

# BUSINESS DOSSIER

Company:

WEBER, ECONOMÍA Y SALUD, S.L

Created:

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Dossier Date:

27/07/2023



Fundación  
weber

weber





01

VALUE PROPOSITION



02

SERVICES PORTFOLIO



# 1. VALUE PROPOSITION



**The value of health research**

[www.weber.org.es](http://www.weber.org.es)



## 1. VALUE PROPOSITION

“It’s not hard to make decisions once you know what your **values** are.

Roy E. Disney  
(Co-founder Walt Disney Company)





# 1. VALUE PROPOSITION



**TEAMWORK**



**INTEGRITY**



**QUALITY**



**EXCELLENCE**



**INNOVATION**



**RESPONSABILITY**



**SCIENTIFIC RIGOR**



**SOCIAL VALUE**



**INTEGRATION**

# 1. VALUE PROPOSITION

## OUR HISTORY



**ALLIANCE**  
**UCLM & IMW**



**WEYS CREATION**  
**(consulting firm)**  
**With the support of**  
**IMW & SIES.**



**WEBER**  
**Image change**  
**Fundación WEBER**  
**creation**  
**Brand**  
**consolidation**



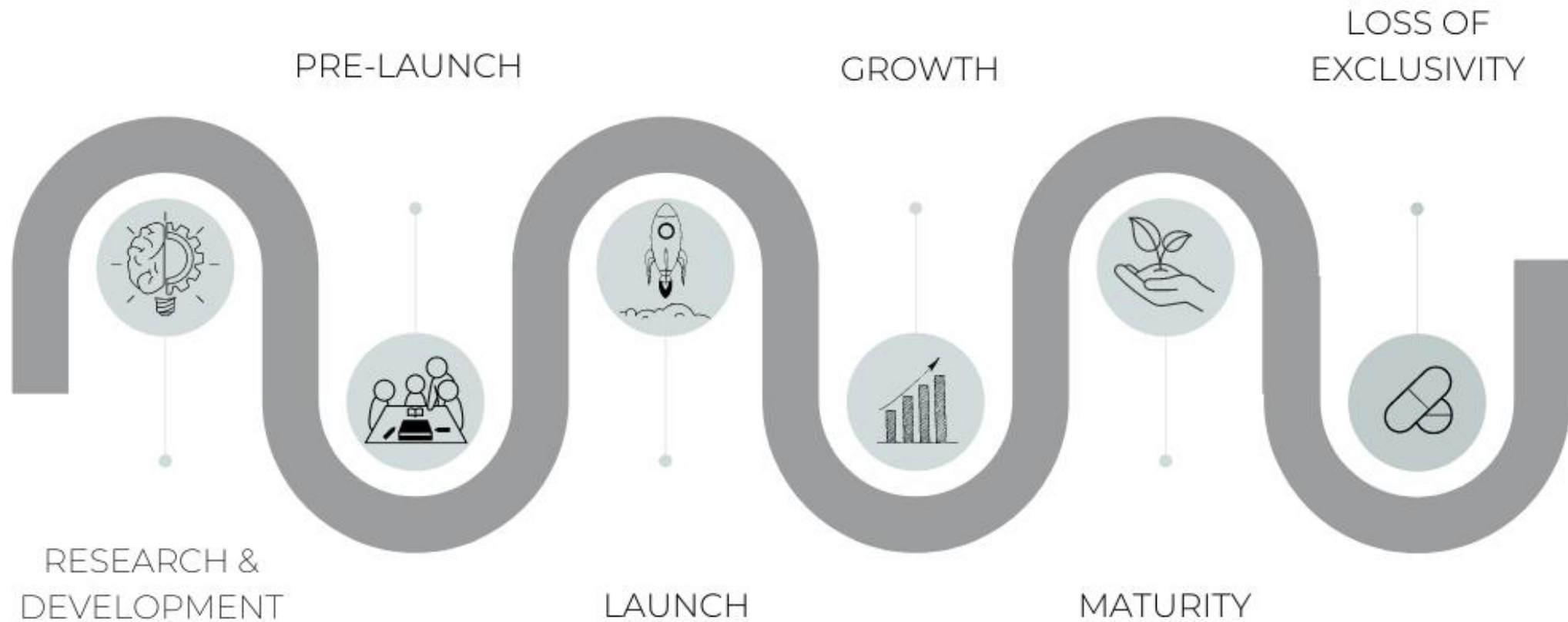
**WEBER**  
**Integration in Vivactis**  
**Group**  
**International**  
**consolidation**





# 1. VALUE PROPOSITION

## VALUE CHAIN



WHEN **CREATIVITY** MEETS **SCIENCE**

# 1. VALUE PROPOSITION

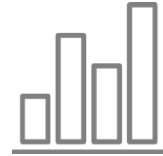
## CAPABILITIES

### DEVELOPMENT



#### CLINICAL TRIALS, CRO

Set-up and coordination of clinical studies; Phase I, IIA, IIB, III and pharmacovigilance.



#### MARKET ACCESS & REGULATORY SERVICES

Providing access to European and Global markets. Consultancy on product authorization, reimbursement, pricing and marketing.

### PRE-LAUNCH TO GROWTH



#### MEDICAL EDUCATION

Creation of scientific content, e-learning solutions, training programs and advisory boards.



#### SCIENTIFIC EVENTS & CONGRESSES

Organization of workshops and symposia for healthcare professionals.



#### VIRTUAL CONGRESSES

Creation of virtual environment in Vivactis HyperVerse. We help you market your products, host your training and e-learning in the virtual world.

WHEN **CREATIVITY** MEETS **SCIENCE**



# 1. VALUE PROPOSITION

## CAPABILITIES

### PRE-LAUNCH TO LOSS OF EXCLUSIVITY



#### **BRAND STRATEGY & DEVELOPMENT**

Market analysis and customer insights mining to devise plans that engage, persuade and drive enduring behaviour change.



#### **OMNICHANNEL MEDICAL MARKETING & COMMUNICATION**

Delivering a 360 approach to the development of your brand's digital ecosystem.



#### **PUBLIC RELATIONS & INFLUENCER MARKETING**

Strategic advice, media relations in communication campaigns & KOL management.

### LAUNCH TO GENERIC



#### **PRESS & PUBLISHING**

Creation of scientific reports, medical literature reviewing and medical edition for healthcare professionals.



#### **DIRECT TO PATIENT COMMUNICATION**

Prevention and disease awareness campaigns, patient education.

WHEN **CREATIVITY** MEETS **SCIENCE**

# 1. VALUE PROPOSITION

## SERVICES ROADMAP

### EARLY MARKET ACCESS

### LATE MARKET ACCESS

### POST AUTHORIZATION MARKETING

Pre-clinical stage



Clinical stage



Submission to Spanish  
Health authorities



Commercialization



Early-Stage MA&P Assessment

Early Access Program (EAP) Opportunity  
Assessment

Early Scientific/HTA Dialogue

P&R Roadmap

Evidence and Data Generation for HEOR

Legal Environment Definition

Patient Engagement Support

Patient Centricity Strategy Support

Patient Advisory Boards

Ethnographic

National and Regional Health Plans  
Mapping

Local MA&P Strategy

Local Adaptations of GVD and PVP

Patient Value Story and Social Impact

HEOR, RWE Studies and QoL

Cost data delivery

P&R Operational Support and Training

MA&P Organizational Strategy

Value-Added Services Design

Think Thank Engagement

Stakeholder Mapping

Regional HTA Approach

Patient Journey Optimization

Provision of Care Pathways  
Characterization

Patient Support Program (PSP) Design and  
Implementation

Managed Entry Agreement (MEA) Design  
and Implementation (Lyfegen)

Commercial dossier

Market Access Mapping

#### Legend

Market Access & Pricing   Public Affairs   Patient Engagement

**DISSEMINATION, COMMUNICATION AND TRAINING PROGRAMS**



# 1. VALUE PROPOSITION

A GLOBAL OUTREACH



**COMMITTED TO PURSUE YOUR AMBITIONS**

# 1. VALUE PROPOSITION

Weber is a group with the mission of generating integrated value



# 1. VALUE PROPOSITION

PRESIDENT OF WEBER FOUNDATION



## Álvaro Hidalgo

Director of the Economics and Health Research Group at the University of Castilla-La Mancha and President of the Weber Foundation. President of the Spanish Centre for Korean Research. He is Associate Professor of Health Economics at the United Nations University for Peace and of Pharmacoeconomics at the Instituto de Empresa. Álvaro Hidalgo has extensive experience in the world of teaching, research and consultancy, combining a teaching and research profile.

His research interests are health economics, health technology assessment, drug economics, patient-reported health outcomes, health information systems and, outside the health sector, the South Korean economy and social system and gender discrimination studies. As a senior researcher he has obtained projects funded by the European Commission, IMSERSO, the Instituto de la Mujer, the Ministry of Health and Consumer Affairs and numerous foundations of multinational pharmaceutical companies. He has written numerous books and scientific articles on the aforementioned subjects.

He is currently Professor of the Area of Fundamentals of Economic Analysis of the UCLM at the Toledo Campus, director of the Research Group in Health Economics and Health Management of the ULCM. President of the Weber Foundation. Co-director of the Master in Evaluation of Health Innovations (MEIS) of the UCLM since 2010. Visiting Professor since 2006 at the European Center for Peace and Development (ECPD) of the United Nations University of Peace. He is chief editor of the journal Newsrare, associate editor of Cost Effectiveness and Resource Allocation and member of the Editorial Board of the Global and Regional Health Technology Assessments (GRHTA) Spanish Journal. Member of the Board of Directors of the ISPOR Spain Chapter, a professional society for health economics and health outcomes research (Health Economics & Outcomes Research or HEOR).



