



iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Cost and reimbursement as a driver for practice and innovation.

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ESTRO-HERO



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*Work performed in close collaboration
with JM Borras and J Corral*

innovation



practice

accessibility, acceptability, quality
value



need for developing **reimbursement systems**
that are able to capture the continuous evolution in cancer care
and correctly cover for the cost of evidence-based interventions
thus supporting **sustainable** – yet **equitable** – **availability** and **access**

reimbursement

radiation and complex surgical oncology

how support innovation



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experts in the fields of

- radiation oncology: Ajay Aggarwal, Nicolas Pourel, Yolande Lievens
- cancer surgery: Riccardo Audisio, Peter Naredi
- cancer control: Julieta Corral, Joan Prades, Josep Alfons Espinas, Josep-Maria Borrás
- health policy: Dimitra Panteli, Josep Figueras

representatives from patient associations



representatives from the industry



policy measures for reimbursement of radiation oncology and cancer surgery

- **systematic literature review**
- **policy review:** actual and innovative reimbursement systems
- **key criteria** to improve their reimbursement in European health systems

radiotherapy & complex cancer surgery

two main pillars of cancer care

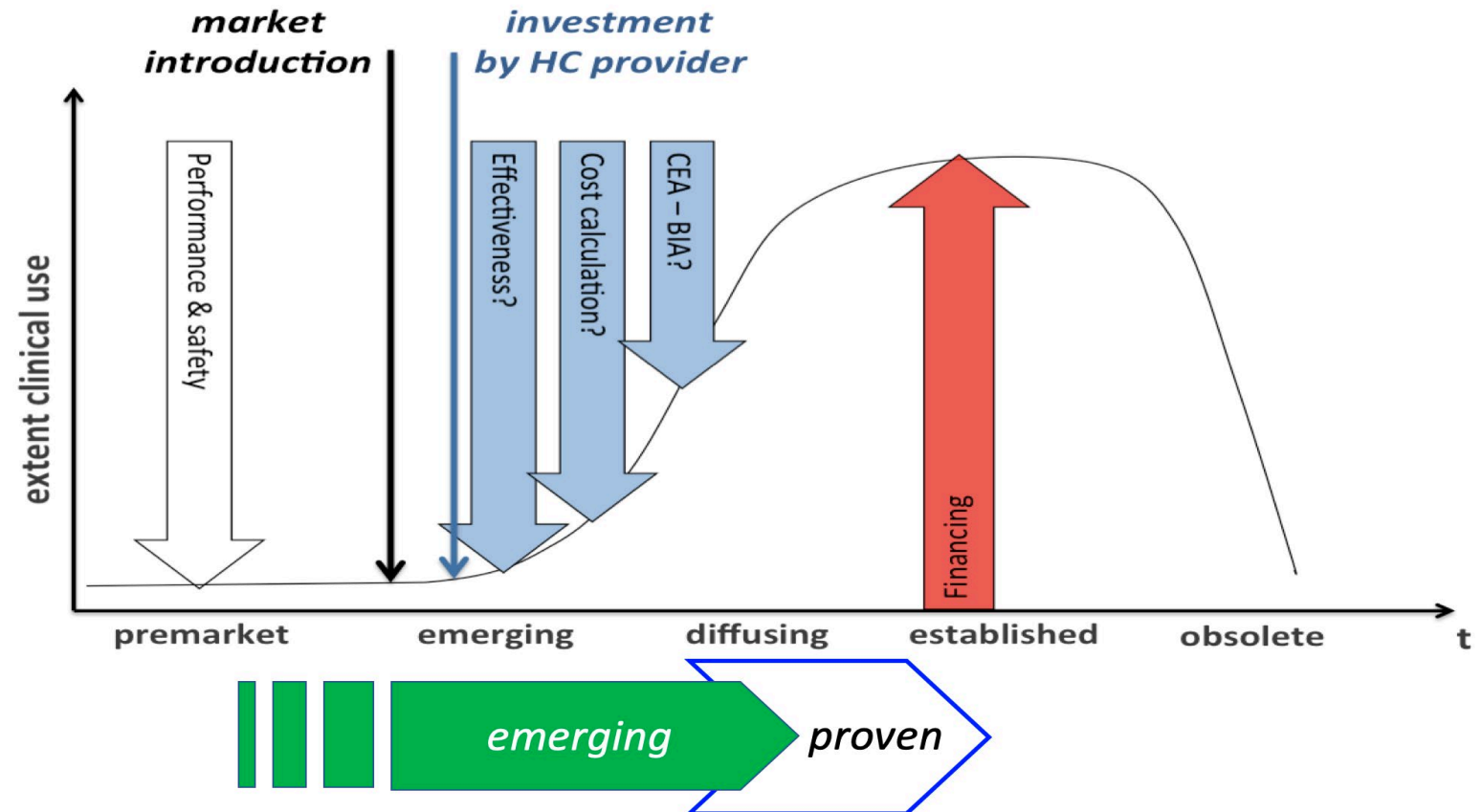
50-60% of cancer patients need radiotherapy and/or surgery

