

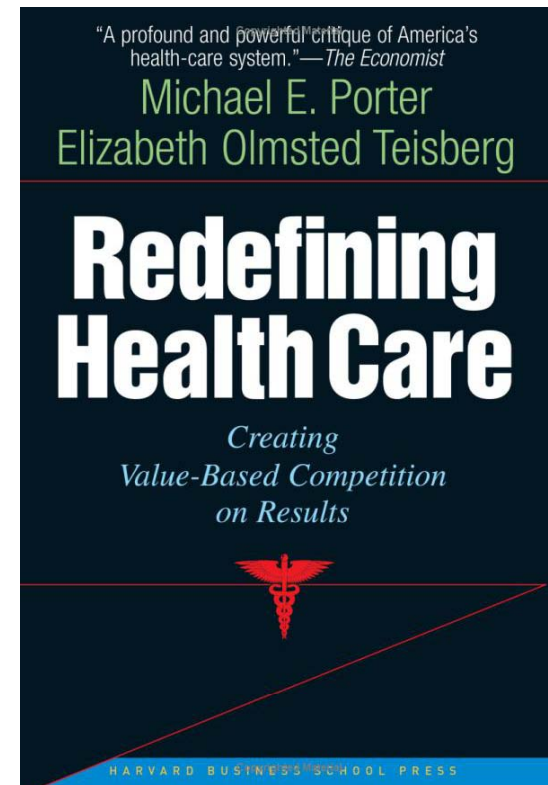
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SNOMED CT til resultatmåling af diabetesbehandling – patientmæssige og økonomiske perspektiver

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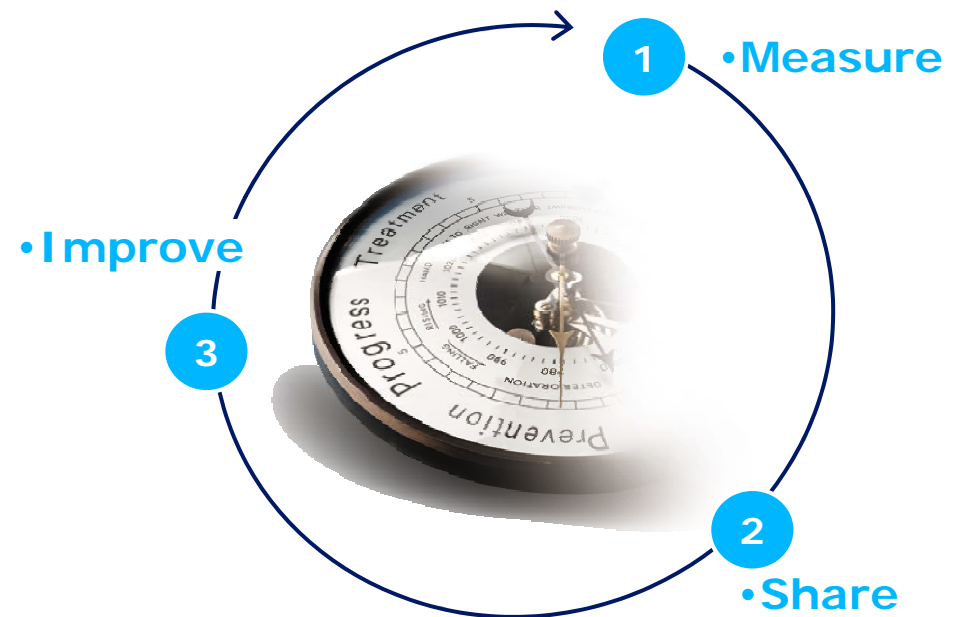
Redefining Health Care

- "The fundamental flaw in the health care sector is not competition, but the **wrong kind of competition**"
- "The focus for all actors must become **improvement in health outcomes** per dollar expended"
- NN CEO "people does not demand drilling machines they demand holes in walls"
- NN focus on **outcomes**

