Improving quality in pharmacological treatment in Denmark

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Conflicts of interest

Nothing to disclose

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Topics for discussion

- The dilemma
- The showcase at a glance: Introducing the danish health system
- RADS: A nationwide approach to secure patients equal access, form common standards and get to more favourable tenders.
- The first 5 years
- Moving forward

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Public payor dilemma:

Can we secure access to most sufficient and latest technology and still contain sufficient ressources?

Drug price development steps

Decade	Drug	Price per cure (Euro)
1990	Docetaxel	8,000
2000	Glivec®	14,000
2010	Yervoy®	51,000

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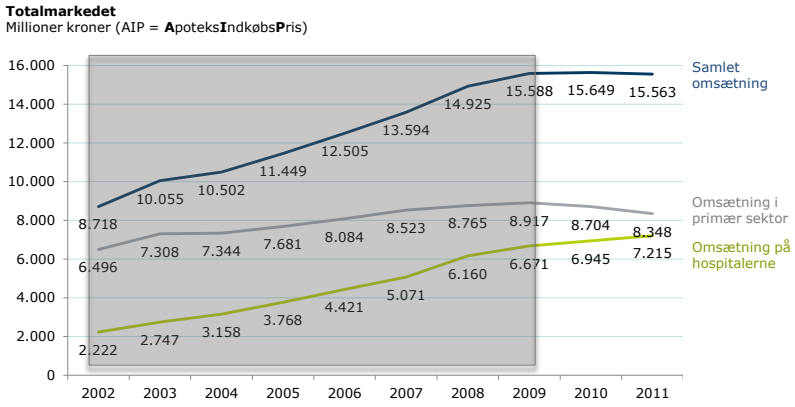
Burning platform:
Public drug costs increasing 3 fold in hospital sector



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Introducing Denmark

5.5 million inhabitants

5 politically independent regions manage public healthcare

The regions are individually hospital owners

The regional structure established in 2008

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Hospital care is a tax-paid public service

No patient co-payment for hospital services, including drugs

Prescription of most of ”advanced” drugs is restricted to hospitals

One common purchaser of medicines for use in hospitals (Amgros)

Primary care is a private business

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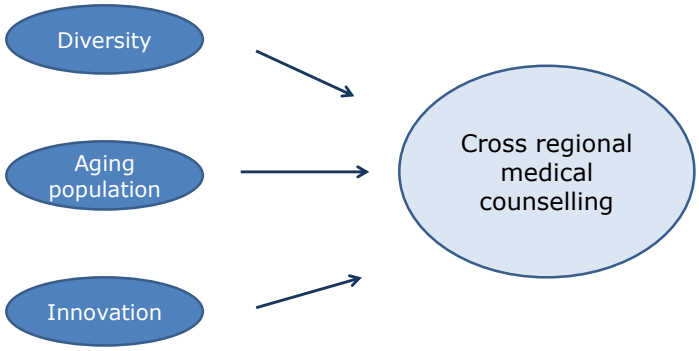
RADS:
Establish quality in pharmacological treatment



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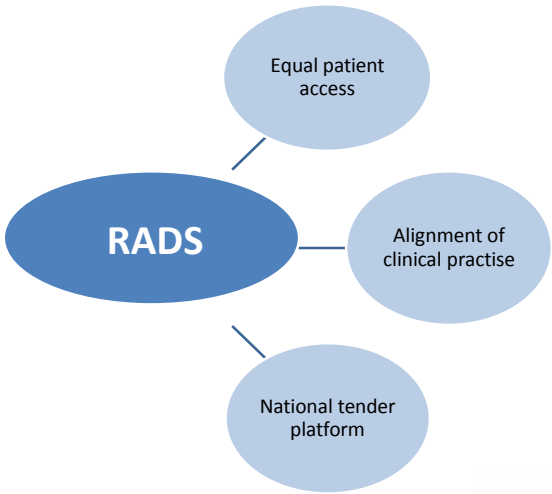
RADS clinical evaluation
Stakeholder value



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To facilitate efficacious change to the benefit of the patient:
Transparency in governance

Principles

- Regional management challenge expert recommandations and support decisions
- Well defined proces limitations: Decisions based on efficacy-safety profile only (medical assessment)
- Implementation is the responsibility of regional management
- Expert committee recommandations are founded on consensus among the foremost peers
- Adherence to decisions monitored frequently
- Scientifically accepted standards engaged (GRADE)

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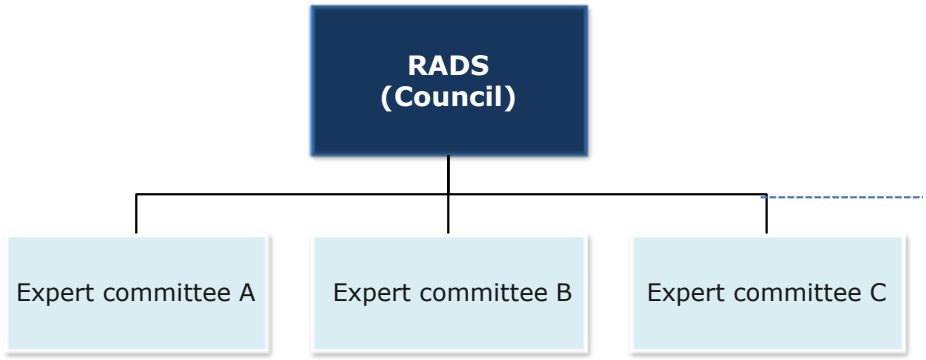
The decisions are embedded with Regional management



