



Policy proposals to improve access to multiple sclerosis treatments in Europe

Key findings and conclusions

CRA Charles River
Associates

Warsaw, 26 April 2016

Watch Health Care Foundation

Content

- Background - difference in access to treatment in 2013
- Project overview - objectives of the 2016 MS study
- Methodology
- Summary of key findings
- Challenges to access along the MS care pathway in Poland
- Challenges & example of good practices along the care pathway
- Policy implications for Poland

Differences in access are explained by a range of factors including healthcare infrastructure, restrictive reimbursement and affordability

CRA found that differences in access can be explained by:

1. Considerable variation in **availability of specialised neurology centres** and qualified healthcare professionals (e.g. UK, Czech Rep)
2. Although in most countries clinical guidelines are similar, **restrictive guidelines do contribute to reduced access** in some cases (e.g. Czech Rep)
3. In most countries, all first line products are reimbursed, but **some restrictions are imposed on the use of the medicines**. (e.g. Romania)
4. Whilst recent HTA decisions are relatively similar across countries, the biggest impact appears to be in the **delay this causes to market access** (e.g. UK, Finland)
5. **Affordability remains a barrier to access** in some CEE countries (e.g. Romania, Poland, Slovenia, Czech Rep)

Content

- Background - difference in access to treatment in 2013
- Project overview - objectives of the 2016 MS study
- Methodology
- Summary of key findings
- Challenges to access along the MS care pathway in Poland
- Challenges & example of good practices along the care pathway
- Policy implications for Poland

Objectives of the 2016 MS study

The aim of this 2016 report is look beyond the access statistics and seek to characterize more precisely what barriers prevent access to good clinical care in MS along the entire patient care pathway

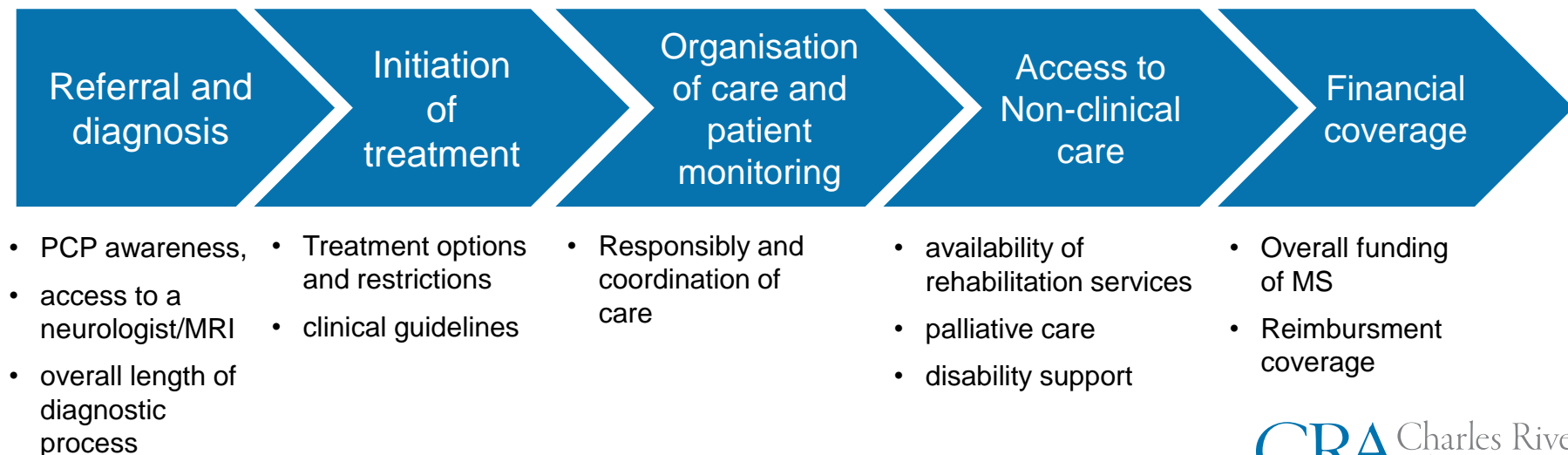
It focuses the public policy factors that restrict patient access to Multiple Sclerosis (MS) treatments in Europe and to develop credible practical proposals to improve access

