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Continuous dialogue between CEE and Western Europe and collaborative frameworks like JCA and JCC are viewed positively by CEE experts, suggesting a path forward for harmonizing health technology assessments in a way that respects regional differences.

Background & Objective

The disparities in economic, demographic, and health situations between Western Europe (WE) and Central and Eastern European (CEE) countries significantly impact drug reimbursement policies. This study aims to explore the perspectives on whether drug reimbursement practices in WE should influence those in CEE countries, and the perceived challenges and benefits of Joint Clinical Assessment (JCA) and Joint Scientific Consultation (JSC) in CEE.

Methods

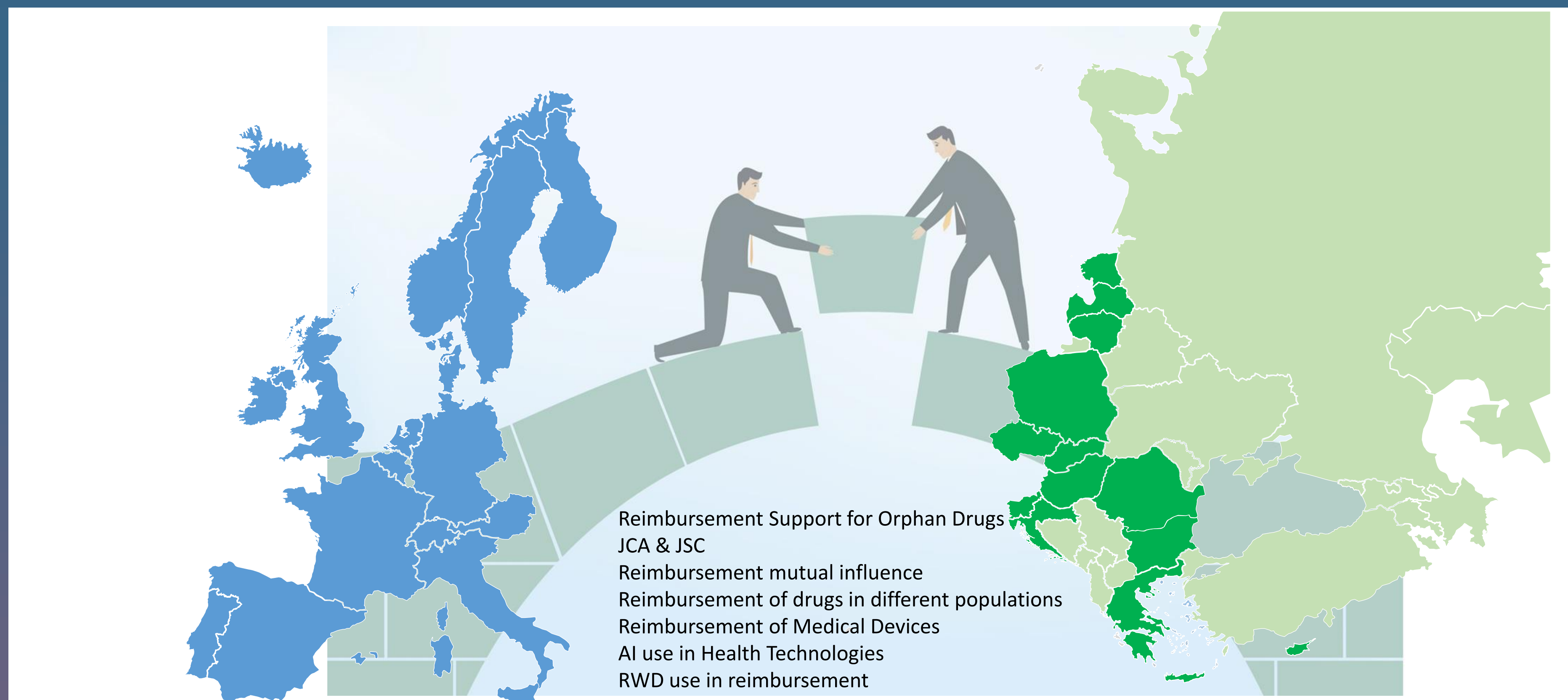
A survey was conducted with 36 HTA experts across various countries (mainly CEE), focusing on their opinions regarding the impact of WE drug reimbursement on CEE countries. Key topics included the influence of demographic and health differences, the role of Real-World Data (RWD), cost-effectiveness in rare diseases, and the reimbursement of AI-powered health applications. Responses were collected and analyzed to identify trends and significant opinions.

