

# A SURVEY OF CANADIAN STAKEHOLDERS ON OUTCOMES-BASED AGREEMENTS

THE REAL-WORLD EVIDENCE & OUTCOMES-BASED AGREEMENTS WORKING GROUP

INCLUDING DATA AND INFRASTRUCTURE READINESS, EXPERIENCE AND WILLINGNESS, AND FUTURE PLANS

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## BACKGROUND

Aligned to its mission of advancing the opportunity for the use of outcomes-based agreements (OBAs) to the benefit of all stakeholders in the Canadian healthcare system, the 2021 *Real-World Evidence & Outcomes-Based Agreement Working Group* conducted research on Canadian stakeholder experience with and perceptions of OBAs with the purpose of providing insights into current state, future challenges, and opportunities for OBAs in Canada.

## METHODS

The **Canadian Outcomes-Based Agreement Experience and Perceptions Survey** consisted of 27 questions and was conducted from August to September 2021. Questions addressed themes on OBAs including general OBA knowledge, OBA readiness, data to support OBAs, and the future of OBAs.

Online surveys were completed by 38 individuals with affiliations as follows: Academic & HTA (10), Patient organization & Physician/HCP (15), and Public & Private payers (13). Respondents were invited to collaborate in follow-up interviews to validate survey responses and collect additional input. Qualitative interviews were conducted with 5 individuals.

## RESULTS

Key findings from the survey include:

### 1.

**There is a need for outcomes-based agreements in Canada and leading payers have successfully implemented one or more OBAs.**

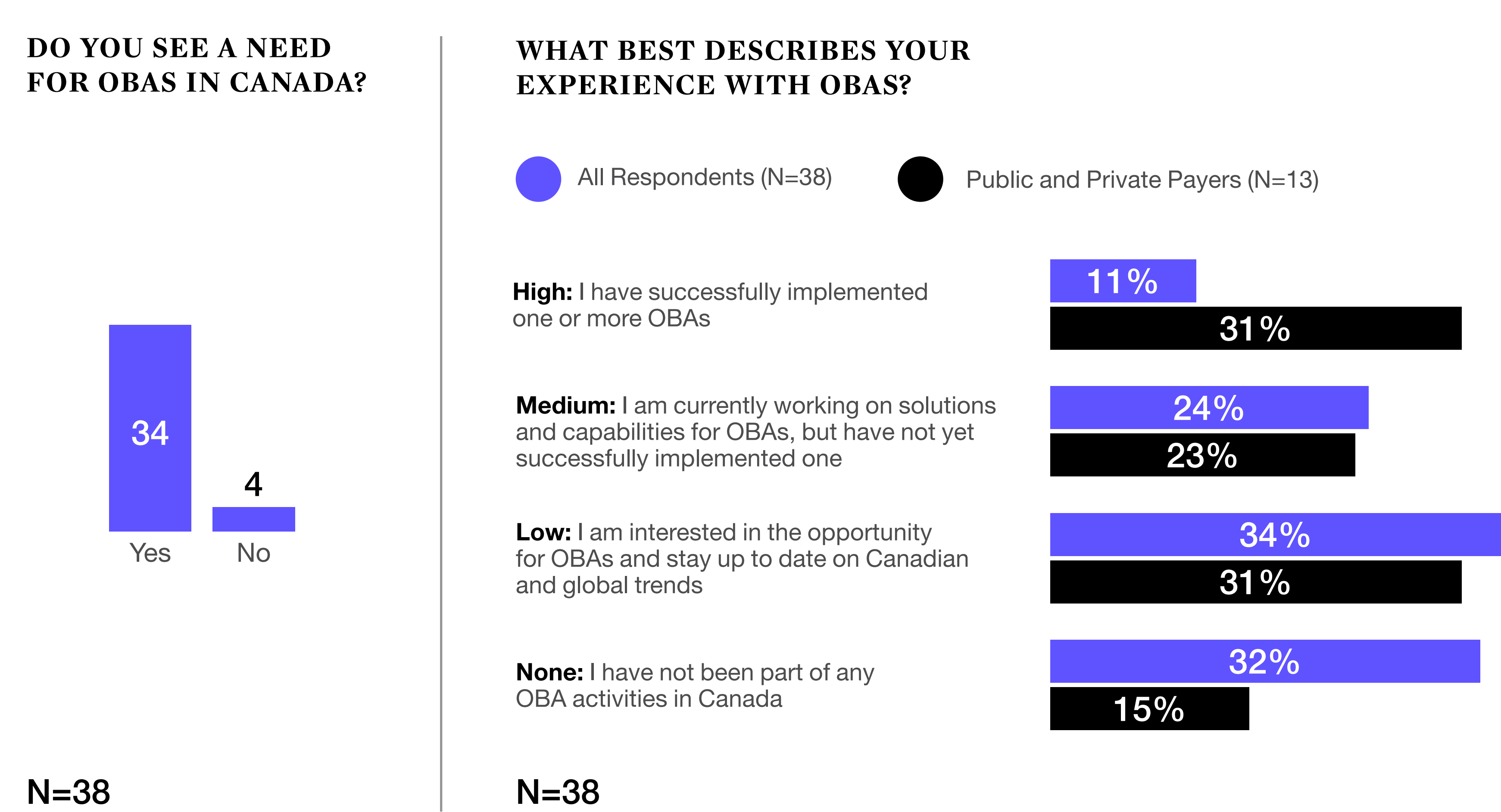
- When asked “Do you see a need for OBAs in Canada?” 89% of respondents said “yes.”
- Payers have varied experience levels, with some leading on OBAs:
  - 31% of payers indicated that they have successfully implemented one or more OBAs.
  - 54% of payers have either medium or low OBA experience.
  - 15% of payers have not been part of any OBA activities.