# 1. VALUE PROPOSITION

## GENERAL MANAGER



## Alexandra Ivanova

Alexandra Ivanova is a senior consultant, expert in Health Economics and Outcomes Research. She has more than 15 years of experience in the healthcare and pharmaceutical market, performing commercial, technical and managerial functions.

Master in Health Intervention Evaluation (UCLM), Master in Business Management, Marketing and Accounting (UCM), pre-doctoral program, Bachelor in Business Administration and Management (UCM) and University Expert in Data Analysis in Social and Market Research (UCM).

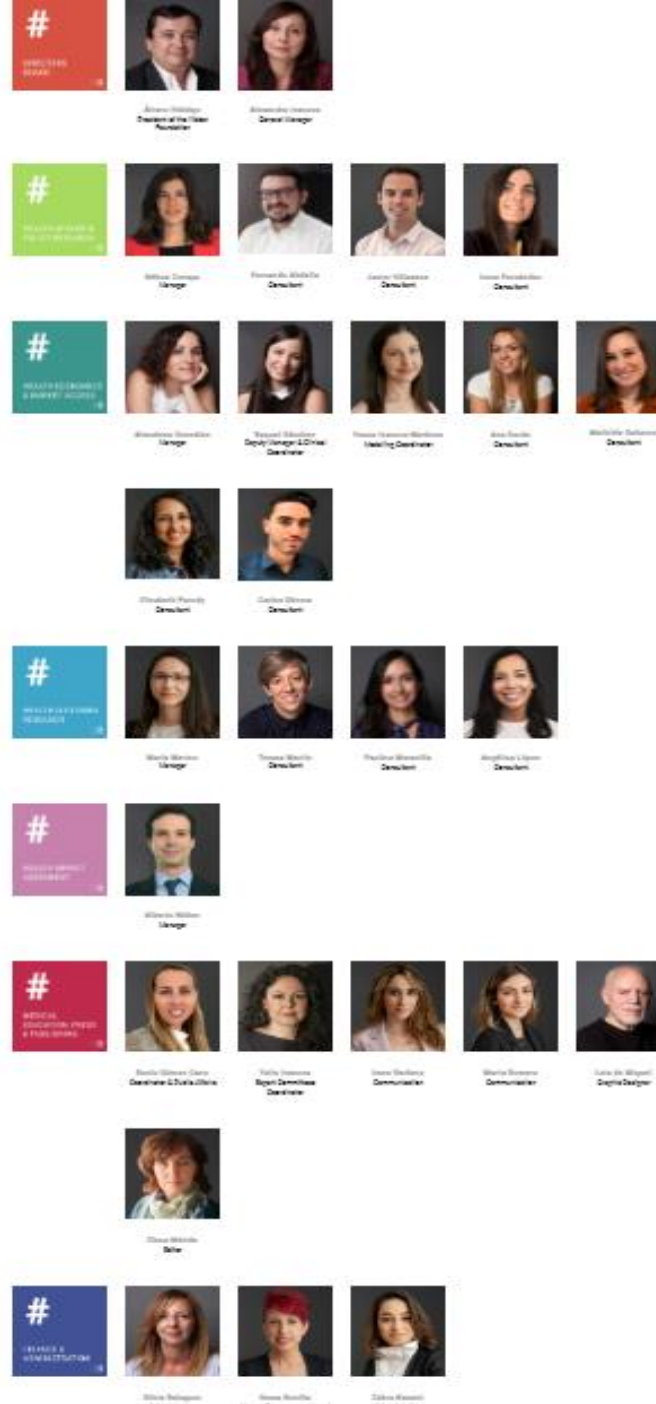
Alexandra is a partner of Weber, with 30% of the shares, in addition to her current role as General Manager. She is responsible for internal management, client relations and project management at central management level. Alexandra is General Secretary of the Weber Foundation and a member of the Board of Directors of newsRARE journal. She is a member of the Health Economics Association and co-owner of ESPACIOS AEME.

Alexandra has been a professional gymnast of the Bulgarian National Team, having competed at national and international level.

## 15 Miembros del Consejo Asesor



25 EMPLEADOS



# 1. VALUE PROPOSITION

WEBER TEAM

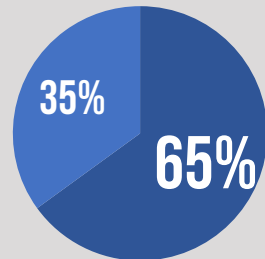


## • NATIONALITIES

■ Spanish

■ Multinational

Bulgarian, Colombian,  
Venezuelan, Mexican, French  
& Dutch



## • SENIORITY

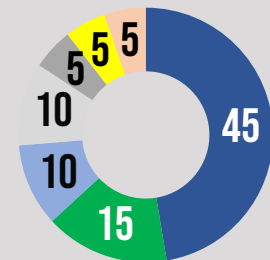
- Average seniority of the management team: 8 years
- Average seniority of staff: 3.5 years

## • AGE, GENDER AND OTHER

- Average age of staff: 38 years
- 77% female
- Sexual and gender diversity

## • PROFESSIONAL PROFILE (%)

■ Economy  
■ Biotechnology  
■ Psychology  
■ Pharmacy  
■ Statistics  
■ Sociology  
■ Other





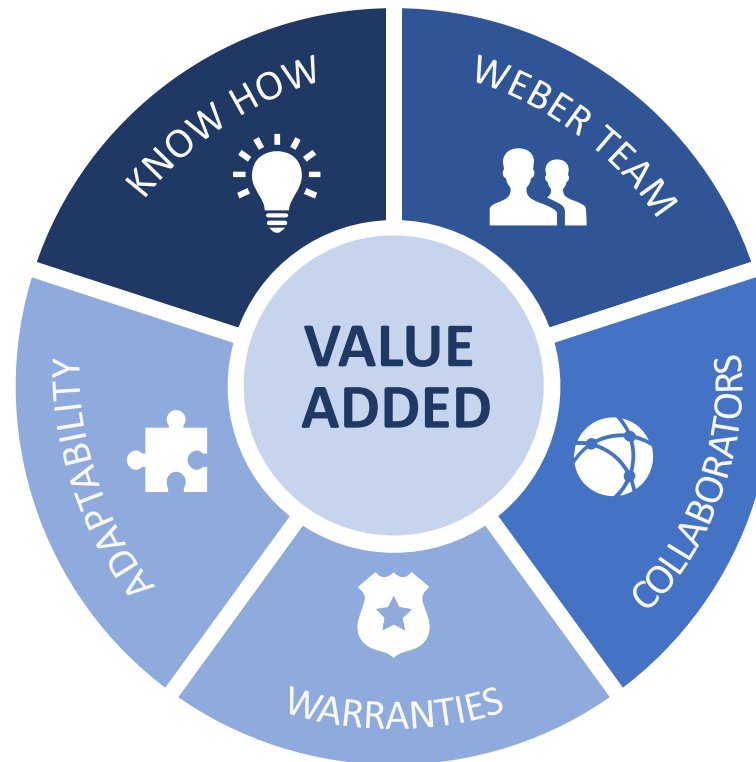
# 1. VALUE PROPOSITION

## SOLID KNOWLEDGE

Proprietary development of advanced methodologies for the economic evaluation of health technologies.

## CUSTOMER ORIENTATION

Flexibility in the service provided, in order to adapt to the customer's needs.



## PROOF OF SUCCESS

More than 15 years of experience having carried out more than 230 projects and having worked in more than 30 therapeutic areas.

## TEAM

Experts in HEOR, P&R, Market Access, Statistics and Health Economics. Self-demanding and multidisciplinary.

## PROFESSIONAL NETWORK

Scientific Societies, Health Care Professionals, Researchers, KOLs, Economists and Politicians

