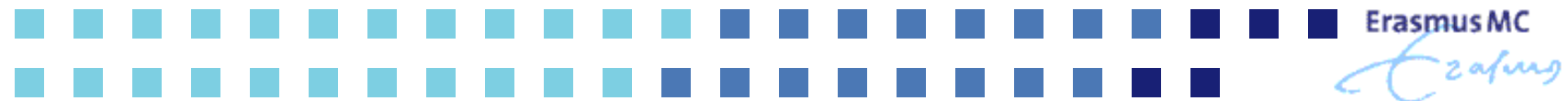


# Equity Considerations in The Netherlands: Past, Present, Future

**Prof. dr. Jan van Busschbach, Erasmus MC**

Symposium: Are all QALYs Equal? Past, Present and Future of Equity Weighting  
September 16 2019, Erasmus School of Health Policy & Management



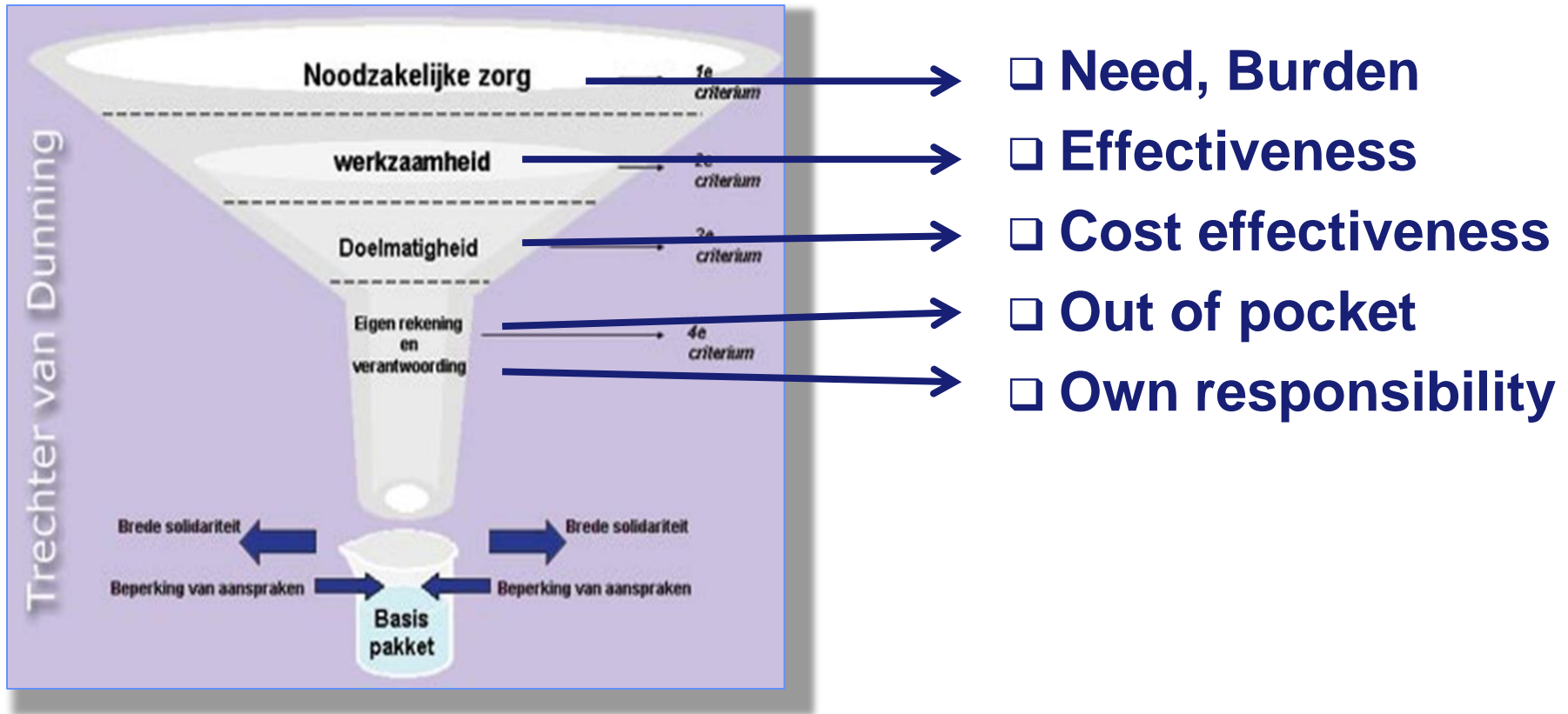
# Committee 'Choices in Care' 1991: Keuzen in de zorg



