From affiliate exploration to broader company

engagement – Learnings from AstraZeneca's Value-Based Healthcare journey

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Introduction

The principles of Value Based healthcare (VBHC) and public-private partnerships offer the possibility to jointly address both clinical and economic challenges to improve patient experiences and pathways, while optimizing healthcare delivery and costs. However, the implementation can prove challenging for several reasons. In this work we showcase how we addressed country level challenges and used exploratory learnings to motivate broader engagement and development of VBHC practices within AZ.

Methods

In a financially constrained health system, delivering new value-based approaches to evoke system changes requires not only operational change, but also shifts in mindset – both internally and by external stakeholders. AstraZeneca co-developed VBHC initiatives to enhance patient access and care, and while the principles were met, faced difficulties in implementation. We present how lessons learned can help transitioning from a national proof of concept toward the development of a broader company strategy.

Results

STEP 1
Local development of PoC

Design & exploration of PROMs in CVRM (2021)

AstraZeneca's VBHC journey

STEP 2
Onboard VBHC concept

AZ team training & awareness campaign (2021)

STEP 3 Embed learnings at AZ



Shaping a global VBHC strategy (2024)

Key Objectives of VBHC POC Project

- 1. Embrace a patient centric approach, involving all stakeholders throughout patient journey
- Demonstrate impact of improved outcomes (e.g. clinical, financial) incorporating CROMs + PROMs
- 3. Support engagements with HTA & payer organisations

Table 1: Internal implementation challenges for CVRM POC

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Pros for PoC	Challenge	Action
 Patients with late diagnosis leading to poor outcomes 	 No experience in designing/ implementing PROM's 	 VBCH expert engagements and meetings
 Collection of outcomes, leading to adjustment of therapeutic options 	 Additional resource and capacity needs (FTEs, time & cost) Set-up of ad hoc registry to collect PROM data 	Cost shared among several departmentsIdentification of required minimal dataset
 Affiliate GM, team support & enthusiasm Global AZ team support 	 Required workload (in addition to current one) Perception that output will not have sufficient impact on HTA/ pricing engagement 	 Project leader/ FTE allocated Discussions and expectation alignment with FR authorities
 Fast identification of experienced 	 Study results not consistent with 	 Efforts to align objectives with HTA

authorities' expectations

requirements base

on their publication

Table 2: External opportunities and challenges

Opportunity	Challenge
HTA organisation interest in PROMs ^{1,2}	 So far, no PROMs used in French HTA/pricing negotiations
 Already existing ICHOM standard set in the disease 	 Timing of implementation and project results to insert into next cycle of HTA/payer engagement (e.g. deployment of tools, data collection)
KOLs interested by the PROM project	 Time to set-up contracts with HCPs and stakeholders Stakeholder awareness of PROMs/ VBHC and buy-in to novel concepts

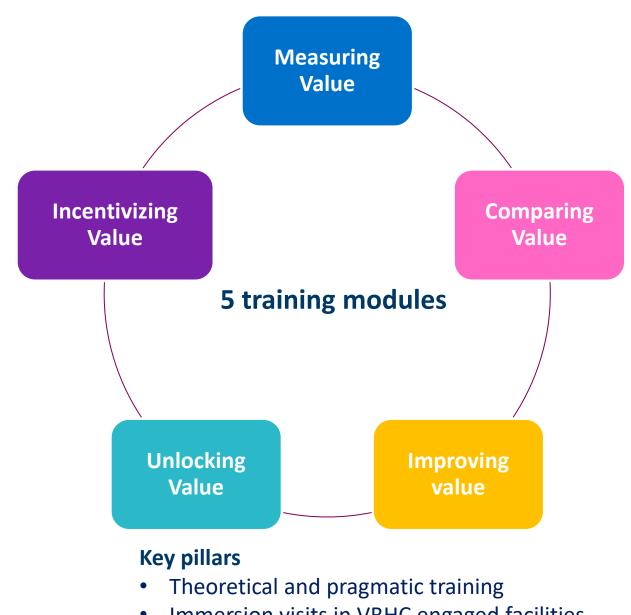
Overall Objectives for campaign

- Train AZ employees on VBHC principles and objectives
- Improve awareness & interest (authorities, HCPs etc.)

