Access to Innovation
Barriers and Solutions

Thomas D. Szucs
Gustave Courbet (1819-1877): Self Portrait or The Desperate Man
Nullum est iam dictum, quod non sit dictum prius.
- Terenz
“Put it before them briefly so they will read it, clearly so they will appreciate it, picturesquely so they will remember it.”

Joseph Pulitzer (1847-1911)
1. Where do we stand?

2. What is innovation?

3. What are the constraints?

4. What are the barriers?

5. What are possible solutions?
1. Where do we stand?
Longterm cancer survivors
$895 billion removed from the economy = 1.5% of total global GDP

Economic Value of DALYs' Lost (US$ billion) in 2008

Top 3 Cancer Sites for Country-income Groups by DALYs Lost

1 Disabilty-adjusted Life Year

The Global Economic Cost of Cancer
We still stick to many myths (here are just 4)

1. There are significant savings at the end of life
2. High costs at the end of life cannot be prevented
3. Reduction in mortality leads to higher costs
4. Health expenditure as a proportion of the domestic product is steadily increasing
2. What is innovation?
Types of innovation - 1

Variation

New definition

Evolution

Vision

Re-orientation
Types of innovation - 2

Backward directed
New orientation

Total new beginin

Fusion
How does innovation get into the world?
Propranolol
New use of a very old medicine

Propranolol in infantile hemangiomas

Photos illustrate patient on Propranolol for 12 months.
3. What are the constraints?
Healthcare reform as Hydra
de regulatoribus

Juvenal
## Regulatory chaos and mis-alignment (example vaccines)

<table>
<thead>
<tr>
<th></th>
<th>Label (Swissmedic)</th>
<th>Off-label (EKIF / BAG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV vaccine &lt; 15 y</td>
<td>3 doses</td>
<td>2 doses</td>
</tr>
<tr>
<td>Meningococcal vaccine</td>
<td>Mencevax</td>
<td>Menveo</td>
</tr>
<tr>
<td>Age: &gt; 1 year - &lt; 11 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBE booster</td>
<td>Every 3 years</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>Varicella vaccine</td>
<td>1 dose</td>
<td>2 doses</td>
</tr>
<tr>
<td>Boostrix, Revaxis, Td-pur</td>
<td>Age &gt; 4 years</td>
<td>Age &gt; 8 years</td>
</tr>
<tr>
<td>Boostrix</td>
<td>Not in pregnancy</td>
<td>Even in pregnancy</td>
</tr>
</tbody>
</table>

Source: Adapted from Infovac Bulletin Nr. 4 /2012
People want involvement

To listen to me
To tell me the full truth about my diagnosis, even though it may be uncomfortable or unpleasant
To tell me about the risks associated with each option
To explain how the options may impact my quality of life
To understand my goals and concerns regarding the options
To help me understand how much each option will cost me and my family
To offer me choices of options
To always discuss the option of choosing no test or treatment
To offer only the options that he or she feels are right for me
Most important "non-equation" in health policy

Solidarity ≠ Equality ≠ Justice
3. What are the barriers?
Poor access to cancer care

- Improve Access for Vulnerable and Underserved Populations
  - Elderly
  - Minorities
  - Low SES
  - Rural/underserved areas

Geographic disparities in access to cancer care: do patients in outlying areas talk about their access problems to their general practitioners and medical oncologists and how does that impact on the choice of chemotherapy?

P. GROUX, PHD, MPH, kundengerecht.ch GmbH, Huttwil, & T. SZUCS, MD, MBA, MPH, LL.M, European Center of Pharmaceutical Medicine, Basel, Switzerland
Access will be difficult without affordable cancer care

- Affordable cancer care
  - Eliminating waste in the cancer care system by engaging clinicians, payers
  - Incentivizing affordable, high-quality cancer care by realigning the reimbursement system to reward high-quality, affordable cancer care
  - Designing insurance benefits that enable patients to take an active role in choosing affordable, high-quality cancer care which is aligned with their needs, values, and preferences.