Arend Jan (Ad) Dunning



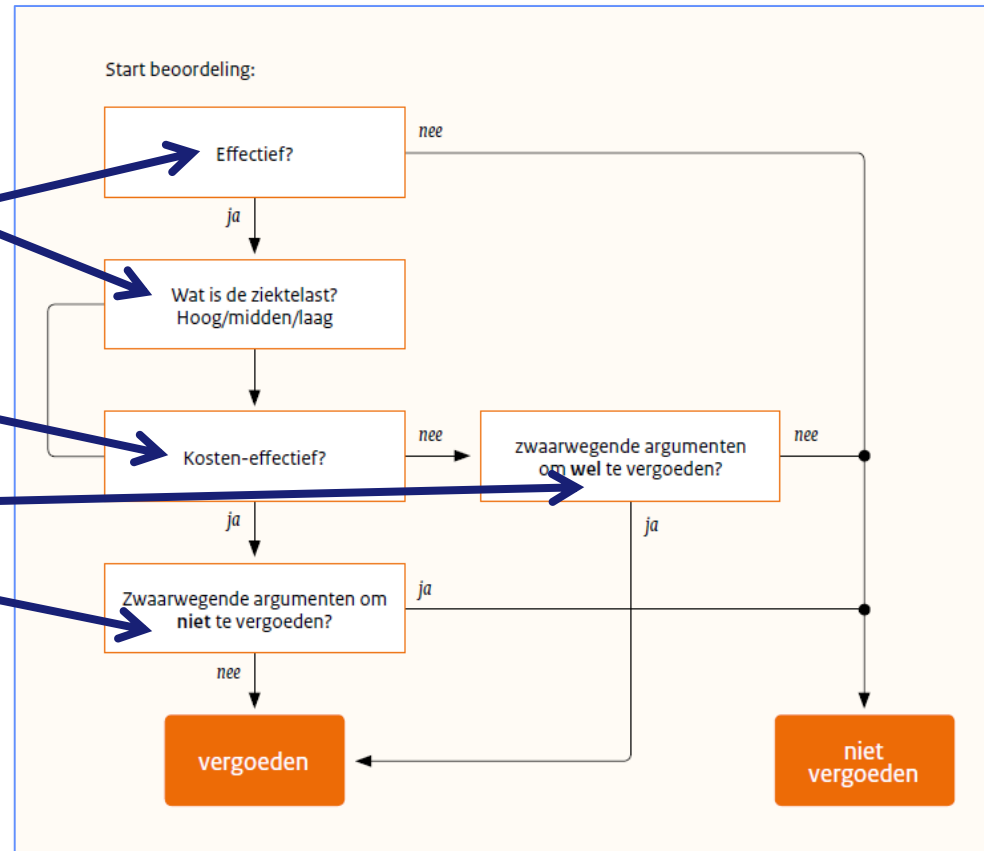
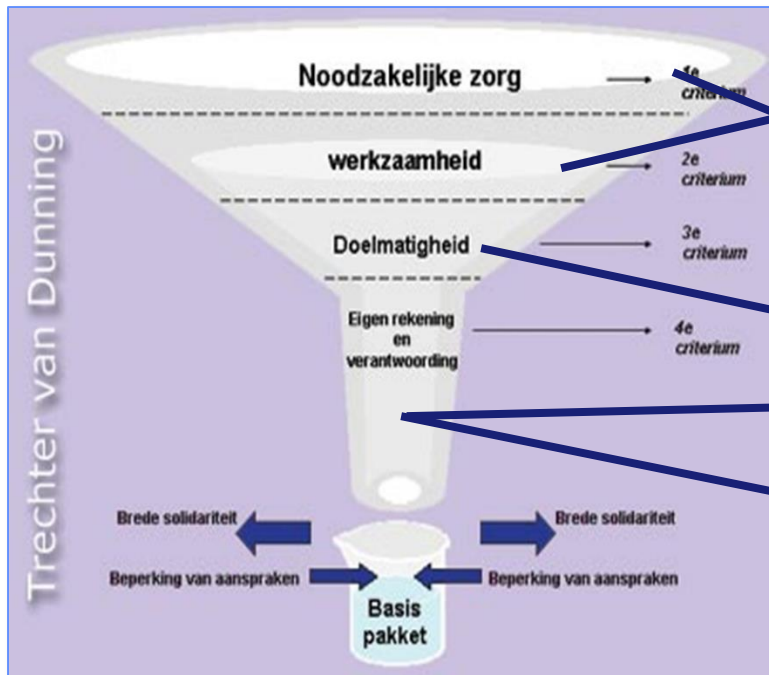
# Funnel of Dunning



