

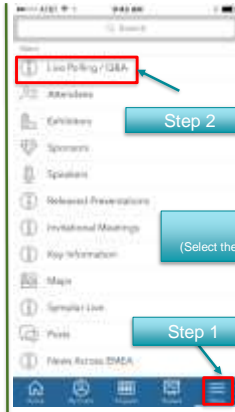
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Go to Session IP12 Monday, Nov 7, 2:00

WHAT SHOULD PATIENT-CENTERED CARE MEAN IN THE WELFARE STATES OF EUROPE? The United Kingdom and Germany Cannot Both Be Right

International Society for Pharmacoeconomics and Outcomes Research
Glasgow
7 November 2017

International conference on primary health care: Alma-Ata Declaration of 1978

It is a basic right —even the duty— for the people to participate in the planning and implementation of health services.

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Reimbursing and pricing decisions – how and who?

Who are the people?	Citizens, insured, or patients?
What form of participation in planning and implementation?	What kinds of evidence will be used? What role for priorities and preferences? How will value conflicts be resolved?

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Reimbursement and pricing decisions

- ▶ If innovations are wrongly priced welfare states will not be sustainable
- ▶ The panelists agree that:
 - Both systems claim to the paradigm “money for value”
 - Both systems claim to have an algorithm to document value
 - Both systems claim to be patient-centered
- ▶ But are these claims justified?

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Reimbursement and pricing decisions

But the UK and Germany have employed different approaches

- Perspectives:
societal (GB) versus patients (G)
- Data:
health states & health episodes (GB) versus patient-relevant outcomes (G)
- Preference elicitation format:
ranking and rating versus choice-based surveys (G & GB)
- Thresholds:
fixed (GB) versus flexible (G)

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Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: Which country has the better approach to patient-centricity?