. Innovative drugmakers must engage with payers much earlier in the product development cycle in order to optimize trial design to satisfy specific MA and payer requirements on demonstrating innovation (e.g. selecting the appropriate comparator, targeting the correct/local patient population, gathering the most compelling head-to-head). By exploring how pricing and reimbursement (P&R) decisions are made in many major and developing markets around the world, we have developed a Country Archetypes model that identifies similarities among, and, vitally, knowledge and decision-making around how P&R decisions can be leveraged to optimize market access strategy. Data on payer type and drug review processes, payer fragmentation, percentage of individuals covered by a health insurance system, size of the pharmaceutical market, percentage of government and individuals in healthcare spending, and use as a reference country for other nations were collected for 27 of the largest pharmaceutical markets in the world. Considerations around free pricing, health technology assessment, and review of pharmacoeconomic and outcomes research data rules were made, and further segmentations on decision impact, size of reimbursable market, out-of-pocket costs, role of health insurance and market fragmentation applied. Ultimately, from the 27 nations examined, six groups emerged, each comprising countries with common treatment needs, reimbursement regimes, albeit distinct profiles affecting P&R: Accountants, Pragmatists, Evidence seekers, Deal-makers, Ceiling setters, and Independents.

Our Country Archetype model is intended to help multinational pharmaceuticals across all measures, albeit distinct profiles that affect P&R: Accountants, who focus on economic value and clinical outcomes, secondarily on health-related quality of life (HRQoL), and thirdly on economic burden and indirect impact of disease and treatment. Implementation of regular P&R assessment in clinical trials can help in determining the negative effects of therapy, comparing two strategies, and helping stakeholders to reach similar survival outcomes by stopping the use of P&Rs, or confirm the effectiveness of a new treatment by comparing it with an existing therapy. After evaluating the outcomes of MTM since its implementation in 2006, CMS concluded that the program has gained greater benefit and is a catalyst for improving patient care. MTM completion rates remain around 20 percent, on average. CMS also notes that the costs of certain care and economic disparities continue to exist in MTM eligibility. Specifically, African American and Hispanic beneficiaries are less likely to

PHIP18
THE PILLOWS OF COST-EFFECTIVENESS: A PRACTICAL GUIDELINE FOR NEW TECHNOLOGY COST-EFFECTIVE DECISION-MAKING
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BACKGROUND: The critical importance and use of health technology assessment in healthcare care decisions towards improved health is practically nonexistent in many Central American and Caribbean countries. A culture with a health economics mindset that enhances access to new technologies is needed, one that increases knowledge and decision-making amongst stakeholders to make cost-effective decisions that improve health. OBJECTIVES: In general, to find new ways to make new drugs and technologies available to patients, healthcare providers, governments and society as a whole. Specifically, to develop new technologies available to patients in resource-limited settings. METHODS: A needs assessment was conducted amongst key internal (pharmaceutical industry) and external stakeholders (public, private and non-profit institutions) in Central America and the Caribbean to gain insight into their decision-making basis and behaviors regarding new technology acquisition. A literature review of lessons learned and best practices across the world complemented the information collected from local stakeholders. RESULTS: A pivotal concept was created and coined as Pillows of Cost-Effectiveness. This concept advocates for three types of "effectiveness" comprising each three types of strategic considerations as follows: 1. Clinical Effectiveness 2. Economic Effectiveness and 3. Economic Effectiveness: burden of disease data, cost-effectiveness evidence and Health impact analysis. CONCLUSION: The Pillows of Cost-Effectiveness may serve as the "New Technology Cost-Effectiveness Checklist" to make evidence-based decisions in resource-limited settings. In turn, it may become the tool to assess and assure the universal goals of patients, providers, payers and policy-makers to (1) get the best drug and technology quality at the lowest cost and with reasonable access, (2) enhance healthcare partnerships and solutions towards improved individual and population health outcomes.

