

# Public payer best practices for providing timely patient access to cancer therapies

CAPT 2023 Conference

October 24, 2023

# Housekeeping

- ▶ Presentations will be made available on the CAPT web site after the conference.
- ▶ An evaluation survey will be sent out after the conference.
  - ▶ Feedback on this session and the whole event would be greatly appreciated.

# Disclosures

- ▶ Funding to support the research and analysis for the Best Practices project was provided by:
  - ▶ Innovative Medicines Canada
  - ▶ The following Canadian pharmaceutical manufacturers: Abbvie, Amgen, AstraZeneca, GSK, Ipsen, Janssen, Pfizer, Roche
- ▶ The research and analysis was carried out independently. The research team is solely responsible for the insights, best practices, and recommendations identified.

# Today's Objective

- ▶ To discuss recent research on time to listing of oncology medications + best practices in their integration into the Canadian cancer system
- ▶ Perspectives: patients, clinicians, and policy makers

# Panel Introductions



- ▶ Kathy Gesy, Oncology Consultant; former Director of Pharmacy, Saskatchewan Cancer Agency



- ▶ Yen Nguyen, Pharmacist, Pharmacoeconomist and Ex-payer consultant; former INESSS Senior Advisor



- ▶ Christina Sit, Manager - Community and Strategic Partnerships, The Leukemia & Lymphoma Society of Canada



- ▶ Dr. Joanna Gotfrit, The Ottawa Hospital Cancer Centre



- ▶ Scott Gavura, Director, Provincial Drug Reimbursement Programs, Ontario Health

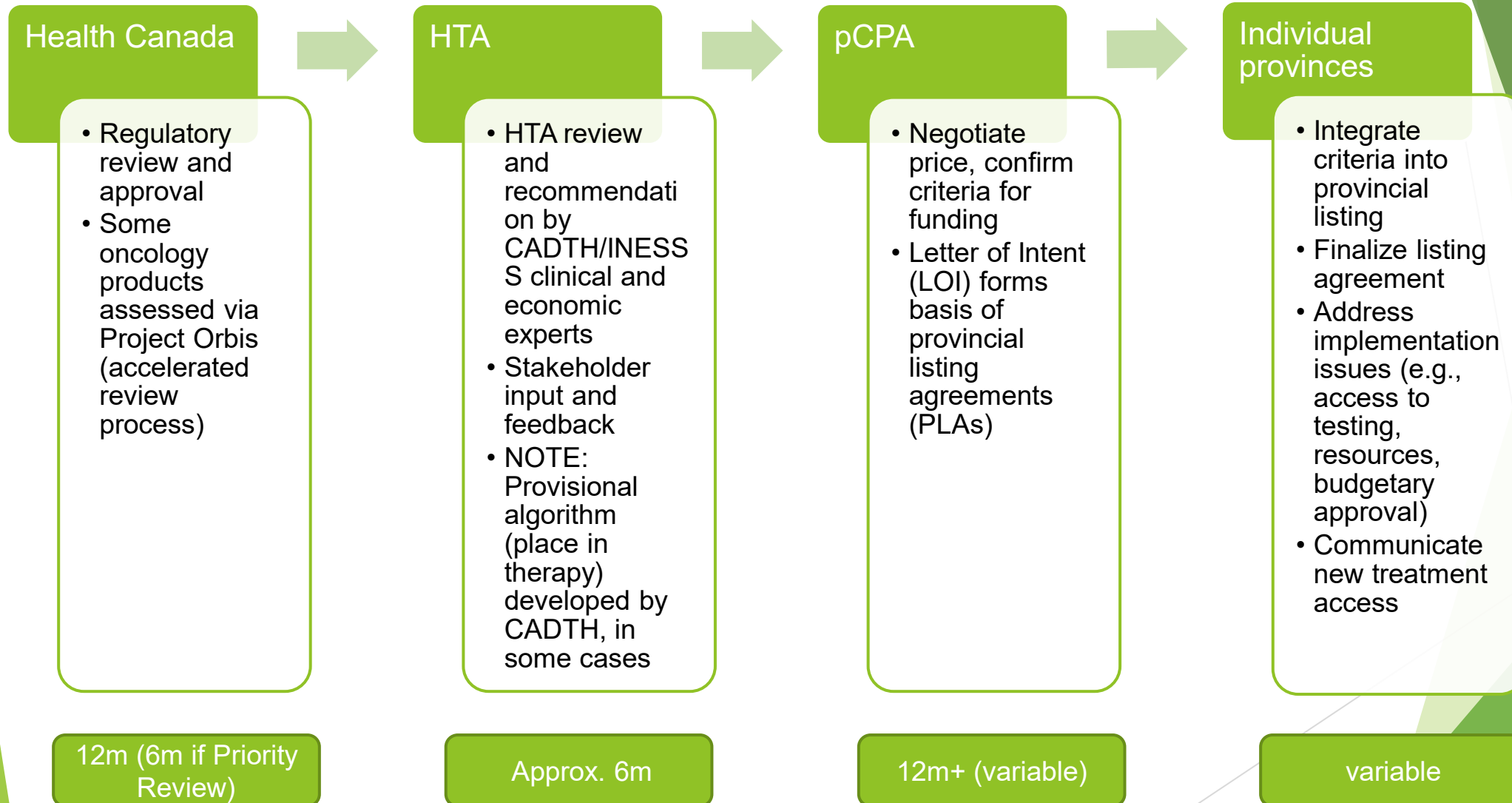


- ▶ Dr. Judith Glennie, J.L. Glennie Consulting Inc. (moderator)

