

COULD MULTI-STAKEHOLDER PARTNERSHIP IMPROVE PATIENT ACCESS TO BETTER HEALTHCARE IN LATIN AMERICA?

ISPOR GLASGOW 2017

Prof. Dr. Federico Augustovski

Director, Health Technology Assessment and Health Economics
Department of the Institute for Clinical Effectiveness and Health Policy
(IECS-CONICET)

Professor of Public Health, University of Buenos Aires.

President Elect, ISPOR

In this talk

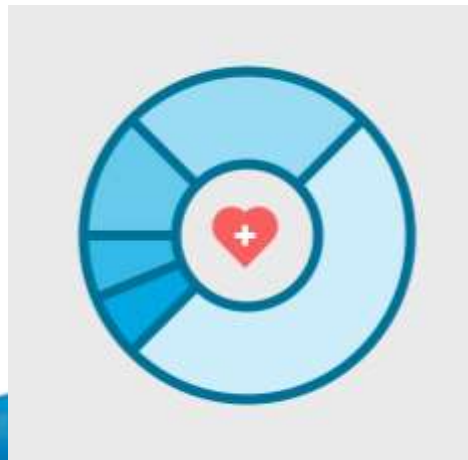
- Some issues related to Patient Centered Care
- Role of the patient and citizen
- Case study: patient-user involvement in social values exercise in SUMAR (Argentina Public National Insurance)

NOTHING ABOUT ME WITHOUT ME

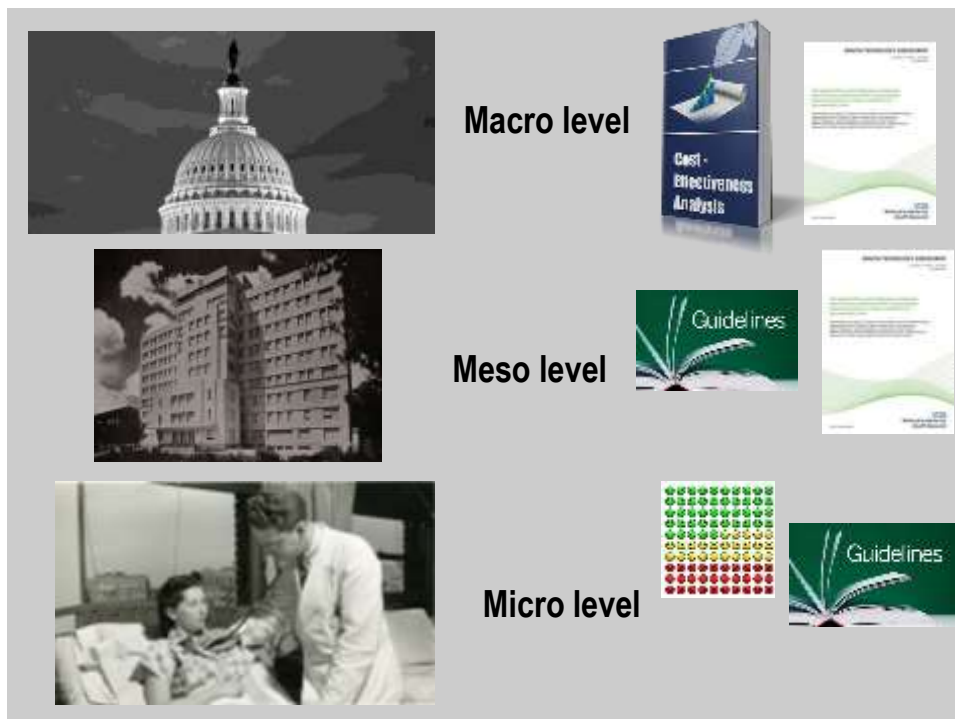
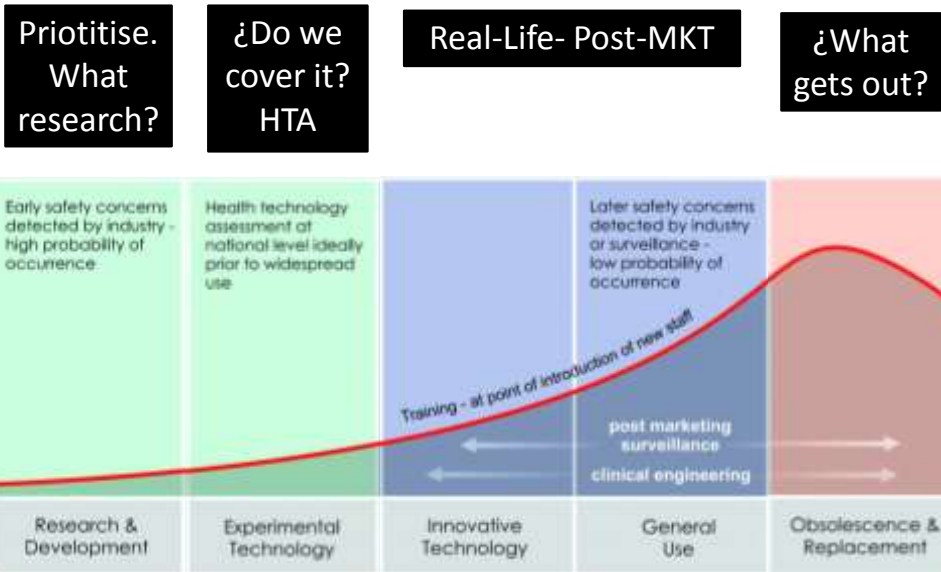
(Valerie Billingham, Salzburg Global Seminar, 1998, "Through the Patient's Eyes.")