PHIP18
DEVELOPING HOSPITAL BASED HTA FOR EGYPTIAN CANCER PATIENTS
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BACKGROUND: Cancer is an increasing problem in developing countries. It ranks as the fourth leading cause of death in the eastern Mediterranean region and is one of the leading causes of death in the world. Although, in developing countries, incidence of cancer is still below that in the developed ones, they are expected to experience an increase in the burden of cancer, which if added to the more limited resources available, require immediate intervention. Multiple projects had been initiated in the last years aiming to solve the problem of lack of access to quality healthcare. It is clear that this leads them to be ineffective and inefficient. Objectives: Developing the nucleus for numerous Oncology Hospital-Based HTA (HB HTAs) unit as a tool for evidence-based decision making and better utilization of resources to reach for a highly performing healthcare system. METHODS/RESPONSIBILITIES: Decentralized HB HTA emerges from the need to tailor healthcare decision-making in a short period of time. These decisions should be used as a local intrinsic data, providing solutions that are compatible with the hospital's variable and prioritized needs. Generally, responsibilities include: 1. Receiving requests (according to certain technical, medical, clinical, economic, and social aspects) from Healthcare Practitioners and/or decision makers in relation to the adoption of certain technology/intervention. This unit aggregates all the available data (from primary and secondary sources), synchronize and analyze them appropriately, resulting in site-relevant clinical and economic final assessment. DISCUSSION: A single university (department) experience as a nucleus of HB HTA is centered on the three main interest of a university hospital: Research, Education and Clinical practice. It depends on the presence of: 1- A chemotherapy independent unit which can provide standardized regimens based on the HTA-based decisions, 2- Well-developed oncology electronic medical record to ensure and standardize data collection and rapid communication between different departments, 3- An E-learning program, and 4- a clinical research unit.

PHIP19
AUGMENTING THE REGULATORY REQUIREMENTS OF MEDICATION THERAPY MANAGEMENT TO IMPROVE PROGRAM EFFICIENCY AND OUTCOMES
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The Medicare Modernization Act of 2003 requires prescription drug plans to provide the coordinated use of medications to improve the quality of care to Medicare beneficiaries. In 2010, in an attempt to increase consistency among programs, the Centers for Medicare and Medicaid Services (CMS) expanded the regulatory requirements to include a medication therapy management (MTM) service for all Medicare beneficiaries. After evaluating the outcomes of MTM since its implementation in 2006, CMS concluded that the program has gained greater benefit and is a catalyst for improving patient care. MTM completion rates remain around 20 percent, on average. CMS also notes that the costs of certain care and economic disparities continue to exist in MTM eligibility. Specifically, African American and Hispanic beneficiaries are less likely to

theisize clinical practice guidelines. Implementation of PROs in CTs should be made available to pharmaceutical companies to provide their claims, especially in a country like India where the generic market is strong and widespread. Also, data obtained from PROs in CTs should be made the source document for making health-related decisions at all levels in India.

PHIP17
A SITUATION ANALYSIS OF HEALTH POLICY AND HEALTH TECHNOLOGY ASSESSMENT IN KAZAKHSTAN
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Kazakhstan is an upper-middle-income country with per capita GDP of nearly US$13 thousand in 2013. Kazakhstan’s public healthcare system – UNHS (Unified National Health System) – aims to deliver healthcare coverage to the whole population. Despite this, the profile and scrutiny of HTA activity has, consequently, also increased. Even though there has been a rapid growth of HTA activities, HTA has not initiated, but facing technical and other problems related to resources and equity issues. Despite the average Indian patient becoming more knowledgeable with regards to his/her health, disease and treatment options, many Indian physicians still depend heavily on disease-related outcome measures to take health-care related decisions, whereas many Indian physicians still depend heavily on disease-related outcome measures to take health-care related decisions, and give minimal importance to patient-reported outcomes (PROs) pertaining to the effect of the healthcare interventions on the patient’s well-being. This trend is also seen in clinical trials (CTs) in India where PROs, if used, are only secondary to disease-related outcomes. As on today, there are no commendable patient-centered outcome measures (PCORs) happening in India. With the arrival of PCOR Institute (PCORI) in America and the Caribbean to gain insight into their decision-making basis and behaviors regarding new technology acquisition. A literature review of lessons learned and best practices across the world complemented the information collected from local stakeholders. RESULTS: A pivotal concept was created and coined as Pillows of Cost-Effectiveness. This concept advocates for three types of “effectiveness” comprising each three types of strategic considerations as follows: 1. Clinical Effectiveness 2. Medical Assessment Effectiveness and 3. Economic Effectiveness: burden of disease data, cost-effectiveness evidence and Health impact analysis. CONCLUSION: The Pillows of Cost-Effectiveness may serve as the “New Technology Cost-Effectiveness Checklist” to make evidence-based decisions in resource-limited settings. In turn, it may become the tool to assess and assure the universal goals of patients, providers, payers and policy-makers to (1) get the best drug and technology quality at the lowest cost and with reasonable access, (2) enhance healthcare partnerships and solutions towards improved individual and population health outcomes.