# A Pilot Trial Of Value-Based Pricing For Medical Devices

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### 1 INTRODUCTION

#### **2** OBJECTIVE

 Countries globally are facing unsustainable increases in the cost of healthcare, and medical technologies are a key driver of long-term costs.

 To get the best value for the healthcare dollar, medical technologies need to demonstrate better outcomes and/or lower costs. To ensure value for bilateral cochlear implants (BCI) in children with severe-to-profound hearing





## 3 METHOD

Health technology assessment (HTA) of BCI was conducted to assess the following for subsidy decision-making:

- clinical need;
- clinical benefits;
- cost-effectiveness;
- budget impact; organizational feasibility; and
- other considerations.

Value-based pricing (VBP) was trialed to increase the likelihood of BCI being cost-effective.

Driving better decision-making in healthcare

Instead of limiting to the lowest cost CI brand, a target price was used for VBP negotiations with all companies as user competency is relevant to patient outcomes in the devices space.

## 4 RESULTS

- All companies agreed to lower prices and met target price.
- VBP brought prices to an acceptable level for subsidies to be applied and improved affordability for the patients and healthcare system.

#### Table 1. Impact of VBP

	BEFORE VBP	AFTER VBP
Incremental cost- effectiveness ratio	~USD 55,000 to 77,000 per QALY gained	~USD 11,000 to 33,000 per QALY gained
Budget impact	~USD 1 to 3 million	Below USD 1 million

Subsidy of all models that met the target price helped overcome issues such as dependency of outcomes on user training and competency.



#### The HTA and VBP pilot work for CI helped achieve better value.

**5** CONCLUSION

- Following this trial, ACE is exploring the feasibility to extend VBP to other high-cost devices.
- Success of VBP contributes to an affordable and sustainable healthcare system in Singapore.

QALY: quality-adjusted life-year

www.ACE-HTA.gov.sg