# Pakketadvies in de praktijk.

## Wikken en wegen voor een rechtvaardig pakket.

Zorginstituut Nederland 5 september 2017



# Most critique on cost-effectiveness

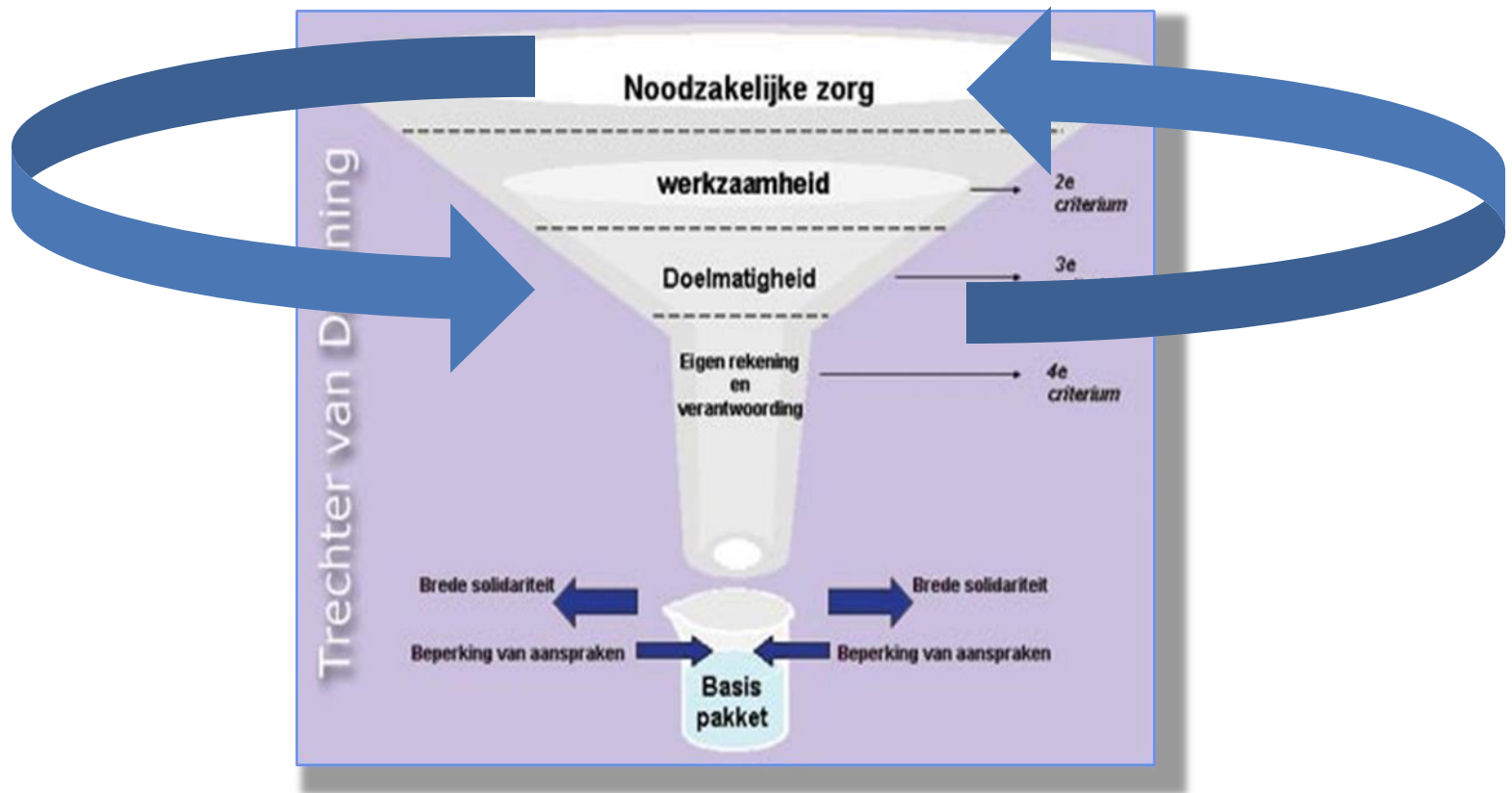
## ❑ Funnel of Dunning not used in full until 2016

