30th CAPT ACTP ANNIVERSARY

30TH ANNUAL CONFERENCE

#CAPT2026 #DAYONE

September 28, 2026

Value Recognition Methods of Broader Health System, Economic and Societal Benefits: Perspectives from Private Payers, HTA, Patients and Payer Evidence

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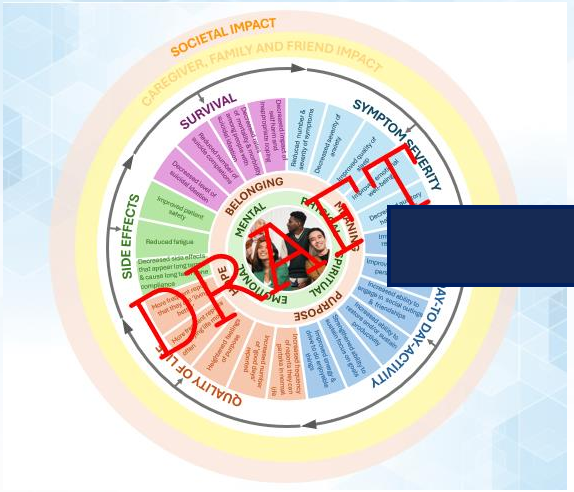
Mood Disorders Society of Canada
Société pour les troubles de l'humeur du Canada

Value Consideration Framework

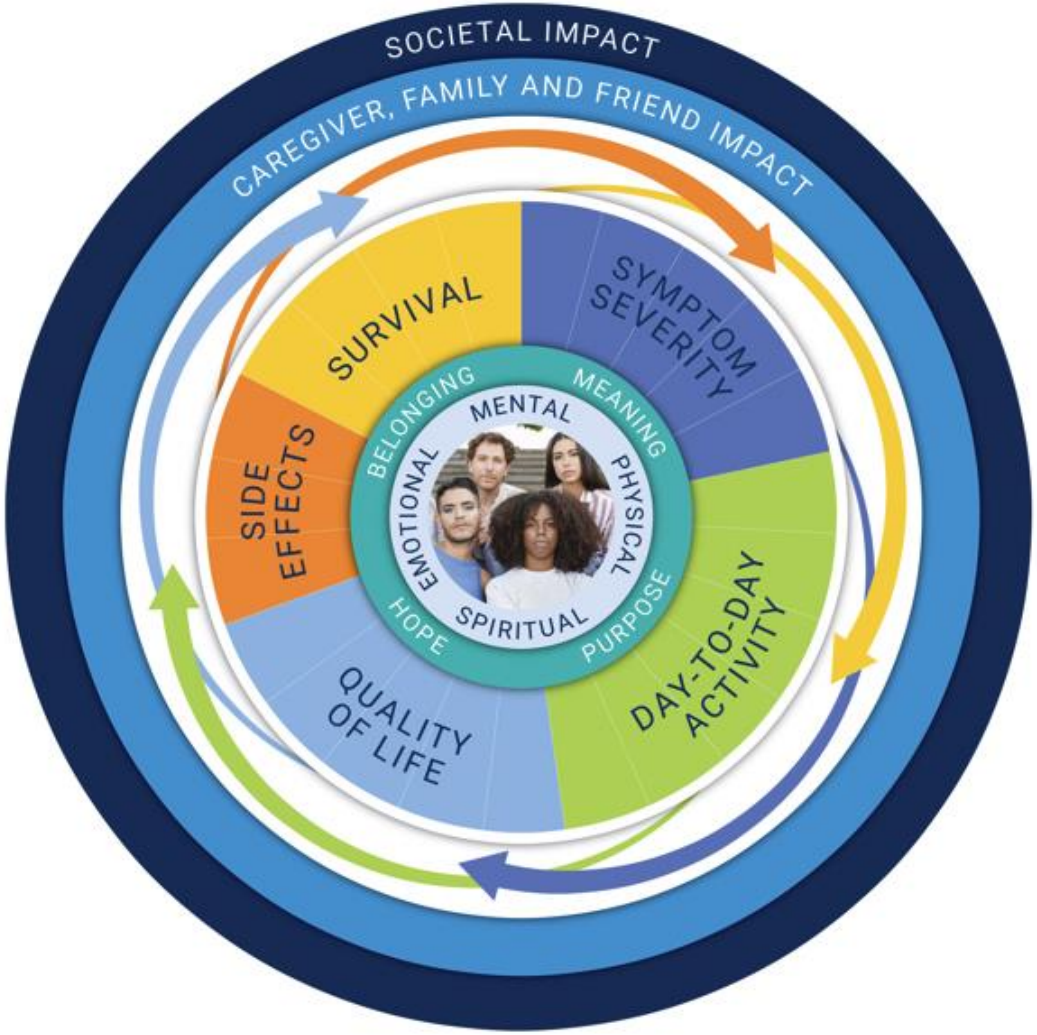
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Value Consideration Framework