# Setting the Stage

Dr. Judith Glennie

# Background - What is the issue? (1)



# Background - What is the issue? (2)

- ▶ February 2022 time to listing (TTL) paper\* identified:
  - ▶ Delays in oncology negotiations at pCPA level
    - ▶ Delays due to the length of the negotiation process (average 160 days).
    - ▶ Delays due to files waiting to be picked up to start negotiations
    - ▶ (50% "under consideration").
  - ▶ Delays for oncology products in ON compared to many other jurisdictions (case study).

Product	ON	SK	AB
Pembrolizumab RCC	105 days	62 days	65 days
Gemtuzumab AML	460 days	81 days	n/a
Bosutinib CML (RFA)	197 days	1 day	152 days

- ▶ Suggestion by Ontario Provincial Drug Reimbursement Program (PDRP) to assess and compare implementation processes in other provinces.



# Purpose of research

- ▶ Multi-jurisdictional assessment to examine processes for integrating new therapies into cancer care systems.
- ▶ Goals:
  - ▶ To better understand provincial processes for planning and implementation of new oncology therapies
  - ▶ To identify optimal practices associated with timely implementation and integration of new cancer therapies into Canadian cancer care systems

# Agenda:

1. Overview of Best Practices Research
  1. Methods
  2. Results
2. Respondents
  1. Patient perspective
  2. Clinician perspective
  3. Policy maker perspective
3. Audience Q&A

# Overview of Best Practices Research

Yen Nguyen

# Methods



**Structured confidential interviews** with 11 stakeholders in 7 representative jurisdictions, to describe and evaluate processes



**Standardized analytic framework** used to identify insights on the planning and implementation processes for new oncology products



Examination of **findings across jurisdictions** to ascertain best practices



**Report and recommendations** to support the optimization of processes and timely patient access to new oncology products

# Data collection sample

Jurisdiction	Description of cancer medication access system
Province A	Stand-alone provincial cancer program
Province B	Provincial cancer program within provincial health services delivery organization
Province C	Stand-alone provincial cancer program
Province D	Stand-alone provincial cancer program
Province E	Ministry + cancer-specific health care service delivery organization
Province F	Ministry + hospitals/health centres
Province G	Ministry + cancer-specific health care service delivery organization

# Analytic Framework (1)

## Overall Process

1	Information exchange at product pipeline meetings	
2	Information exchange at pre-submission meetings	
3	PAG input into HTA submission process	
4	PAG feedback on initial HTA recommendation	
5	Final HTA positive recommendation issued	
6	pCPA negotiations	
7	Issuance of LOI	
8	Provincial criteria and BIA finalized	
9	Provincial listing agreement completed	
10	Finalize implementation activities	
11	Funding for product approved	
12	Drug therapy made available for use in patients	14