## 2.SERVICES PORTFOLIO



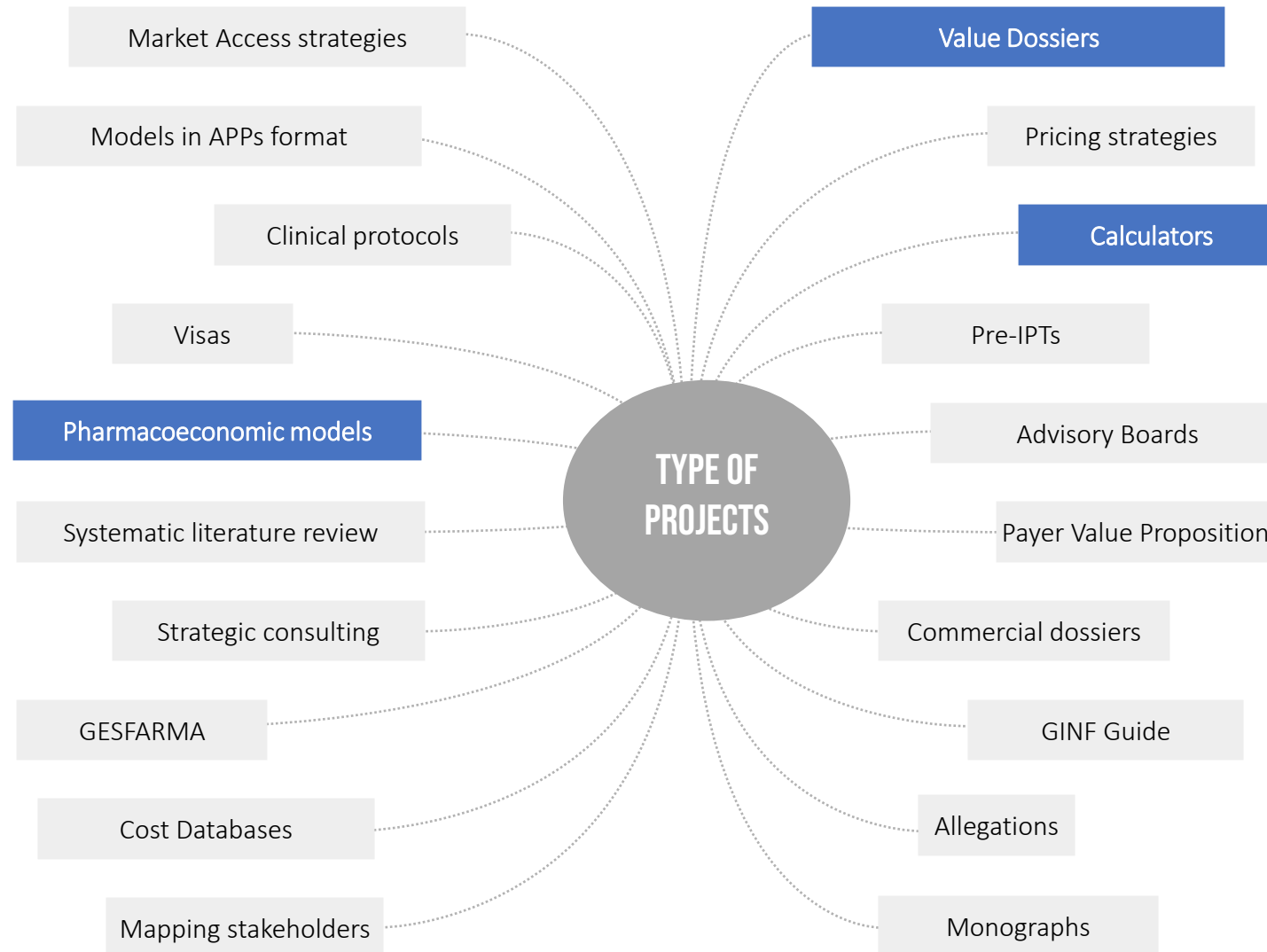
**The value of health research**

[www.weber.org.es](http://www.weber.org.es)

## 2.1 HEALTH ECONOMICS & MARKET ACCESS



HEALTH ECONOMICS  
& MARKET ACCESS





## 2. BUSINESS MODEL

HIGHLIGHTED PROJECTS: Costs calculator (APP for iPad Pro)



HEALTH ECONOMICS  
& MARKET ACCESS



VIVACTIS  
weber

### Cálculo de costes de la Diabetes Mellitus tipo II: Modelo GECOD

Tratamiento farmacológico

PORTADA

PERSPECTIVA Y POBLACIÓN

CARACTERÍSTICAS DE LOS PACIENTES

TRATAMIENTO

USO DE RECURSOS

COMPLICACIONES

RESULTADOS

REFERENCIAS

Insulinas	+		RESET
Biguanidas	+		
Tiazolidinedionas	+		Referencia (porcentaje de uso) --> <div>Mostrar</div>
Sulfonilureas	+		
Inhibidor dipeptidil peptidasa-4	+		Referencia (DDD) --> <div>Mostrar</div>
Meglitinidas	+		
Inhibidor de la $\alpha$ -Glucosidasa	+		Referencia (PVL) --> <div>Mostrar</div>
Agonista del péptido similar a glucagon tipo 1 (GLP-1)	+		
Inhibidor del cotransportador SGLT2	+		Referencia (dto. RDL 8/2010) --> <div>Mostrar</div>
Combinaciones de antidiabéticos orales	+		

# 2.1 HEALTH ECONOMICS & MARKET ACCESS

## HIGHLIGHTED PROJECTS: Costs calculator (APP for iPad Pro)



HEALTH ECONOMICS  
& MARKET ACCESS



Insulinas -

(f) Indique el porcentaje de uso, la dosis media administrada, el PVL por unidad, el descuento según el Real Decreto Ley 8/2010, si tiene cicero y visado.

RESET

Insulina acción rápida	Porcentaje de uso		DDD		Unidad	PVL/ unidad		Descuento RDL 8/2010		Cícero	Visado	Coste anual paciente
	Valor por defecto	Valor modificable	Valor por defecto	Valor modificable		Valor por defecto	Valor modificable	Valor por defecto	Valor modificable			
Insulina humana regular	0,4%	0,4%	40	40	U	0,010 €	0,010 €	0,0%	0,0%	Sí	No	0,73 €
Insulina lispro	1,7%	1,7%	40	40	U	0,014 €	0,014 €	15,0%	15,0%	Sí	No	4,06 €
Insulina aspart	3,4%	3,4%	40	40	U	0,018 €	0,018 €	7,5%	7,5%	Sí	No	11,98 €
Insulina glulisina	1,0%	1,0%	40	40	U	0,020 €	0,020 €	7,5%	7,5%	Sí	No	3,83 €

Referencia (porcentaje de uso) -- >

Insulina acción intermedia	Porcentaje de uso		DDD		Unidad	PVL/ unidad		Descuento RDL 8/2010		Cícero	Visado	Coste anual paciente
	Valor por defecto	Valor modificable	Valor por defecto	Valor modificable		Valor por defecto	Valor modificable	Valor por defecto	Valor modificable			
Insulina NPH	1,7%	1,7%	40	40	U	0,010 €	0,010 €	0,0%	0,0%	Sí	No	3,29 €

Referencia (DDD) -- >

Insulina acción prolongada	Porcentaje de uso		DDD		Unidad	PVL/ unidad		Descuento RDL 8/2010		Cícero	Visado	Coste anual paciente
	Valor por defecto	Valor modificable	Valor por defecto	Valor modificable		Valor por defecto	Valor modificable	Valor por defecto	Valor modificable			
Insulina glargina	18,4%	18,4%	40	40	U	0,025 €	0,025 €	0,0%	0,0%	Sí	No	92,75 €
Insulina detemir	4,9%	4,9%	40	40	U	0,034 €	0,034 €	7,5%	7,5%	Sí	No	31,16 €
Insulina deglutec	0,9%	0,9%	40	40	U	0,047 €	0,047 €	7,5%	7,5%	Sí	Sí	7,59 €

Referencia (PVL) -- >

Referencia (dto. RDL 8/2010) -- >

Insulina (asociaciones)	Porcentaje de uso		DDD		Unidad	PVL/ unidad		Descuento RDL 8/2010		Cícero	Visado	Coste anual paciente
	Valor por defecto	Valor modificable	Valor por defecto	Valor modificable		Valor por defecto	Valor modificable	Valor por defecto	Valor modificable			
Insulina aspart protamina / insulina aspart	3,7%	3,7%	40	40	U	0,021 €	0,021 €	7,5%	7,5%	Sí	No	14,77 €
Insulina / insulina NPH	0,8%	0,8%	40	40	U	0,010 €	0,010 €	0,0%	0,0%	Sí	No	1,50 €
Insulina lispro/ insulina lispro protamina	2,1%	2,1%	40	40	U	0,021 €	0,021 €	7,5%	7,5%	Sí	No	8,33 €

## 2.1 HEALTH ECONOMICS & MARKET ACCESS

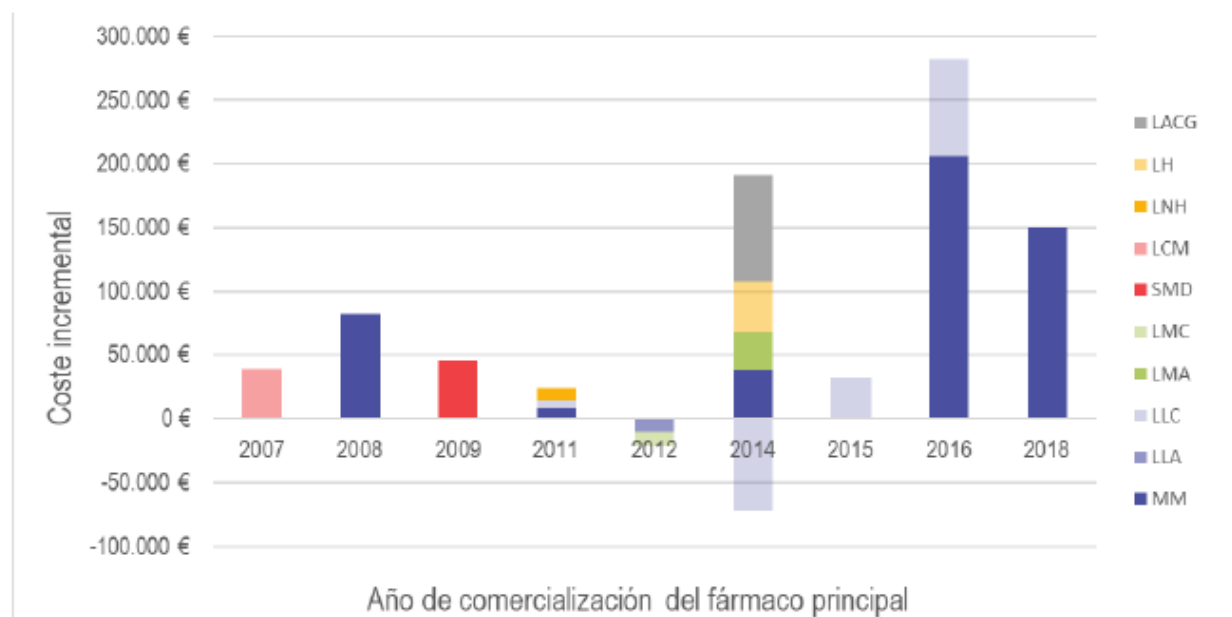
### HIGHLIGHTED PROJECTS: Strategic Market Access report



HEALTH ECONOMICS  
& MARKET ACCESS



»»»Figura 15. Comparativa del coste incremental por indicación y año de comercialización.



