

Concurrent Oral Session B2 — Policy Issues

Beyond Cost-Effectiveness: Integrating Ethics into Health Technology Assessment of High-Risk Medical Devices

April 16, 2012
1330 – 1500

Presenting author: Ghislaine Mathieu (PhD Candidate), University of Montreal

Co-author: Professor Bryn Williams-Jones, University of Montreal

Room:
Ontario

Innovative high-tech medical devices (MD) are major drivers of increases in health care costs, especially for active/non-active implantable devices (e.g., pacemakers, neurostimulators, hip-knee replacements). Such technologies raise important questions about cost-effectiveness, utility, and equity in access to potentially beneficial but very costly treatments that put pressure on already straining national health care budgets. Unlike pharmaceuticals, MD cannot be benchmarked against other traditional commodity products. Decision-making based solely on cost assessments may unjustly limit access to life-saving and life-enhancing innovative technologies, or ignore how these technologies may dramatically improve patients' quality of life. Given the potential benefits and associated risks (both economic and socio-ethical), it is thus surprising that health technology assessment (HTA) agencies in North America have paid so little attention to MD. While cost-effectiveness analyses are necessary, they are not sufficient for controlling use or containing costs. Physicians should not have to choose between providing the treatment that is "best" for their patients (i.e., offers the best outcome), and that which is "best" (i.e., least costly) for the health care system. Greater attention should be given in the HTA of MD to examining ethical considerations (e.g., socio-economic value, fairness and equity, autonomy, risks) alongside evaluations of clinical evidence and economic outcomes. After considering the differences between a traditional "clinical ethics" for physicians and an "economic ethics" that may be useful for decision-makers, we reflect on how diverse ethical analyses can be integrated with the collection of social and economic evidence to better contextualize and nuance the design of ethical HTA protocols.

Framing PharmaCare: An Analysis of Canadian Print Media Coverage, 1990-2010

Presenting authors: Jamie Daw (Policy Analyst), University of British Columbia Centre for Health Services and Policy Research

Co-author: Dr. Steve Morgan (Associate Professor), University of British Columbia Centre for Health Services and Policy Research

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Canada's lack of a universal system for covering prescription medicines remains an anomaly among developed nations. Despite achieving universal coverage for hospital and physician services, Canadian public drug benefits remain a patchwork, leaving many under- or uninsured for needed medicines. Few scholars have explored the reasons underlying Canada's unique lack of progress in this policy area. Thus, to examine the public discourse surrounding drug benefit policy in Canada and add insights into the political dynamics of this policy arena, we conducted a descriptive analysis of national print media coverage of this issue from 1990 to 2010. Specifically, drawing on Iyengar's media effects framework, we examined the quantity and depth of coverage over time

(agenda-setting and informing effects) and the representation of the problem of drug coverage, potential policy solutions, and attributions of responsibility (framing and persuading effects). Based on our findings and drawing on the political agenda setting and media effects literature, we consider how the public discourse, as evidenced (and influenced) by media coverage, has shaped the perceived need and options for public drug financing in Canada.

Free-Riding and Reassessment of Health Technologies

Presenting authors: Dr. Mahmood Zarrabi (Senior Health Economist) and
Dr. Thach Lang (Project Manager), Alberta Health Services

Co-author: Dr. Don Juzwishin (Director of Health Technology Assessment and Innovation), Alberta Health Services

Introduction: A free rider is someone who consumes a resource without paying for it, or pays less than the full cost. The free rider problem is the question of how to limit its negative effect. Free-riding is usually considered to be an economic problem as it causes the non-production or underproduction of a public good and thus leads to inefficiency.

Background: Reassessment programs concern assessment of existing health care technologies and services that do not provide value for the cost. A reassessment program usually includes identification, prioritization, evaluation, and implementation processes: all four steps are time-consuming and costly. In addition, there is not enough evidence on ineffectiveness of existing health technologies; therefore, the process of reassessment should also include collecting and/or developing evidence. Given the extent of reassessment programs and the fact that there are many technologies that can be potential candidates for reassessment, it will be less likely for a single entity or organization to be able to execute an effective reassessment program.

Objectives: This study aims to (1) identify how free-riding reduces the effectiveness of a local reassessment program, (2) identify factors driving free-riding in reassessment, and (3) recommend management options to address free-riding issues and suggest potential provincial and federal policies and responsibilities.

Method: This is a theoretical study that will use economic theories and expand their applications to health technologies. An economic model will be developed to describe how federal government can improve effectiveness of a provincial reassessment program.

B3

Concurrent Oral Session B3 — Evidence-Based Policy

Telehealth for Specialist-Patient Consultations

April 16, 2012
1330 – 1500

Room:
Quebec

Presenting author: Pablo Navarro (Research Officer), Newfoundland and Labrador
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Co-author: Dr. Stephen Bornstein (Director), Newfoundland and Labrador
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Background: Newfoundland and Labrador is a pioneer in telehealth. The province has an established telehealth infrastructure currently supporting three programs (teleoncology, telepsychiatry, and telenephrology). The more rural and remote parts of the province continue to lack local specialists. Patients in these areas face longer wait times for consultations or costly travel to St. John's. The Labrador-Grenfell Regional Health Authority partnered with Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) to study the potential for developing province-wide telecardiology and teledermatology for specialist-patient consultations.