- ✓ Need
  - ✓ Effectiveness
  - ✗ Cost-effectiveness
- } This combination always accepted

## ❑ Critique

- No equity weighting
  - Discrimination towards the old and chronic sick
- Etc....

# Equity is present in the Funnel of Dunning



# Non consensus on need/equity

## □ Rule of rescue

- Looking forwards: direct loss of health

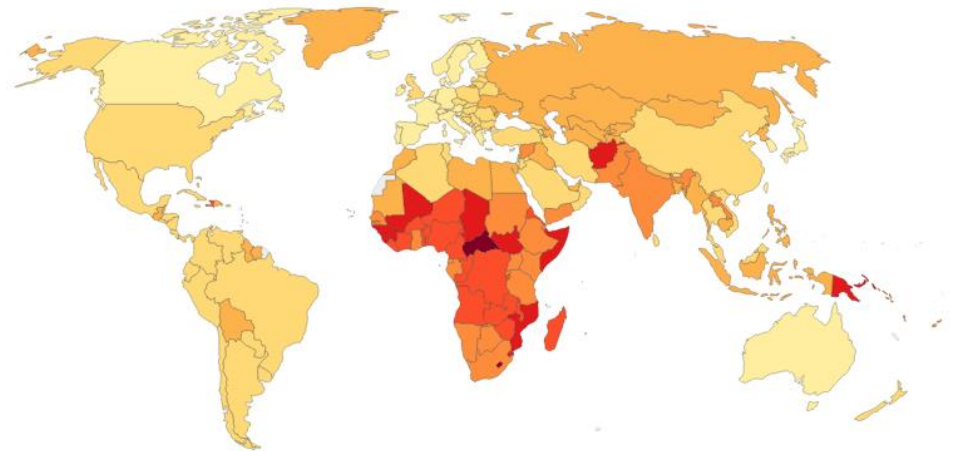
## □ Fair innings

- Looking back wards: health over a life time
- WHO / DALY

### DALYs rate from all causes, 2016

Age-standardized DALY (Disability-Adjusted Life Year) rates per 100,000 individuals from all causes. DALYs are used to measure total burden of disease - both from years of life lost and years lived with a disability. One DALY equals one lost year of healthy life.