Abreviaturas: LACG: Linfoma Anaplásico de Células Grandes; LCM: Linfoma de Células del Manto; LH: Linfoma de Hodgkin y LNH: Linfoma No Hodgkin; LMA: Leucemia Mieloide Aguda; LMC: Leucemia Mieloide Crónica; LLA: Leucemia Linfocítica Aguda; LLC: Leucemia Linfocítica Crónica; MM: Mieloma Múltiple; SMD: Síndrome Mielodisplásico.

Fuente: elaboración propia basada en GENESIS <sup>(7)</sup>.

### Medicamentos Oncohematológicos evaluados por GENESIS (2007 – 2018)

#### [ Autores ]

Inés Pérez-Román  
Yoana Ivanova  
Raquel Sánchez-SanCristobal  
Almudena González-Domínguez  
Carlos Pardo  
José Luis Sánchez-Chorro  
Álvaro Hidalgo-Vega



## 2.1 HEALTH ECONOMICS & MARKET ACCESS

### HIGHLIGHTED PROJECTS: Strategic Market Access report at International level



HEALTH ECONOMICS  
& MARKET ACCESS

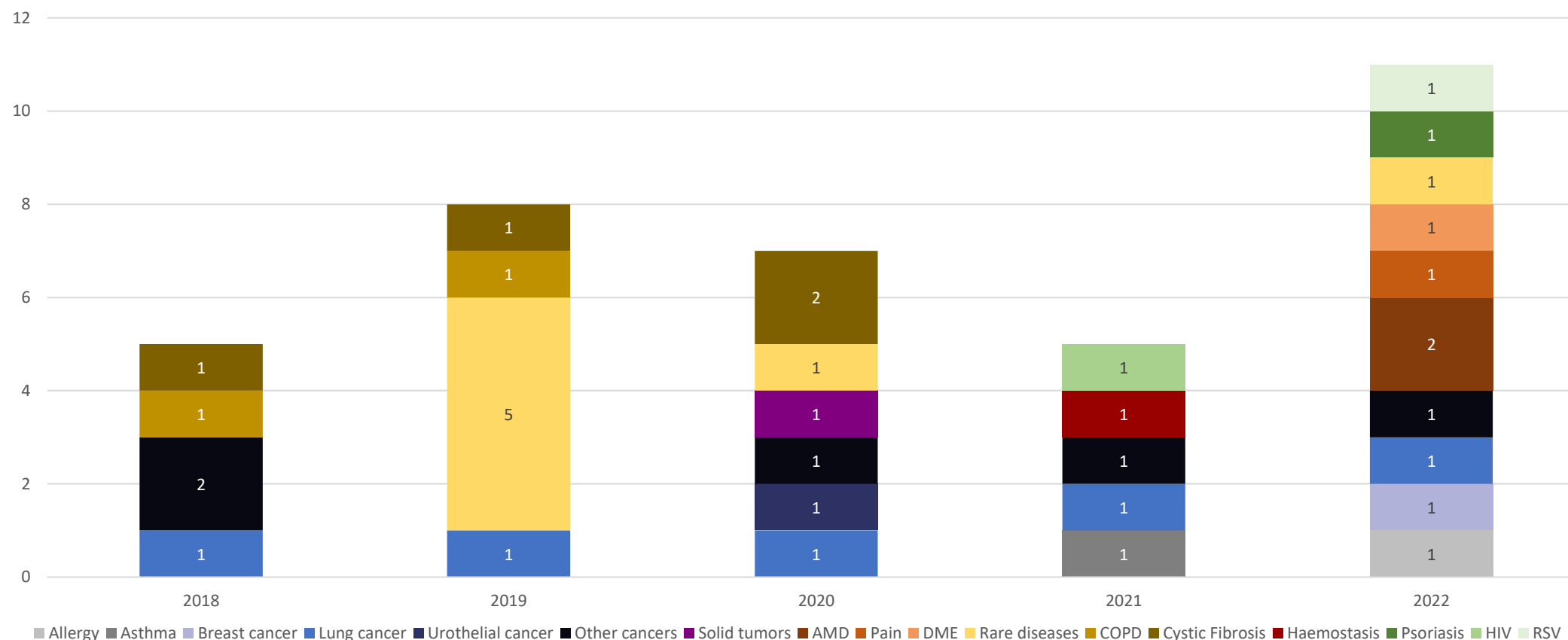


### Resumen de las decisiones

PAÍS	COMPARADOR	EVALUACIÓN ECONÓMICA	IMPACTO PRESUPUESTARIO	RECOMENDACIÓN	SEMÁFORO
Alemania	Varios	n.d.	Previsión: 13,1 – 127,8 M	El beneficio adicional sobre sus comparadores no está probado.	
Australia	Bosentan	Ahorro neto de costes	Nulo para el sistema	Incluir en lista de reembolso.	
Canadá	Bosentan	-33,3\$ por paciente	n.d.	Incluir en lista de reembolso si reduce precio.	
Escocia	Bosentan	Opción más costosa	2.000 £ (año 1)	Aceptado para uso restringido	
Francia	<p>Coste farmacológico por paciente y día</p> <p>Se desconocen los precios en Francia al no estar publicados</p>			Opinión favorable de reembolso en el hospital	
Gales				Recomendado para la prescripción por un especialista (descuento confidencial).	
Inglaterra				Incluir en lista de reembolso, bajo un descuento.	
Suecia				Reembolso en pacientes que no logran un efecto adecuado con sildenafil o tadalafilo.	

## 2.1 HEALTH ECONOMICS & MARKET ACCESS

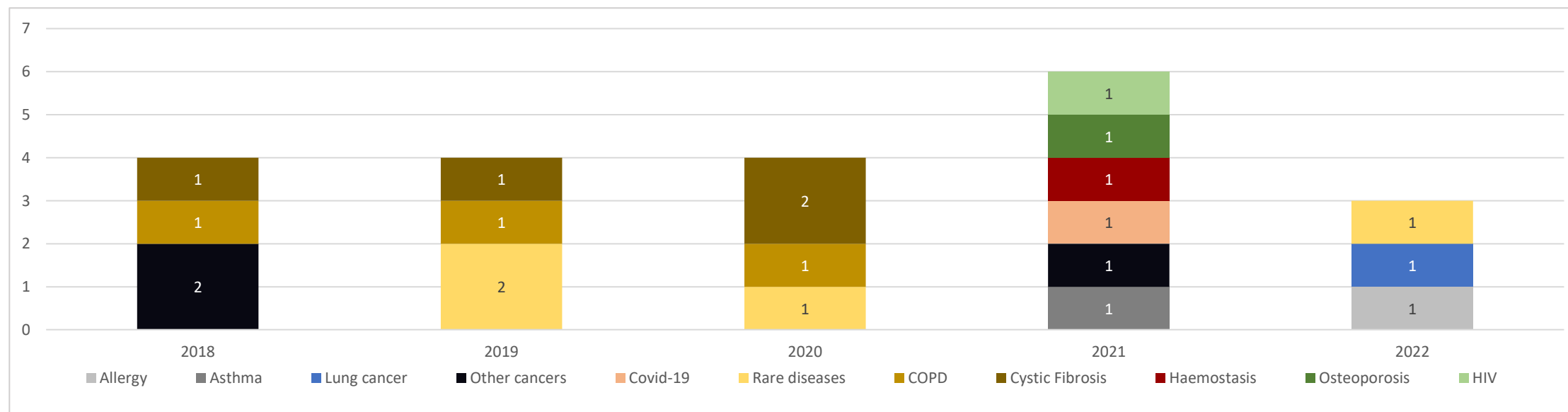
### VALUE DOSSIERS BY THERAPEUTIC AREA



AMD: Age-related macular degeneration; COPD: chronic obstructive lung disease; DME: diabetic macular edema; RSV: respiratory syncytial virus; HIV: human immunodeficiency virus