- Value, value, value ...
Taking a fresh look at palliative cancer care

Provision of Palliative Care
Exclusively at End-of-Life

Curative or Life-prolonging treatment

Diagnosis
End-of-Life Care

Incorporation of Palliative Care
Throughout the Cancer Care Continuum

Curative or Life-prolonging treatment

Diagnosis
End of Life Care
5. What are the solutions?
A starting point:
Payers have generally three options

1. Adopt with no additional evidence collection
2. Decline to adopt and seek further evidence (e.g. from a Trial)
3. Adopt but seek/require further evidence (e.g. via a Trial), e.g. coverage with evidence collection.
4. Risk sharing offers a fourth option, variant of AT whereby evidence collection is linked by contract to manufacturer prices or revenues.
1. For patients with advanced solid-tumor cancers who are unlikely to benefit, do not provide unnecessary anticancer therapy, such as chemotherapy, but instead focus on symptom-relief and palliative care.

2. Do not use positron emission tomography (PET), computed tomography (CT), and radionuclide bone scans in the staging of early prostate cancer at low risk for metastasis.

3. Do not use PET, CT, and radionuclide bone scans in the staging of early breast cancer at low risk for metastasis.

4. For individuals who have completed curative breast cancer treatment and have no physical symptoms of cancer recurrence, routine blood tests for biomarkers and advanced imaging tests should not be used to screen for cancer recurrences.

5. Avoid administering colony stimulating factors to patients undergoing chemotherapy who have less than a 20 percent risk for febrile neutropenia.
Insurers – re-invent thyself!
Helsana’s strategic USP

- Netzwerker (networker)
- Vorreiter (leader)
- Begleiter (companion)
- Lotse (traffic controller)
Our view to off-label use of drugs

Reimbursement of off-label use of drugs can be supported if:

- It is to treat a serious disease with no alternatives
  - Medical need
- A significant benefit can be expected for the patient
  - Evidence based
- The price for the off-label indication is lower than the price for the approved indication
  - Affordable
- The whole process is clear
  - Transparent

... and off label use will be keep us busy.
Diabetes drug may help prevent cancer
Metformin in oncology?
Aspirin – Targeted Therapy bei Colon Ca

Aspirin Use, Tumor PIK3CA Mutation, and Colorectal-Cancer Survival

C Overall Mortality, Mutant PIK3CA

D Overall Mortality, Wild-Type PIK3CA
My personal challenges as a payor
Challenge Nr 1

New insurance products!
Challenge Nr 2

Establishing a better dialogue with our customers including better health literacy
Challenge Nr 3

Sharing data and learning from intelligent data analysis

Data Scientist: The Sexiest Job of the 21st Century
Challenge Nr 4

Contracting with the best: doctors, hospitals and manufacturers

THE WALL STREET JOURNAL

Zagat Gets Into Doctor Ratings

October 22, 2007, 6:47 PM ET

If getting an appointment with Dr. Smith "can take weeks" but his great bedside manner is "worth the wait," wouldn't you like to know?

Diners are well-acquainted with the Zagat Survey approach to rating restaurants, hotels and bars. But now the consumer guide and rating company is teaming up with WellPoint to tackle the world of physicians.

Starting in January, members in some of WellPoint's Blue Cross and Blue Shield plans will be able to go online and review and rate their experiences with doctors. The health insurer, which has 35 million members nationwide, first plans to make the rating tool available to 1 million, though where exactly remains to be disclosed.

Patients using the online tool will get to apply the same weight they give restaurants, hotels and bars and break plenty of restaurant reputations. In place of food categories, though, doctors will be rated on trust, communication, availability, environment and whether members who recommend the physician.

ZAGAT Health Survey

BMJ

Patient Opinion

Performance data: ready for the public?
Challenge Nr 5

Underwriting in the age of genomics
National formulary of targeted therapies: How it might work?

1. National formulary stocked with representative targeted agents against common mutations.
2. Patient is registered in national registry.
4. Formulary reviews request against pre-determined guidelines and dispenses drug.
5. Physician submits validated test result from certified lab and drug request.
The Future?
...Still a Heraklean task

Opportunities

Affordability

Füssli 1795
We need role models
Crossing barriers requires speed
"We will not let women wait for months!"
Sonntagsblick 30. Juni 2013

Helsana-Chef Daniel Schmutz nimmt Stellung zum Jolie-Test

«Wir können Frauen nicht monatelang warten lassen»

Helsana-Chef Daniel Schmutz widersetzt sich der Berner Bürokratie. Gentests in den USA bei Brustkrebs-Verdacht will er weiterhin bezahlen.
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Coco Chanel on innovation

"In order to be irreplaceable, one must always be different.

—Coco Chanel"
Questions?
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