Results

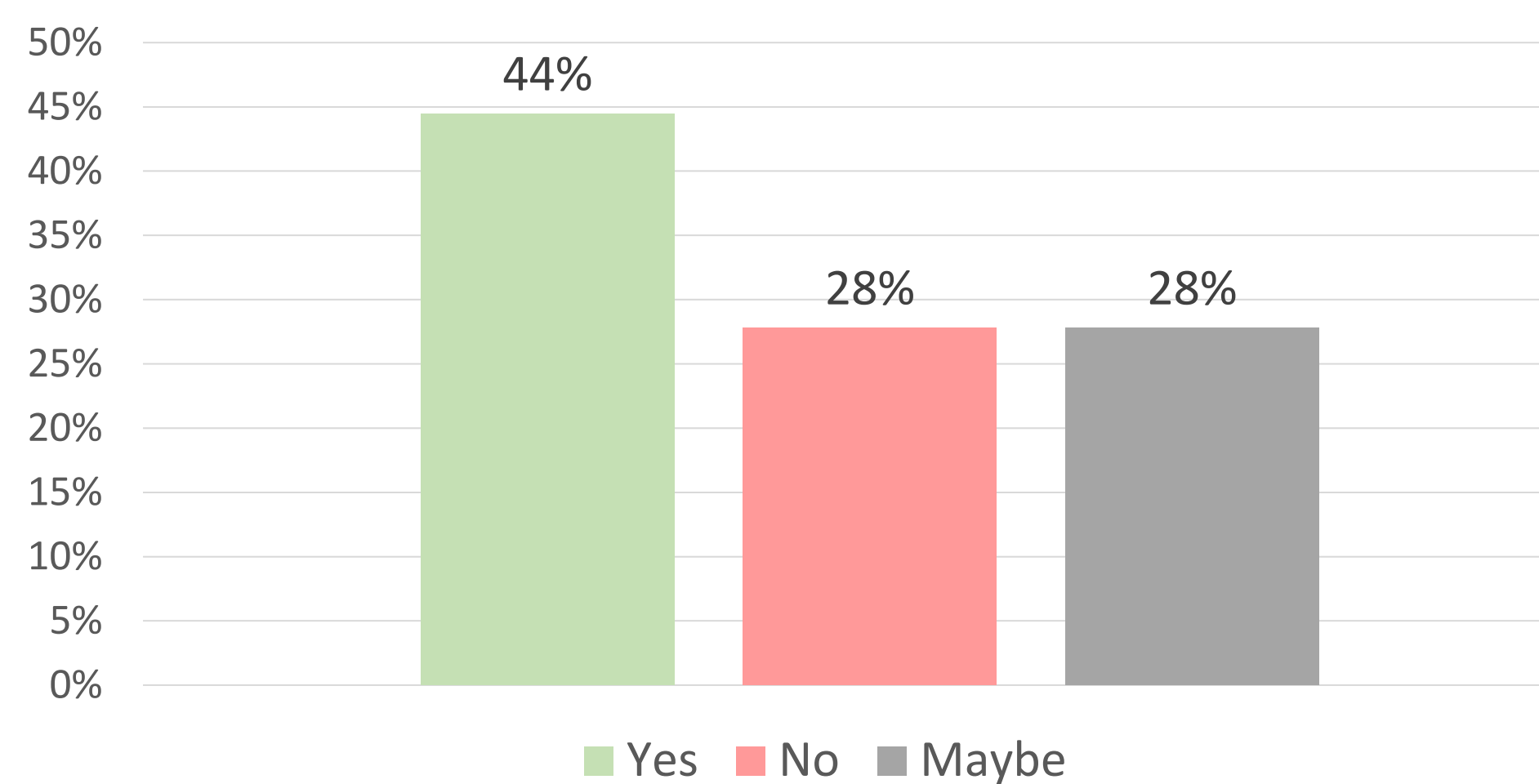
The survey revealed diverse opinions among respondents: 36% of participants believed that drug reimbursement practices in WE should impact CEE countries, while 28% were uncertain. 44% saw JCA/JSC as beneficial for CEE countries. Opinions on the influence of demographic and health differences were split: 44% agreeing and 28% disagreeing. A majority (53%) supported the reimbursement of health applications powered by AI. There was significant support (81%) for considering RWD data in the continuation of reimbursement of innovative medical technologies in CEE countries. Moreover, 44% of respondents think that higher cost-effectiveness threshold be considered in the economic evaluation of health technologies used in rare diseases.

