



Contextualizing Value-Based Reimbursement Models for Orphan Drugs

*A learning health system to implement a reimbursement
reform for orphan drugs in Switzerland*

Fresh Ideas for Cancer Care 2.0

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Overview

1. Introduction
2. Reimbursement of orphan drugs
3. Learning system approach

Introduction

«*Setting the scene*»

- **Increase** of healthcare costs and drug prices
→ in particular for orphan drugs (R&D, ...)
- Public policy challenges:
 - Rewarding effective drugs
 - Cost control / limit
 - Incentivizing research (orphan drugs!) → orphan drug market expected to grow 12% (=+50% of the non-orphan drug market)
- Window of opportunity:
 - Revision Art. 71 a-d KVV



Reimbursement of Orphan Drugs

«The problem» & «The Status Quo»

Reimbursement and access problems

- **Access** = MA
- **Reimbursement** = WZW Criteria
- Reimbursement has not kept pace with MA
 - Reimbursement via individual case (Off-Label Use) reimbursement --> "shadow SL"
- Reimbursement not to be considered cost-effective
- Often: pay for performance contracts (undisclosed pricing!)
- Lack of data challenges evaluation of orphan drugs
- Revision of art. 71a-d KVV, art. 28 para. 3bis KVV (2017) for data sharing that serves as basis for re-evaluation

Implementing value-based pricing in Switzerland

«How do we get from the problem to the solution?»

Key barriers to change:

- “Sticky regulations” (economic, legal)
 - APV
 - price negotiations
- Data paucity
 - Fragmented data infrastructure
 - Lagging digitalisation of Swiss health sector
 - Lacking patient-centricity
- Common definition of value (different value frameworks)?
- New sandbox article and 59b KVG and 52b KVV

Our approach: **Learning systems** for a dynamic and contextualised implementation of value-based reimbursement in the Swiss healthcare system.

A learning system approach to contextualised implementation of value-based reimbursement of orphan drugs in Switzerland

1. Building a multi-stakeholder **learning community** that offers a depoliticised space and collaborates throughout the cycle
2. The creation of **actionable infrastructure** that facilitate the scale-up from pilot project to federal system change.



Challenges & Limitations

- Data governance
 - Data security
 - (Dynamic) consent
- Data availability
 - Data harmonization
 - Interoperability?
- Funding
- Stakeholder buy-in
 - Cross-agency collaboration
 - Political will

Conclusion

- Access to orphan drugs for patients is unsatisfactory
- Systemic challenges
- Collaboration is key