## 2.1 HEALTH ECONOMICS & MARKET ACCESS

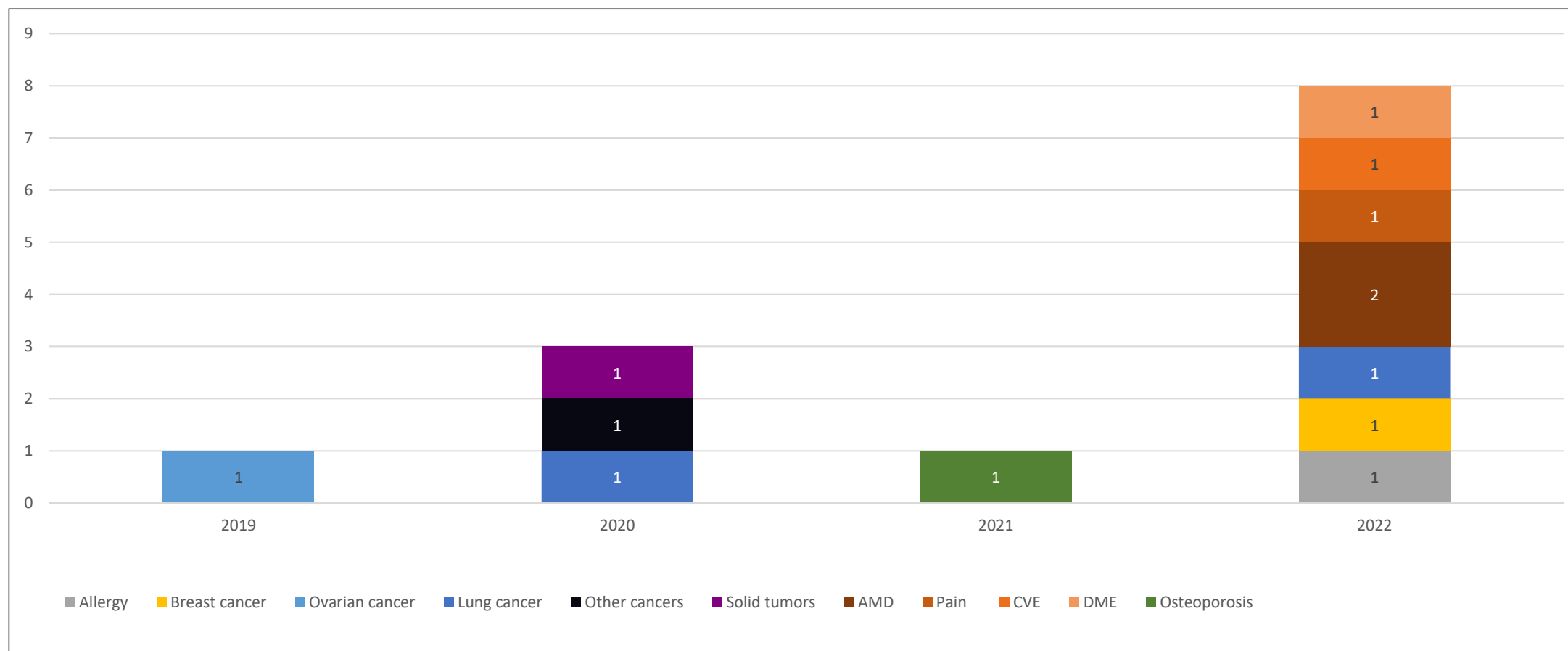
### BUDGET IMPACT MODELS BY THERAPEUTIC AREA



COPD: chronic obstructive lung disease; HIV: human immunodeficiency virus

## 2.1 HEALTH ECONOMICS & MARKET ACCESS

### COST-EFFECTIVENESS/UTILITY MODELS BY THERAPEUTIC AREA



AMD: Age-related macular degeneration; CVE: cardiovascular secondary events; DME: diabetic macular edema



## 2.1 HEALTH ECONOMICS & MARKET ACCESS



HEALTH ECONOMICS  
& MARKET ACCESS



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Vaccine 39 (2021) 7646–7654



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Gynecologic Oncology xxx (xxxx) xxx



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journal homepage: [www.elsevier.com/locate/gygyno](http://www.elsevier.com/locate/gygyno)



Adv Ther

<https://doi.org/10.1007/s12325-021-01804-9>

ORIGINAL RESEARCH

### Impact of Remdesivir on the Treatment of COVID-19 During the First Wave in Spain

Alejandro Soriano · Rocío Montejano · José Sanz-Moreno ·  
Juan Carlos Figueira · Santiago Grau · Robert Güerri-Fernández ·  
Antonio Castro-Gómez · Inés Pérez-Román · Álvaro Hidalgo-Vega ·  
Almudena González-Domínguez

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#### ABSTRACT

**Introduction:** Spain was one of the most affected countries during the first wave of COVID-19, having the highest mortality rate in Europe. The aim of this retrospective study is to estimate the impact that remdesivir—the first drug for COVID-19 approved in the EU—would have had in the first wave.

**Methods:** This study simulated the impact that remdesivir could have had on the Spanish

National Health System (SNHS) capacity (bed occupancy) and the number of deaths that could have been prevented, based on two scenarios: a real-life scenario (without remdesivir) and an alternative scenario (with remdesivir). It considered the clinical results of the ACTT-1 trial in hospitalized patients with COVID-19 and pneumonia who required supplemental oxygen. The occupancy rates in general wards and ICUs were estimated in both scenarios.

**Results:** Remdesivir use could have prevented the admission of 2587 patients (43.75%) in the ICUs. It could have also increased the SNHS capacity in 5656 general wards beds and 1700

**Supplementary Information** The online version contains supplementary material available at <https://doi.org/10.1007/s12325-021-01804-9>.

### Cost of illness of invasive meningococcal disease caused by serogroup B *Neisseria meningitidis* in Spain

Yoana Ivanova-Markova<sup>a</sup>, Almudena González-Domínguez<sup>a</sup>, Alvaro Hidalgo<sup>a</sup>, Raquel Sánchez<sup>a</sup>, Nuria García-Agua<sup>b</sup>, Antonio J. García-Ruiz<sup>b</sup>, Laura Amanda Vallejo-Aparicio<sup>c,\*</sup>, Andrea García<sup>c</sup>, Rubén Rodríguez<sup>c</sup>, Eduardo de Gómsoro<sup>c</sup>, María del Carmen Gonzalez-Inchausti<sup>c</sup>, Jing Shen<sup>d</sup>, Najida Begum<sup>e</sup>, Mónica Tafalla<sup>d</sup>

<sup>a</sup>Weber, Madrid, Spain

<sup>b</sup>Málaga University, Málaga, Spain

<sup>c</sup>CSK, Madrid, Spain

<sup>d</sup>CSK, Wavre, Belgium

<sup>e</sup>Aspida, Surrey, UK

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*Neisseria meningitidis*

MenB

Spain

Economic burden

Sequelae

#### ABSTRACT

**Introduction:** Invasive meningococcal disease (IMD) is a severe infectious disease, mainly at children under 5 years, associated with long-term physical, neurological and psychological Spain, most IMD cases are caused by meningococcal serogroup B (MenB). This study estimates the economic burden from a societal perspective in Spain.

**Methods:** A previously published bottom-up, model-based incidence costing approach by (2019) to estimate the economic burden of MenB in Germany was adapted to the Spanish Diagnosis and age-related costs for a hypothetical Spanish cohort were calculated over a lifetime. Official Spanish databases, literature and expert opinion were used as data sources. The updated to 2019 prices, and a 3% discount rate was applied. Direct costs related to the acute long-term sequelae, rehabilitation and public health response were considered. Indirect costs of productivity losses and premature mortality were calculated using the human-capital (HCA) and friction-cost approach (FCA). Deterministic and probabilistic sensitivity analysis performed.

### Olaparib as first line in BRCA-mutated advanced ovarian carcinoma: Is it cost-effective in Spain?

Carlota Moya-Alarcón<sup>a,\*</sup>, Almudena González-Domínguez<sup>b</sup>, Yoana Ivanova-Markova<sup>b</sup>, Vicente Gimeno-Ballester<sup>c</sup>, Maria-Pilar Barretina-Ginesta<sup>d</sup>, José Alejandro Pérez-Fidalgo<sup>e</sup>, Andrés Redondo<sup>c</sup>

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<sup>b</sup>Weber, Calle Moreto, 17, 28014 Madrid, Spain

<sup>c</sup>Hospital Clínico Universitario Lozano Blesa, Calle San Juan Bosco, 15, 50009 Zaragoza, Spain

<sup>d</sup>Catalan Institute of Oncology, Dr. J. Trias University Hospital, ICGG, Av. França s/n 17007, Girona, Spain

<sup>e</sup>University Hospital Clinic of Valencia, Av. de Blasco Ibáñez, 17, 46010, Valencia, Spain

<sup>f</sup>Department of Medical Oncology, La Paz University Hospital-MIPAZ, Paseo de la Castellana, 261, 28046 Madrid, Spain

#### HIGHLIGHTS

- Our results suggest that olaparib could delay disease progression and improve OS by 2 years vs. no maintenance treatment.
- Treatment with olaparib resulted in a gain of 2.00 QALYs vs. no maintenance treatment, at an ICER of €14,653.2/QALY.
- First-line maintenance with olaparib is cost-effective in advanced HGSOC patients with BRCA mutations in Spain.