# Analytic Framework (2)

## Other areas of interest

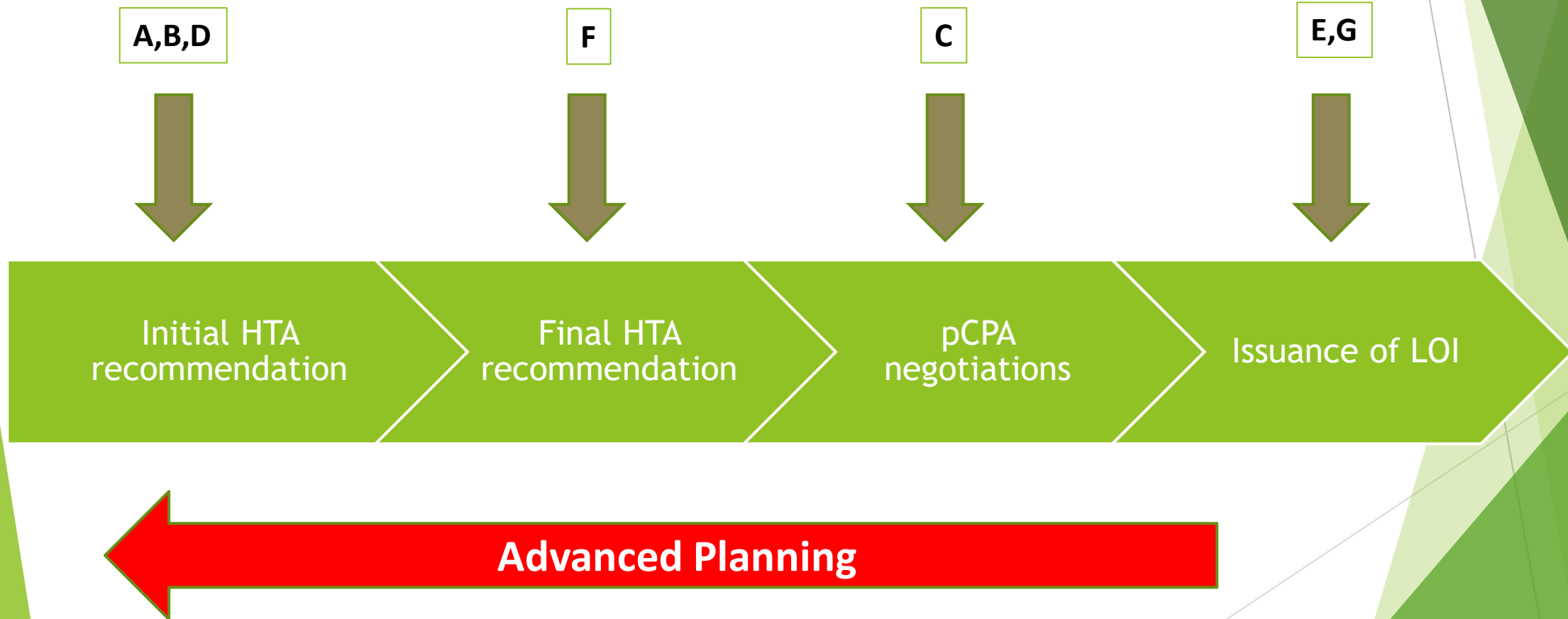
13	Changing criteria for older treatments
14	Introduction of combination therapies
15	Clinician and/or cancer centre engagement
16	IV vs. oral medications
17	Inpatient vs. outpatient cancer treatments
18	Provisional funding algorithm process
19	Other activities specific to a given jurisdiction

# Results and analysis

Kathy Gesy



# Timing of launch of implementation activities



## Other notable differences

Degree of clinician involvement/oncology expertise

Degree of modifications to criteria vs. HTA assessment and/or LOI

Need for modifications to older PLAs when new products are funded varies

Major differences in level of process complexity (e.g., oral vs. IV funding, outpatient versus inpatient medication funding and management)

# Learnings

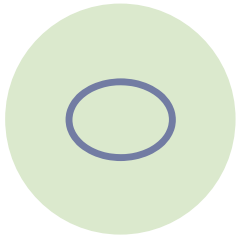
# Learnings



**Early identification of issues and implementation planning**



**Importance of oncology treatment and practice expertise**



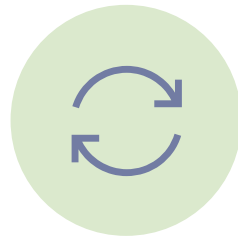
**Consistent representation**



**Collaboration**



**Process standardization**



**Simplification of processes**

# Recommendations

Judith Glennie

# Recommendations (1): Patient-focused Organizational Culture



# Recommendations (2)

## Transparency

- Transparency is important for **building trust** with all stakeholders invested in achieving timely access to new therapies for patients.
- E.g., clear and transparent processes and accountabilities for all steps; public performance standards and reporting (e.g., EAP)

## Resources

- To reduce time delays in patient access to new oncology therapies, provinces should place a priority on **investing resources in a manner that promotes efficient processes that enable timely implementation.**

# Conclusions

- ▶ **Refocusing on the needs of the patient** (rather than the needs of the system) will help create a “North Star” for simplifying and re-aligning processes.
- ▶ **Significant opportunities for learnings across jurisdictions** to improve the efficiency and timeliness of patient access.
- ▶ **Improvements in implementation processes** (i.e., in parallel to HTA + pCPA processes) could contribute significantly to improved patient access and outcomes.





# A Patient Advocate Perspective

Christina Sit

# A Clinician Perspective

Dr. Joanna Gotfrit

# A Policy Maker Perspective

Scott Gavura

# Audience Q&A

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**Wrap-up**

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# Key Take-Aways For Today

## ▶ **CALL TO ACTION:**

- ▶ Canadian jurisdictions should take these learnings to optimize their processes to make them future-ready.
- ▶ Adopt proposed best practices and recommendations to proactively initiate implementation processes well before completion of pCPA negotiations.

## ▶ **IMPACT:**

- ▶ Decrease delays in patient access to new oncology treatments and optimize efforts to improve patient outcomes.

Glennie J, Gesy K, Nguyen Y. Canadian public payer best practices for providing timely patient access to cancer therapies. In press.

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# Thank You!

- ▶ Thank you to our presenters and respondents!
- ▶ Thank you to our audience!
- ▶ Thank you to CAPT for this opportunity!



**Thank You!**

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