

Emerging importance of health economics and patient outcomes

Across Europe the impetus to measure patient outcomes and demonstrate positive health economic benefits is intensifying. *Jacco Keja*, Managing Director and Practice Leader at Quintiles Consulting, looks at the emerging opportunities for pharma companies within this environment.

Healthcare systems are accountable for a significant proportion of public funds and yet most data available relate only to the number of patients being seen and what treatment they are receiving. There is relatively little reference and transparency to how successful those treatments are in terms of quantifiable patient outcomes and value-per-Euro spent, which is where healthcare decision makers are increasingly focusing attention.

Healthcare service commissioners need this information in order to maximise the benefit of resources at their disposal. In the UK, for example, the National Health Service (NHS) receives in excess of £100bn (€126.6bn) which is why the Office of Health Economics duly considers it ‘reasonable’ to expect that within five years, patient outcomes data will be collected for the majority of NHS activity. The Department of Health has already introduced its ‘Operating Framework for the NHS in England 2008/09’, which requires the routine reporting of patient outcomes in certain therapy areas.

This trend is spreading across Europe, with several markets now seeking a regular supply of patient outcomes and health economic information. Any pharmaceutical company ready to supply such data to healthcare stakeholders in the key markets will gain an advantage, as a valued partner; however, the collection and presentation of this data in its most useful format is frequently difficult.

In the past – until just a few years ago – pharma companies would only submit this kind of data to the pricing and reimbursement authorities around the time of product launch. Most of this was based on projections

from clinical studies, however it was recognised that while trials had a high internal validity their external validity was relatively low.

Due to the variety of patient populations physicians encounter, ie patients having different co-morbidities, results produced in a controlled study are not always replicated in the real world. Also, therapy adherence in clinical studies versus day-to-day practice might widely differ. Because of this we have seen a tremendous increase in formal requests from European payors for more detailed ‘real-life’ information. As these requirements evolve, pharma companies need to respond by demonstrating knowledge of how therapeutic interventions affect the budgets of individual healthcare stakeholders.

Public, national health economic models need to be translated into much more regional, ‘local budget impact’ models.

People with the appropriate skill sets – perhaps a hybrid of a secondary care sales rep and pharmacy economist – should then deliver this information in a meaningful and impactful way.

Pharma’s difficulty, however, lies in gathering and presenting the data needed to support convincing cases on a rolling basis, when the product is already on the market. It is unrealistic to generate this from ongoing clinical studies as they would need to run indefinitely, requiring too much time and money. Companies may choose to undertake observational studies and



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set up a registry, yet the limitations in using only generic Quality of Life instruments like Euroqol-5D outcome forms in the clinical and economic evaluation of healthcare suggest that there is a more effective way to gather and present this data.

A way forward for pharma

The use of patient-centric services such as the deployment in healthcare systems of expert Clinical Nurse Educators and highly trained Nurse Advisers provided by Innovex, presents an attractive option. It is essentially a combination of disease management with ‘real-life’ data generation. This is crucial, for all kinds of therapies, because it tackles the issues of patient understanding and compliance. Unfortunately, therapies are not always used in the optimal way, but this approach provides a positive step towards eliminating non-compliance.

Employing specialist advisers to work on your behalf within a healthcare system not only improves patient concordance with treatment regimens, but also gives you access to the information, which reflects the beneficial outcomes. This approach is gaining strong support from health economists from the point of view that

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it is a win-win way of bringing health economics into practice in Europe.

This is the information Europe’s health

systems want and need in order to feel liberated in making resource allocation decisions. A registry approach can lead to various protocol issues; there is always an internal struggle between the clinical departments, which want anonymised trials, and those interacting with the

payors and decision makers who look at new therapies in a broader light.

The health management approach is as good as a registry or observational study with the advantage that you are also improving delivery of therapy and therefore patient outcomes – and in that sense it is more acceptable.

This kind of data will support the use of chronic treatments in particular, such as multiple sclerosis, cancer, diabetes and rheumatoid arthritis. These and high cost treatments are more likely to appear on payors’ radar screens, as the markets are younger and less genericised.

Ultimately, the need for pharma to provide relevant and timely data on health outcomes and health economics is becoming more urgent. Innovex and Quintiles Consulting can provide scientific, flexible, stand-alone or integrated solutions that will yield benefits for all stakeholders in healthcare.

The special feature in the next issue will explore the importance of patient identification.

To find out how Innovex can provide strategic solutions, either email science@innovex.com or call +44 (0)1344 601500 and ask for Business Development