Value of Treatment to Patients/People With Lived-Living Experience



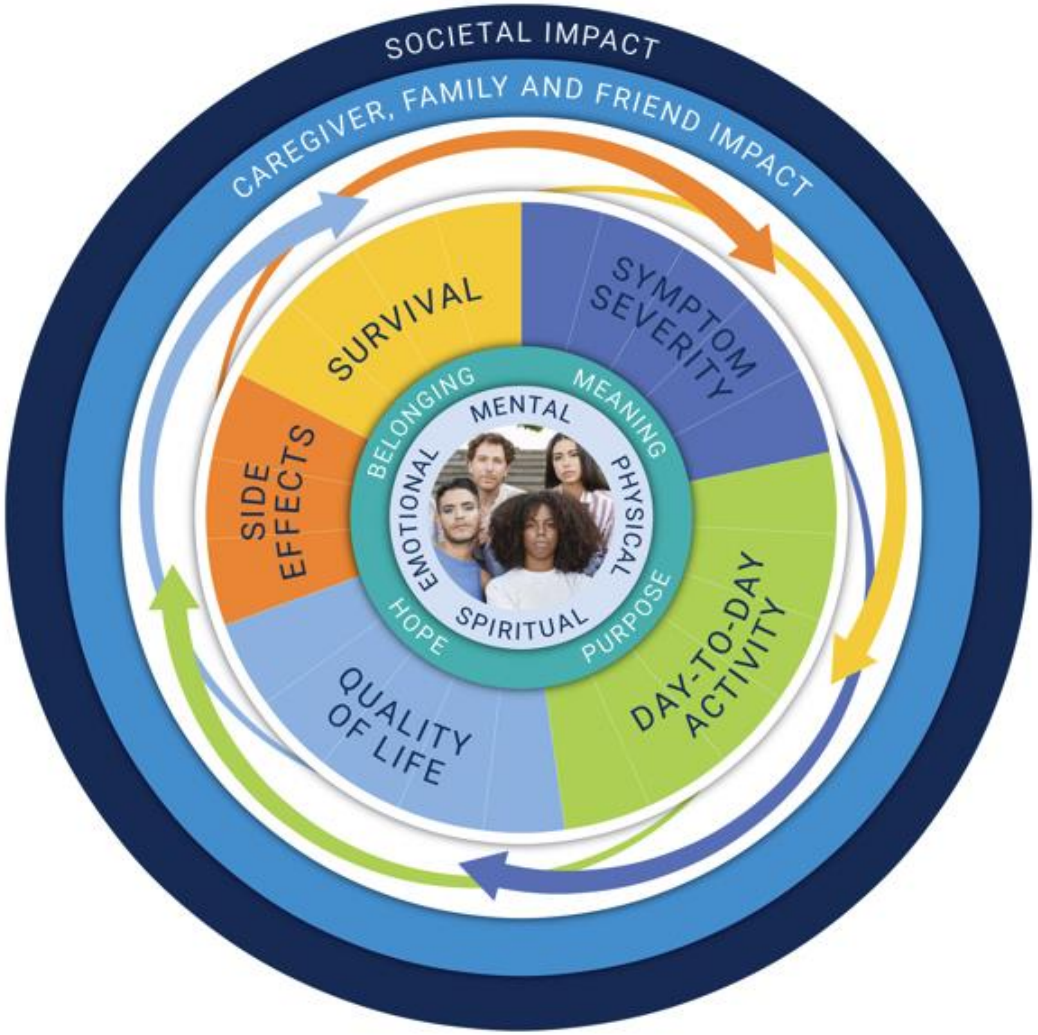
CDA-AMC Symposium 2026



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Value Consideration Framework

