

Supporting innovation in radiation oncology and complex surgery through reimbursement systems



TYPE Guidance **LAST UPDATE** July 2021 **EUROPE • HEALTH SYSTEMS** Diagnostic & Treatment
STATUS Report completed and ready for use

PROBLEM & OBJECTIVE

PROBLEM The pace of cancer innovation in radiation therapy and complex cancer surgery and its implementation in daily practice has accelerated in recent years (e.g., robotic surgery or stereotactic body radiotherapy). Since reimbursement can be both a key barrier or lever to adopt evidence-based innovations, this poses a real challenge for designing reimbursement policies that can provide fair remuneration for evidence-based standard-of-care while increasing access to innovative treatments.

OBJECTIVE Provide guidance on how to finance radiation therapy and complex surgery, with particular attention paid to how reimbursement systems can influence the dissemination and access of innovations in cancer care.

CONTACT

Catalan Institute of Oncology
Catalan Cancer Strategy

Prof. Dr. JM Borrás
jmborras@iconcologia.net
Dr. Yolande Lievens
yolande.lievens@uzgent.be

KEY COMPONENTS / STEPS

- The reimbursement models in European health systems were reviewed, comparing the advantages and disadvantages of each model (1).
- The resultant report presented as a background paper for a workshop of 15 experts in radiation oncology, cancer surgery, health systems research and policy making, patients and industry representatives in Barcelona, 27th–28th January 2020.
- The goal of the workshop was to explore the potential contributions of reimbursement systems to the rational adoption and delivery of innovation in radiotherapy and surgery, how to define valuable innovations in these therapies and how to pay for them.
- The workshop also included presentations made by participants.
- A report of the discussions with conclusions and recommendations agreed by participants was circulated among cancer planning entities of the countries involved in iPAAC and the Commission.
- Dissemination activities (webinar with Members of the EU Parliament and relevant stakeholders, publication in scientific journals, webinar with professionals, patients and industry representatives as well as relevant stakeholders).

KEY CONTEXTUAL FACTORS

- Complex surgery and radiotherapy are the primary curative treatment options for solid organ malignancies and are, along with systemic cancer therapy, essential components of the multidisciplinary approach to cancer treatment.
- Both strategies are the central pillars of loco-regional oncology treatment, with about half of all cancer patients requiring radiotherapy at least once over the course of their disease, while it is estimated that surgery should be used in up to 80% of cancer cases.
- Reimbursement is one of the main policy tools to achieve the health system aims of accessibility, acceptability and quality of care (1,2), and it is powerful in stimulating or disincentivizing the clinical introduction of health-care innovations in addition to health technology assessments (HTA) and regulatory decisions (3).
- There is an enormous variability in reimbursement systems and levels across countries, resulting in different incentives and different amounts reimbursed for the same therapeutic strategy.
- In contrast to evolving evidence and practice, reimbursement systems have not evolved in many countries over the past decades.

MAIN IMPACTS / ADDED VALUE

- Current reimbursement systems should be reviewed in view of promoting a comprehensive perspective, avoiding fragmentation and supporting valuable innovation.
- A reimbursement policy, based on the episode of care as the basic payment unit, is advocated for, with additional financing to address the specificities of the concerned intervention and other needs of quality assurance and data collection, set in the context of multidisciplinary care.
- Innovation should be tackled in a two-tier approach: one defining the common criteria for reimbursement of proven evidence-based interventions; another for financing emerging innovation with uncertain value, through approaches such as Coverage with Evidence Development.

LESSONS LEARNED

- In many countries, reimbursement policies have not evolved in parallel with evidence-based innovation, only with ad-hoc coverage for specific technologies, techniques or treatment approaches, or investments for technologies without changing the reimbursement model.
- Relevant clinical and economic data, also collected practice-based data, should support reimbursement systems that mirror the actual cost of evidence-based practice.
- Although cancer drugs drive most of the policy discussion, surgical and radiation oncology also have important challenges ahead, with both therapeutic strategies sharing the focus on a loco-regional treatment approach with the need to assess outcomes such as local control or functional outcomes, strongly associated with quality of care, within a broader scope of evidence generation.

REFERENCES & DOCUMENTATION

- iPAAC Report
- Josep M Borrás et al. Innovation, value and reimbursement in radiation and complex surgical oncology: time to rethink. *Radiotherapy & Oncology* (submitted article).
- (1) Figueras et al., editors. *Purchasing to improve health systems performance*. Maidenhead: Open University Press; 2005.
- (2) Lievens et al. How public health services pay for radiotherapy in Europe: an ESTRO-HERO analysis on reimbursement. *Lancet Oncol*. 2020;21(1):e42–e54.
- (3) Nolte E. How do we ensure that innovation in health service delivery and organization is implemented, sustained and spread? In: *Health Systems for Prosperity and Solidarity Series*. Kluge H, Figueras J (eds.). European Observatory on Health Systems and Policies, 2018 [accessed 31-03-2020].

More over
[IPAAC](#)
[Roadmap](#)