This includes:

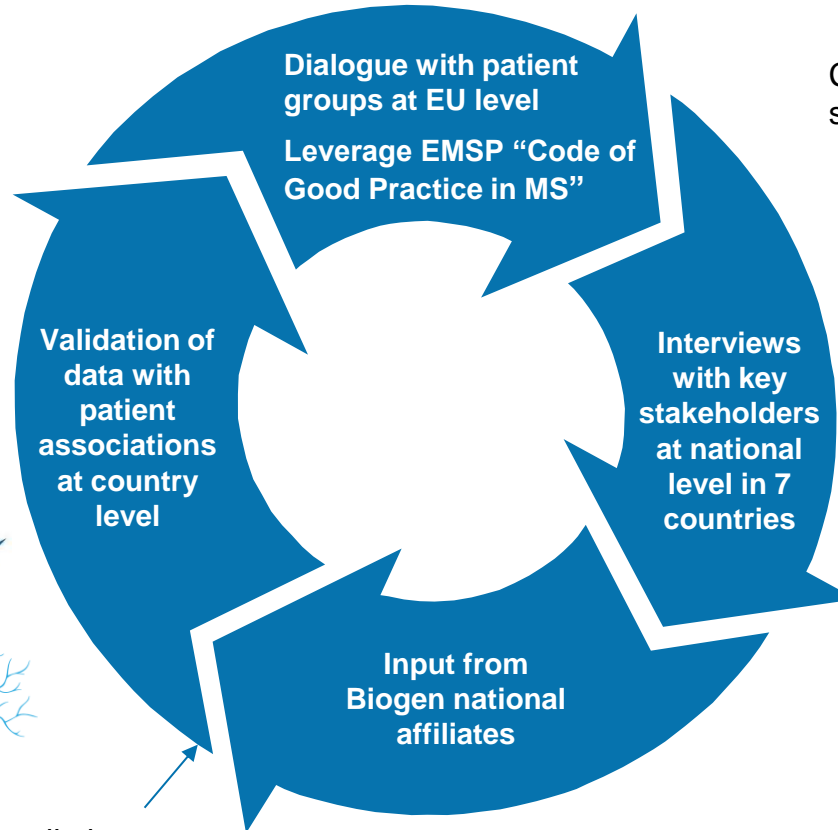
1. Identifying specific barriers that are restricting access to MS therapy in different European countries
2. Understanding what constitutes good practice from the perspective of MS patient community
3. Identify potential reforms and system improvements which will enable/facilitate better access to treatment and disease management for MS patients

Methodology

- CRA held discussions with MS patient groups (EMSP, EBC, EFNA) to identify some criteria to compare countries on their management of MS.
- Leveraged the existing comparative literature as starting point to identify local points for discussion.
- Selected 7 countries from the 15 countries in the 2014 CRA report, which offer variety in the diagnosis and management of MS across Europe and represent sufficient geographic and income diversity.
- Based on this input, CRA developed a set of tailored questionnaires (by country and by stakeholder) and asked respondents their perspective on the following elements:



CRA conducted an internal and external process to collect and validate input from experts at both national and European level



CRA completed 51 interviews in has 7 selected European countries

- Patient groups
- Neurologists
- General Practitioner
- MS Nurses
- Occupational Therapist
- Physiotherapist
- Policy makers
- Fund holders/payers







Presentation of preliminary findings to patient groups at **Patient Advocacy Summit ECTRIMS** – October 2015







Content

- Background - difference in access to treatment in 2013
- Project overview - objectives of the 2016 MS study
- Methodology
- Summary of key findings
- Challenges to access along the MS care pathway in Poland
- Challenges & example of good practices along the care pathway
- Policy implications for Poland







