



ESQUEMAS DE PRECIO BASADOS EN EL VALOR... ¿SEGURO QUE NO ES SUEÑO?

Dr. Germán de la Llave
Gerente Médico
Grupo ASE-Medifé
Argentina

Grupo ASE-Medifé



Medifé:

- Prepaga sin fines de lucro de alcance nacional
- Cubre más de 300,000 vidas

ASE

- OS de personal de dirección
- 330,000 afiliados

Sanatorio Finochietto

- Sanatorio eco-sustentable polivalente
- Concepto de atención centrada en el paciente
- 180 camas



The NSCLC pipeline includes multiple options across therapy categories

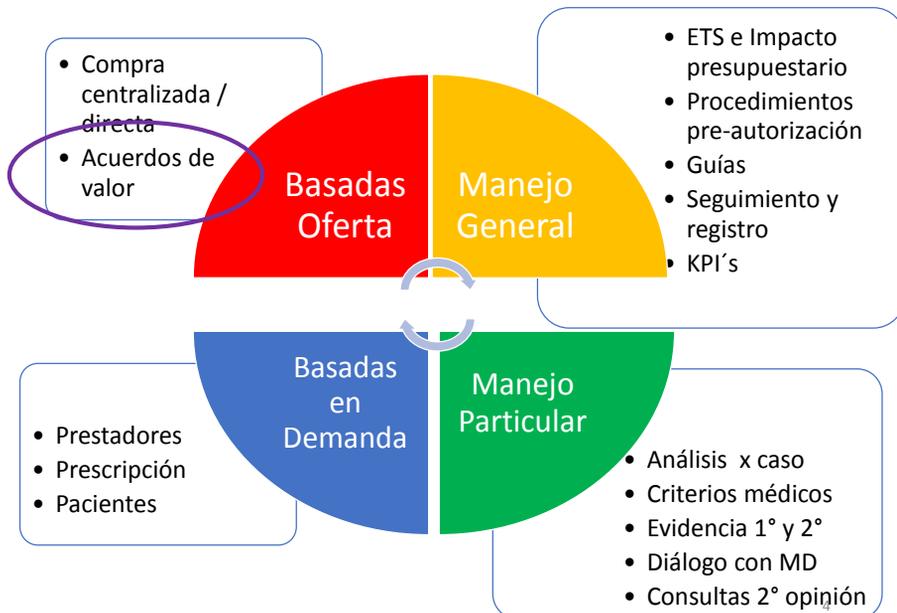
Key In-Market and Investigational Agents for NSCLC



Chart notes

The chart includes globally marketed and emerging therapies in NSCLC as of Dec. 2014. Opdivo approval for NSCLC Mar.2015 * denotes ALK +ve NSCLC, ^ denotes EGFR +ve NSCLC pts, ** Phase II/III, ^^ denotes trial ongoing only in Israel, S denotes Phase III planned

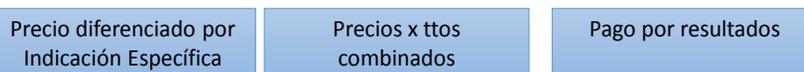
Gestión ACBI





5

Propuesta Escalonada de Acuerdo Basado en Valor – PRM - ARC



Permite acordar un precio a un producto con múltiples indicaciones, según el beneficio en cada una de las diferentes indicaciones

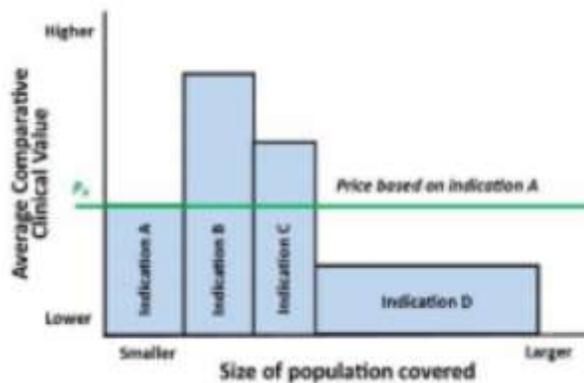


Busca que se refleje el beneficio de un tratamiento combinado, teniendo en consideración los límites presupuestarios



Fija los niveles de reembolso en base a la respuesta de los pacientes a un tratamiento determinado durante un período de tiempo

Meta Etapa 1: lograr un acuerdo de precio según indicación específica de Avastín basado en el valor



Indicaciones terapéuticas

1. Carcinoma metastásico de colon o recto
2. Cáncer de mama metastásico
3. Cáncer de pulmón no microcítico avanzado no resecable, metastásico o recidivante
4. Cáncer de células renales avanzado y/o metastásico
5. Cáncer avanzado de ovario epitelial, trompa de Falopio, o peritoneal primario
6. Carcinoma de cérvix persistente, recurrente o metastásico
7. Glioblastoma Grado IV según OMS

By Peter J. Neumann, James D. Chambers, Françoise Simon, and Lisa M. Meckley

Risk-Sharing Arrangements That Link Payment For Drugs To Health Outcomes Are Proving Hard To Implement

ABSTRACT Risk-sharing agreements, under which payers and pharmaceutical manufacturers agree to link payment for drugs to health outcomes achieved, rather than the volume of products used, offer an appealing payment model for pharmaceuticals. Although such agreements have been widely touted, the experience to date mainly demonstrates how hard they are to implement. Barriers include high implementation costs, measurement challenges, and the absence of a suitable data infrastructure. Risk-sharing arrangements could gain traction in the United States as payers and product manufacturers acquire experience with the concept and as measurement techniques and information systems improve. For the foreseeable future, they are likely to remain the exception as drug companies pursue payment models unconnected to data collection or performance assessment.

9

Punto de Partida



Barreras



- Desconfianza
- Sistemas informáticos puramente transaccionales
- Venta interna
- Requerimientos inauditos
- Necesidad de un Vendor para relevamiento de datos y conciliación de la información
- Tiempo del piloto de validación hasta lograr el acuerdo

Datos Mínimos Requeridos

Data Field	Description
Patient ID	Unique (anonymised) ID of the patient
Hospital ID	Unique ID of the hospital
Health Insurance Code	Unique Payer-Code within a given country
Treatment Status	Overall "current" status of the treatment
Disease Indication	The disease's indication
Line of treatment	The line of treatment: e.g. 1st line when treatment is the very first treatment of disease
Main Product	The international-name of the main drug used for the treatment.
Comedication Products	The international-name of comedication drugs used for the treatment.
Posology	The prescribed posology (e.g. mg/kg or mg/m ²) based on the approved label
Patient Weight**	The patient's weight at the start of the treatment(cycle) that will be used for convert the weight based posologies into actual drug quantities
Patient Height (BSA)**	The patient's height at the start of the treatment that will be used for convert the height based posologies into actual drug quantities
Drug QTY prescribed	The *prescribed* quantity of drug(s)for the treatment cycle
Drug QTY administered	The quantity of drug actually *administered* for the treatment cycle
Date of Drug administration	The date when the to-be administered quantity (or quantities in case of drug-combination) for the treatment-cycle will be <u>fully</u> administered to the patient

Timeline del proyecto

- Dic 2015: inicio de conversaciones
- Marzo 2017: firma de convenio
- Abril 2017: inicio plan piloto de relevamiento de datos
- Septiembre 2017: fin prueba piloto
- Octubre 2017: start up del PRM – Prueba de amor



Muchas gracias!