loco-regional cancer therapies, focus on early or locally-advanced disease, curative intent

technologies

techniques

treatment approaches



policy review, based on literature review

- ***budget-based, fee-for-service**, fraction-based; few episode-based models
- *focus on some **specific innovations**
- ***misalignment** with standard of care, provider costs, and outcome (ex. hypofractionation)

Radiotherapy

Cancer Surgery

- *mostly **DRG systems**
- ***add-on** payments to limit the risk for providers, avoid undertreatment, improve quality
- *concentration in **designated centres**, special payment arrangements and minimum activity levels

reimbursement systems changed little over the last two decades

→ **growing divide**

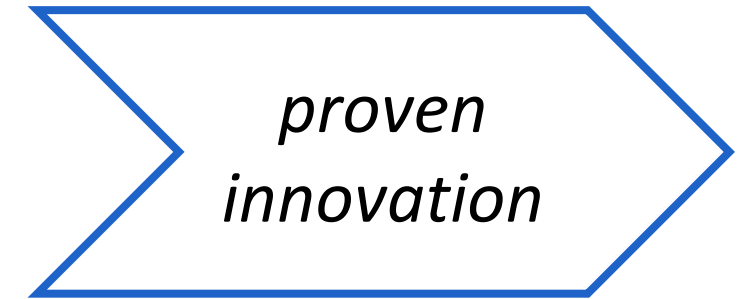
between evolving evidence and financing, lagging behind on innovation

time to rethink reimbursement!

Reimbursement of standard of care interventions

- episode-based reimbursement
- based on resource use
- information systems
- quality management
- periodic reassessment
- understandable and commensurate

assessment to immediate post-treatment follow-up
complexity & duration/density; monitoring & costing
included in reimbursement system
included (peer review), avoid inappropriate variability
adapt to the evolving standards of care
monitoring capacity of HC system



NOT included:

- MDTs (outside radiation or surgical oncology episodes)
- research activities and pre- and postgraduate education

time to rethink reimbursement!



*emerging
innovation*

Financing emerging innovation

- **How to generate evidence?**
RWD should form a key complement to a blended approach to evidence generation, including different kinds of evidence
- **How to finance this evidence generation?**
Budgets to assess innovation with relevant impact on clinical care
Coverage with Evidence Development
- **How to evaluate the evidence?**
Combination of comparative effectiveness assessment and economic evaluation, along with budget impact analysis.
- **How to make the transition to the formal reimbursement?**
Evaluation submitted to the decision-makers after a review, including from clinician experts.

time to rethink reimbursement!