Discussion

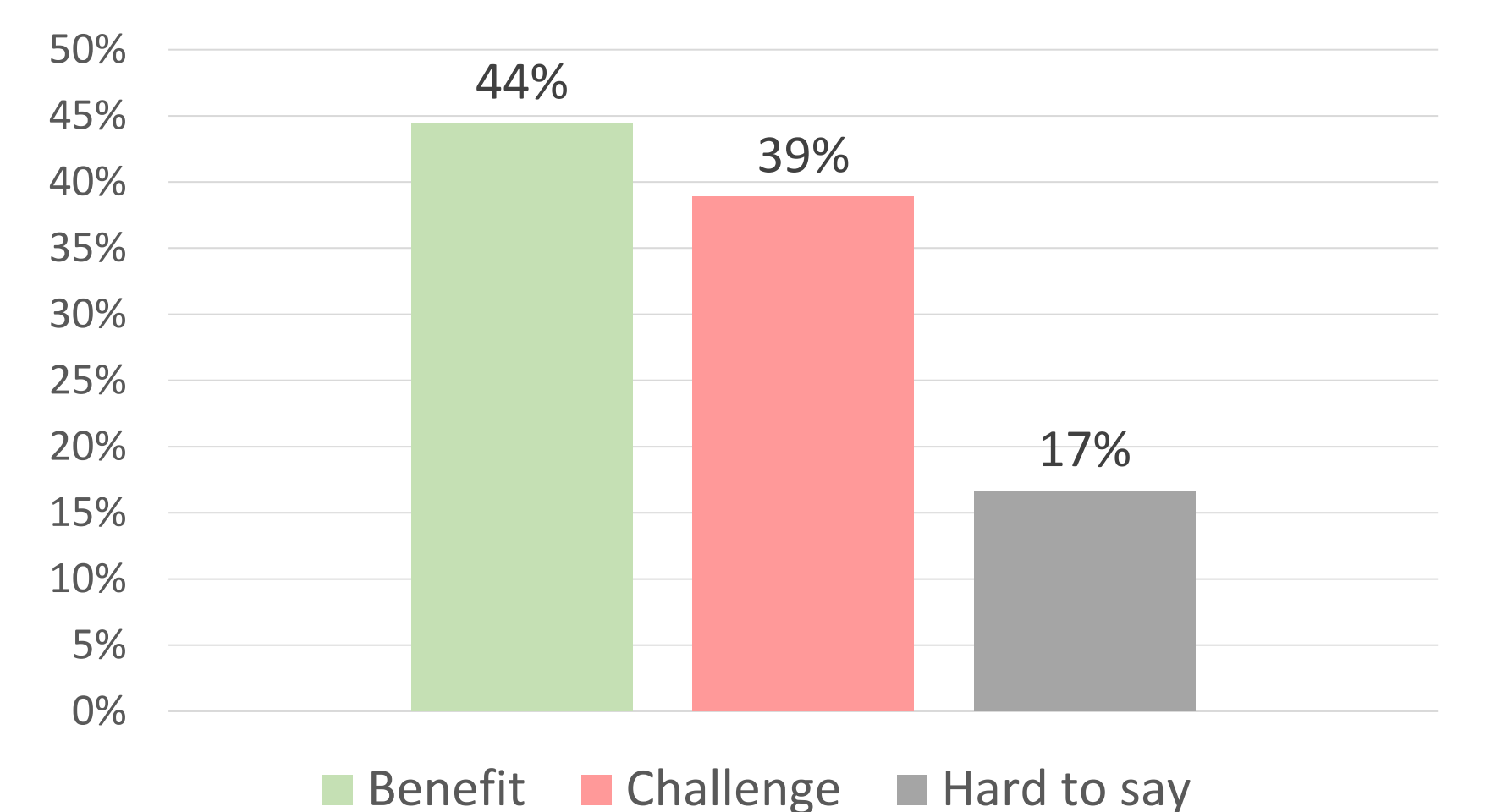
The findings highlight a recognition of the benefits of aligning some aspects of drug reimbursement policies between Western and CEE regions, particularly regarding AI-powered health applications and rare diseases. However, there is also a clear indication of the need for tailored approaches considering the unique demographic and health situations of CEE countries. Continuous dialogue and collaborative frameworks like JCA and JCC are viewed positively, suggesting a path forward for harmonizing health technology assessments in a way that respects regional differences.



