



## Broadening access for innovative diagnostic solutions

CENTIVIS AG, Norbert Farkas – Founder & Managing Partner Barcelona, 21. May 2019

## Agenda

- 1 Why access is a relevant diagnostics topic?
- 2 How to make it happen?
- What can we learn from a few cases?
- 4 Summary, Q&A

# Introducing CENTIVIS, Norbert Farkas Solving diagnostics access and health policy challenges



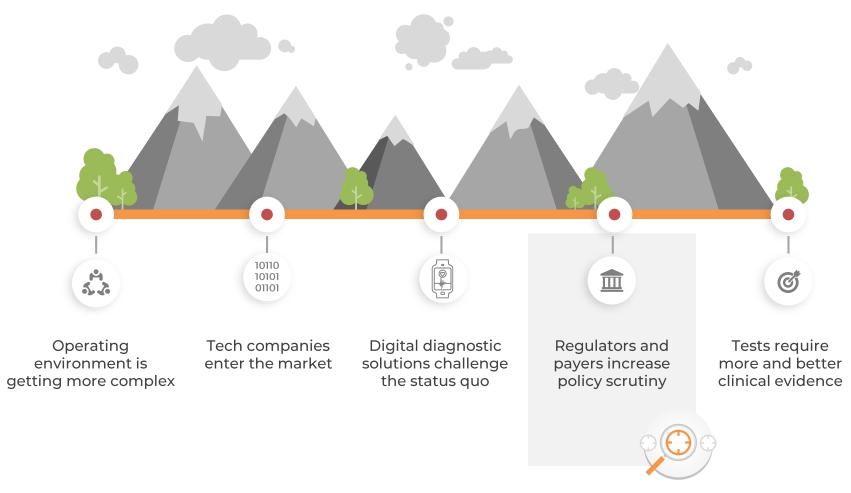


Norbert Farkas Founder and Managing Partner

- Market Access, Policy Consulting
- Diagnostics and Digital Health
- based in Switzerland

- Former Head Market Access & Health Policy @ Roche Diagnostics (CPS)
- Novartis Pharma, Vaccines
- Start-up coach, part-time university lecturer

## Diagnostics industry is full of challenges Industry is changing: more Payer, Policy attention



# Policy initiatives have impact on diagnostics access... ... in emerging economies, in clinical evidence generation & HTA

#### 1. Essential Diagnostics List (EDL)

- 100+ in vitro tests mostly in "priority" diseases
- · evidence-based guidance to develop national lists
- updated on regular basis
- · India has already drafted its local EDL



# 2. In-Vitro Diagnostics Regulation (IVDR)

- Currently in transition stage until 2022
- Reclassification and reregistration of all on market products
- More stringent clinical evidence requirements



- broadening global access in emerging economies
  - 2. increasing clinical evidence requirements
- 3. comprehensive value frameworks, broader HTA



# 3. EU-Health Technology Assessment (EU-HTA)

- Not yet approved, might change
- EU-wide, joint/coordinated clinical, HTA in Pharma & MedTech

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· Diagnostics scope is open





#### 4. Value Frameworks

- VODI: Value of Diagnostics Information (MedTechEurope)
- Comprehensive framework that captures the entire value of complex diagnostic solutions
- Frameworks for Assessing Value of MedTech and Diagnostics (AdvaMed)

#### Sources:

https://www.who.int/medical\_devices/diagnostics/WHO\_EDL\_2018.pdf?us=1 https://ec.europa.eu/health/technology\_assessment/eu\_cooperation\_en

#### Sources:

Matthias Havenaar, The in-vitro diagnostics regulation (IVDR): From oversight to overhead, Researchgate.net, 2018 September https://www.medtecheurope.org/access-to-medical-technology/value-of-diagnostic-information-vodi/https://www.advamed.org/newsroom/press-releases/advamed-unveils-frameworks-assessing-value-medtech-and-diagnostics