Our World  
in Data



No data 0 10,000 20,000 30,000 40,000 50,000 60,000 70,000 80,000 90,000 >100,000

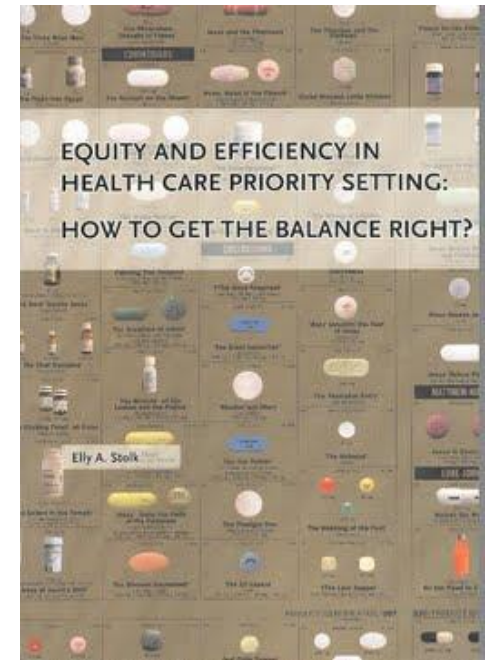
# Proportional shortfall

## □ Elly Stolk 2005

- Combining rule of rescue and fair innings

## □ Ratio between what you would have and what you would lose:

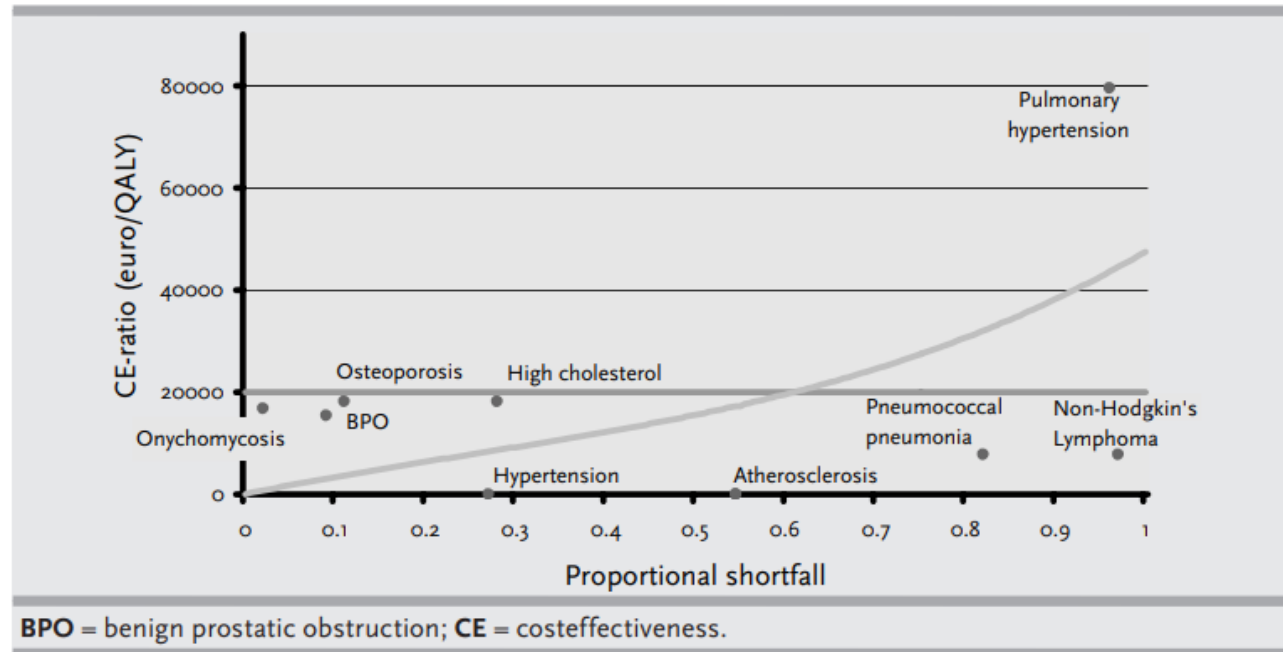
- Losing 1 year of 2, is the same as:
- Losing 10 of 20 years





