

Global Cancer Challenges and the Role of Radiotherapy. *Reimbursement in HIC.*

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background

reimbursement systems are a *central component* of *healthcare policy*, because they:

- can have an important influence on how clinicians and managers **perceive the priorities** set by health authorities/payers
- give a signal about how payers have decided **to assess the cost** of therapies within the framework of the healthcare system
- have a **budgetary impact** on treatment utilization and on future investments

→ there is a need to *assess reimbursement systems*

different objectives for clinicians and decision makers

policy maker/payer

to reduce the cost

of the procedure or treatment
or, at least,
to **avoid an increase** of the budget

provider

to receive fair payment

for the activities carried out
in the **entire procedure**,
recognizing and paying
the different components
relevant for the **qualitative** care delivery

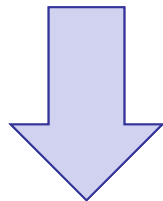
shared concern for the *quality of care*

shared endeavor to *match demand and need*,
although the response to a mismatch could be different

structural components and payment level

provider payment

- organization of payment (prospective/retrospective)
- unit of payment (criteria & scope)
(*e.g. fractions , course of treatment, departmental budget,...*)
- amount of payment



influence on *quality, level and efficiency* of services provided
due to the amount of *risk borne by providers vs. purchaser*

NEEDS

optimal radiotherapy utilisation
in European countries

AVAILABILITY

equipment & staffing
guidelines

reimbursement
in Europe

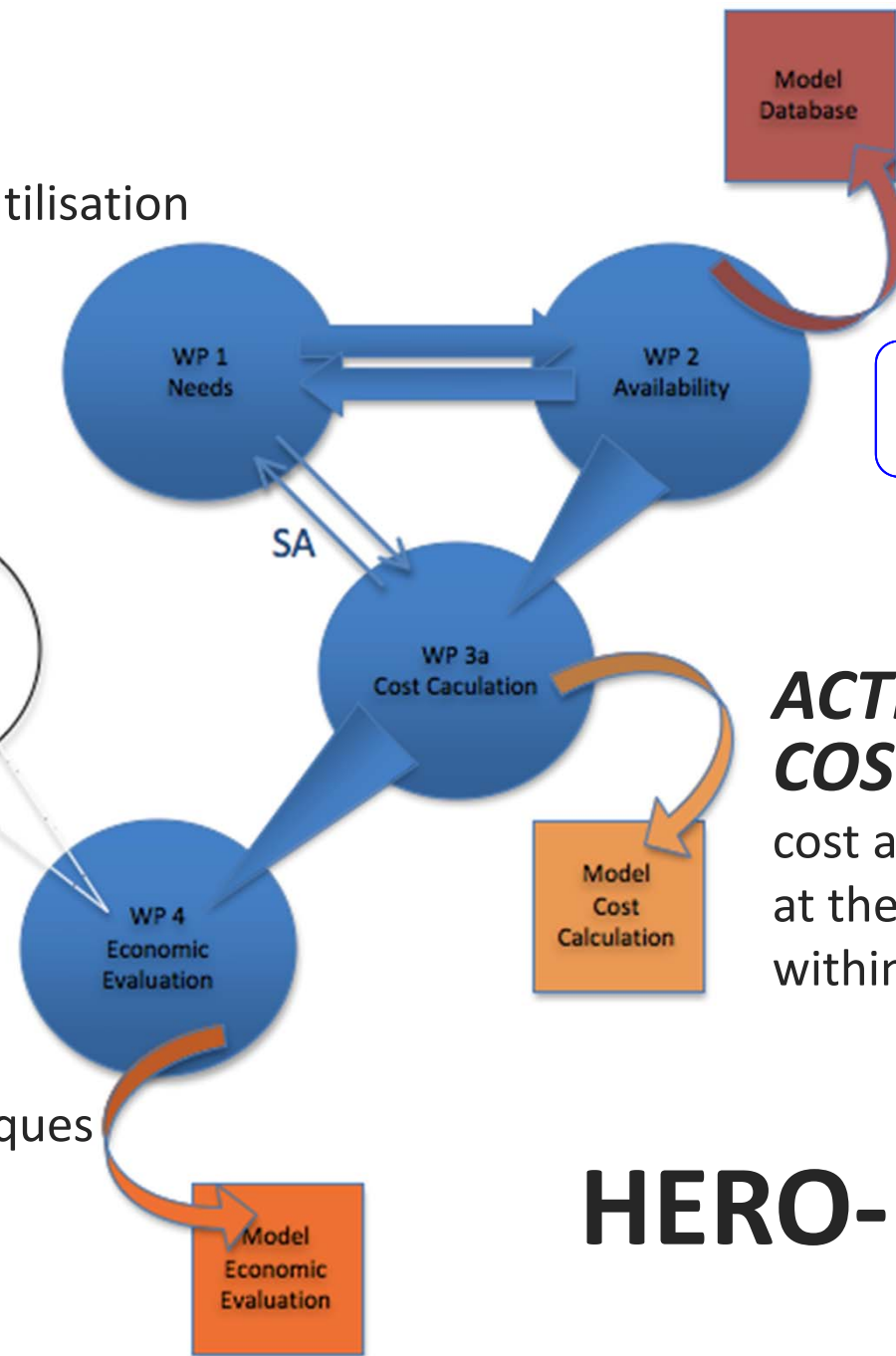


ACTIVITY-BASED COSTING

cost and productivity
at the national level
within European countries

ECONOMIC EVALUATION

of radiotherapy
treatments and techniques
in Europe



HERO-project

National Societies Europe Survey: problems notified

1. Reimbursement system

out-dated and insufficient
various types & across countries & various systems per country

