Assessment and evaluation of high cost medicines in Australian public hospitals

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Aim

- To describe the decision-making process for access to High Cost Medicines (HCM) across jurisdictions, including how evidence is assessed and outcomes monitored, focusing on HCM used for indications not subsidised by the PBS or off-label and hence with potential significant financial and clinical implications.

Methods

- National online survey of Drug and Therapeutics Committees (DTCs)
- Hospitals identified via the AIHW peer grouping for principal referral and specialist women's and children's hospitals (> 300 beds)
- Survey was distributed via state-based Therapeutic Advisory Groups to DTC Chairs in May 2015

Results

Responses were received from 27 participants; representing 25 DTCs. All states and territories were represented. DTCs were state-wide (12%), local health network based (48%) and hospital based (40%).

Does the definition of HCM vary?

- Multiple definitions describe HCM
- Most commonly (45%) HCM was defined where the acquisition cost was greater than $10,000 per patient per annum.

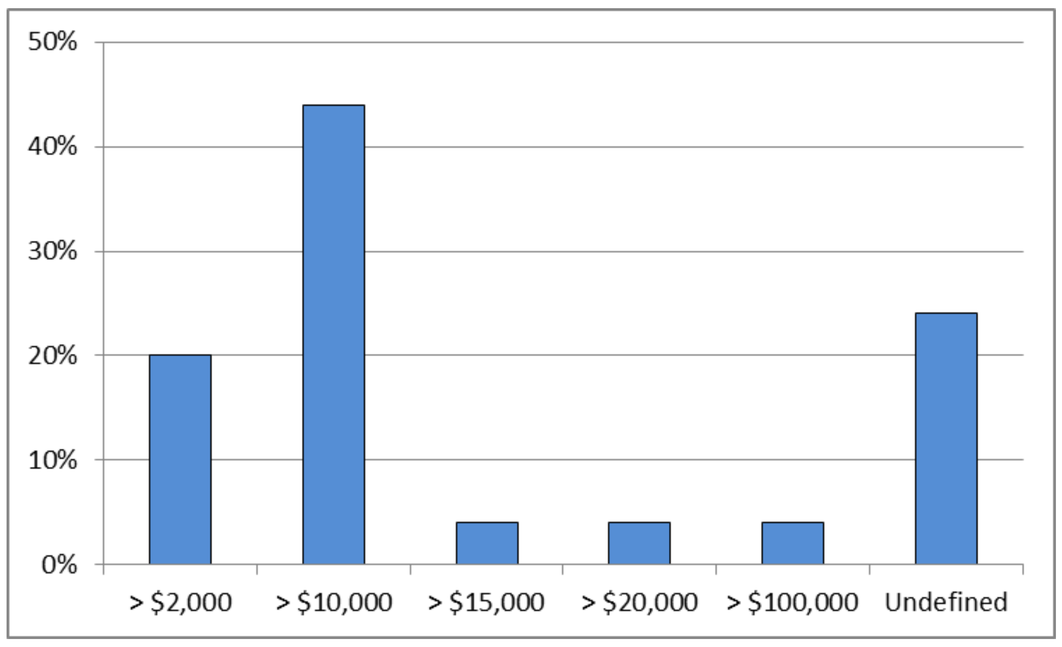

Figure 1: Definition of HCM

How robust is the evaluation process?

- Most common criteria used to evaluate HCM were similar for both individual patient or formulary applications
- Cost effectiveness was used for IPU (54%) and formulary (63%) applications. A challenge with this criterion is availability of local expertise in evaluation and information from sponsors.

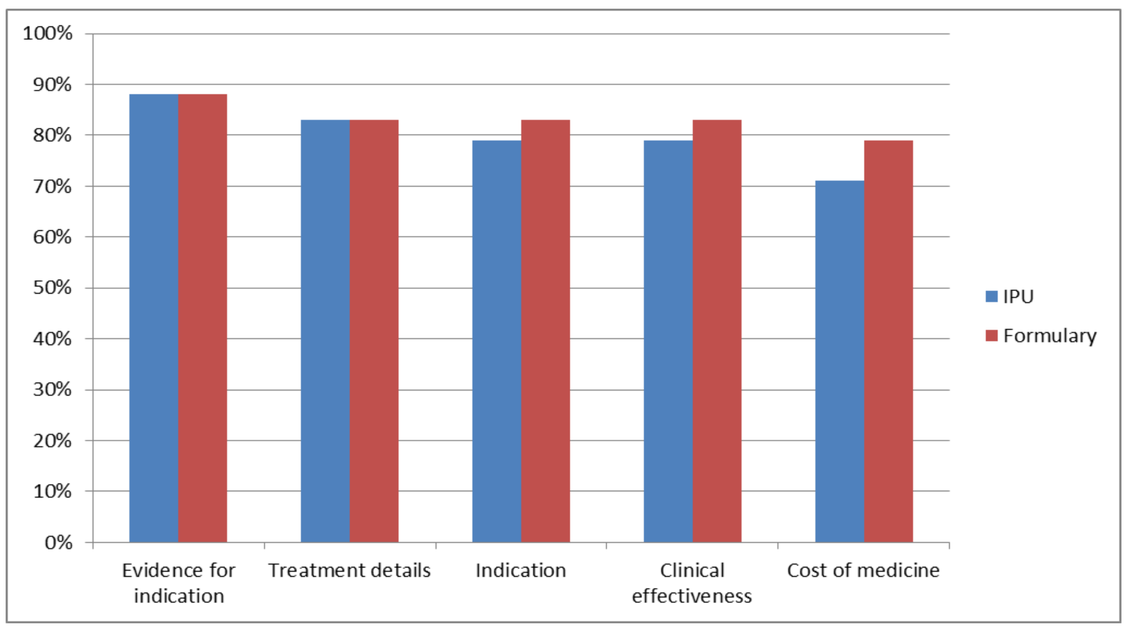

Figure 2: Criteria for evaluation of HCM

Do outcomes of evaluations vary?