#### Respondents noted:

“OBAs are helpful for complex drugs that have significant data gaps and uncertainty. For example, there may be new drugs that have a small population in which it is not feasible to do a phase 3 trial.” – **Public Payer**

“OBAs are a necessary tool for advancing early access while managing risk.” – **Private Payer**

Figure 1: Need for and experience with OBAs in Canada



### 2.

**Respondents are aligned on core principles for outcomes-based agreements, including their benefits, appropriateness, and areas of most need.**

#### The majority of respondents indicated that:

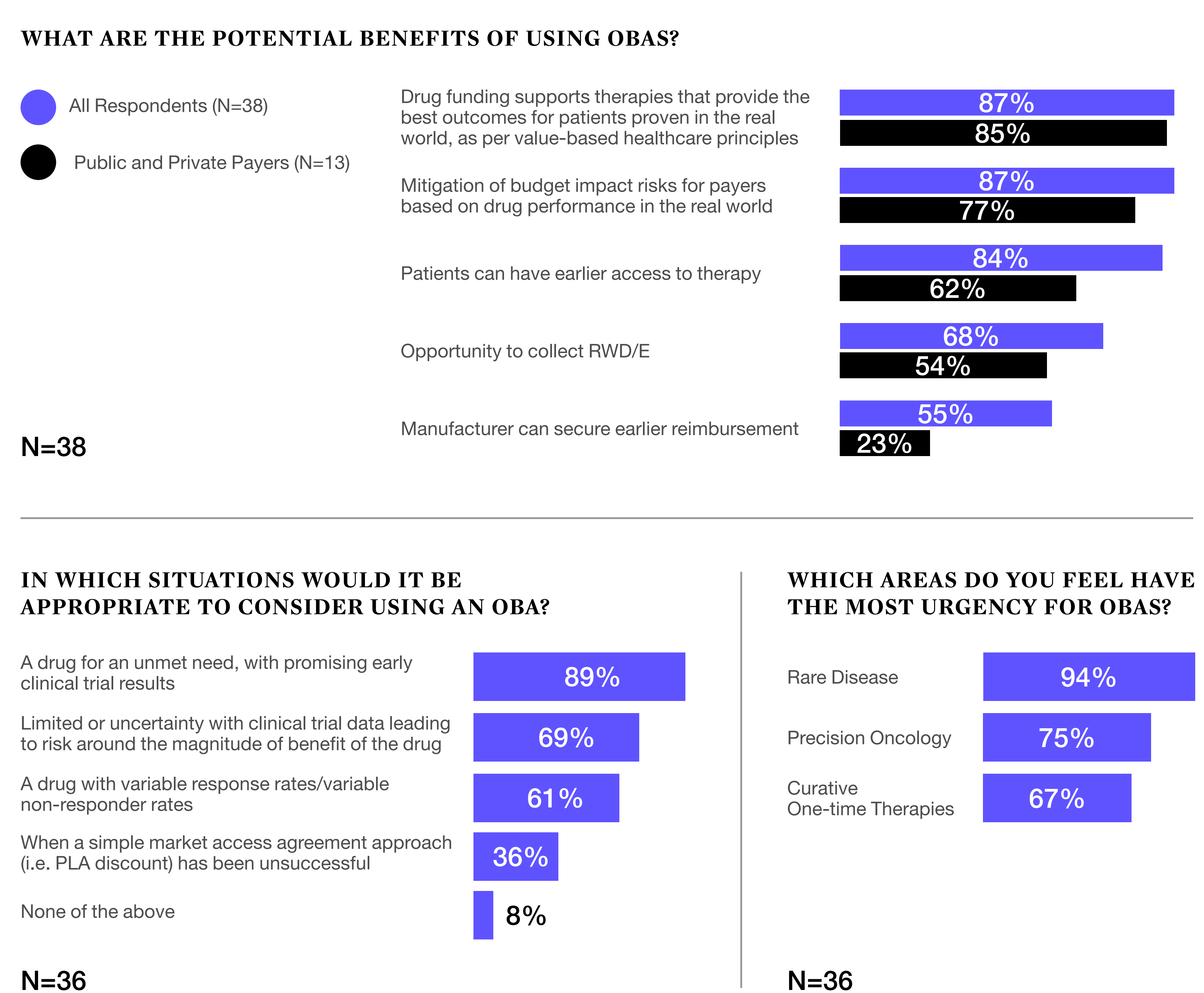
- It is most appropriate to consider using an OBA for a drug for an unmet need, with promising early clinical trial results.
- The greatest potential benefits of using OBAs are supporting the best outcomes and earlier access to therapy for patients, and managing budget impact risks for payers based on drug performance in the real world.
- Rare disease and precision oncology have the most urgent need for OBAs.

#### Respondents noted:

“OBAs are most urgent for new therapies that have been approved with limited data.” – **Patient organization**

“When there are few patients (i.e., less than 50), like with many rare disease therapies, the data collection for an OBA should be possible to do. We could track via manual processes.” – **Private Payer**