2. Budget

equipment, personnel, research

3. Costs

insufficient knowledge of & insight in radiotherapy costs
introduction & implementation of innovative radiotherapy
treatments and techniques
sustainability & expansion of state-of-the-art radiotherapy services

4. Comparison with other oncologic disciplines

HERO reimbursement survey: aims

1. Give an *overview of the the actual status* of radiotherapy reimbursement systems in Europe
→ benchmark with costs
2. *Methodological analysis* of the reimbursement systems and *provide guidance* towards novel reimbursement developments

HERO reimbursement survey

Design aligned with HERO Cost Calculation Model

40 National Societies of Radiation Oncology

November 2016

1. **General features:**

*organisation (central/regional), general description,
date of introduction*

2. **Global structure:**

prospective/retrospective, fixed/variable, distinctive criteria

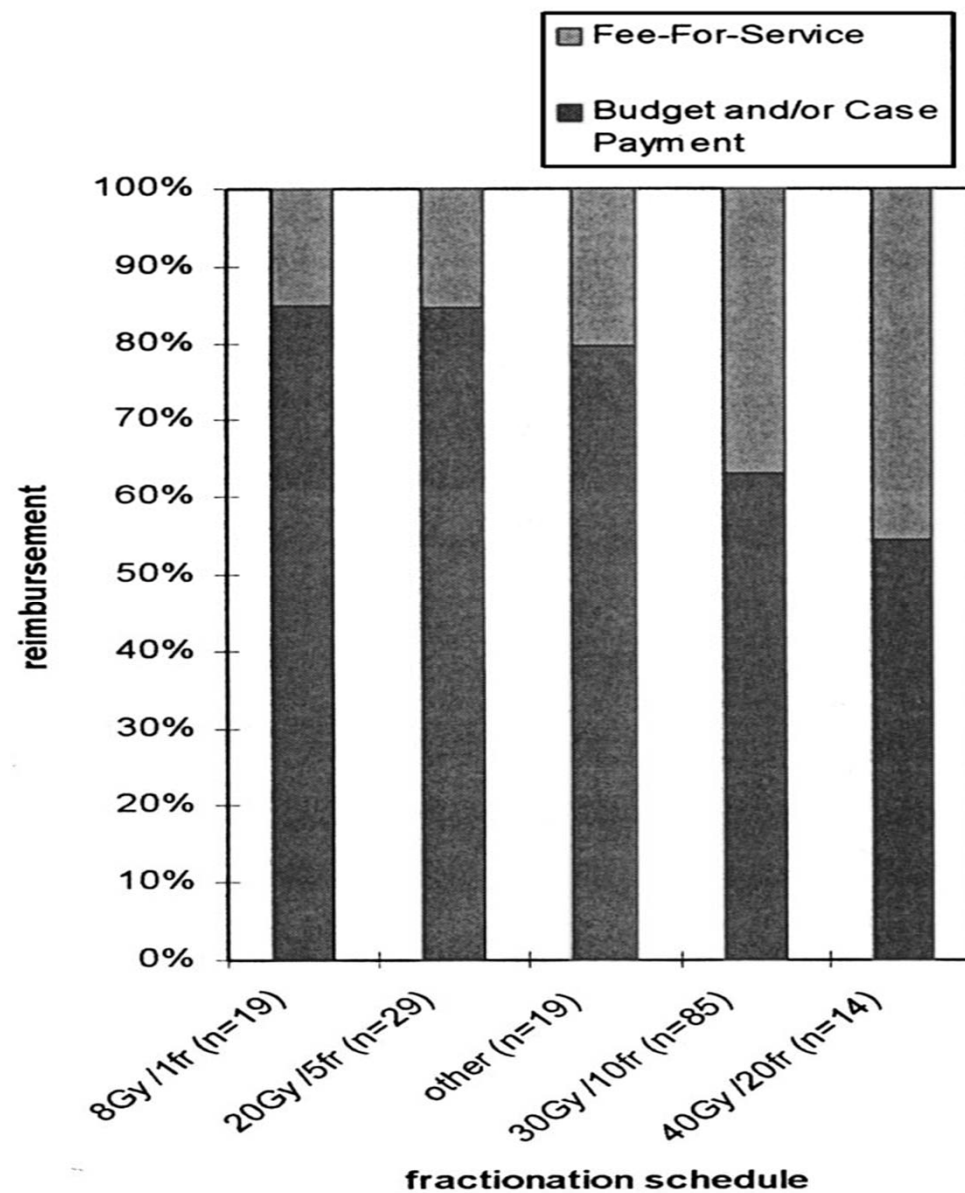
3. **Scope of coverage:**

resources and activities

4. **Level of coverage:**

financing level of typical indications and national expenses

reimbursement incentives



some general considerations

- *variety of criteria used* as basis for reimbursement in Europe; although there is a trend towards an episode based prospective reimbursement model in the literature and in the countries evaluated
- actual reimbursement systems are rewarding *volume but not necessarily quality*
(volume driven instead of quality or value driven systems)...

- there is a need to *build a consensus* about
- the **global structure** that would give the best approach for radiotherapy reimbursement
 - the **components** of the radiotherapy process that should be included in the reimbursement system

to stimulate high-quality and evidence-based RT practice

some general considerations

- radiotherapy accounts for only a *rather small percentage* of the total health care budget, but....
- it has a comparatively *high impact on the investments* (as compared to other therapeutic strategies)
- this means that the *decision maker has a different role*: in health care, investment decisions are usually managed differently than running cost decisions

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