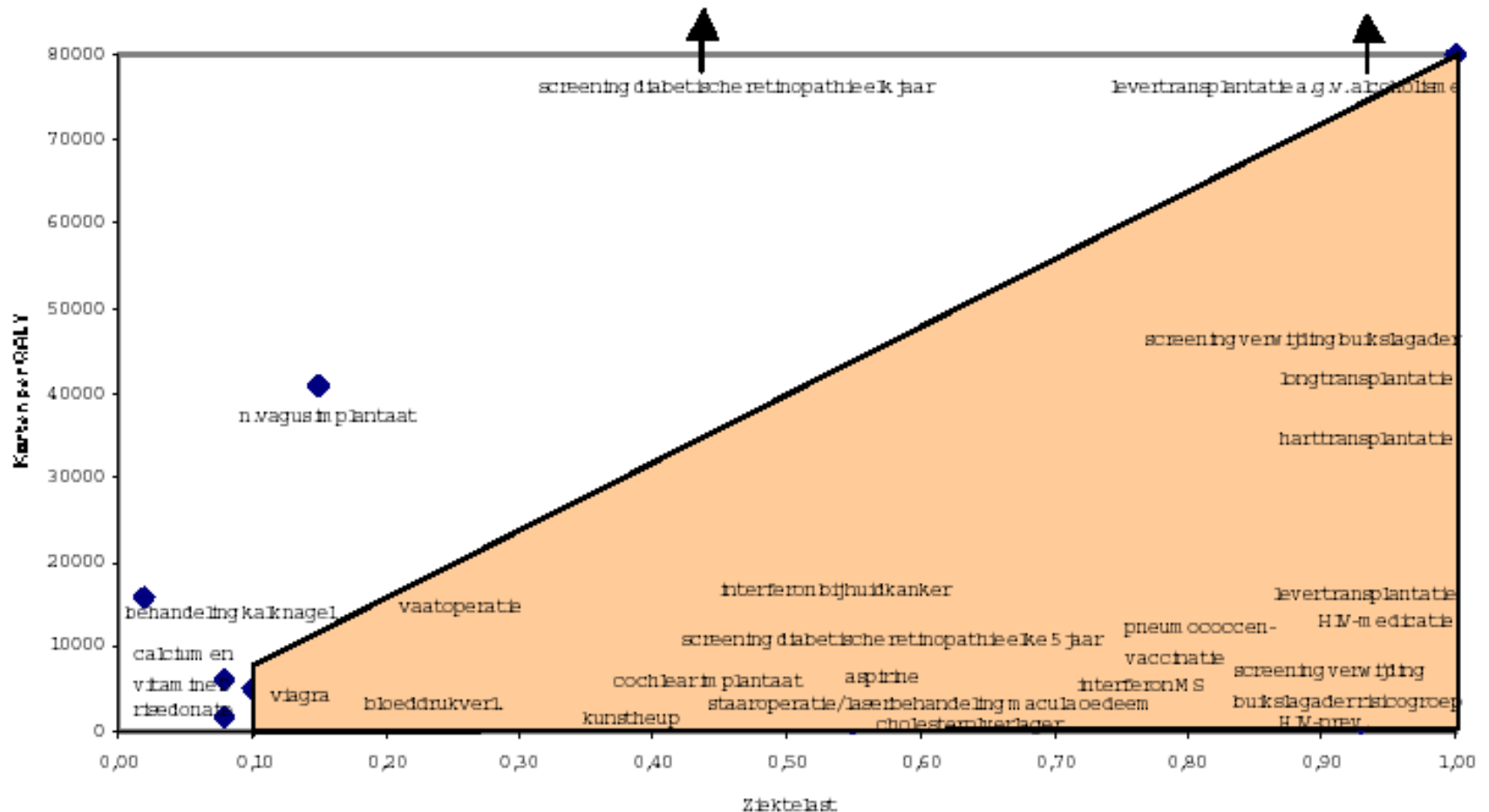
# Interaction between need and cost effectiveness

▲ **Figure 4.3** Schematic representation depicting how an equity-adjustment procedure would affect reimbursement decisions compared with a constant cost-effectiveness threshold