## Payers have closer eye on (digital) diagnostics More HTA, joint evidence reviews, digital health



# Growing appetite for diagnostics health technology assessment in Europe

- EUnetHTA: 4 diagnostics assessments in colorectal cancer, diabetes, antibiotic prescribing and in early breast cancer
- NICE: evidence-based diagnostics guidance on Tumor profiling tests to guide adjuvant chemotherapy decisions in early breast cancer



### Joint (regulator-payer) evidence reviews and scientific advice gain momentum in the US

- After the Parallel Review Program, the voluntary Private Payor Program was launched
- Manufacturers can receive joint feedback from the regulator, private payers and health technology assessors to develop a more efficient evidence generation plan



### Payers start to embrace Digital Health

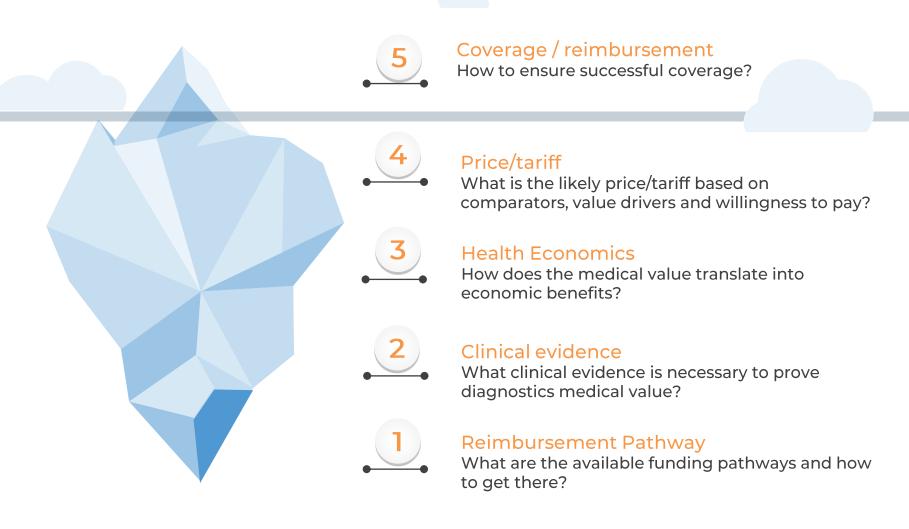
- NICE: Framework on Digital Health Technologies from the required clinical evidence perspective
- Health insurer Cigna Corp. committed \$250 million to invest in promising start-ups
- Centres for Medicare and Medicaid Services (CMS) issued three new CPT codes to reimburse remote patient monitoring, embracing telehealth

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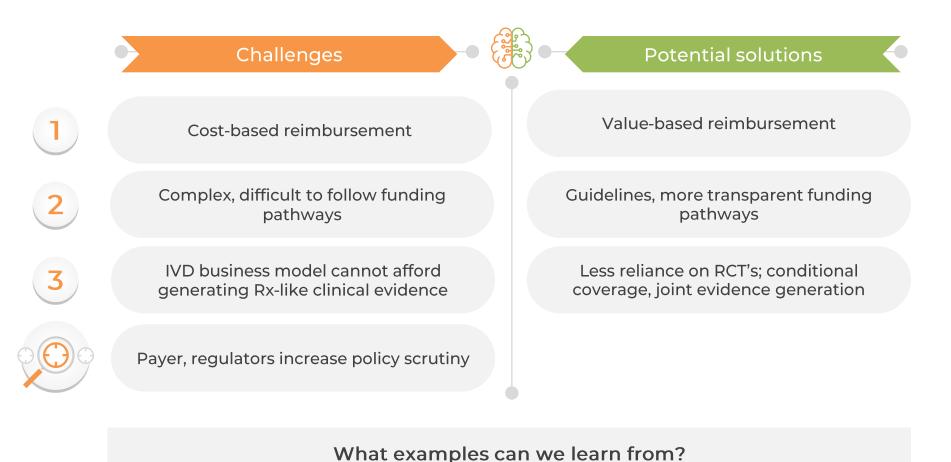
# How to ensure broad diagnostics access? And also...