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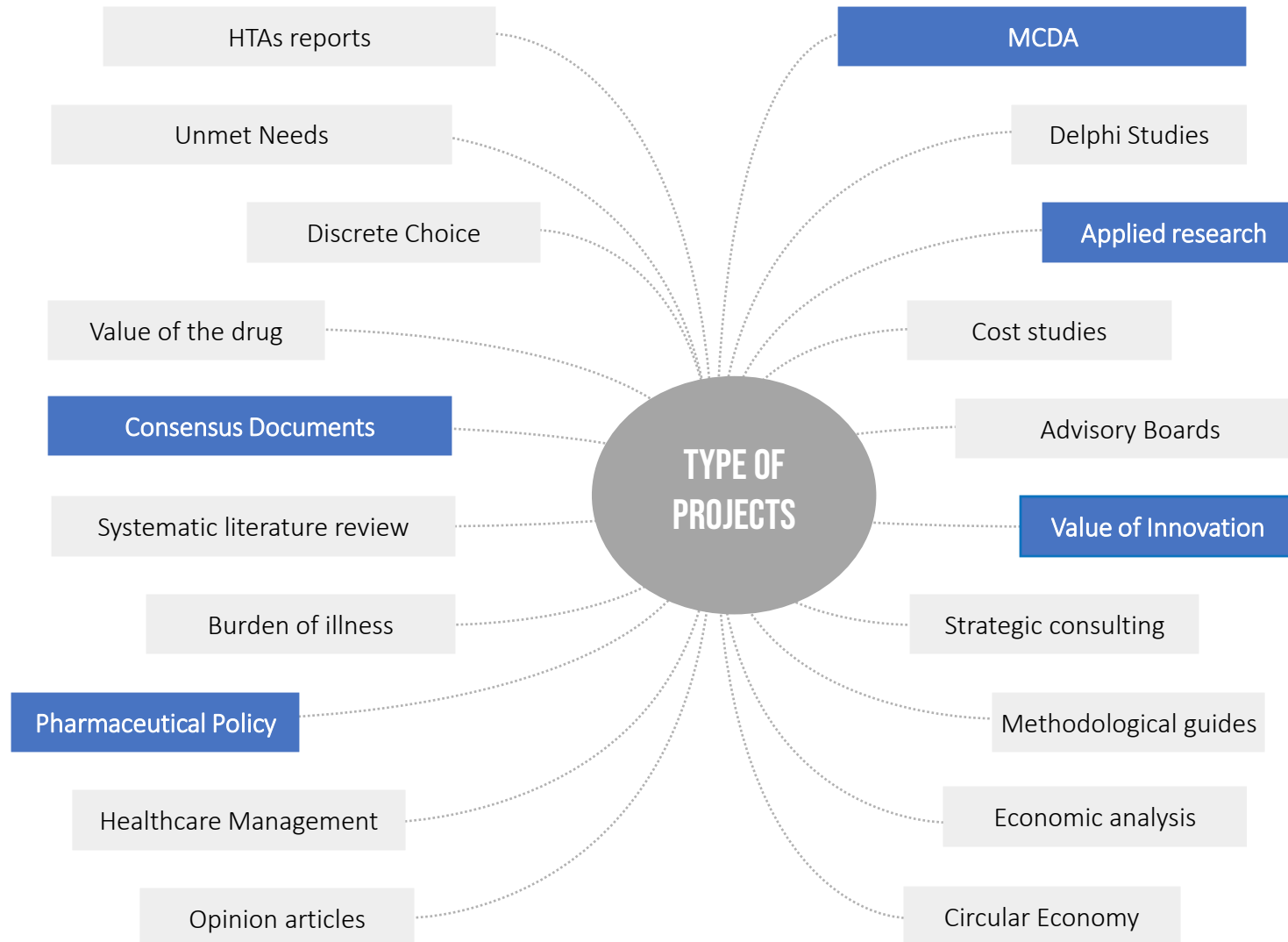
<sup>\*</sup>Corresponding author.

#### ABSTRACT

**Objective.** To estimate the cost-effectiveness of olaparib after being funded by the Spanish National Health Service (SNHS) as first-line monotherapy maintenance treatment in patients with advanced high-grade serous ovarian carcinoma (HGSOC) and BRCA mutations in Spain.

**Methods.** A semi-Markov model with one-month cycles was adapted to the Spanish healthcare setting, using the perspective of the SNHS, and a time horizon of 50 years. Two scenarios were compared: receiving olaparib no maintenance treatment. The model comprised four health states and included the clinical results of the SC

## 2.2 HEALTH AFFAIRS & POLICY RESEARCH



## 2.2 HEALTH AFFAIRS & POLICY RESEARCH

### HIGHLIGHTED PROJECTS: Think-tank

#

HEALTH AFFAIRS &  
POLICY RESEARCHVIVACTIS  
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#### THINK-TANK SOBRE TERAPIAS AVANZADAS

Reflexión Estratégica para el manejo  
e implementación de las nuevas  
Terapias Avanzadas en España

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#### REFLEXIÓN ESTRATÉGICA SOBRE FINANCIACIÓN Y ACCESO A LAS TERAPIAS DIRIGIDAS A ENFERMEDADES RARAS EN ESPAÑA

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weber GILEAD

16 PROYECTO FINEER

NEE



#### ANÁLISIS ESTRATÉGICO PARA LA IMPLEMENTACIÓN DE LAS TERAPIAS AVANZADAS EN ESPAÑA

Fundación  
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## 2.2 HEALTH AFFAIRS & POLICY RESEARCH

HIGHLIGHTED PROJECTS: Rare Diseases and orphan drugs



HEALTH AFFAIRS &  
POLICY RESEARCH



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### GUÍA METODOLÓGICA DE EVALUACIÓN ECONÓMICA APLICADA A MEDICAMENTOS HUÉRFANOS

Recomendaciones del grupo de expertos RADEEV



Madrid, abril de 2016

CRITERIOS DE FINANCIACIÓN  
Y REEMBOLSO DE LOS  
MEDICAMENTOS HUÉRFANOS





## 2.2 HEALTH AFFAIRS & POLICY RESEARCH

HIGHLIGHTED PROJECTS: social value of the drug



HEALTH AFFAIRS &  
POLICY RESEARCH



### EL VALOR DEL MEDICAMENTO DESDE UNA PERSPECTIVA SOCIAL

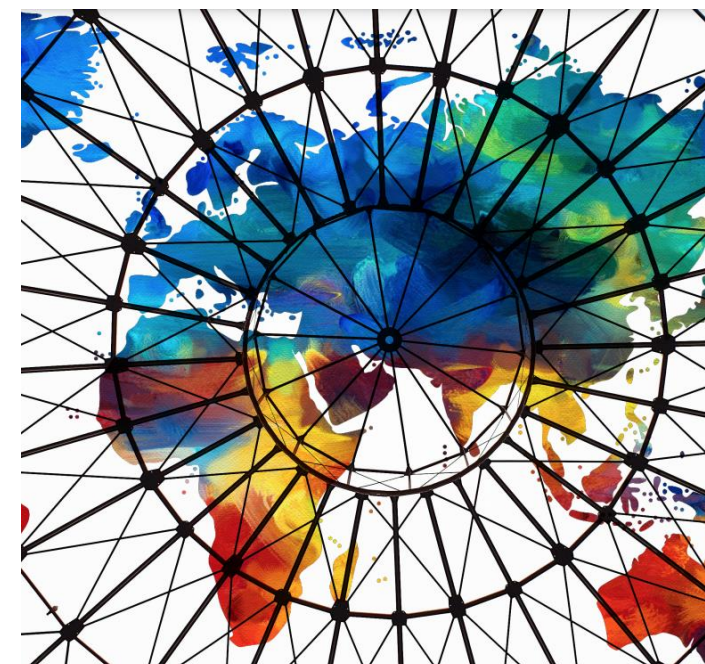
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### EL VALOR DEL MEDICAMENTO DESDE UNA PERSPECTIVA SOCIAL EN ARGENTINA Y EN PAÍSES DE SU ENTORNO

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RECIBO



### EL PROCESO DE EVALUACIÓN Y FINANCIACIÓN DE LOS MEDICAMENTOS EN ESPAÑA:

¿DÓNDE ESTAMOS Y HACIA DÓNDE VAMOS?

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ES-ABBV-220619 Jan 2022



## 2.2 HEALTH AFFAIRS & POLICY RESEARCH

### HIGHLIGHTED PROJECTS: MCDA



HEALTH AFFAIRS &  
POLICY RESEARCH



### Multi-Criteria Decision Analysis in Healthcare

Its usefulness and limitations for  
decision making

weber.



BioDrugs  
<https://doi.org/10.1007/s40259-018-0284-3>

ORIGINAL RESEARCH ARTICLE

### Determining the Value of Two Biologic Drugs for Chronic Inflammatory Skin Diseases: Results of a Multi-Criteria Decision Analysis

Néboa Zozi  
Concepción  
Marta Traj

HUMAN VACCINES & IMMUNOTHERAPEUTICS  
<https://doi.org/10.1080/21645515.2020.1732164>

RESEARCH PAPER

### Pathway towards an ideal and sustainable framework agreement for the public procurement of vaccines in Spain: a multi-criteria decision analysis

N. Zozaya González<sup>a,b</sup>, B. Alcalá Revilla<sup>a</sup>, P. Arrazola Martínez<sup>c</sup>, J. R. Chávarri Bravo<sup>d</sup>, I. Cuesta Esteve<sup>e</sup>, A. García Rojas<sup>f</sup>, F. Martín-Torres<sup>g,h</sup>, E. Redondo Margüello<sup>i</sup>, A. Rivero Cuadrado<sup>j</sup>, S. Tamames Gómez<sup>k</sup>, J. Villaseca Carmona<sup>l</sup>, and A. Hidalgo-Vega<sup>m,n</sup>

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**Abstract**  
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Néboa Zozi  
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**ABSTRACT**  
**Objective:** To advance the development of an ideal and sustainable framework agreement for the public procurement of vaccines in Spain, and to agree on the desirable award criteria and their weights.  
**Methods:** A multidisciplinary committee of seven health-care professionals and a partial multi-criteria decision analysis to determine the award criteria that should be their specific weights for the public procurement of routine vaccines and seasonal influenza vaccines considering their legal viability. A re-test of the results was carried out. The current analysis through 118 tender specifications and compared to the ideal framework.  
**Results:** Price is the prevailing award criterion for the public procurement of both routine and seasonal influenza vaccines (60% versus 40% for all other criteria) and influenza (36% versus 64%) vaccines. Ideally, be considered for routine vaccines, grouped and weighted into five domains: efficacy (29%), economic aspects (27%), vaccine characteristics (22%), presentation form and others (9%). Per criteria set, price was the most important criterion (22%), followed by efficacy (19%), and composition/formulation (7%). Regarding influenza vaccines, 20 criteria were considered, grouped and weighted: efficacy (29%), economic aspects (25%), vaccine characteristics (16%), and others (11%). Per criteria set, price was also the most important criterion (19%), followed by composition/formulation (8%), and effectiveness (8%).  
**Conclusions:** Contrary to the current approach, technical award criteria should prevail in an ideal and sustainable framework agreement for the public procurement of vaccines.