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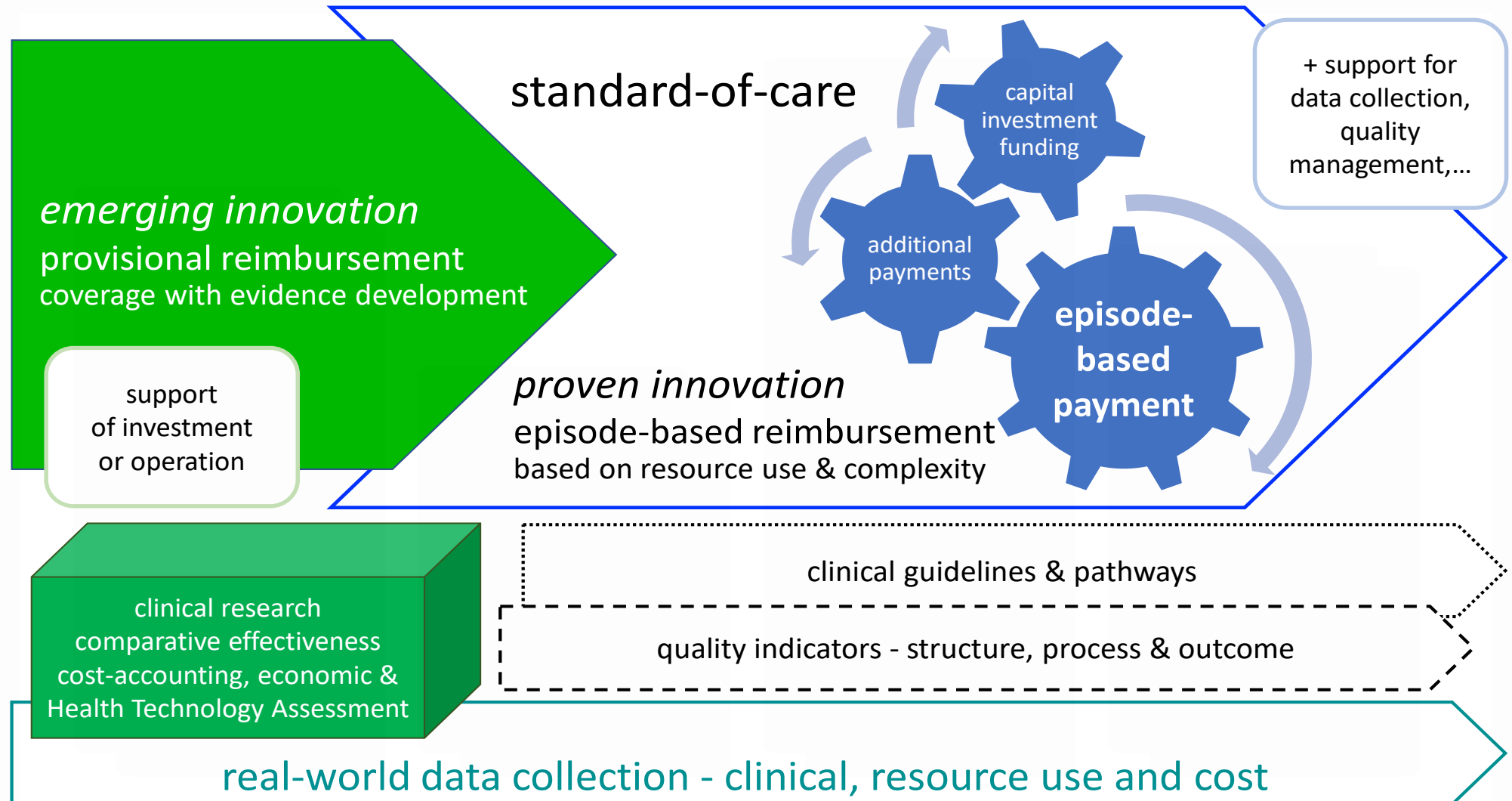
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Thank you for your attention!