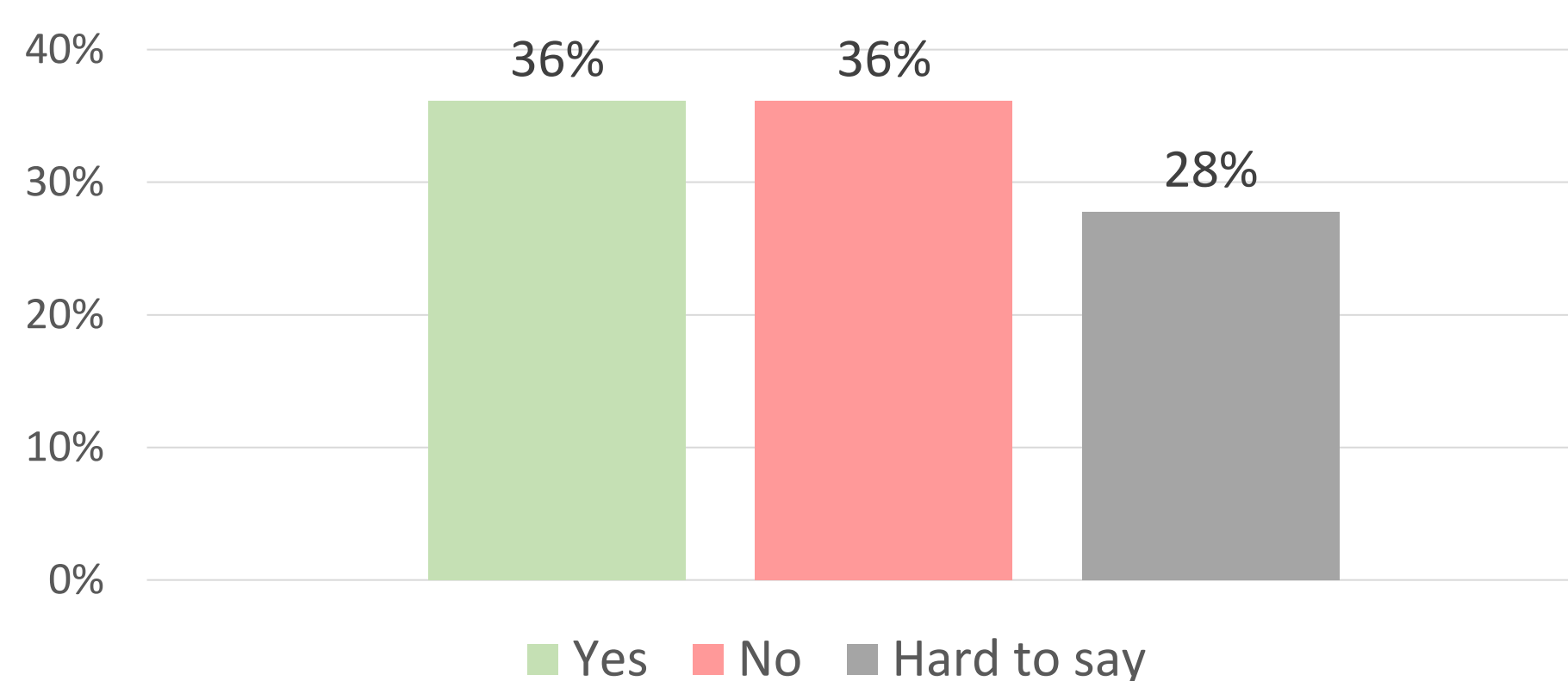
Should a **higher cost-effectiveness threshold** be taken into account in the economic evaluation of health technologies used in rare diseases?