**ARTICLE HISTORY**  
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HEALTH AFFAIRS &  
POLICY RESEARCH

# 2.2 HEALTH AFFAIRS & POLICY RESEARCH

## HIGHLIGHTED PROJECTS: MCDA

EXPERT REVIEW OF PHARMACOECONOMICS & OUTCOMES RESEARCH  
2022, VOL. 22, NO. 6, 941-951  
<https://doi.org/10.1080/14737167.2022.2063842>



### ORIGINAL RESEARCH

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Assessing the value contribution of bimekizumab for the treatment of moderate-to-severe psoriasis using a multidisciplinary reflective multi-criteria decision analysis

Néboa Zozaya <sup>a,b</sup>, Fernando Abdalla<sup>a</sup>, Santiago Alfonso Zamora<sup>a</sup>, Jesús Balea Filgueiras<sup>a</sup>, José Manuel Carrascosa Carrillo <sup>a</sup>, Olga Delgado Sánchez<sup>a</sup>, Francisco Dolz Sinisterra<sup>a</sup>, Antonio García-Ruiz <sup>a</sup>, Pedro Herranz Pinto<sup>a</sup>, Antonio Manfredi<sup>a</sup>, José Martínez Olmos<sup>a</sup>, Paloma Morales de Los Ríos Luna<sup>a</sup>, Lluís Puig <sup>a</sup>, Sandra Ros<sup>a</sup> and Álvaro Hidalgo-Vega <sup>a,b</sup>

<sup>a</sup>Department of Health Economics, Weber, Madrid, Spain; <sup>b</sup>Department of Quantitative Methods in Economics and Management, University Las Palmas de Gran Canaria, Las Palmas, Spain; <sup>c</sup>Department of Management, Psoriasis and Psoriatic Arthritis Patient and Family Association (Acción Psoriasis), Barcelona, Spain; <sup>d</sup>Department of Pharmacy, Ferrol University Hospital Complex, La Coruña, Spain; <sup>e</sup>Department of Dermatology, Germans Trias i Pujol University Hospital, Badalona, Spain; <sup>f</sup>Department of Management, Spanish Society of Hospital Pharmacy (SEFH), Department of Pharmacy, Son Espases University Hospital, Illes Balears, Spain; <sup>g</sup>Department of Management, Doctor Peset University Hospital, Valencia, Spain; <sup>h</sup>Health Economics and Rational Use of Medicines, Department of Pharmacology and Clinical Therapeutics, Biomedical Research Institute of Málaga (IBIMA), University of Málaga, Málaga, Spain; <sup>i</sup>Department of Dermatology, La Paz University Hospital, Madrid, Spain; <sup>j</sup>Andalusian Public Health School (EASP), Granada, Spain; <sup>k</sup>Department of Nursing, Gregorio Marañón University Hospital, Madrid, Spain; <sup>l</sup>Department of Dermatology, Hospital de la Santa Creu i Sant Pau, Universitat Autònoma de Barcelona, Barcelona, Spain; <sup>m</sup>Department of Dermatology, Rheumatology and Cardiac Transplantation, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain; <sup>n</sup>Weber Foundation, Madrid, Spain; <sup>o</sup>Department of Economic Analysis and Finances, University of Castilla-La Mancha, Toledo, Spain

**ABSTRACT**  
**Background:** Multi-criteria decision analysis (MCDA) was proposed to surmount arbitrary clinical decisions in the field of biological therapies for psoriatic patients. At the same time, MCDA may further highlight the potential of bimekizumab for the treatment of moderate-to-severe psoriasis, compared to placebo, adalimumab, ustekinumab, secukinumab, and even ixekizumab and risankizumab.  
**Research design and methods:** The EVIDEM framework was adapted to reflect relevant criteria for the assessment. Estimated values were obtained by means of an additive linear model combining weights and scores assigned by a multidisciplinary committee of 12 experts. Consistency and replicability were evaluated through an alternative weighting method and a re-test.  
**Results:** Bimekizumab was assessed by the committee as an intervention with a positive value contribution for the treatment of moderate-to-severe psoriasis in comparison to any of the alternatives. The drug provides a substantial therapeutic benefits and improves the health results reported by the patients, as it combines a higher level of clearance, rapidity, and persistence with a similar safety and tolerability profile.  
**Conclusions:** Under a methodology with increasing use in the health field, bimekizumab was evaluated as a drug with a high added value for the treatment of moderate-to-severe psoriasis when compared to six different alternatives.

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Psoriasis; moderate-to-severe; biologics; multi-criteria decision analysis; MCDA; bimekizumab

### 1. Introduction

The popularity of biological treatments for moderate-to-severe plaque psoriasis has increased over the last decades, resultant of their associated clinical benefits and safety profile. However, given the bounded resources available in healthcare budgets, allocation decisions play a critical role in determining the most appropriate alternatives to be employed. Cost-effectiveness analyses are progressively developing into the most prominent tools used in funding decisions, in general and also in dermatology [1].

Notwithstanding, this methodology has been criticized for many reasons, such as the inadequacy on capturing the social value and an implicit judgment of other aspects outside the range of efficacy, safety, and cost, generating heterogeneity in

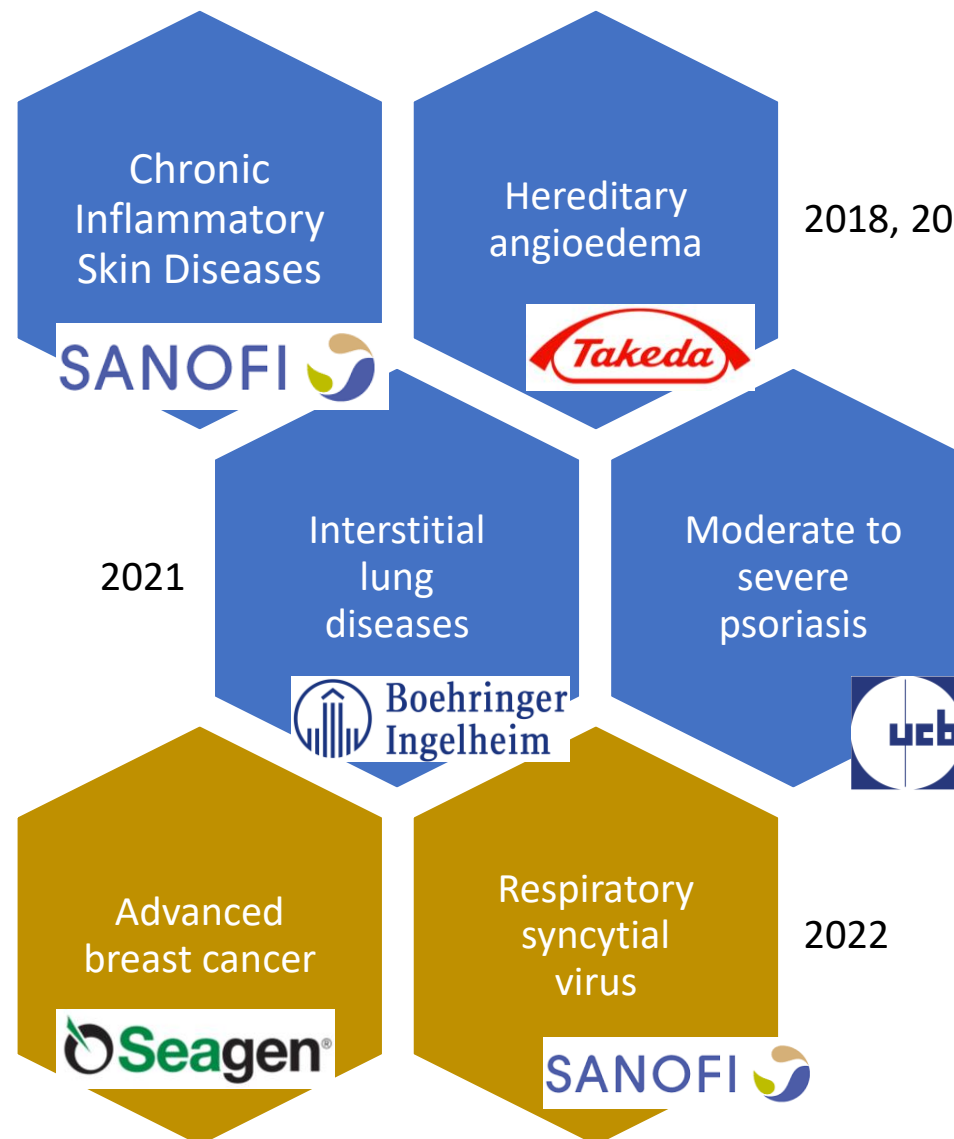
coverage decisions across settings for the same treatment or indication. Although those could be explained by different budget constraints and priorities, an increased comprehension of the rationale used in the decision-making process could enhance the validity and acceptability of such determinations [2].