As of January 2014 The Structure embrace 33 expert committees

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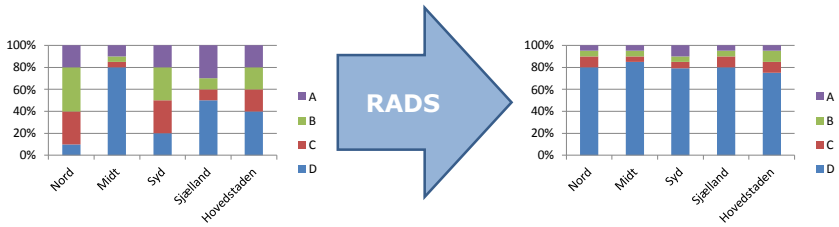
Decisions are made to generate change

Conceptual

RADS guidance develops common national practise for use of medicines

Regional changes in usage at hospital units measured as defined daily dosages (DDD) for drug A, B, C, and D



BEFORE ***AFTER***

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Clinical challenges in RADS

Subject	Therapy area
Comparing drugs for specific groups of patients	Reumatology, Chronic Myeolid Leucemia
Combining drugs	HIV/AIDS
SPecifying usage of new medicines	Multiple Sclerosis
Avoiding specific safety issues	Scizofrenia
Transition from hospital to primary care (Sektorovergang)	Anti-trombotics

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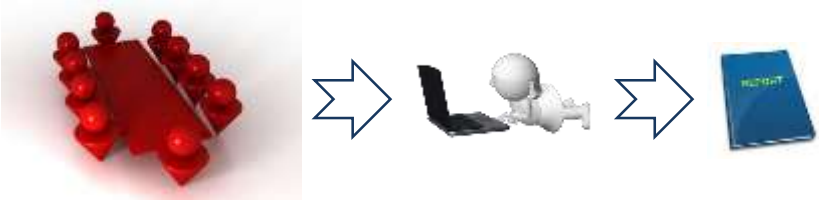
The data used in evaluating adherence is founded in the clinical consensus



Expert committee

- Specify patient groups
- Target per patientgroup
- Establish type of hospital departments
- Establish performance indicator

- Setting combined target
- Defining dynamics
- Veryfing model

- Quarterly
- Public summary

Endorsed by RADS

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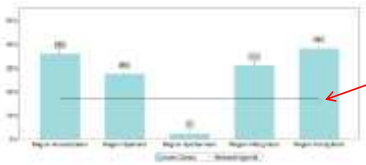
Benchmarking drives pharmacological towards trans-national standards

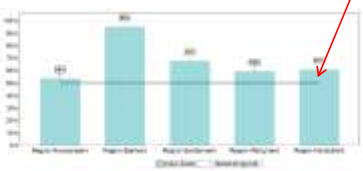
Filgrastim , ATC L03AA02

2012
1st quarter



Dynamic target

2013
4th quarter



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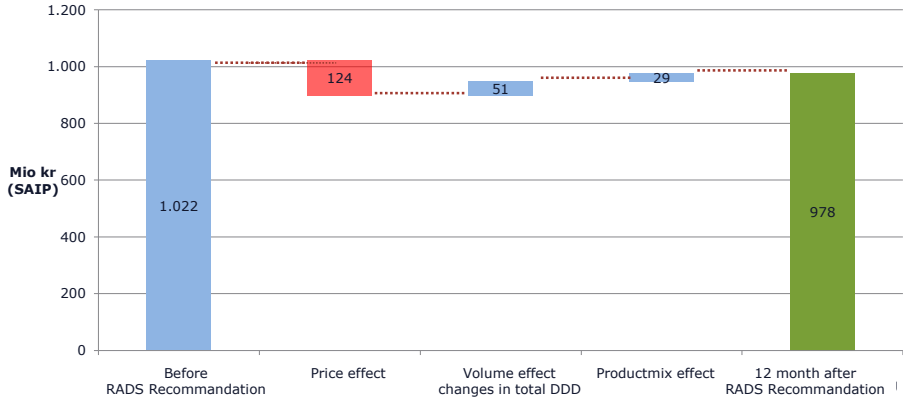
Benchmarking free up 34 million DKK in a year (First 7 expert committees)



Reference: Amgros salgsdata

(Hepatitis, HIV, Multiple Sclerosis, Radiology, G-CSF, Breast Cancer and Prostatacancer).

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In almost 5 years RADS has developed to handle most of the advanced hospital medicines

Multipel Sklerose	HIV/AIDS	Hepatitis	Røntgenkontrast-stoffer	Aromatase-hæmmere
G-CSF	Prostata cancer	Biol. beh. af gastroenterologiske lidelser	Biol. beh. af reumatologiske lidelser	Biol. beh. af dermatologiske lidelser
Antimykotika	Forebyggelse af SRE	Antitrombotika	CML	Neuroendokrine tumorer/akro-megali
Metastaserende nyrecellecancer	Non-affektive psykoser	Øjensygdomme	Metastaserende kolorektalcancer	Væksthormon
Immunglobulin	Myelomatose	Organtrans-plantation	Metastaserende kastrationsresistent prostata cancer	Lungekræft
Trombo-profylakse	Symptom-behandling ved MS	Igangsætning af fødsler	Astma hos børn	Unipolær depression
			HER-2	Anæmi

Under re-evaluation

Primary care focus

Future perspectives

- RADS will become more supportive in implementation
- Monitoring will be done closer to the patient
- Quality will be correlated to clinical outcomes
- RADS will move into primary care

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In conclusion, through use of benchmarking RADS has changed pharmacological practise in hospitals

- Strongly supported by management
- Tight monitoring to follow implementation
- All decisions consensus based

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Thank you!

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