Cancer Drug Funding Sustainability: From Recommendations to Action

CADTH SYMPOSIUM 2016

Scott Gavura, Director, Provincial Drug Reimbursement Programs
Provincial Drug Reimbursement Programs
Jessica Arias, Program Manager
Alayna Brown, Specialist

Cancer Quality Council of Ontario
Rebecca Anas, Director
Hasina Jamal, Policy Lead
Disclosures

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Overview

1. Cancer’s sustainability challenge
2. Why a “Programmatic Review”?
3. What did the review recommend?
4. How is CCO responding to the recommendations?
Drivers of growth: Incidence

Cancer Incidence

Figure 1: Growth in new cancer cases, Ontario, 1985–2015

- Additional cases due to population growth
- Additional cases due to aging
- Change in cancer rates
- Baseline cancer incidence

Report Date: February 2015
Source: Cancer Care Ontario (Ontario Cancer Registry, 2014)
Prepared by: Cancer Care Ontario, Prevention and Cancer Control (Population Health and Prevention)
Drivers of growth: Robust pipelines

**Figure 5. Compounds in Development for Top 10 Therapeutic Areas, 2013**

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<thead>
<tr>
<th>Therapeutic area</th>
<th>No. of Compounds in Clinical Trials</th>
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<tbody>
<tr>
<td>Anticancer, other</td>
<td></td>
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<tr>
<td>Anticancer, immunological</td>
<td></td>
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<tr>
<td>Prophylactic vaccine, anti-Infective</td>
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<td>Antidiabetic</td>
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<td>Analgesic</td>
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<td>Rare disease</td>
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<td>Anti-inflammatory</td>
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<td>Recombinant vaccine</td>
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<tr>
<td>Cognition enhancer</td>
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</tbody>
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Source: Moses *et al*, JAMA, 2015

**The Cancer Pipeline**

Source: CADTH Pipeline Report, 2015
The sustainability challenge

- Cost of Approved Submitted Claims
- Forecast on NDFP Growth
- Forecast on Health Care Growth

NDFP projected growth based on historical increases
12% (10/11-14/15)

NDFP increase if aligned with provincial budget forecast for health sector (from 2016 budget) 1.8% (14/15-18/19)

Drug costs for claims approved under the New Drug Funding Program.
The Cancer Quality Council of Ontario

- A quasi-independent, arm’s length advisory group established in 2002 to provide advice to CCO and the Ontario MOHLTC in their efforts to improve the quality of cancer care in the province of Ontario.

- **Mandate**: to monitor and report publicly on the quality of the performance of the Ontario’s cancer system – from both system and patient perspectives.

- Reports to the Ontario MOHLTC through CCO’s Board of Directors in identifying and assessing gaps in cancer system performance and quality, and advising on planning and strategic priorities.

- The Programmatic Review is one CQCO tool used to drive improvements in the system.
Why a “Programmatic Review”? 

- An initial focus on Cancer Care Ontario’s Provincial Drug Reimbursement Programs was widened to focus more generally on drug funding sustainability given this issue is not unique to CCO.

- The objective of the 2015 CQCO Programmatic Review was to:
  - identify and review the critical success factors of a sustainable drug reimbursement program with international, pan-Canadian and internal input;
  - reach agreement on a core set of recommendations for CCO that may be relevant to other reimbursement programs, on strategic directions and improvements, in order to maximize the effectiveness of cancer drug use; and
  - support overall system sustainability in a patient-centred way.

- The output of the review was a set of recommendations to support a drug funding system that is more sustainable, while ensuring high quality of care.
What’s a “sustainable” system?

To ensure that the rate of growth of cancer drug expenditures aligns with the rate of growth of overall health expenditures, while maintaining spending within a defined funding envelope.*

Drug funding sustainability can be maximized through:

- effective prioritization of new and currently reimbursed drugs and regimens;
- ongoing real-world assessment and evaluation of currently reimbursed drugs; and
- ensuring that all publicly funded cancer drugs/regimens are evidence informed.