Key findings on patient referral and diagnosis

Findings	Countries
Some countries experience delays in referral of patients with suspected MS to a neurologist/MS centre due to lack of awareness of MS symptoms and insufficient training for primary care professionals	 Poland, Sweden, Czech Rep, UK
There is a culture of “watching and waiting” for symptoms to formalise which creates reluctance to refer patients to a neurologist	 Poland, UK
There is a difficulty in accessing specialised care due to a shortage of neurologists	 Poland, Sweden, Czech Rep, UK
There are delays in accessing an MRI scan	 Poland, UK, Sweden





Key findings on treatment initiation & access to innovative therapies

Findings	Countries
<p>Some countries postpone treatment initiation due to clinical pre-conditions – patient must demonstrate active MS, relapsing onset. i.e. only patients with RRMS, CIS, or the first phase of SPMS.</p>	 <p>Poland, Czech Rep, UK</p>
<p>There are strict conditions or other limitations on access to treatment, e.g. restrictions on the number of MS patients; geographical conditions; and clinical restrictions</p>	 <p>Poland, Czech Rep,</p>
<p>There are limits on the types of medications MS patients have access to i.e. innovative medicines, off label use of treatments</p>	 <p>Poland, Czech Rep, UK</p>
<p>There are delays in accessing innovative treatment due to formal reimbursement procedures</p>	 <p>Poland</p>

Key findings on ongoing management of MS

Finding	Countries
<p>Neurologists are heavily involved in guiding treatment choices and managing patient care</p>	 <p>Czech Rep. Spain, France</p>
<p>Specialised MS nurses take a leading role and are instrumental in coordinating and organising patient care</p>	 <p>UK, Sweden, Germany</p>
<p>Some countries provide care within specialised MS care centres which integrate all medical services</p>	 <p>Germany, Czech Rep, UK</p>
<p>In other countries, care is being provided within both hospital and ambulatory settings, but coordination of care remains a significant issue</p>	 <p>Spain, Poland, Sweden, France</p>
<p>Some countries still lack fully fledged MS patient registry</p>	 <p>Germany, UK, Poland, Spain</p>
<p>In some countries, physiotherapy and rehabilitative care is difficult to access and is either under-prescribed by neurologists or geographically restricted</p>	 <p>Spain, Poland, Sweden, France</p>

Key findings on resources and financial coverage

Finding	Countries
The budget allocated to MS was seen as insufficient resulting in a high number of untreated patients	 Czech Rep, Poland
There are important differences in resources and funding between regions , leading to important differences in coverage within a country	 Poland, Spain, Sweden
Some countries have little or no co-payment to access clinical MS care	 Germany, UK, Poland, Czech Rep
Other countries have some levels of co-pay but this remains relatively low and is not seen as a significant barrier to access	 Sweden, Spain, France