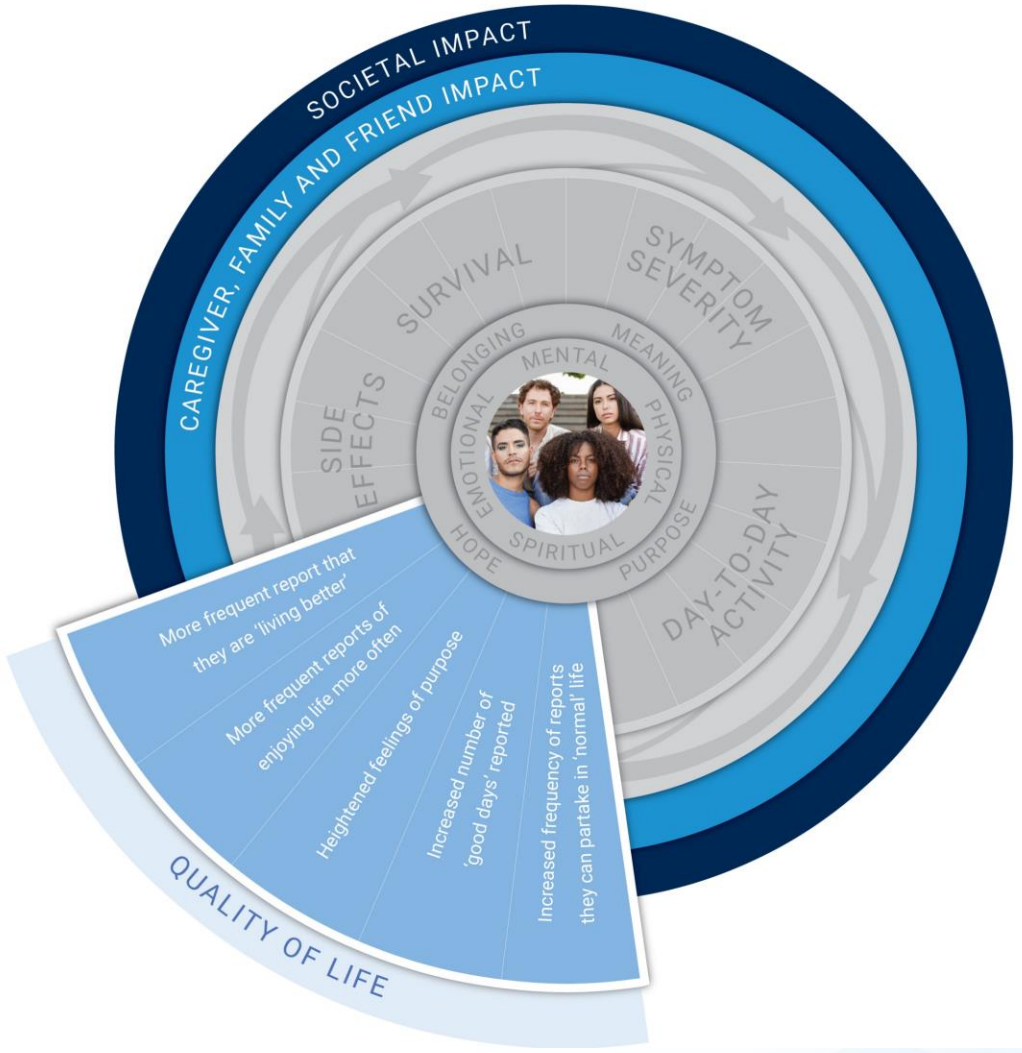
Interconnected Whole Person Approach



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Value Consideration Framework

Quality of Life



A Patient's Overall Wellbeing (Quality of Life)
Increased frequency of reports they can partake in 'normal' life
Increased number of 'good days' reported
Heightened feelings of purpose
More frequent reports of enjoying life more often
More frequent reports they are 'living better'
Reduced feelings of shame
Heightened frequency of experiencing joy more often
Increased reports of feeling loved more often
Increased feelings of being valued by society
Reduced impact of the social determinants of health
Improved well-being reported by family & friends
Increased impact on the caregiver's overall well-being
Strengthened quality of relationships
Improved overall well-being of their person reported by the caregiver

