

Fighting for continuity of care - is it feasible?

CML Horizons 2016
Ljubljana , May 6-8

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Background



- Israel has a very good developed national health system.
- 4 out of the 5 available TKIs are approved and reimbursed through a national health basket.
- Glivec has been approved and fully reimbursed since January 2002.
- There are about 800-900 CML patients in Israel.
- We estimate that about 60 % of them- ~500 were on Glivec
- We have 4 main HMOs* in Israel and each citizen belongs to one of them.
- In October 2015 the patent of Glivec in Israel, expired.

* HMO = Health Maintenance Organization. With an HMO plan, patients must choose a Primary Care Physician (PCP) from a network of local healthcare providers who will refer the patient to in-network specialists or hospitals when necessary. All care is coordinated through that PCP.

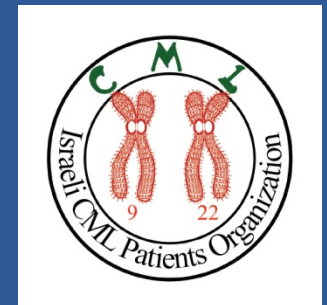
What were the patients concerns

- Being on Glivec long term and in good remission, they were concerned about **losing their response**.
- They were concerned about **recurring or new side effects**
- They were concerned that the **HMOs would change the generic drug at short intervals**, thus making it difficult to know which of the generic drugs is causing the problems
- They were worried that PCR testing every 3-6 months would **not provide good enough monitoring**.
- We knew that the generic drug to be introduced in Israel would be Imatinib Teva, that is being used in Canada for more than two years **with good results**.



What did we want from the HMOs

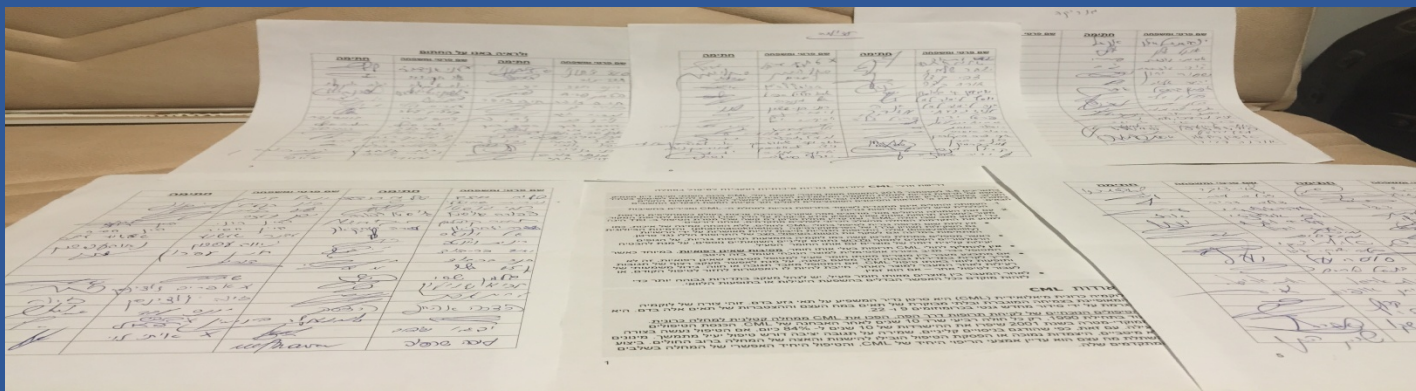
- **Keep continuity of care** for patients who have been on Glivec long term.
- For patients put on the generic drug, **allow more frequent PCR Testing** – preferably once a month for the first 6 months
- **Infrequent changes** of generic drugs in individual patients (not more than once a year).
- For those patients put on generic drugs with recurring or new side effects, allowing the **switching back to Glivec**.



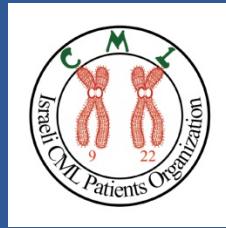


Preparation

- **Organized a petition** signed by hundreds of CML patients, outlining our demands.
- **Met with all stakeholders**, namely the Israel Hematologists Association, Ministry of Health, Israeli Patients Rights Association, to create a coordinated struggle.
- **Created a file** outlining all the reasons, including legal, financial and emotional, backing up our demands.



How did we go about it



- **Met with HMO's medical directors** and heads of Pharmacy (3 out of 4) to discuss our demands and convince them not to break the continuity of care.
- One of the HMO's refused to meet us claiming they never meet with patient organizations.



Outcome



- One HMO agreed not to switch patients on Glivec to the generic drug.
- A second HMO agreed to allow the treating doctors to decide which patients should be switched and which not.
- A third HMO switched all patients but after a short period realized that many patients were complaining about new side effects (reverse placebo) and were switched to more expensive second generation drugs. They decided to continue with original Glivec with all patients.

Outcome



- The fourth HMO was the most difficult. They switched all patients without any preparation.
- After our meeting they agreed to withhold the switch for an additional month in order to prepare the patients.
- They also agreed to switch back immediately every patient who complained about side effects from the generic.
- They agreed to a monthly PCR test for 6 months following the switch.
- They agreed not to introduce a new generic for at least two years.

Conclusions



- **You can't and shouldn't fight against introduction of generic TKI.** This is inevitable and the way every healthy health system operates.
- **Try to set achievable and acceptable goals.**
- **Prepare good arguments** and a file outlining the logic behind your demands.
- Be prepared to **settle for partial achievements** which are preferable to none.
- **Work and collaborate with all stakeholders.**



Thank You

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