This can be achieved through delivering cancer drug therapies that balance:

- reaching consensus on what constitutes clinically effective cancer treatment;
- patient values while maintaining a person-centred approach; and
- efficient and appropriate delivery of cancer therapies.
1. Stakeholders should not only be engaged but also be enabled to participate fully in a transparent drug funding decision making process.
   Accountabilities: CCO, MOHLTC, CCS

2. The pan Canadian Oncology Review (pCODR) should consider further refining its prioritization process through the development of an algorithm for review of drug submissions based on unmet need and/or breakthrough drugs (i.e., “game-changer”).
   Accountabilities: pCODR/CADTH, CCO, MOHLTC, CAPCA

3. A process should be developed to ensure that practitioners incorporate new agents and use existing agents appropriately and according to current best evidence in order to support system sustainability.
   Accountabilities: CCO, MOHLTC, CAPCA

4. A consistent approach to gathering and analyzing real world evidence should be developed. This includes systematically capturing and incorporating patient-reported outcomes (e.g., quality of life, toxicity) into real world data collection (note, this recommendation is linked to recommendation #5).
   Accountabilities: CCO, MOHLTC, CAPCA
5. Real world evidence (RWE) should be used to inform and monitor the effects of funding decisions (this includes validating assumptions, evaluating the benefits of funded therapies, revisiting funding decisions, informing future funding decisions).  
   *Accountabilities: CCO, MOHLTC, CAPCA*

6. A consistent process for disinvestment (or “reinvestment”) and renegotiation of prices with buy-in from the public, patients and clinicians should be explored (i.e., delisting drugs should be considered alongside the prioritization of new drugs).  
   *Accountabilities: CCO, MOHLTC, CAPCA, pCODR/CADTH*

7. A process should be established by the provinces to maximize harmonization in cancer drug funding coverage decisions.  
   *Accountabilities: CCO, MOHLTC, pCODR/CADTH, CAPCA*
Focus: Prioritization and drug funding harmonization

Recommendations 2, 6 and 7

Goal:
• To develop an approach to prioritization so that, given limited resources, the most important drugs are funded, sooner, and that ineffective drugs are de-listed.

Activities:
• CCO has assembled a working group of clinicians to examine existing prioritization approaches and tools.
  • This group has discussed principles and other considerations required to address 2016/17 challenges.
• CCO is working with CAPCA to develop a consistent, pan-Canadian approach to prioritization.
  • Objective: to coordinate the development of a prioritization framework that can be used across jurisdictions to address the long-term sustainability of oncology drug funding.
  • Jurisdictions are collaborating to ensure that funding decisions during this period are as aligned as possible.
Focus: Real-World Evidence

Recommendations 4 and 5

Goal:
• To develop an organizational approach for analyzing evidence collected from drug use, and use this evidence to inform drug funding decision-making.

Activities:
• We have committed to examining the real-world effects for all new drugs we fund.
• We are developing a framework to guide this work.
• We continue to explore opportunities to collaborate.
  • There is considerable enthusiasm from our cancer system partners (ministries, agencies, CPAC) to advance pan-Canadian efforts in this area.

More on our RWE work be discussed this afternoon at 3:30, session C4.
Summary and next steps

• Despite the implementation of rigorous health technology assessment processes for cancer drugs, as well as pan-Canadian collaboration in negotiating pricing, there remain significant challenges to cancer drug funding sustainability.

• The Cancer Quality Council of Ontario’s Programmatic Review made several recommendations to support system sustainability.
  • Recognizing the interdependencies of this work, CCO is collaborating actively with other ministries and agencies on these initiatives.

• There are no simple solutions nor quick fixes. A sustainable cancer system will only be possible with permanent changes to the way we plan, organize and deliver cancer drug benefit programs.
  • Meaningful engagement will be crucial to our success.
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scott.gavura@cancercare.on.ca