 Disseminate knowledge e.g. via presentations, publications
- Engage stakeholders in a value/ outcome driven journey
- with impact
 Sensitize healthcare policymakers through International
- Sensitize healthcare policymakers through International VBHC Conference (High Patronage of the French President of the Republic)

1) Internal activities

- Organized meetings with VBHC national experts
- Set-up meetings and AZ employee trainings to increase their knowledge/interest in VBHC/ PROMs



- Immersion visits in VBHC engaged facilities
- Development of VBHC use cases
- Mentorship by VBHC leaders

2) External activities

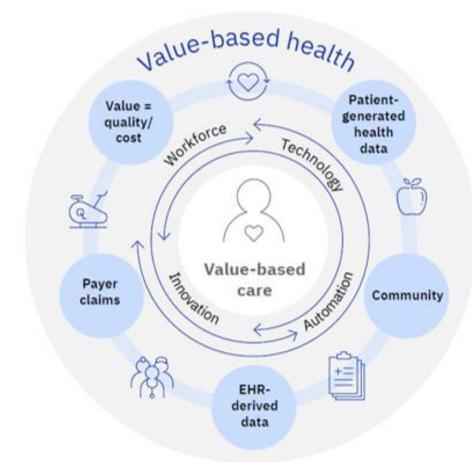
 "Value Academy" Partnership with Université Paris Cité -School of Medicine and a medical device company³

Background

- Since 2019, AstraZeneca has been executing a broader Value-Based Agreement Strategy across the business
- While many types of models have been implemented, outcomes-based agreements in partnership with federal/ central public payers have been most common – however, with lesser ability to inject RWE into high impact above and across brand decisions
- In 2024, AstraZeneca developed a global VBHC strategy, working with cross-functional colleagues discussing learnings/ knowhow from countries

Objectives

- Increase company engagement in VBHC, and how principles can better reflect value in decision making at local/ regional/ national levels
 - Collect dynamic RWD/E to inform HTAs and payer engagements and decisions
 - Understand needs and evidence gaps to inform R&D, differentiation and clinical practice change
- Establish an agile team that designs and implements
 VBHC-like PoCs/ solutions in partnership across different disease areas
 - Cross-fertilise learnings to overcome subnational access barriers, ultimately driving endto-end patient access
- **Develop leadership in disease management** based on PROMs, CROMs and PREMs internally and externally
 - Important for both public and private channels



AstraZeneca

Assess

partner (ext.)

Key Learnings and Insights

Internal knowledge & support External awareness & buy-in

IF low, inform / train => time and
 energy spent will be saved later



With Healthcare authorities / payers on expected outcomes and timelines

Ensure that **planned** and **delivered** POC results are satisfactory for both company and authorities



Anticipate

- Resources needed
- Discussion/negotiations with stakeholders'
 Timelines of e.g. establishing partnership, data collection, analysis, consolidation of results etc.
- What challenges lie ahead and mitigation



Demonstrate

- Showcase VBHC benefit and impact (e.g. robust methodology and data collection)
- Examples are more concrete!
- Integrate with impact into broader strategy

Conclusions

As a pharmaceutical company, while highly motivated to engage in a clinically and economically optimized health system, embarking on a VBHC journey presents several challenges – both internal and external. Teams' awareness and understanding of patient access barriers and how to address those with VBHC principles can be low, all while health authorities' buy-in is still evolving. Engaging in activities that demonstrate impact of VBHC requires diligence, anticipation, cross-functional approach, matched with a clear strategy and common access objectives with all parties involved.

References

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