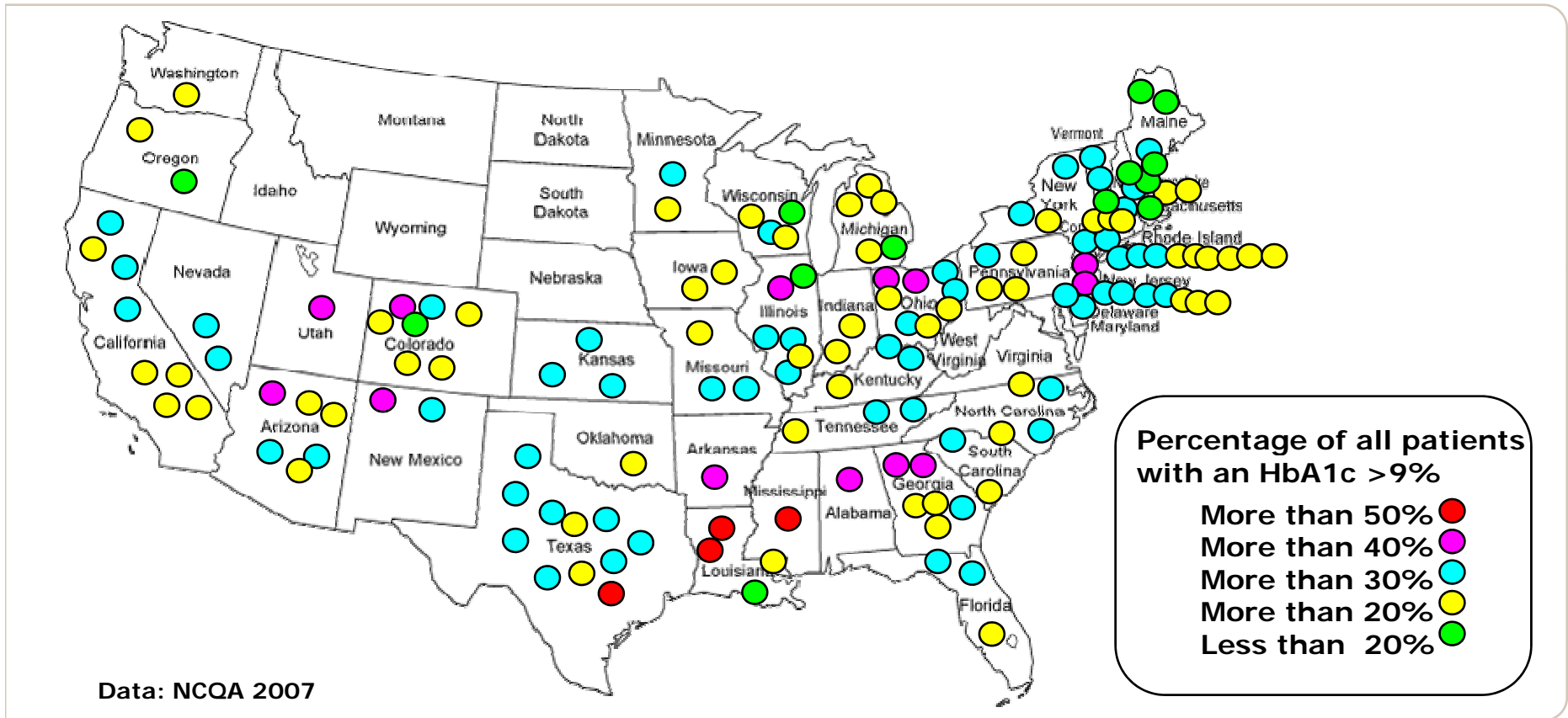


Changing Diabetes Barometer

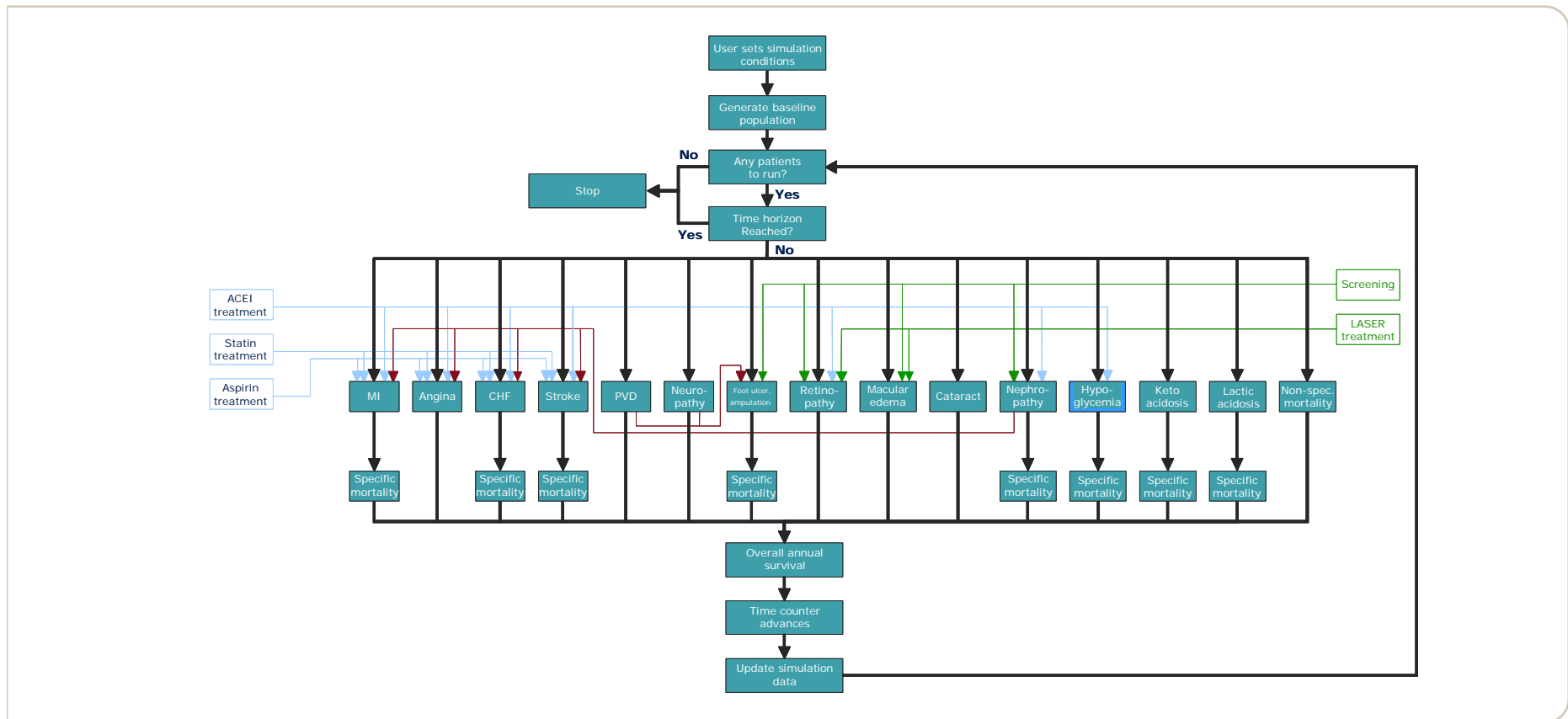
- Measure outcomes/processes
- As local level as possible
- Share data as widely as possible
- Improve outcomes by tackling the knowing doing gap by bringing stakeholders together



Example – Barometer HMOs in US



Diabetes outcomes measurement I



Diabetes outcomes measurement II

- Multiple outcomes
- Substantial difference in time between intermediate and final outcomes
- As a consequence uncertainty around the link between intermediate and final outcomes => modeling
- Strict hierarchy applies as all complications are chronic and staged => need for precise description of casemix to demonstrate real differences in outcomes

SNOMED CT and Changing Diabetes Barometer

- Availability of clinical information (lab results) is low in administrative data – **process** is much more available than **outcomes**
- Data quality differences and differences in availability of data between **primary and secondary care**
- **Duration of diabetes** is key – defining diabetes in present data is uncertain and time is dependant on office procedures
- Case mix – apples and pears

SNOMED CT and HTA Reimbursement

- Pharma cost component is growing and has high visibility – health care cost in general growing faster than GDP
- Growing need to demonstrate “value” of new products
- Focus on timing of costs (and benefits)
- High demand for cost effectiveness analysis
- Authorities show growing interest in patient segments in trials in order to single out in what segment cost effectiveness is highest
- Reimbursement and indication are interlinked

SNOMED CT and clinical trials

- "Low hanging fruits" in pharma has been picked – the ground breaking innovations with large effects on life expectancy are rare – focus on life quality enhancing drugs
- Clinical trials needs to be able to reflect smaller effects
- Clinical trails needs to be able to reflect effects on health related quality of life
- Strong need for assessment of case mix in the different arms of the trails

SNOWMED CT and risk-share schemes

- **Price/volume** agreements – manufacturer agrees to reduce price when agreed volume is reached to enhance predictability on budget impact estimate
- **"No cure no pay"** – refund determined by effectiveness in individual therapy
- **"Trail based risk-share"** – sliding scale reimbursement based upon outcomes in trail
- **"Outcomes guarantee"** - sliding scale reimbursement based upon outcomes in real life

Q&A