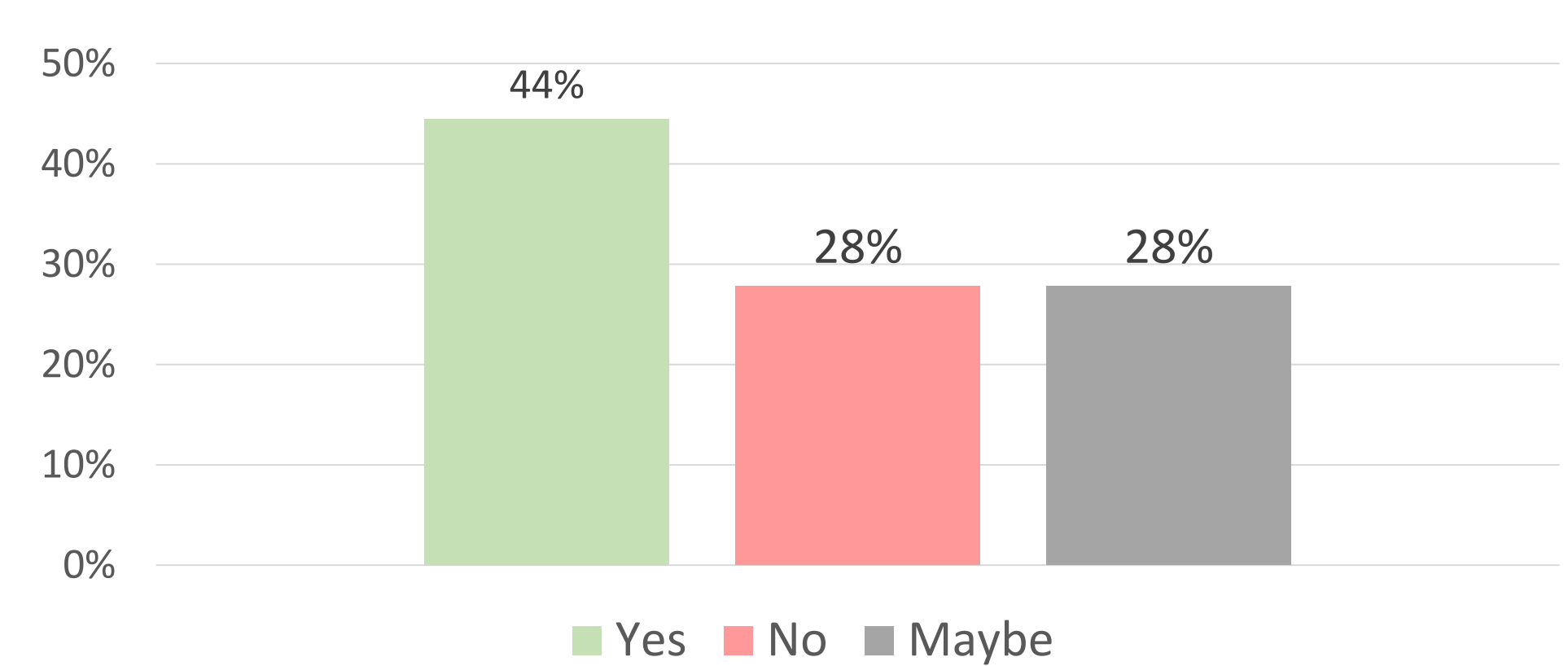
Are **Joint Clinical Assessment and Joint Scientific Consultation** a challenge or a benefit for CEE countries?



