

# Public Private Academic Partnerships (PPAP) on HTA in Asia

Bruno Rossi, Satoru GK, Japan

PPAP - Give me a P for....

*Partnership?*

or

*Paranoia?*

# Baseline for Asia

- Public (HTA Agencies, Ministries) avoid or distrust industry (*vide HTAi 2015, Oslo, ASIALink session*)
- Academia (health economists) torn between research for industry and consulting for government (*vide Prof Kuroiwa at DIA Japan Annual meeting, Nov. 2015*)
- Clinicians, PRO specialists, public health officers, patient advocates seem to be less concerned (Japan) and are often curious, sometimes attracted by the (new?) economic dimension, or policy implications of **research with industry** (*vide my own experience in Japan with burden of illness studies, preference studies, PRO applications, policy studies, Budget Impact vs CEA, modelling from point of views others than payers, etc.*)
- Database owners and managers start to realise that external cooperations could generate more value than holding onto their EMR, administrative or claims data
- **Few, too few specialists** (in Industry, Government, Academia, Patients Community, etc.)
- Common platforms already in place: SIGs at ISPOR, HTAi. Societies: JSPE, JSHA, etc.
- Commercial providers: JMDC, MDV, NTT, Nikkei BP (Big Data) working with academia and industry

# Examples overseas (1)

- IMI (Innovative Medicines Initiative) jointly funded by EFPIA and the EU Commission includes projects directly relevant to HTA
  - GetReal - Real World Evidence for establishing the relative effectiveness of new drugs
- Large registry studies, national, international
  - Driven by academia - funded by industry, e.g.
    - Asian HF study (44 centres in 11 countries)  
European Journal of Heart Failure (2013) 15, 928–936 doi:10.1093/eurjhf/hft045
    - GARFIELD AF (> 50,000 patients enrolled in 35 countries, in 5 cohorts 2010-15)  
<http://www.tri-london.ac.uk/garfield>
- Duplication of requests? Consolidation?

# Examples overseas (2)

- Registries of registries

## Quintiles and the American College of Surgeons Announce Agreement to Develop Clinical Registry of the Future

Mar. 04, 2016

ACS selects Quintiles to combine multiple patient outcomes registries to provide surgeons with robust clinical and quality measures across practice areas to improve the quality of surgical care  
RESEARCH TRIANGLE PARK, N.C. & CHICAGO--(BUSINESS WIRE)-- Quintiles and the American College of Surgeons (ACS) today announced a six-year strategic services agreement to improve data collection and quality reporting for all ACS clinical registries. Working together, ACS and Quintiles will build a comprehensive and integrated clinical registry platform that **combines data from more than 1,800 hospitals** across the United States, international medical contributors and individual surgeons to **improve surgical patient care outcomes**. [...]

“Since 2011, Quintiles has developed more than 160 patient registries and observational studies, leveraging technologies and expertise among key stakeholders – **from patients and physicians to payers** – to reshape the way healthcare decisions are made and delivered.

# Summary

- Engage with many stakeholders
- Review existing research and interests
- Seek alignment on key objectives
- Train and Educate
- Persevere