

A glance in hepatitis C policy in Brazil: Access and performance

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Payment for performance (P4P) is a model of health care where professionals and organizations are compensated by achieving predetermined performance measures¹. To illustrate, P4P in Brazil has shown promising results, as demonstrated by UNIMED/Belo Horizonte, where doctors receive extra financial incentives for each additional patients with controlled chronic disease². Recently, P4P has come to hepatitis virus C (HCV) treatment³, providing the chance to discuss a paper published by Chaves et al.⁴, entitled “Public procurement of hepatitis C medicines in Brazil from 2005 to 2015”.

Chaves et al.⁴ assumed that by guaranteeing universal access to treatment, there would be room to lower the cost of acquisition of such expensive drugs. Despite, the economics principle of supply and demand applies to most of products, in health care, efficacy, effectiveness and efficiency are also the landmarks for a feasible universal system.

Improving access to DAA (Direct-Acting Antivirals) will happen by acquiring larger amounts of drugs at reduced costs and prescribing to earlier stages of HCV³. Whether the treatment achieves SVR (sustained virological remission) in a large group of patients as demonstrated in past clinical trials (RR 0.44, 95%CI 0.37~0.52)^{3,5}, the industry will be fully compensated. That is, the more effective DAA is, the higher will be the profits to patients and other stakeholders¹.

DAA efficacy has been demonstrated in controlled environments⁵. However, Real World Data (RWD) is needed to evaluate DAA in population scale⁶. Emerging countries, such as Brazil, work with the need to receive the maximum benefits of health care innovations in a shorter period of time

than developed countries, due to the lower Gross Domestic Product (GDP) per capita. Thus, more mechanisms to guarantee risk sharing, correct use of DAA⁷, RWD analyses and better resource allocation are needed to overcome the higher initial investment.

Neither access to HCV nor lower costs preclude better health care. Brazil is on the way of P4P^{2,3}, by promoting HCV prevention, updating HCV guidelines, engaging professionals^{2,7}, industry³, health institutions² and RWD⁶ analysts to work towards HCV SVR. That will be the key to truly improve viral liver diseases-induced morbimortality in Brazil.

References

1. Snyder L, Neubauer RL; American College of Physicians Ethics, Professionalism and Human Rights Committee. Pay-for-performance principles that promote patient-centered care: an ethics manifesto. *Ann Intern Med.* 2007; 147(11):792-794.
2. Borem P, Valle EA, Castro MSM, Fujii RK, Farias ALO, Gastal FL, Connor C. Pay-for-Performance in Brazil: UNIMED-Belo Horizonte Physician Cooperation. [cited 2017 Sept 17]. Available from: <https://www.hfgproject.org/pay-performance-brazil-unimed-belo-horizonte-physician-cooperation/>
3. Brasil. Ministério da Saúde (MS). *Ministério da Saúde vai oferecer novo tratamento para hepatite C.* [cited 2017 Set 17]. Available from: <http://www.brasil.gov.br/saude/2017/07/ministerio-da-saude-vai-oferecer-novo-tratamento-para-hepatite-c>
4. Chaves GC, Castro CGSO, Oliveira MA. Public procurement of hepatitis C medicines in Brazil from 2005 to 2015. *Cien Saude Colet* 2017; 22(8):2527-2538.
5. Jakobsen JC, Nielsen EE, Feinberg J, Katakam KK, Fobian K, Hauser G, Poropat G, Djuricic S, Weiss KH, Bjelakovic M, Bjelakovic G, Klingenberg SL, Liu JP, Nikolova D, Koretz RL, Gluud C. Direct-acting antivirals for chronic hepatitis C. *Cochrane Database Syst Rev* 2017; 9:CD012143.
6. Cheinquer H, Sette-Jr H, Wolff FH, de Araujo A, Coelho-Borges S, Soares SRP, Barros MFA. Treatment of Chronic HCV Infection with the New Direct Acting Antivirals (DAA): First Report of a Real World Experience in Southern Brazil. *Ann Hepatol* 2017; 16(5):727-733.
7. Langness JA, Nguyen M, Wieland A, Everson GT, Kiser JJ. Optimizing hepatitis C virus treatment through pharmacist interventions: Identification and management of drug-drug interactions. *World J Gastroenterol* 2017; 23(9):1618-1626.