Value Consideration Framework

Day-to-Day Activity

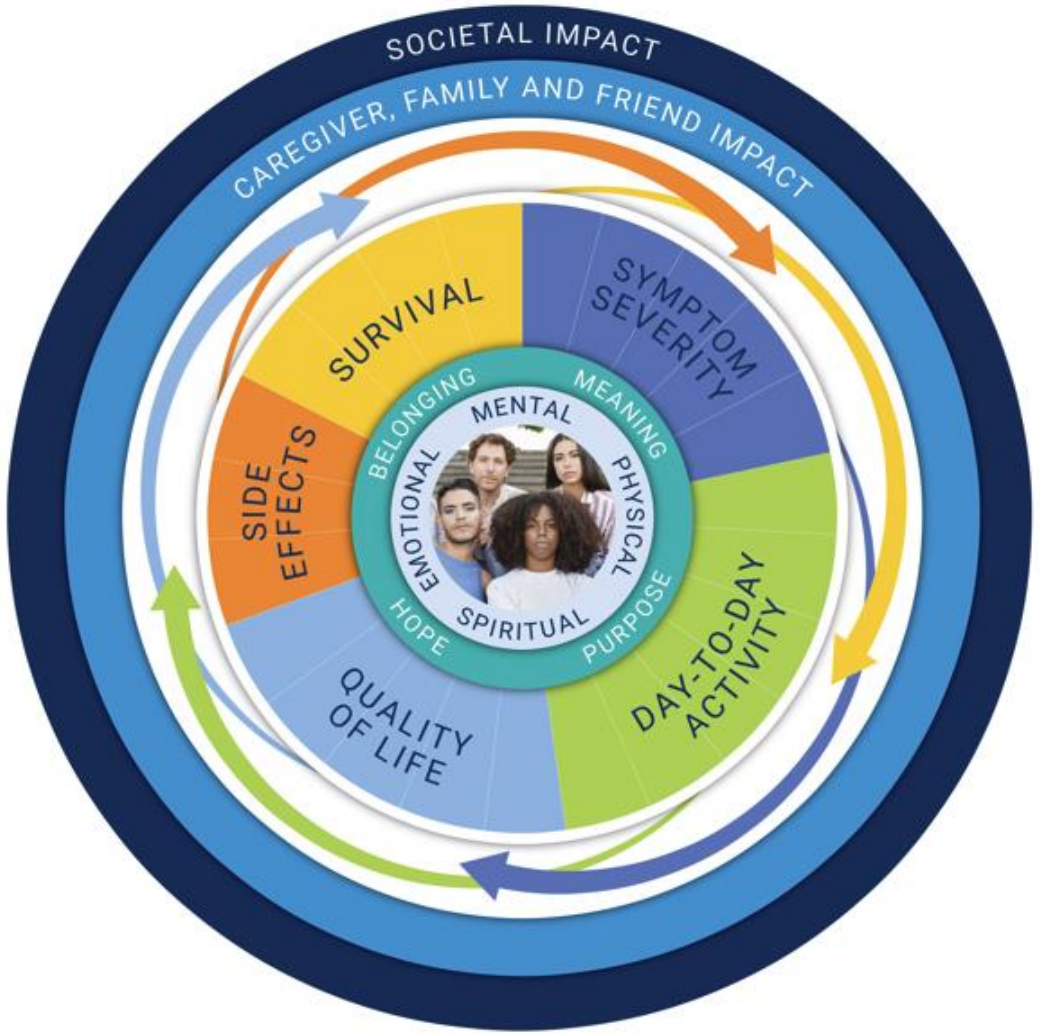
How a Patient Functions (Day-to-day Activity)
Improved ability to remain at work or return to work without consequences
Improved or maintained personal hygiene
Increased ability to engage in social outings and friendships
Increased ability to restore and/or sustain productivity
Strengthened ability to sustain focus on goals
Improved energy and drive to do enjoyable things
Reduced workplace absenteeism
Increased ability to return to work after disability leave
Less workplace presenteeism
Increased ability to leave the house
Increased healthy habits
Improved ability to carry on a conversation without distraction
Decreased impact on the caregiver's ability to undertake daily activities
Less impact on family members



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Value Consideration Framework

