

## Description for the General Public

Illness, such as cancer, is an unbearable burden on the individual and their family. A person who falls ill often faces the additional financial burden of having to pay for pharmaceuticals, such as expensive chemotherapies. Many healthcare systems aim to relieve individuals of the financial burden by offering some form of drug reimbursement. In Poland, for example, the National Health Service (NFZ – Narodowy Fundusz Zdrowia) pays for drugs included on the reimbursement list. Cancer drugs have a separate list (the oncology package). In Germany, the reimbursement list is negative; only drugs not to be funded are placed on the list. In Canada, the reimbursement list varies by region. It is important to understand who and how makes the listing decisions, and whether they serve the needs of patients and the public.

The subject of this study are the processes by which drugs are selected for reimbursement. We will study these processes in Poland and in Germany, and will focus on the selection of cancer drugs. Our results of an ongoing study of Canadian processes suggest that economics is challenging to use, yet plays a surprisingly strong role in funding decisions relative to clinical evidence, whereas patient preferences have little to no bearing, despite a policy guidance that treats these criteria as equally important. Given the similarities between processes (incomplete information, uncertainty, multiple priorities) and the requirements for human judgement, we want to know whether the results differ across the different political and policy contexts (Poland, Germany, Canada).

We will interview the members of these committees using online and face-to-face methods to understand how they cope with the incomplete information, the uncertainty, and the multiple criteria that have to be considered. We want to hear from them how they arrive at conclusions under these conditions. We will also interview members of a patient advocacy group in Poland to explore how patient perspectives are currently used in the process, and how they could better be used more meaningfully. Furthermore, we will measure the preferences of decision committees, patients and members of the public via an online tool. Our initial hypotheses are that improvements are needed in the use of multiple criteria and that currently conclusions are not consistent across cases.

The results of our research will add to the general understanding of decision making as an area of study in the behavioural sciences. The results of the research will also have a practical application, in that results will support improvements to the decision process and better integration with patient/ public preferences. Improved formulary processes support the efficient allocation of health care budgets, which results in more individuals having access to more medications.