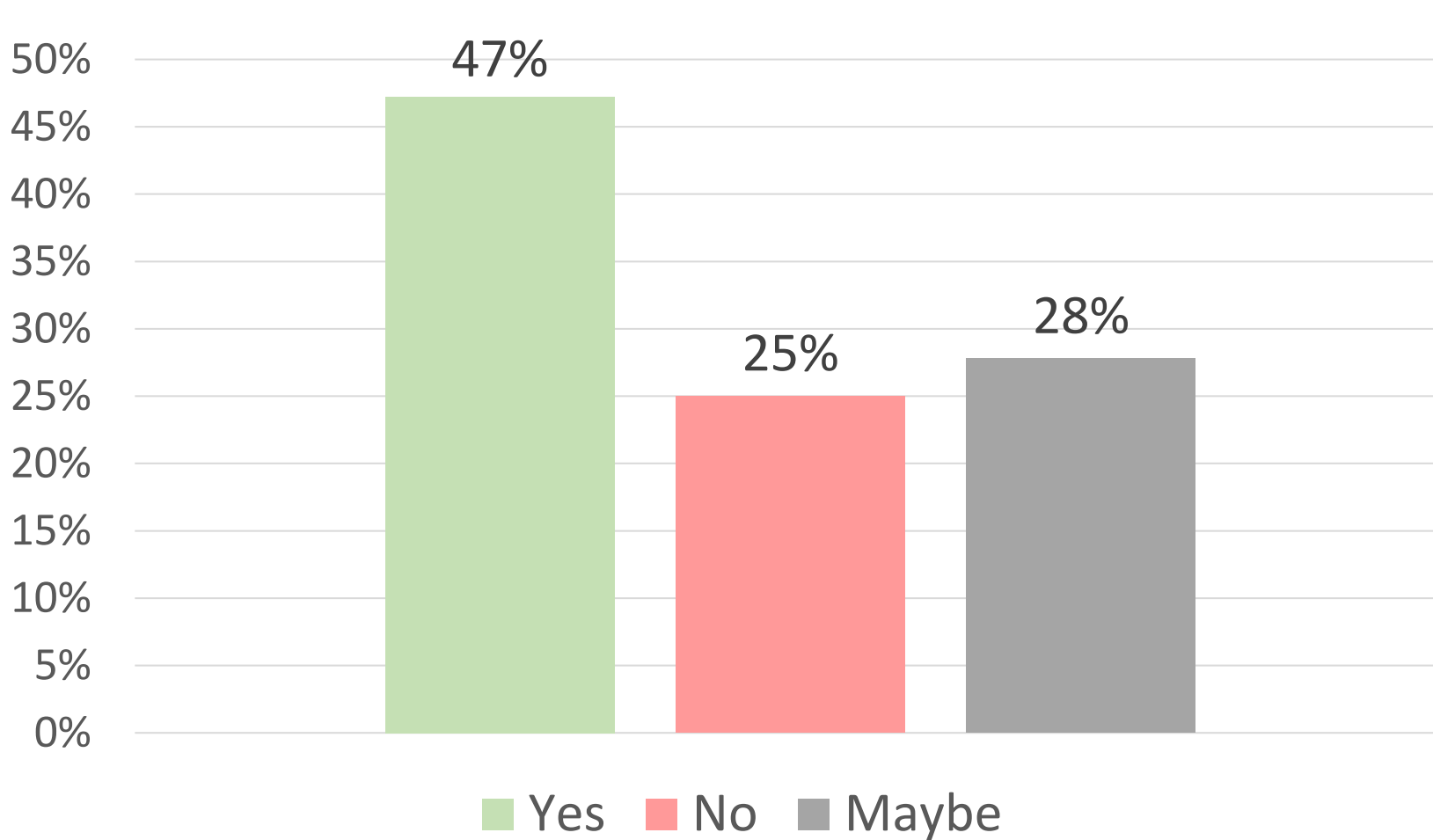
Should drug reimbursement in countries in Western Europe with a different **economic situation** than in Central and Eastern European (CEE) countries have an impact on drug reimbursement in CEE countries?



