

Taxonomy of Value-Based Access Programs

Funding for innovation

Rewarding the value of innovations

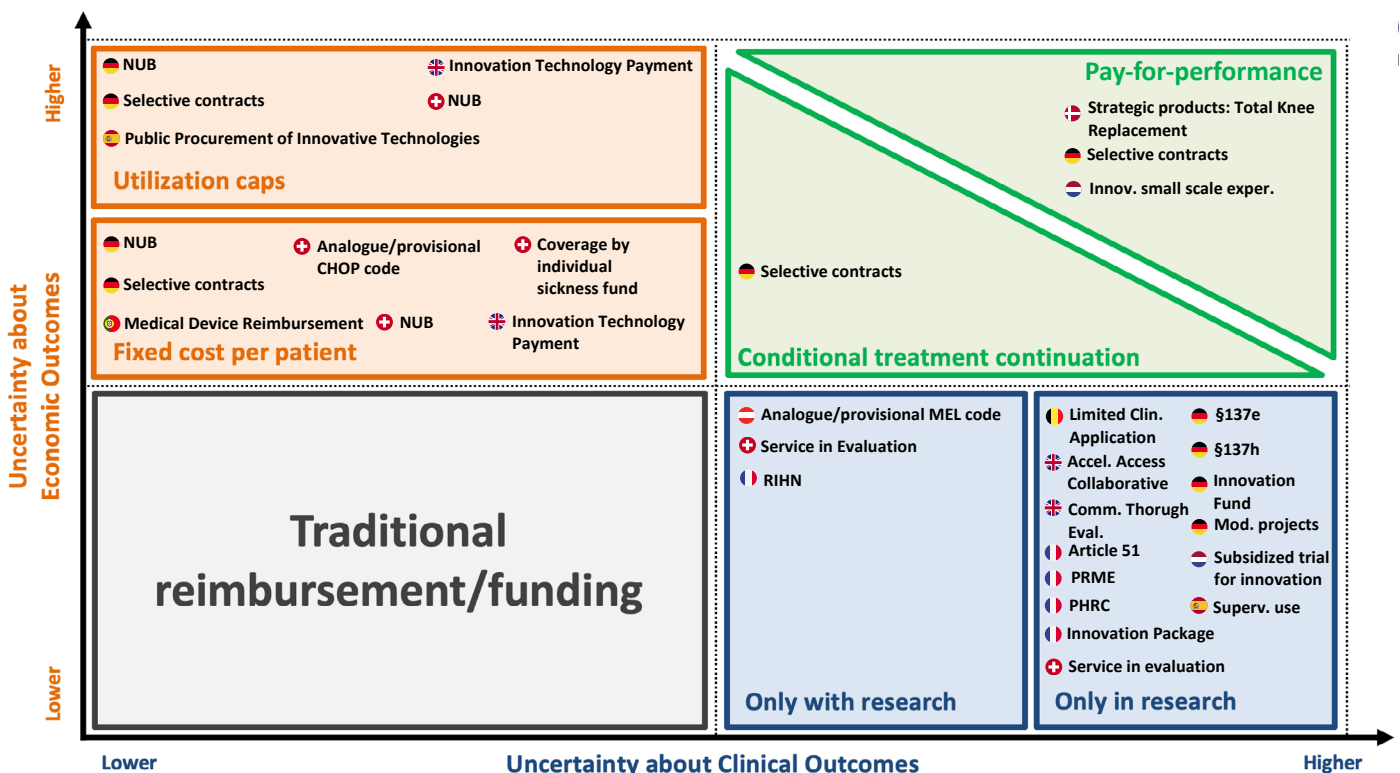
Whilst localized decision making is recognized, most reimbursement and funding systems/mechanisms in Europe are challenging for medical technology manufacturers as they lack predictability and consistency. Furthermore, every region has its own requirements and mechanisms resulting from its own political, administrative and constitutional structure. This can stifle efforts by manufacturers to innovate and potentially slow down patient access to innovations that have promising outcomes for patients and healthcare systems¹.

In order to give an overview to payers and manufacturers on how countries reward innovation at time of initial access, MedTech Europe has commissioned ValueConnected to develop a classification of the different on-going initiatives developed in Europe by payers to provide funding for innovation. These initiatives have been categorised as Value-Based Access Programs (VBAPs).

For promising beneficial innovations, VBAPs are an impactful instrument for both payers and industry. They can address the uncertainties on clinical and economic outcomes that payers face during the initial access period while evidence on these two elements is being collected. However, whilst the benefits of these access programs for patients and healthcare systems are evident, their usage is still limited in Europe.

Assessing Value-Based Access Programs

The visual matrix below classifies existing VBAPs in Europe according to how they address specific types of uncertainty from the payers' perspective, namely the uncertainty about the clinical outcomes and the uncertainty about the economic outcomes.



1) Source: Six Key Principles for the Efficient and Sustainable Funding & Reimbursement of Medical Technologies

Uncertainties around clinical outcomes of innovations (blue) lead payers to create mechanisms aimed at generating evidence confirming their clinical effectiveness and efficacy for the population covered. These mechanisms are called “only with research” and “only in research”.

Uncertainties around the economic consequences of innovations (orange) trigger payers to create mechanisms aimed at ensuring that their budget remains under control when such innovations are introduced. These mechanisms are called “utilization caps” and “fixed cost per patient”.

When both uncertainties exist (green), payers use “pay-for-performance” and “conditional treatment continuation” agreements between industry, providers and payers.

More reports about the Taxonomy of Value-Based Access Programs will soon be made available, explaining in details each of the six groups of classification and how the different VBAPs fit within those.

A call to action

Uncertainty is often limiting the initial access to medical technology innovations.

For payers, there is uncertainty about the actual clinical and economic outcomes when innovations would be used in daily practice for the population covered.

For the industry, there is desire for certainty about funding mechanisms for innovations and for appropriate and transparent methodologies that reward the value that innovative solutions deliver.

The project on the Taxonomy of ‘Value-Based Access Programs, funding for innovation’ aims to address the needs of both parties. It highlights ongoing funding initiatives that promise to reduce uncertainties whilst ensuring that medical technology innovations respond to patients’ population needs in a sustainable way.

Payers and industry are invited to have a deeper dialogue about Value-Based Access Programs and their potential for effectively funding initial access of promising innovations.

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