Societal Impact

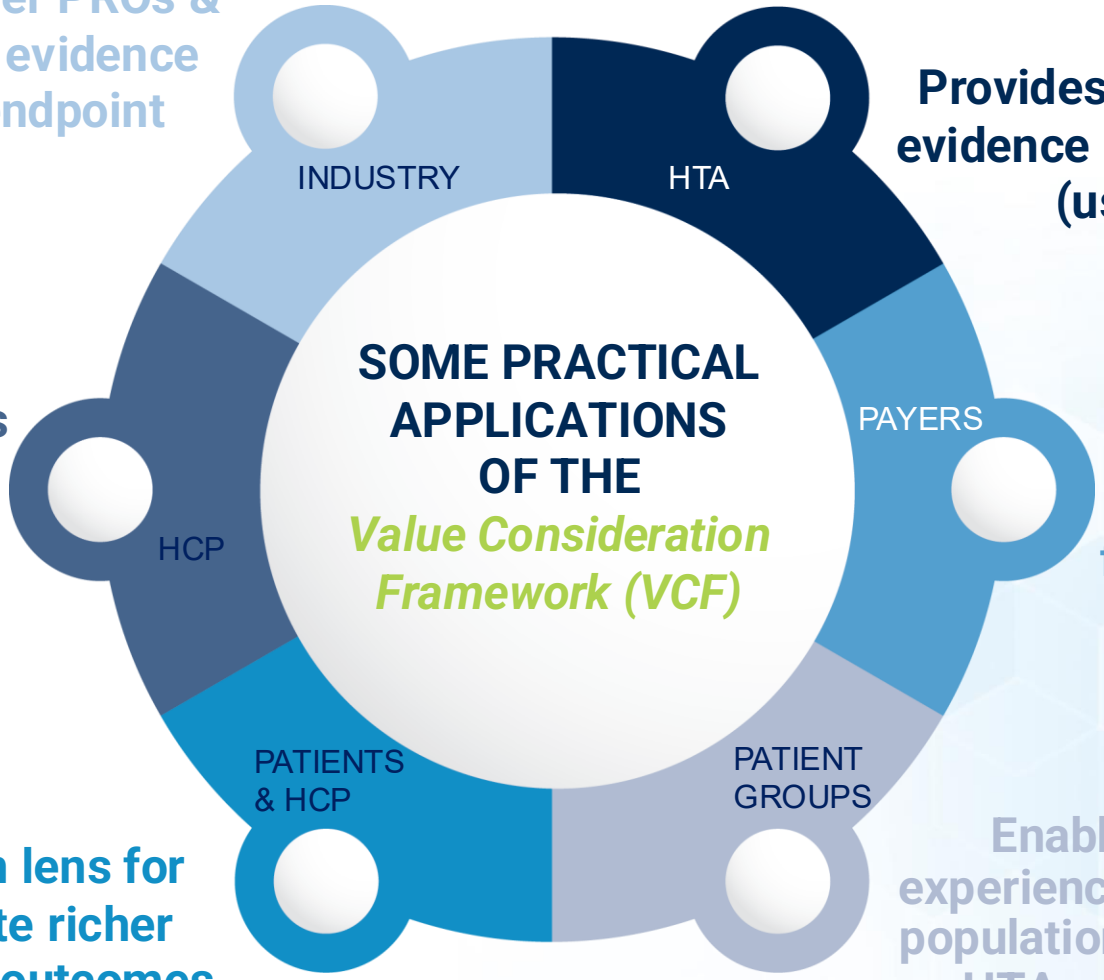


Societal Impact	
Health System Indicators	**Significant Health Equity Considerations**
Decreased number of hospital admissions	**More timely access to quality healthcare**
Decreased frequency of emergency room visits	**Improvement in employment & job security**
Reduced avoidable healthcare service costs	**Greater income security & poverty reduction**
Reduced frequency of medical consultations	**More stable & affordable housing**
Decreased inpatient length of stay in the hospital	**Less childhood adversity**
Fewer disability claims	Increased social connection & inclusion
	Less involvement with the criminal justice system
	Improved literacy & education
	More sufficient, safe & nutritious food
	Greater freedom from discrimination

Aids in supporting broader PROs & meaningful outcomes in evidence generation (use VCF in endpoint selection)

Illuminates treatment benefits and costs across the whole person and broader system (use VCF when evaluating new treatment/treatment change)

Provides a whole-person lens for conversations to facilitate richer discussion around good outcomes (use VCF in shared decision making)



Provides broader value lens for assessing evidence in deliberation & decision making (use VCF in reviewing evidence and submissions)

Gives budget holders greater license to consider more complete picture of value in funding decisions (if VCF used upstream, creates a cascade effect for value-based decision-making)

Enables the amplification of experiences of equity-deserving populations & caregivers (use in HTA submissions & evidence generation)

Value Recognition Methods of Broader Health System, Economic and Societal Benefits

Public Payer Perspectives

Jaclyn Beca, Senior Director, HTA, Value and Evidence Synthesis

CAPT 2026 Annual Conference, Sept 28, 2026

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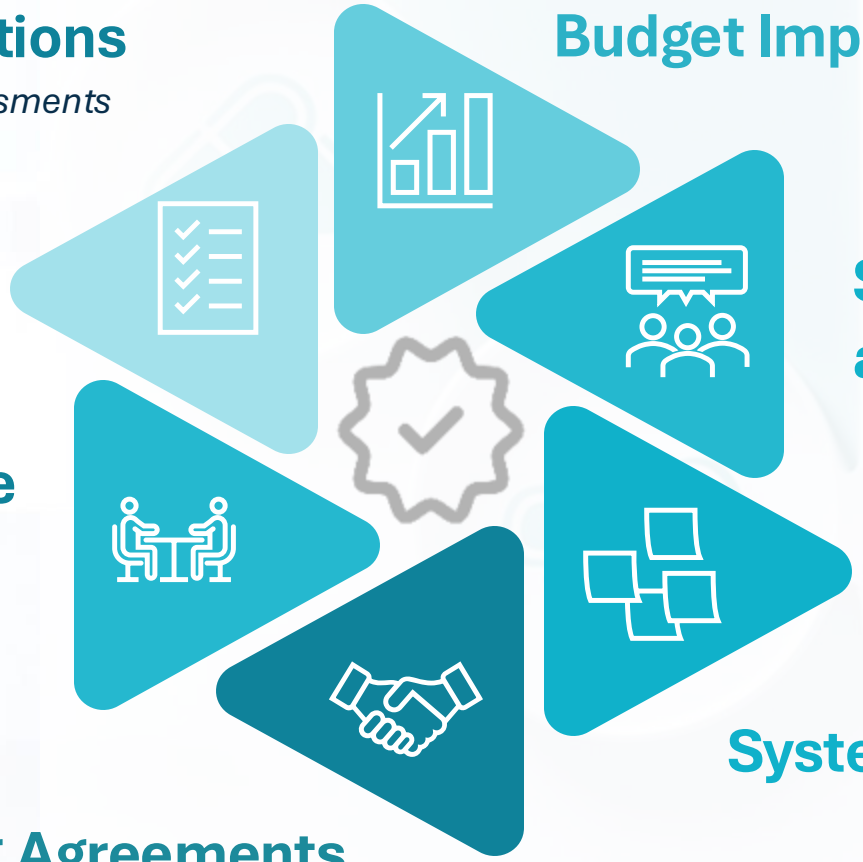
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Public payers consider many factors when entering negotiations, including clinical benefit, economic value, affordability, uncertainty, need, equity and system impact

