



**ARCC**

Canadian Centre  
for Applied Research  
in Cancer Control



**Cancer Care Ontario**  
**Action Cancer Ontario**



Canadian Cancer Society  
Société canadienne du cancer

*Advancing Health Economics,  
Services, Policy and Ethics*

# PUBLICLY FUNDING CANCER DRUGS: ECONOMICS AS A DECISION SUPPORT

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# CANADIAN HEALTH CARE SYSTEM – PUBLIC INSURANCE



## CANADA HEALTH ACT

- Publicly administered;
- Comprehensive;
- Accessible;
- Transferrable;
- Universal;

10 PROVINCES/ 3 TERRITORIES  
FEDERAL TRANSFER TO P/T  
P/T DECISION MAKING

## NOVA SCOTIA – BUDGET ALLOCATION TO CANCER DRUGS



### NOVA SCOTIA

- 945,000 inhabitants;
- 3% of Canadian population;
- \$ 3.8 billion health care budget;  
(ca. 3.04 billion Euro);

### NOVA SCOTIA HEALTH AND WELLNESS

Cancer Systemic Therapy Policy Committee;

[http://www.gov.ns.ca/health/cancer\\_drugs/](http://www.gov.ns.ca/health/cancer_drugs/)

# NOVA SCOTIA – BUDGET ALLOCATION TO CANCER DRUGS

## FUNDING FOR NEW CANCER DRUGS?



IF NOT APPROVED FOR FUNDING, DRUGS ARE NOT ACCESSIBLE TO PATIENTS

## STUDY DESIGN – COMMITTEE AS CASE STUDY

### STUDY POPULATION

- Nova Scotia Cancer Systemic Therapy Policy Committee;
- 23 members (clinicians, economists, ethicists, pharmacists, patient representatives, health administrators and others);
- n=12

### METHODOLOGY

- Participant observation;
- Qualitative interviews with committee members;
- Thematic analysis;
- Scenario analysis.

### RESEARCH QUESTIONS

- What is the intended process for using CE/CU ratios in drug funding decisions?
- What is the actual process of using CE/CU ratios in drug funding decisions?
- What creates the gap between intended and actual process?

## RESULTS – COMMITTEE AS CASE STUDY

### PARTICIPANT OBSERVATION

- Economic report produced in a non-regulated environment by industry;
- CE/CU ratio reported without context;
- Users do not perceive lack of context;
- No explicated formula for weighing of economic, clinical, and ethical criteria.

### QUALITATIVE INTERVIEWS

- Users do not perceive lack of context, economists do;
- Users clearly are not well versed in economic efficiency analysis;
- Users acknowledge lack of training and own expertise;
- Users have little trust in economic evaluations;
- Users do not consistently weigh economic, clinical, and ethical criteria.

### SCENARIO ANALYSIS

- Clinical criteria clearly trump economic criteria, when evidence diverges;
- Quality of economic analysis put in doubt the efficiency of drugs.

## DISCUSSION – COMMITTEE AS CASE STUDY

### USERS

Technical difficulties;  
Lack of trust in funder and methods;  
Focus on micro (committee) level.

### PRODUCERS

Competing therapies not known;  
Budget not known;  
Focus on macro (policy) level.



# THANK YOU!

To contribute to our study, please participate in our survey. You could qualify for a cash prize.

<https://surveys.dal.ca/opinio/s?s=15032>



Canadian  
Cancer  
Society

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