Canadian public payer best practices for providing timely patient access to cancer therapies

Description

Canadian public payer best practices for providing timely patient access to cancer therapies.

Judith Glennie¹; Kathleen Gesy²; Yen Nguyen³

Abstract

Purpose: There are concerns about the timeliness of access to innovative cancer drug treatments, as delays in treatment are known to have impacts on patient survival. Efforts have been made to accelerate regulatory and health technology assessment review times. However, delays in later stages of public reimbursement and implementation processes are impacting timely patient access to new cancer treatments. A recent analysis of time to listing for oncology therapies noted some significant differences amongst Canadian jurisdictions. A multi-jurisdictional assessment - the first of its kind was undertaken to examine processes for integrating new therapies into cancer care systems. The goals were to better understand provincial processes for planning and implementation of new oncology therapies; and, to identify optimal practices for their timely integration into the system. Methods: Standardized, confidential interviews were carried out with eleven Canadian oncology payer stakeholders representing seven jurisdictions. In addition to summarizing jurisdiction-specific planning and implementation processes, data were evaluated to identify best practices for consideration by Canadian jurisdictions to optimize their approaches. Results: Implementation processes should focus on the needs of the patient and accelerate patient access once national undertakings have concluded. Concentrating on the needs of the patient (rather than the needs of the system) creates a "North Star" for simplifying and re-aligning processes. Conclusion: Adoption of proposed best practices and recommendations to proactively initiate implementation processes well before completion of national pricing negotiations could decrease delays in patient access to new oncology treatments and optimize efforts to improve patient outcomes.

Cite: Glennie, Judith et al (2023). Canadian public payer best practices for providing timely patient access to cancer therapies. *Canadian Health Policy*, NOV 2023. <u>https://doi.org/10.54194/VIEL2883</u> | <u>canadianhealthpolicy.com</u>.

Author information: (1) BScPhm, PharmD, MSc; President, J.L. Glennie Consulting Inc., judith_glennie@on.aibn.com; (2) independent consultant and former Provincial Leader, Oncology Pharmacy Services, Saskatchewan Cancer Agency; (3) BPharm, Independent consultant and former INESSS Senior Advisor.

Authors' contributions: conceptualization, JG; methodology, JG, KG, YN; data collection, JG, KG, YN; formal analysis, JG, KG, YN; writing—original draft preparation, JG; writing—review and editing, JG, KG, YN; project administration, JG; funding acquisition, JG. All authors: have agreed on the journal to which the article will be submitted; have reviewed and agreed to all versions of the manuscript submitted and/or ultimately published; and agree to take responsibility and be accountable for the

contents of the article.

Acknowledgments: The authors acknowledge the contributions of the interviewees who participated anonymously in this project. The information presented in this manuscript is based on statements made by interviewees, as captured in notes made by the interviewers. Any errors and/or omissions in the interpretation and/or documentation of the information shared are not intentional.

Disclosure: The authors declare that funding for this project was provided by Innovative Medicines Canada and the following Canadian pharmaceutical manufacturers: AbbVie Corporation, Amgen Canada Inc., Astra-Zeneca Canada Inc., GlaxoSmithKline Inc., Ipsen Biopharmaceuticals Canada Inc., Janssen Inc., Pfizer Canada ULC, and Hoffman-LaRoche Limited. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or, in the decision to publish the results. The research design, methods, analysis, and contents of this manuscript were generated independently and/or determined by the authors. The research team is solely responsible for the insights, assessment of best practices, and recommendations identified in the manuscript. The findings and conclusions of the manuscript do not necessarily reflect the views of the funders.

Institutional Review Board Statement: Not applicable. Informed Consent Statement: Not applicable. Data Availability Statement: Restrictions apply to the availability of these data. The data were obtained via anonymous interviews from key Canadian cancer drug access decision makers and are available from the authors only with the permission of each of the decision makers involved.

Open Access: see "Disclosure". Status: Peer reviewed. Submitted: 18 SEP 2023. Published: 23 NOV 2023.