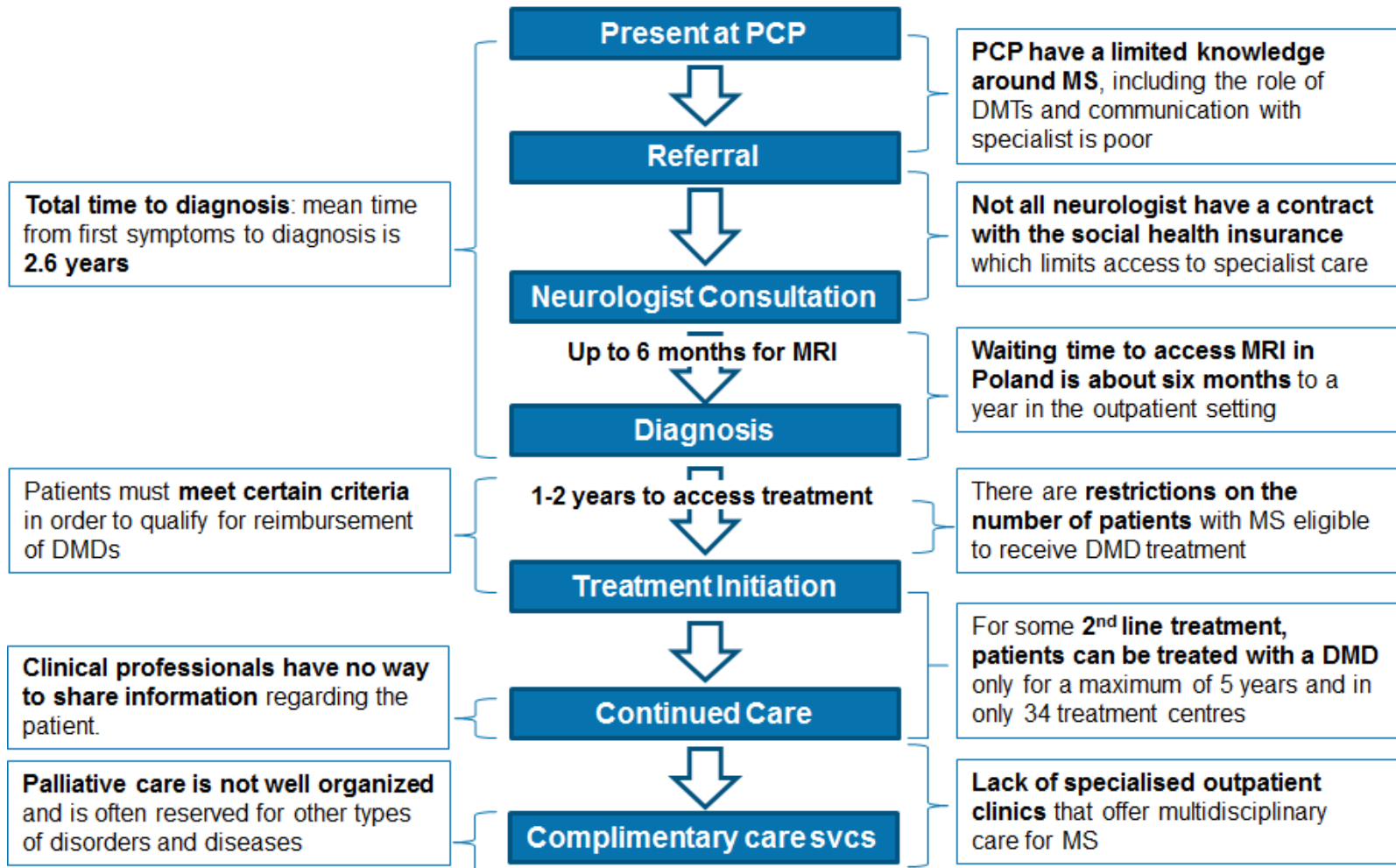
Key conclusion on barriers to access to MS Treatment

- There are significant differences in management of care of MS between countries, and the policies that different countries have implemented
 - There are **significant variation in the speed of diagnosis** which are associated with a range of different barriers.
 - Once patients are adequately diagnosed, **timely access to appropriate treatment** also varies widely across the selected countries.
 - There are **important differences in the organisation of care**, and the level of coordination of different MS specialists across countries
 - Access to **complementary healthcare services varies widely within countries** across regions.
 - There are important variations in the level of resources dedicated to MS

Improving access to treatments for patients with MS requires a holistic view of:

- how patients are diagnosed
- how treatment is initiated
- how the disease is managed on an ongoing basis
- the required resources and the level of coverage of care

Challenges to access along the care pathway in Poland



Total time to access treatment is around 3-4 years (2.6 year to diagnosis + 6 months for MRI + ~ 1-2 years to get on treatment once diagnosed)

Content

- Background - difference in access to treatment in 2013
- Project overview - objectives of the 2016 MS study
- Methodology
- Summary of key findings
- Challenges to access along the MS care pathway in Poland
- Challenges & example of good practices along the care pathway
- Policy implications for Poland