# Dutch Council for Public Health and Health Care (RvZ, 2006)

Figuur 3.1 Kosten per QALY naar ernst van de aandoening



# Appraisal committee, 2008

## □ Advies Commissie Pakket

- ACP: weighting between different arguments

# Pompe en Fabry 2012

- ❑ **Absurd high cost effectiveness ratios**
  - Classical form €300.000 to €900.000 per QALY
  - Non classic : € 15.000.000 per QALY
- ❑ **HTA community: an example of unacceptable cost effectiveness**
- ❑ **High pressure**
  - Public opinion: to accept
  - HTA: to object

# public outrage



Er zullen deze week in de buurt van dat College van zorgverzekeringen toch wel mensen zijn geweest die deze horken recht in hun bek hebben gezegd wat een stelletje onbeholpen stumpers het zijn?

Dat je van God en alles los bent als je je überhaupt durft af te vragen of je de medicatie van kansloze patiënten met de Ziekte van Pompe moet stopzetten omdat ze te duur worden!

... Lafbekken! ... Incompetente harken zijn het. Schaamteloze aso's! Bestuurshooligans. Over sommige zaken moet je, zeker als gezond mens, je bek houden. We hebben de plicht om de levens van de zieken te redden.

Column NRC Handelsblad 4/8/2012  
[www.nrc.nl/youp/2012/08/04/pompe-of-verzuipen/](http://www.nrc.nl/youp/2012/08/04/pompe-of-verzuipen/)



# Additional changes

- ❑ The jargon was improved
- ❑ More HTA expertise was establish in the scientific board of ZiNL
- ❑ The ACP members got more recognition of the need for cost effective intervention
- ❑ Improved communication

Bespreking operationalisering van het huidige criterium  
"voldoende/onvoldoende onderbouwd"  
kosteneffectiviteit,  
Utrecht 25 nov 2013



# It seems to work

Het vertrekpunt van de discussie is het feit dat de combinatietherapie dabrafenib met trametinib (Tafinlar® en Mekinist®) voldoet aan de 'stand van de wetenschap en praktijk'. Echter, kijkend naar de onderbouwing van de effectiviteit en kosteneffectiviteit is er sprake is van grote onzekerheden. Op basis van deze onzekerheden adviseert de commissie dan ook om deze behandelcombinatie niet op te nemen in het basispakket.

De Raad van Bestuur van het Zorginstituut zal dit ACP-advies meenemen in zijn advies aan de minister voor Medische Zorg.

Concluderend is de commissie van mening dat het geneesmiddel niet met de bestaande prijs in het pakket kan worden opgenomen en adviseert om over de prijs te onderhandelen met de fabrikant. Daarbij merkt de commissie nog twee dingen op. Ten eerste adviseert zij, vanwege



# Matthijs Versteegh: iMTA Disease Burden Calculator

iDBC - iMTA Disease Burden Calculator

Dashboard

Choose a country: Netherlands

Enter the age of the population: 70

Enter the percentage of males in the population (use 50 if unavailable): 50

Enter the remaining Quality Adjusted Life Years with the condition without new treatment (Use total undiscounted QALYs due to standard of care): 5.5

Enter standard error around PSA of undiscounted QALYs due to standard of care: 1.25

Sampled data  
 Imported data

Import

Please upload 1000 of your undiscounted QALYs

Browse... No file selected

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### Deterministic results - Mean

Remaining QALYs with standard treatment	5.5
QALYs without disease (corrected for age and gender)	13.05
Absolute QALY loss (absolute shortfall)	7.55
Proportional shortfall	0.58

### Probabilistic results - Mean ; 95%CI (Lower ; Higher)

5.5	3.05	7.95
12.79	12.01	13.49
7.29	5.54	8.96
0.57	0.38	0.77

### Likelihood of applicable threshold in the Netherlands

Threshold	Percentage	Count
20,000	86.8%	868
50,000	4.6%	46
80,000	8.7%	87



# Will proportional short fall last?

## ❑ Proportional short still complex

- Despite the iMTA model
- As a theoretical compromise it is ok
- But few internalize the method

## ❑ Fair innings

- Simple
- Most evidence

## ❑ The elderly in double jeopardy

- Cost effectiveness
- Fair innings