# Follow the 5-steps framework Pathways, evidence, health economics, tariff, coverage



# The road is not easy to travel, but not impossible 5 step framework has challenges in real life practice...



# Oncotype Dx – Genomic Health

## From cost-based to value-based tariff

Case: Through systematic evidence generation oncotypeDX breast cancer score secured reimbursement tariff that reflects its medical, economic value and diligently worked with Payers to ensure coverage





### Challenge



#### Solution



Key success factors

- Innovative breast cancer score identifies low/high risk patients where chemotherapy does/does not work
- 2. Score has high medical, economic value and favourable budget impact
- 3. Initial reimbursement tariff does not reflect the true value of the score

- 1. Request new reimbursement code, reflecting health economic value
- 2.Convince Payers one by one to secure coverage
- 3.Continue generating clinical evidence and aim for guideline inclusion

- 1. Consider launching a diagnostic solution as an innovative medicine
- 2. Favour value vs. volume approach
- 3. Keep investing in medical and economic evidence

Sources: Cronin et al. Clin Chem. 2007;53:1084-91, Paik et al. N Engl J Med. 2004;351:2817-2826, Habel et al, Breast Cancer Res. 2006;8:R25, Paik S, et al. J Clin Oncol. 2006;24:3726-3734. \*Lyman et al, Cancer. 2007;109:1011-1018, CLIA: Clinical Laboratory Improvements Amendments, Gustavsen et al, Health Advances, 2010, p11

# Pre-eclampsia – Roche / Alere / NICE

## Positive recommendation from NICE

Case: After systematic clinical and economic assessment, NICE recommends Alere's & Roche's pre-eclampsia tests to help rule-out pre-eclampsia in pregnant women



## Challenge

1. Systematic health

(HTA) (clinical,

diagnostics

technology assessment

economic) is not vet

broadly applied in

2. How can healthcare

novel diagnostics

systems decide what

solutions should get

access and (funding)?

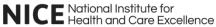


### **Solution**

- 1. National Institute for Health and Care Excellence (NICE) in the UK runs Diagnostics Assessment Programme (DAP) – systematic HTA
- 2.Participate in DAP and learn from the process









**Key success factors** 

- 1. Significant amount of quality clinical evidence generated before the assessment
- 2. Health economic evaluations, publications performed
- 3. Have market access, medical teams in place to answer NICE's questions

Sources: https://www.nice.org.uk/guidance/dg23/chapter/1-Recommendations

# NIPT – Illumina / Harvard Pilgrim Value based contracting & joint evidence generation

Case: Pharma-like, value-based contract between Illumina and Harvard Pilgrim (Payer) in non-invasive prenatal testing







## Challenge



### Solution



- 1. Clinical evidence generation takes long time and high investment
- 2.Securina reimbursement for novel diagnostics needs solid evidence in place
- 3. Many payers limit NIPT coverage to pregnant women of advanced maternal age

- 1. Set-up value based manufacturer – payer contract
- 2. Provide market access of NIPT for average-risk pregnancies
- 3. Create real world data to demonstrate the clinical and economic value of NIPT for detecting births genetic anomalies

- 1. Be open for novel solutions (value based contracting)
- 2. Collaborate for joint success
- 3. Be willing to share the risk

Sources: https://www.illumina.com/company/news-center/feature-articles/illumina--harvard-pilgrim-health-care-partner-on-value-based-con.html

## Summary

- 1 Diagnostics industry is complex and changing...
- 2 ...and facing more policy and payer attention
- Market access is getting a more relevant topic
- There is a simple, 5-step framework to follow
- 5 We can learn from great examples
- 6 and CENTIVIS is here to support

Questions?

# Thank you for your attention Do you want to know more? Watch, read, subscribe, call



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