HTA Recommendations

Clinical and economic assessments

Budget Impact / Affordability



Stakeholder Perspectives and Needs

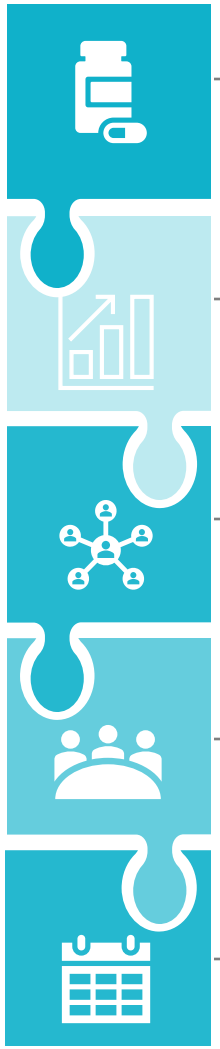
Therapeutic Landscape and Gaps

System Implementation

Existing Agreements

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Public payers need to balance access to innovative health technologies, across a range of socially important therapeutic areas, with sustainability of public health care



As of September 8, 2026, there are **56 ongoing active pCPA negotiations** and **25 files under consideration** and waiting to be engaged (**81 files**)[1]

Among these **81 active files** are high profile and/or high budget impact drugs (e.g., obesity, DMTs for AD, CGT for cancer, SCD, etc) (on top of existing) that will create **significant budget constraints**

Files span **wide range of therapeutic areas** (TAs) with some files reviewed with **added perspectives** (expanded perspectives in economic evaluations, ethical considerations, clinician panels)

Facing pressures to consider value, system implications, stakeholder needs, and ability to pay (OPDP 2026 spending estimates increased 18%, +$1B)[2] and want to achieve **"fairness"** within / across TAs

Communicating value to payers must understand the realities of what payers face in negotiating and implementing a large volume (50+) of new products every year

AD = Alzheimer's disease; CGT = Cell and gene therapy; DMT = Disease modifying therapy; OPDP = Ontario Public Drug Programs; pCPA = pan Canadian Pharmaceutical Alliance; SCD = sick cell disease; TA = Therapeutic Area

[1] https://pcpa-app.ca/insights-and-updates/our-updates/recent-negotiation-activity
[2] https://www.ontario.ca/page/expenditure-estimates-ministry-health-2026-2027

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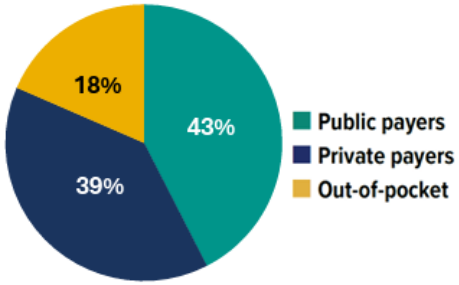
Yunghan Au, GreenShield

Private Payors in Canada

$35 Billion

- Public drug plans and private insurers together account for **over 80% of all prescribed drug spending** in Canada

Share of expenditure on prescribed drugs by source of finance, Canada, 2024



Data source: Canadian Institute for Health Information. *National Health Expenditure Trends, 2025: Data Tables — Series G.*