Challenges & suggested good practices along the care pathway – Part 1

Challenges

Lack of PCP awareness/limited ability to recognise symptoms



Culture of “watching and waiting” for symptoms lead to delay in referral times



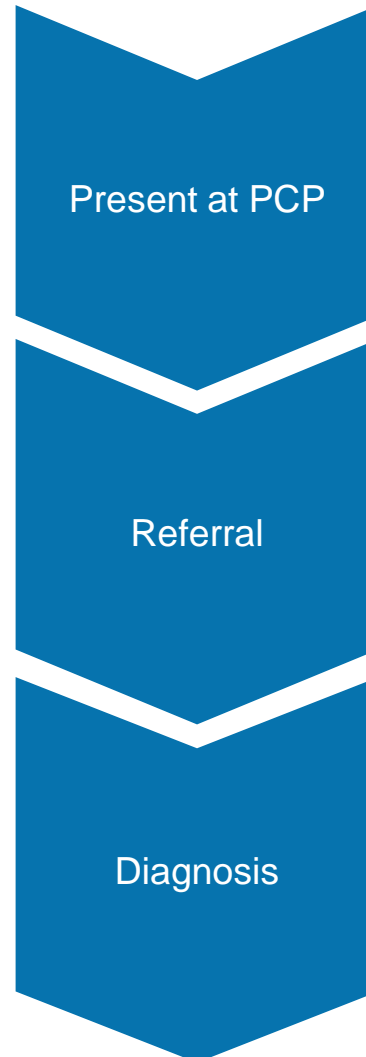
Budgetary pressures on PCP delaying referral



Limited number of neurologists in rural areas



Waiting times for specialised centres/MRI



Example of good practices

Introduce an **educational component** (training programme)



Increase disease awareness and improve the degree of referrals.



Improve access to specialised neurologists and invest in MRI machines, particularly in rural areas.



Challenges & suggested good practices along the care pathway – Part 2

Challenges

“Postcode lottery” on access to treatment.



Reimbursement
Restrictions on access to DMD or number of patients on treatment.



Lack of clear guidance for patients on care pathway/options



Lack of coordinated/multidisciplinary care



Coverage for rehabilitation & palliative care is low



Treatment initiation

Patient follow-up

Rehabilitation services

Example of good practices

Develop appropriate clinical guidelines



Promoting and monitoring appropriate use of medicines



Develop scheme to provide temporary access to new treatments



Designate a clear point of contact responsible for the patient care.



Leverage specialised MS nurses to ensure adequate coordination of care



Further **develop specialised MS care centres** specialised in MS or develop **multidimensional team (network)** to organise multidisciplinary care



Challenges & suggested good practices along the care pathway – Part 3

Challenges

Restricted care services due to insufficient funding →

Restricted service provision in certain geographic areas →

Restricted service provision due to uncoordinated source of funding →

Disability benefits and social assistance programmes are difficult to access for certain patients →



Example of good practices

Collect patient data through **registries & databases**



Develop complementary sources of funding for rehabilitation and disability support



Introduce **special coverage protocol for chronic conditions** that require ongoing long-term care.



Integrate health and social care services and funding



Content

- Background - difference in access to treatment in 2013
- Project overview - objectives of the 2016 MS study
- Methodology
- Summary of key findings
- Challenges to access along the MS care pathway in Poland
- Challenges & example of good practices along the care pathway
- Policy implications for Poland

Policy initiatives could improve patient access in Poland (Part 1)



1. Raise patient and physician awareness of the need to diagnose and treat MS early
2. Support development of infrastructure to enable rural/public insurance patients to access neurologists more quickly
3. Increase funding for MS and eliminate restrictions on the number of patients with MS eligible to receive DMD treatment
4. Reduce geographic barriers to second-line treatment by increasing the number of sites eligible to prescribe second-line DMD therapies
5. Remove 5-year restriction on DMD therapies for second-line therapies
6. Grant reimbursement to newer, more effective and comfortable treatments, e.g. orals, less frequently applied injections
7. Develop clinically appropriate and up-to-date guidelines with flexibility to address specific patient needs

Policy initiatives could improve patient access in Poland (Part 2)



8. Remove indication limitation on DMDs and focus on promoting and monitoring appropriate use of medicines
9. Encourage multidimensional teams with fluid communication by formalising professional networks
10. Increase funding for non-clinical care such as physiotherapy/rehabilitation
11. Investigate ways to support the development of the patient registry and include measures of relative effectiveness of MS treatments



THANK YOU!

QUESTIONS?