HCV ELIMINATION

The Role of Health Systems, Decision Makers & Payers

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Portugal: Cascais – Sintra – Estoril Coast
Hepatitis C: Policy in Action

February 2015

The Ministry of Health announced an agreement with Gilead Sciences and Harvoni® was fully funded for all patients with Hepatitis C.

Risk sharing model was adopted. The Ministry agreed on paying per patient that is clinically cured (not per number of weeks of treatment nor per number of patients treated) and the payment procedures were fully centralized.

Volume-based agreement: Price paid is inversely proportional to the number of patients treated.

National Action Plan for Hepatitis C and the review of the national HCV treatment guidelines were announced and are currently being prepared by a panel of experts.

Centralized registry database was commissioned and is currently used by physicians.
Hepatitis C: Policy in Action
Hepatitis C in Portugal

Today

Over 17,591 patients that have been diagnosed with chronic HCV in the NHS and their treatment has been authorized

12,380 patients have initiated treatment

6,639 PATIENTS CURED

96.5% SVR

Source: Ministry of Health PT, July/November 2017

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Health Outcomes
(Feb 2017)

Averted 3,477 premature liver related deaths

Gained 62,869 life years

Averted 339 liver transplants, 1,951 liver cancers, 5,417 cases of cirrhosis

Savings 271.4 million Euros on treatment costs related to hepatitis C complications

Healthcare in the European Social Model

Core Values: an European Picture

1. Universal coverage
2. Equity in the access
3. Offer of high quality healthcare
4. Solidarity in funding

Font: Health 2020 - European health policy framework, World Health Organization

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Raising Expenditure in healthcare (projection)

Expenses in healthcare (in % of GDP) 2010-2060

Scenario

Cost-pressure: assumes no stepped-up policy action spending.

Cost-containment: assuming that policies act more strongly than in the past to rein in some of the expenditure growth.


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Goals of Medicine

- Promote health
- Preserve health
- Restore health, when compromised
- Minimize suffering and malaise


http://www2.ecclesbourne.derbyshire.sch.uk/
‘Industrialization of Healthcare’

Health Factory, Norway 2010
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Costs of Waste in health management

US Health Care System Theoretical Waste
(Aggregate Waste 2011 - 2019)

Projected costs of waste in US healthcare

Failure to reduce the burden of disease

Notes: Health in Portugal: a challenge for the future. The Guinean plan for a sustainable health system. Adapted from Berwick Ds, Nothnagel AB.
Rising Costs

Reduce low added value healthcare
Reduce excessive margins without reducing healthcare
Efficiency
Structural reforms
Health promotion and prevention

Adapted from WHO

Sources: Economist Intelligence Unit, May 2015; Organisation for Economic Co-operation and Development; BCG analysis.
Notes: The indexes are based on local currencies; 1995 = 100; income = personal disposable income; health care spending as a percentage of GDP in 2014.
“In health care, the days of business as usual are over.”

Michael Porter

Outcomes Matter

Focus on mortality alone... may obscure large differences in outcomes that matter most to patients.

5 year survival

5 yr incontinence

1 yr severe erectile dysfunction

Germany | Sweden | Best-in-class: Martini Klinik

Outcomes vs Spending

Outcomes versus health spending

Singapore | Japan | Denmark | US

Equatorial Guinea

Western Europe countries | Eastern European CEE countries | North American countries | Latin American countries | Asian countries | MENA countries | Sub-Saharan African countries

Outcomes made easier to compare with the SHINE Study. Adapted by Ricardo Baptista Leite. Acknowledgment to slide owner Vivek Muthu.
Personal Data is Exploding

Impact on a person’s health status

Exogenous Factors:
- 60% Environment & Social Context, Behavior

Genomic Factors:
- 30%

Clinical Factors:
- 10%

In their lifetime, the data an average person will generate

1,100 TB
- Volume, Variety, Velocity, Veracity
- Educational records, Employment Status, Social Security Accounts, Mental Health Records, Case worker Files, Proliferated Home Monitoring Systems, and more...

6 TB
- Volume
- Electronic Medical/Health Records, Physician Management Systems, Claims Systems, and more...

0.4 TB
- Volume

Social Determinants of Health

Dahlgren and Whitehead, 1991

General socioeconomic, cultural and environmental conditions
- Work environment
- Education
- Agriculture and food production

Living and working conditions
- Unemployment
- Water and sanitation
- Health care services

Social and community networks
- Housing

Individual lifestyle factors
- Age, sex and constitutional factors

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Community Value-based Healthcare
Definition of Value

Instead of focusing exclusively on the role of Payers...

Let’s think about the role of Decision Makers
How does the Decision Makers’ mind work?

A Binary Analysis

What a useful meeting!

What a waste of time!

I understand the problem

I have no idea what these people are saying
How does the Decision Makers’ mind work?

A Binary Analysis

This idea can really solve the baseline problem

This idea will not solve the problem

Fantastic! I’ll have something to show by the end of my term

Damn! I’ll pay for it and the next person in the job will get all the parise
How does the Decision Makers’ mind work?

A Binary Analysis

This idea will resonate well with my base

My base is going to kill me if I do this

Wow! I can save money immediately!

This is going to cost a fortune!
Now that we know how decision makers think...

*How will the Health Minister push for HCV Elimination?*

Health Promotion 101 for Health Ministers

4-Step Program
Health Promotion 101 for Health Ministers

*Step 1*

Stop being a ‘Disease Minister’. Get a CEO for your Health System.

Health Promotion 101 for Health Ministers

*Step 2*

Put Health and Social Services under the same Ministry (ie, the same budget)
Health Promotion 101 for Health Ministers

Step 3

Strike a risk sharing value-based deal with the Minister of Finance

Health Promotion 101 for Health Ministers

But How?

Make your Prime-Minister/President a Health Promotion Champion
Give Politicians what they ‘need’

Getting Political Leaders to push for Health Promotion

• In line with public concerns
• Clear ‘Before and After’ Data
• Savings, No or Low Cost
• Timely results (ie, election period)

FUTURE

DECLARATION OF INTERESTS
Gilead Sciences Europe Ltd is providing financial support for this project.
FUTURE: HEALTH PUBLIC POLICY TOOL

POLICY IMPACT ON HEALTH OUTCOMES

- Main HCV Outcomes
- Per Year 2019-2030
- Vulnerable Populations

LETSENDHEPC.COM AND DOWNLOAD APP LET’S END HEPC
FUTURE: HEALTH PUBLIC POLICY TOOL

POLICY CALCULATOR

‘Gamification of Policy Making’

LETSENDHEPC.COM
DOWNLOAD APP LET’S END HEPC
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Policy change is possible using **EDD:**

- Evidence-based
- Data-Driven
- Decision-Oriented Policy Making

It’s time to end HIV/AIDS, Viral Hepatitis and Tuberculosis.

It’s time to **UNITE.**

[www.unitenetwork.org](http://www.unitenetwork.org)

With the support and under the auspices of [UNAIDS](http://www.unaids.org)
EXHIBIT 3 | A Value-Based Public-Procurement Framework

- Improved Health
- Reduced Cost and Waste
- Improved Care

Source: BCG analysis.
Note: Costs include the costs of care delivery.
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