Sun Life

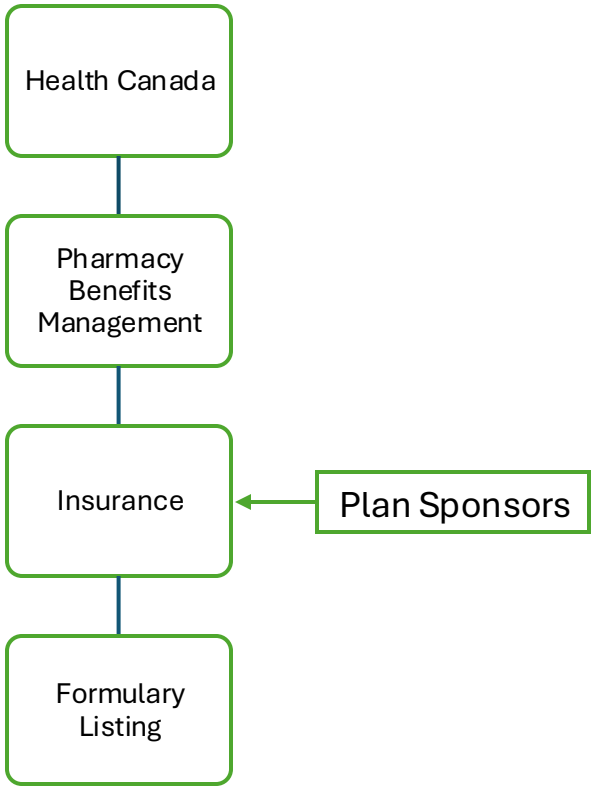
Manulife

TELUS Health

canada life

GreenShield

EXPRESS SCRIPTS



https://www.canada.ca/en/patented-medicine-prices-review/services/npduis/analytical-studies/private-drug-plans-2018-2023.html

Rating Chat's take on Public vs. Private Payors

Dimension	Public	Private	Rating/10
Primary objective	Maximize population health and equity within a constrained government budget	Deliver value to plan sponsors and members while maintaining benefit plan sustainability	10
Funding source	Provincial and federal tax revenues	Employer premiums and employee contributions	7
Population covered	Defined populations (seniors, social assistance, specific disease programs, catastrophic coverage, etc.)	Employees, dependents, retirees, and voluntarily insured individuals	10
Decision-making lens	Health system perspective	Employer/plan sponsor perspective	6
Economic evaluation focus	Cost/QALY, budget impact, health system costs	Drug costs, disability costs, productivity, absenteeism, retention, employee wellbeing	6
Time horizon	Often long-term societal and healthcare system outcomes	Often shorter-term business and workforce outcomes	8
Access to innovation	Often follows HTA review and negotiations	Frequently provides earlier or broader access to therapies	3
Budget flexibility	Fixed government budgets	Costs can partly be passed through in future renewal	6


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Private Payor Opportunities and Challenges

Opportunities

- **Additional value** is recognized for cost-effectiveness modelling:
  - Societal perspective is accepted as part of pharmacoeconomic modelling.
  - Productivity gains (e.g., migraine)
  - Caregiver burden (time dedicated to caring for a patient).
  - Route of administration benefits (impact on travel, productivity)
- **Faster** listing than public listing.
  - Contingent on both sides coming to the negotiation table.
- **Broader or parity access** as public payors.
- **Unique:** Reimbursement for disease areas that the public are yet to fund (i.e., weight-loss management).

Challenges

- **Pharmacoeconomic:**
  - Private Payors are not accountable for costs borne by public payor (Physician Visits, Hospitalizations, ED visits, etc.)
  - Shorter Time Horizons evaluated given reality of employment.
- **Plan Design:** Co-pay / deductibles, and maximums are plan design elements as part of employee offerings (Plan Sponsor / Plan Member options).
- **Internal Manufacturer Challenges** (price approvals, team resourcing)
- **Multiple private payor stakeholders** need to be addressed.
- **Complexity** of funding of therapeutic areas given the public context (vaccines, oncology medications, in-hospital administration).

Giving voice to evidence – the value of patient experience in HTA

"*Moving systematic review and synthesis beyond clinical, epidemiological, and economic research into qualitative and quantitative research in patient-, caregiver-, and citizen-generated information is an* ***immediate need in HTA***".[1]

"*In 2020, a new definition of HTA was produced through an international collaboration, co-led by the International Network of Agencies for Health Technology Assessment (INAHTA) and Health Technology Assessment International (HTAi).*[2] *The new definition emphasised again the multi-disciplinary nature of the field… including not only clinical and cost-effectiveness, but also* ***societal and ethical issues, as well as wider implications for the patient, relatives, and the general population***."[3]

New Guidance on Expanding Economic Evaluations to Reflect Impacts on Informal Caregivers