Figure 2: Benefits, appropriateness, and areas of need for OBAs



### 3.

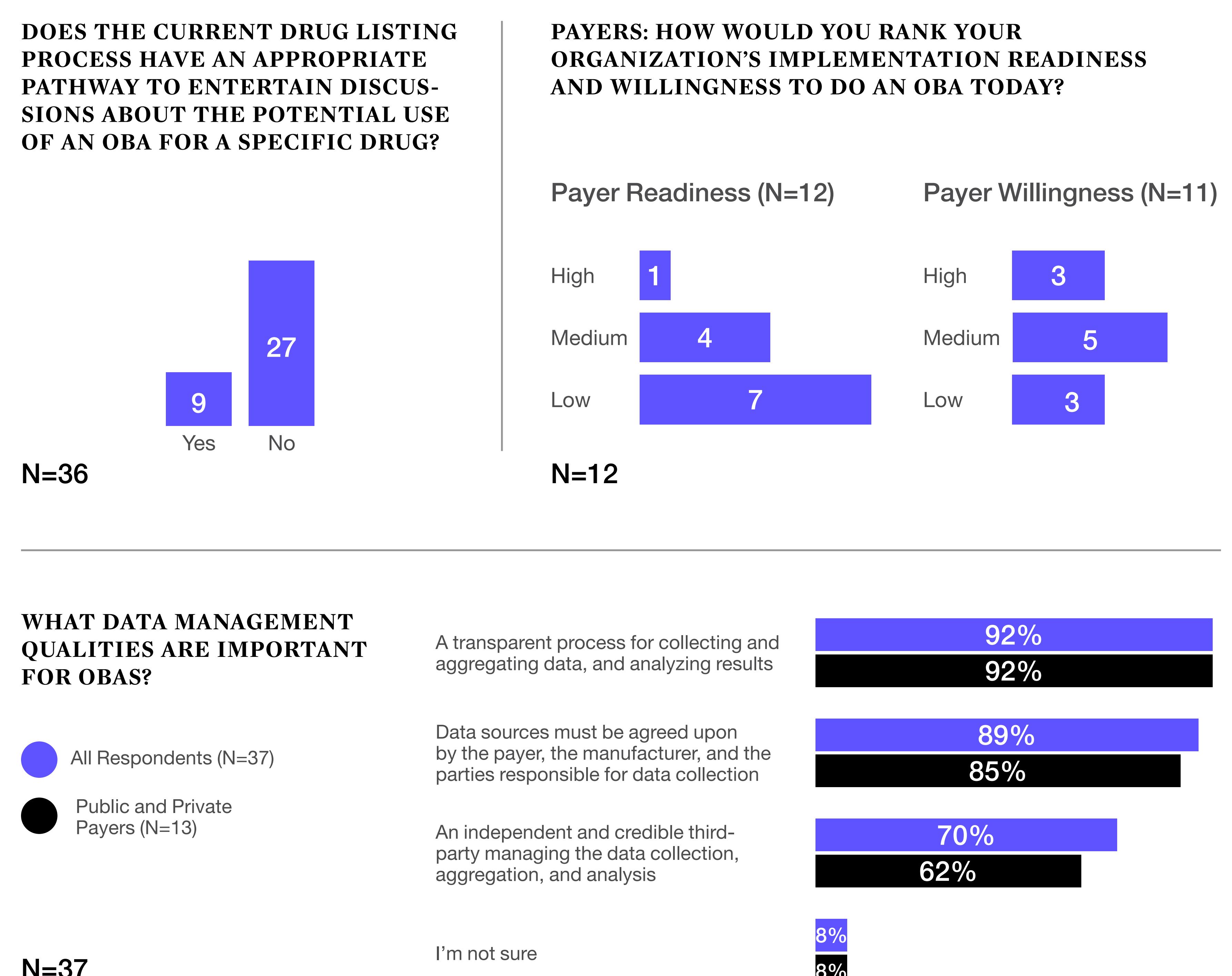
**Respondents noted that some key elements to support successful OBA implementation are already in place in Canada.**

- 73% of payers indicated either high or medium willingness to do any OBA today.
- 25% of respondents said that the current drug listing process has an appropriate pathway to entertain discussions about the potential use of an OBA.

“Because the pathway isn’t formulaic, there is room to be creative, which is a positive. Each drug can be treated on a case-by-case and can lend themselves to tailor-made OBA solutions.” – **Private Payer**

- The most important data quality for OBAs is a transparent process for collecting and aggregating data and analyzing results.

Figure 3: Pathway for OBA discussions; payer willingness and readiness for OBAs; data management qualities for OBAs.



## CONCLUSIONS

Survey findings suggest that there is a need for outcomes-based agreements in Canada and that leading stakeholders are already using OBAs today.

For OBAs to be available as an option to a broader set of stakeholders, there is a need to increase overall understanding and expertise of how to do an OBA.

Transparency and sharing of learnings from OBAs implemented in Canada, as well as increasing knowledge on RWE generation for OBAs, can help support this. Willingness of most stakeholders is already medium-high, but readiness is not. Gaining alignment between HTA, pCPA, public and private payers, patients, and industry on an approach will be important.

The rate of adoption and use of OBAs to support timely market access for patients in Canada is only expected to increase in the coming years. This includes the further development of capabilities and expertise to support OBAs.