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Usefulness of medico-economic studies in cancer care from the perspective of payers and policy makers?

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Payers are demanding increased efficiency and "value for money" in the health services. This is particularly true in cancer care which is experiencing rising costs, therefore there is an ever increasing need for studies evaluating cost effectiveness of medical procedures and for performance measurement of providers. In order to address the challenges of healthcare reforms and fiercer competition in the healthcare market, providers have to improve quality of care and demonstrate the benefits of their treatment options.

Although, through publications of methodological guidelines medicoeconomic studies have improved significantly, there are still criticisms with respect to the quality of data employed. This is mainly due to difficulties in piecing together different sources of incomplete data. Economic studies tend to match the methodology and the quality of clinical studies. However, the rigorous conditions of clinical trials no longer apply once the new course of treatment is implemented on a large scale (different inclusion rules for patients, different treatment protocols, unexplained differences from consensus practices).

Therefore questions have to be raised as to the usefulness of cost effectiveness studies applied to new protocols, new drugs or new preventive policies from the perspective of payers and healthcare policy makers, if there is a lack of use of medical audit, peer review, performance measurement and other ex-post evaluation tools.