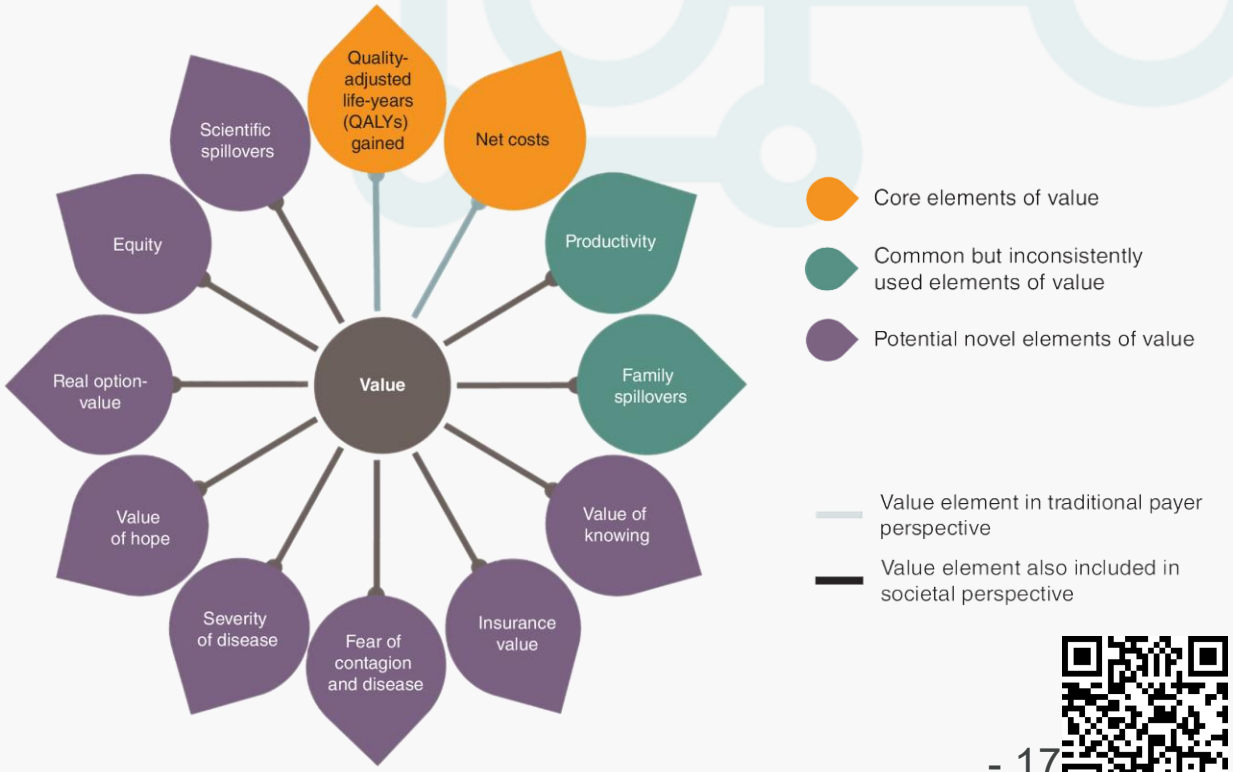
Beyond clinical and cost-effectiveness: The contribution of qualitative research to health technology assessment

Evi Germeni and Shelagh Szabo

Health Economics and Health Technology Assessment (HEHTA), School of Health and Wellbeing, University of Glasgow, Glasgow, UK

Multi-stakeholder use of patient experience data (PED): current state and future opportunities for the application of PED to inform decision-making

Chisom Kanu[1*], Jessica L. Abel[2], Sarah L. Knight[3], Nicola Williamson[4], Calvin N. Ho[5], Ana Maria Rodriguez-Leboeuf[6], Chloe Carmichael[3], Katarzyna Wac[7], Rainer Herzog[8], Susan Vallow[9], Dorothee Oberdhan[10,11], Takako Kaneyasu[12] and Olivier Chassany[13]



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HEALTH ECONOMICS & OUTCOMES RESEARCH

Abbreviations: HTA, health technology assessment. **References: 1.** Kristensen, et al. *Value Health.* 2019;22:13–20. **2.** O'Rourke B, et al. *Int J Technol Assess Health Care.* 2020;36:187–190. **3.** Germeni E, Szabo S. *Int J Technol Assess Health Care.* 2023;39(1):e23

Patient preferences and preference heterogeneity


Open Access Full Text Article

ORIGINAL RESEARCH

Controlling Symptoms versus Minimizing Negative Treatment Impact: A Grounded Theory Study of Heterogeneity in Patient Preferences for Psoriasis Treatments

Shelagh M Szabo, Neil S Hawkins, Evi Germeni

> *"**Heterogeneity in patient preferences is not typically explicitly considered in decision-making around treatment access, by health technology assessment (HTA) agencies**, for example, despite its importance from both an ethical and outcomes perspective. Consideration of heterogeneity in patient preferences not only helps ensure that decisions made for healthcare access are palatable to the people who will use that healthcare; but also may lead to better health outcomes because people are more likely to adhere to their preferred treatments."*[1]

Discrete choice experiments → **Utilities**

Preference research → **Better understand patient priorities (including differences across patients)**

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HEALTH ECONOMICS & OUTCOMES RESEARCH

Abbreviations: HTA, health technology assessment. **References: 1.** Szabo, et al. *Patient Prefer Adherence*. 2026 Apr 8;20:604216