- There is a perception that access to HCMs varies across hospitals, local area health services and states
- 67% of respondents perceived that different decisions regarding availability were a frequent occurrence.

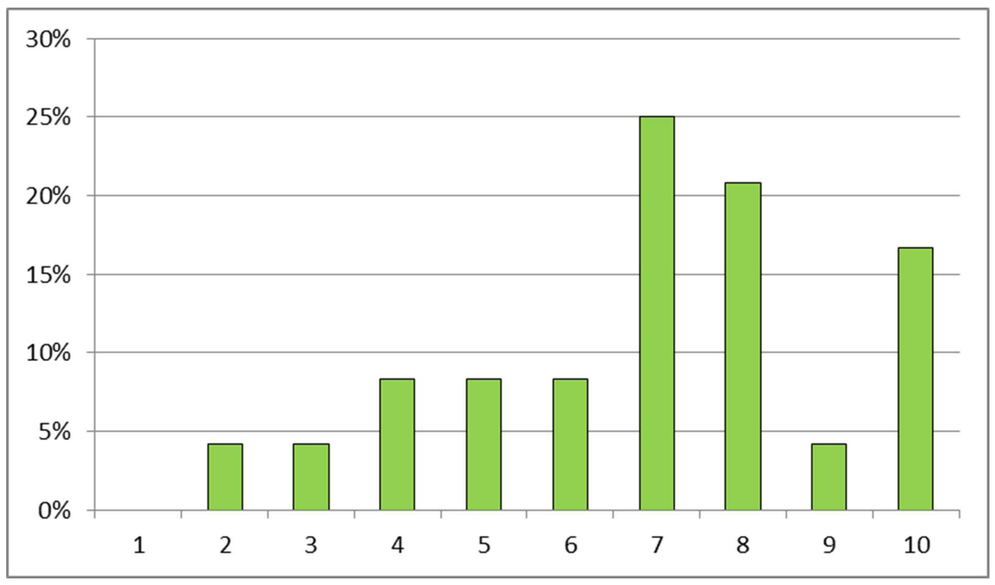

Figure 4: Perceived frequency of different decisions made regarding HCM (1 very rarely, 10 – extremely frequently)

Are evaluations shared?

27% of responding DTCs share information regarding HCMs, however the majority (82%) thought this would be useful.

Are outcomes monitored?

- Financial outcomes are usually monitored however there is variability in monitoring of clinical outcomes. This is dependent on resources and the medicine involved.

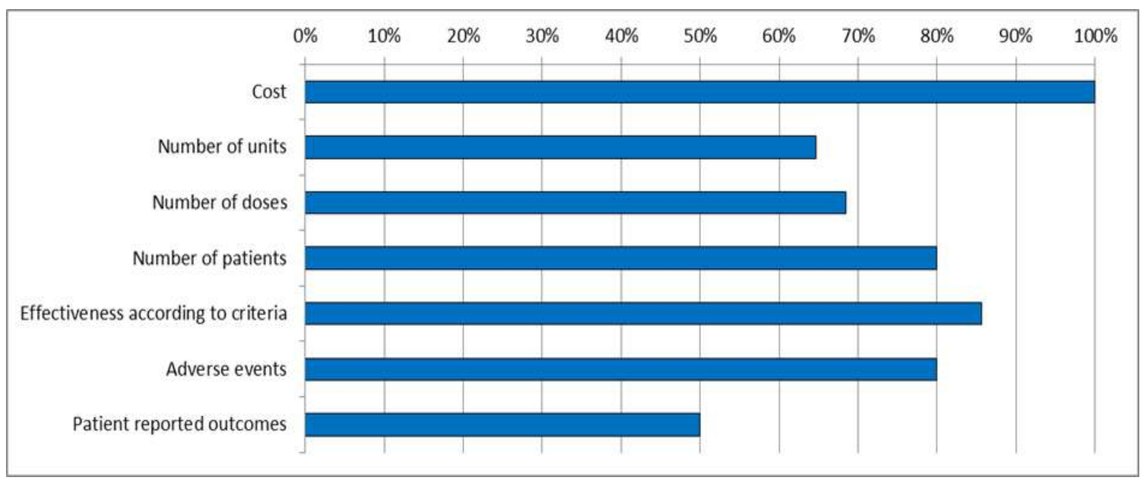

Figure 3: Outcomes for HCM

Conclusion

This survey confirmed variation in governance and monitoring of HCM. There is potential for standardisation and reduced duplication in decision-making through greater coordination and sharing of assessments and outcomes. This is not without challenges involving trust, transparency and willingness to be involved. An initial recommendation is to develop guidance on decision-making processes. Follow up and reporting of outcomes is also a challenge however is an important area for development.

Acknowledgements

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