Global Cancer Challenges and the Role of Radiotherapy.

Reimbursement in HIC.

Yolande Lievens, MD, PhD
Radiation Oncology
Ghent University Hospital & Ghent University, Belgium
Co-Chair ESTRO-HERO project, ESTRO president
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**

*Smith et al, for Encyclopedia of Public Health 2016
Ellis et al, Oxford Rev Econ Policy 2007*
**AVAILABILITY**
equipment & staffing guidelines reimbursement in Europe

**NEEDS**
opimal radiotherapy utilisation in European countries

**ECONOMIC EVALUATION**
of radiotherapy treatments and techniques in Europe

**ACTIVITY-BASED COSTING**
cost and productivity at the national level within European countries

**HERO-project**

*Lievens & Grau. R&O 2012*
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

Lievens et al, R&O 2000
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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