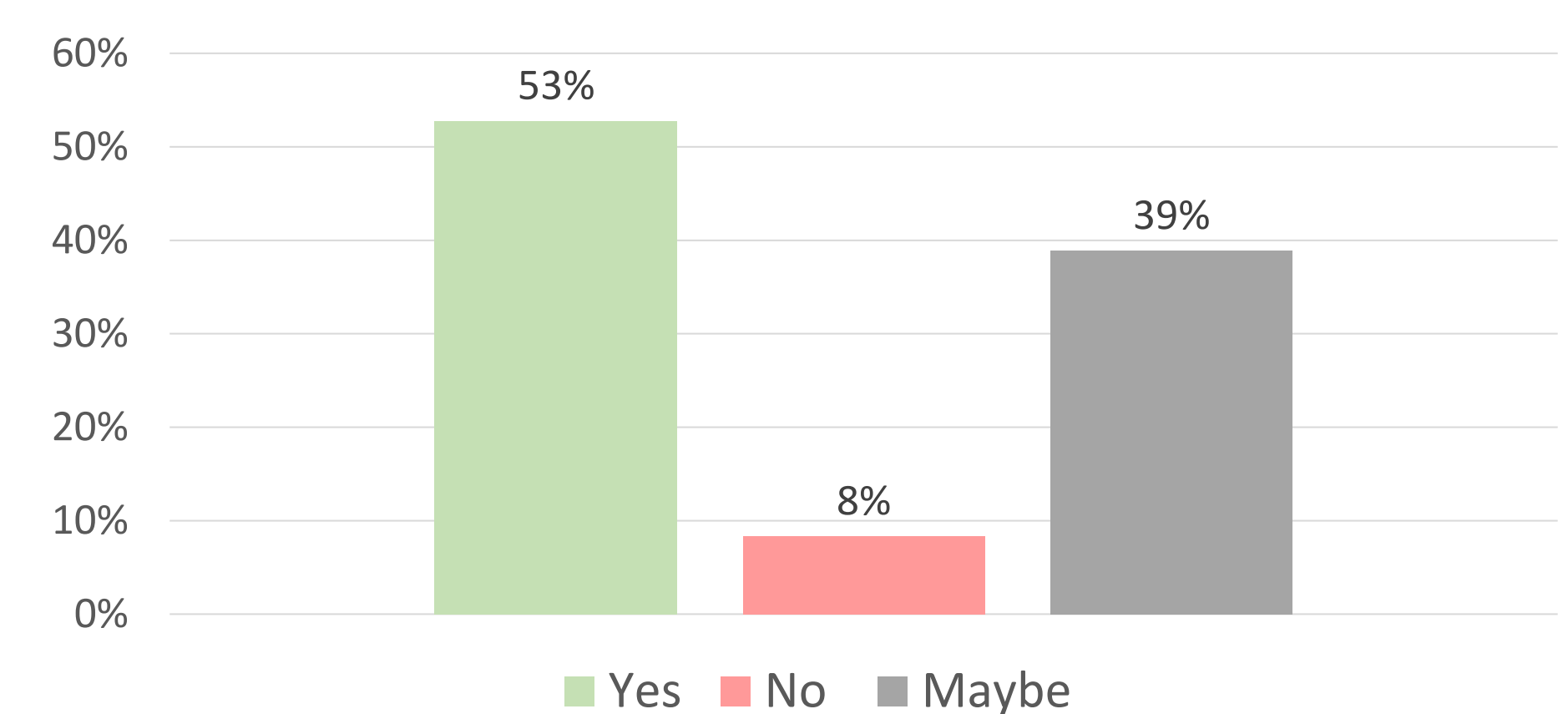
Should reimbursement decisions in countries with different **demographic and health situations** influence reimbursement decisions in CEE countries?



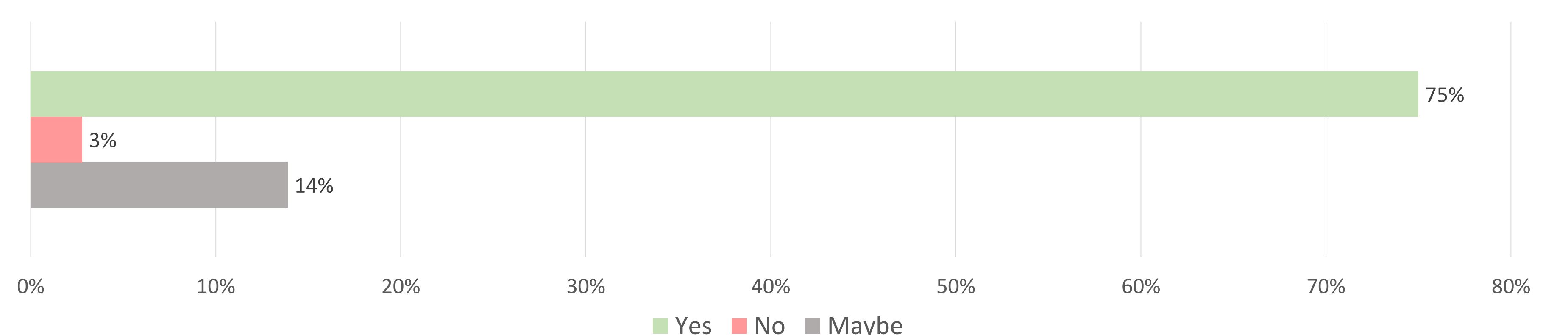
Should **reimbursement of medical devices** in Western Europe have an impact on this issue in CEE countries?



Should health applications powered by **artificial intelligence** be reimbursed in CEE countries?



Should **RWD data** influence the continuation of reimbursement of innovative medical technologies in CEE countries?



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