Patient Centered Care



Different Stages–Technology Cycle





“Development and Implementation of an evaluation and prioritization process for decision making and definition of coverage policies for SUMAR”



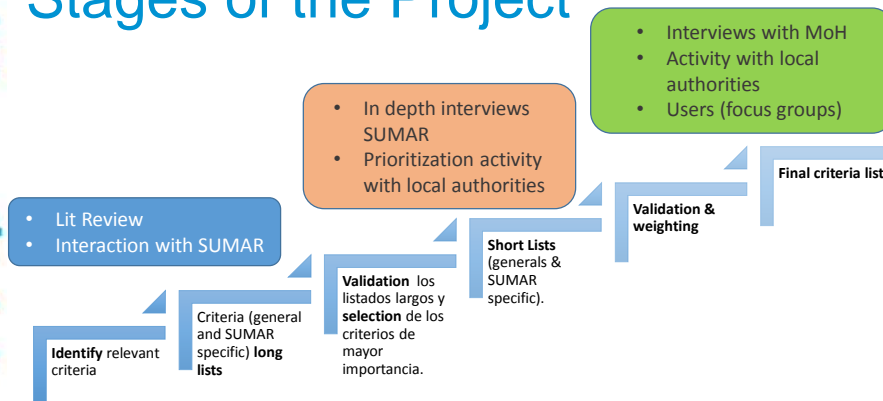
SUMAR

- Public Health Insurance for uncovered argentinians
- Childs, adolescents, pregnant women and adults up to 64 years old
- 15 million covered

OBJECTIVES

- Establish a set of criteria for assessing new health technologies for SUMAR

Stages of the Project



General Criteria (long list) 37 criteria

8 dimensions

- A: Impacto del problema de salud.
- B: Beneficios y resultados en salud
- C: Características de la evidencia
- D: Situación actual del problema de salud
- E: Impacto económico de la prestación/intervención y eficiencia
- F: Complejidad para incorporar la intervención
- G: Contexto general
- H: Prioridades, justicia y ética



SUMAR specific (long list)

Se propusieron inicialmente 15 criterios que se ampliaron a 21 luego de la interacción con las autoridades y referentes del Programa.

- Búsqueda bibliográfica
- Interacción con autoridades SUMAR

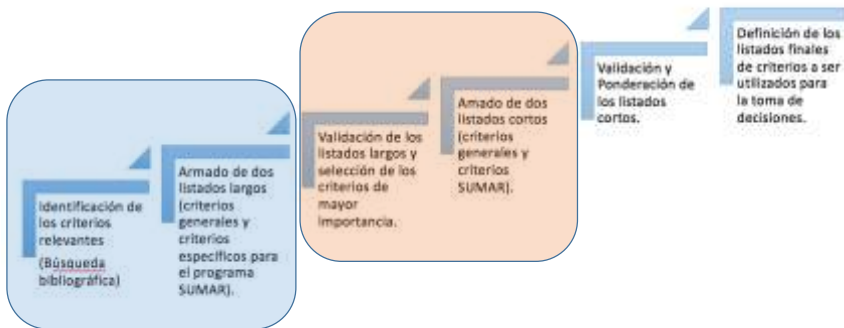
Validation

- In Depth interviews (8 authorities)
- Local SUMAR staff



Preliminary short lists

- general (8+4 criteria)
- SUMAR (8+4 criteria)



Short List Valudation: Focus groups with users



Focus groups

- Four focus groups with users (by age and gender).
- 18 subjects (4 males, 14 females) from 18 to 60 years.
- A simple weighting of general criteria was performed.

General public weighting

Criteria	Weight
Impact/Disease Burden	10.7%
Efficacy / Effectiveness	10.7%
Organizational requirements and ability to reach target population	10.1%
Preventive interventions	9.9%
Limited current alternatives	9.9%
Equity	9.1%
Patient, Family and other sectors Costs	9.1%
Relevance and Validity of the Evidence	8.5%
Cost-effectiveness	8.5%
Budget Impact	7.6%
Social and Cultural aspects	5.6%

Final General Criteria Short List

General Criteria	Relative Weight
Impact/Disease Burden	18.2
Equity	15.2
Preventive interventions	13.7
Efficacy / Effectiveness	11.3
Organizational requirements and ability to reach target population	10.7
Budget Impact	9.0
Cost-effectiveness	7.9
Relevance and Validity of the Evidence	7.3
Social and Cultural aspects	6.7

Final Remarks

- Widely used criteria in other parts of the world were also considered relevant and practicable in Argentina.
- General public and patients were broadly in line with the selection of the most important criteria (short list).
- No new criteria emerged
- We could produce and validate with a broad range of stakeholders (including patient and users) a list of “Prioritisation criteria” aligned with the mission and vision of SUMAR.

¡Muchas gracias! THANKS!!

Federico Augustovski

faugustovski@iecs.org.ar

[@faugustovski](https://twitter.com/faugustovski)

www.iecs.org.ar