The multi-criteria decision analysis (MCDA) framework, which is being used to an increased extent in healthcare decision making, yields ways of solving those hurdles, as it consists of a structured, multi-dimensional, transparent, and systematic approach, incorporating a vast set of criteria and their individual value contribution to the decision or allocation problem. As a result, it can be particularly useful as a complement to the standard economic evaluations in the assessment of drugs [3].

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Supplemental data for this article can be accessed here

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**Key words:**  
Interstitial lung diseases; Systemic sclerosis; Pulmonary fibrosis; Multi-criteria decision analysis

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We would like to thank Alfonso Sánchez Llorca and Jorge Cuadrelli (in memoriam) for their valuable contributions to this project, by participating as patient's representatives in the advisory committee.

## A multi-criteria decision analysis on the value of nintedanib for interstitial lung diseases

Néboa Zozaya<sup>1,2,\*</sup>, María Iciar Arrizubieta Basterrechea<sup>3</sup>, Elena Bello<sup>4</sup>, Iván Castellvi<sup>5</sup>, Jaime Espín<sup>6</sup>, Norberto Ortega<sup>7</sup>, José Luis Poveda-Andrés<sup>8</sup>, José Antonio Rodríguez Portal<sup>9,10</sup>, Agustín Rivero<sup>11</sup>, José Antonio Marcos-Rodríguez<sup>12</sup> and Luis Verde<sup>13</sup>

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### Abstract

**Objectives:** Our aim was to assess the value of nintedanib for non-idiopathic progressive fibrosing interstitial lung disease (non-IPF PF-ILD) and systemic sclerosis-associated ILD (SSc-ILD) in the Spanish context, using a multi-criteria decision analysis (MCDA).

**Methods:** Following an adaptation of the Evidence and Value: Impact on Decision Making (EVIDEM) MCDA methodology, the estimated value of nintedanib was obtained by means of an additive linear model that combined individual weights (100-points distribution) of criteria with the individual scoring of nintedanib in each criterion for every indication, assigned by a multidisciplinary committee of twelve clinicians, patients, pharmacists, and decision-makers. To assess the reproducibility, an alternative weighting method was applied, as well as a re-test of weights and scores at a different moment of time.

**Results:** The experts committee recognized nintedanib as an intervention with a positive value contribution in comparison to placebo for the treatment of non-IPF PF-ILD (0.50 ± 0.16, on a scale from -1 to 1) and SSc-ILD (0.40 ± 0.12), diseases which were considered as very severe and with high unmet needs. The drug was perceived as a treatment that provides an added therapeutic benefit for patients (0.06–0.07), given its proven clinical efficacy (0.05–0.06), slight improvements in patient-reported outcomes (0.01–0.02), and similar safety profile than placebo (–0.04–0.00), which will likely be positioned as a recommended therapy in the next clinical practice guidelines updates.

**Conclusions:** Under this increasingly used methodology, nintedanib has shown to provide a positive value estimate for non-IPF PF-ILD and SSc-ILD when compared to placebo in Spain.

Decisions on the allocation of public resources in health care are complex, given that they involve trade-offs between multiple and often conflicting objectives, such as the high demand for access to drugs, devices, and services, and the protection of the financial sustainability of the system, in an environment of increasing demographic, technological, social, and budgetary challenges.

Based on this scenario, the multi-criteria decision analysis (MCDA) is a framework that helps to inform and make the preferences inherent to decisions explicit, in a consistent and transparent way (1). Its use in the health field is relatively recent, with some examples of pilots and applications in real practice in a few countries, including Spain, with a special focus on rare diseases (2).

Interstitial lung diseases (ILDs), also referred to as diffuse parenchymal lung disease, encompass a large and diverse group of restrictive lung diseases, many of which are formally classified as rare. The major abnormality in ILD is the disruption of the distal lung parenchyma which is comprised of thin-walled alveoli through which gas exchange occurs. Current clinical understanding of ILD posits that all ILDs are activated by repetitive chronic epithelial or vascular injuries or by granulomatous inflammation, both of which activate pathological pathways in the lung tissue with varying consequences including cell destruction (3).

A proportion of patients with certain types of ILD develop a progressive fibrosing (PF) phenotype. As a result, the fibrosis becomes progressive, self-sustaining, and independent of the original clinical association or disease trigger. PF-ILD is a defining feature of idiopathic

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## 2.2 HEALTH AFFAIRS & POLICY RESEARCH

### HIGHLIGHTED PROJECTS: Innovation and pharmaceutical policy



HEALTH AFFAIRS &  
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### EVALUACIÓN, FINANCIACIÓN Y REGULACIÓN DE LOS MEDICAMENTOS INNOVADORES EN LOS PAÍSES DESARROLLADOS



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Artículo  
ORIGINAL

### Análisis crítico de los marcos oncológicos de valor a través del ejemplo del cáncer de próstata metastásico

NÉBOA ZOZAYA GONZÁLEZ<sup>1</sup>, BLERIC ALCALÁ REVILLA<sup>2</sup>, MARÍA CAÑETE VINUESA<sup>3</sup>

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<sup>2</sup>Consultora senior del Área de Economía de la Salud de Weber. <sup>3</sup>Medical Advisor Oncology de Astellas Pharma.

#### Resumen

**Objetivos:** Analizar críticamente los principales marcos de valoración de las innovaciones oncológicas a través del ejemplo de los tratamientos dirigidos al cáncer de próstata resistente a la castración metastásico, con el fin de identificar posibles áreas de mejora.  
**Métodos:** Se realizó una revisión narrativa de literatura en Pubmed, incluyendo artículos completos publicados entre 2015 y 2018 que analizaran los marcos oncológicos de medición de valor o que aplicaran estas escalas a los tratamientos para el cáncer de próstata resistente a la castración metastásico, con foco en enzalutamida y abiraterona. La búsqueda fue complementada con páginas web de organismos relevantes y fuentes de información secundaria. Se compararon los principales marcos de valor y se exploraron sus aplicaciones.

**Resultados:** Los marcos analizados difieren en su enfoque, diseño, perspectiva, metodología, características y set de criterios. En cáncer avanzado, el marco de la American Society for Clinical Oncology -ASCO- puntúa con hasta 180 puntos el beneficio sanitario neto a partir de la eficacia relativa, toxicidad y otros elementos, mientras que la European Society for Medical Oncology -ESMO- mide el valor entre uno y cinco. El National Comprehensive Cancer Network representa gráficamente el valor a través de cinco bloques de evidencia, con cinco niveles. El Memorial Sloan Kettering Cancer Center estima el precio atendiendo a ocho criterios cuya importancia relativa el usuario puede modificar. Estas discrepancias a menudo redundan en resultados dispares e inconsistentes cuando se evalúan tratamientos concretos. En el ejemplo analizado, enzalutamida prequimioterapia obtuvo 3 puntos en el marco ESMO y 45-62 en ASCO, mientras que abiraterona no fue evaluada. Postquimioterapia, abiraterona alcanzó 23-48 puntos y enzalutamida 32-71 puntos con el marco ESMO, y 4-4,63 puntos y 4-4,3 con el de ASCO, respectivamente. Algunos elementos diferenciales son la forma de medir la variable principal, la línea de tratamiento, los ensayos clínicos basales y la versión de escala empleada.

**Conclusiones:** Los actuales marcos son un buen punto de partida, pero pueden dar lugar a inconsistencias. Las comparaciones deben realizarse con cautela y para la misma línea de tratamiento. Sería deseable avanzar hacia un marco consensuado, reproducible, actualizable periódicamente y con escaso margen de discrecionalidad.

**Palabras clave:** marcos oncológicos de valor; cáncer de próstata metastásico resistente a la castración; enzalutamida; abiraterona; cabazitaxel; docetaxel; European Society for Medical Oncology; American Society for Clinical Oncology.

#### Abstract

**Objective:** To critically analyze the main value assessment frameworks in the oncology setting through the example of metastatic castration resistant prostate cancer treatments, in order to identify possible areas for improvement.

**Methods:** A narrative literature review was carried out in Pubmed, including complete articles published between 2015 and 2018 that analyzed the oncology value measurement frameworks or that applied these scales to treatments for metastatic castration resistant prostate cancer, with special focus on enzalutamide and abiraterone. The search was complemented through the web pages of relevant organizations and the analysis of secondary information sources. The main value frameworks were compared and their applications were explored.

**Results:** The analyzed frameworks differ in their approach, design, perspective, methodology, characteristics and set of criteria. In advanced cancer, the framework of the American Society for Clinical Oncology -ASCO- scores up to 180 points the net health benefit from relative efficacy, toxicity and other elements, while the European Society for Medical Oncology -ESMO- measures the value between one and five. The National Comprehensive Cancer Network graphically represents value through five blocks of evidence, with five levels. The Memorial Sloan Kettering Cancer Center estimates the price according to eight criteria whose relative importance the user can modify. These discrepancies often result in disparate and inconsistent results when evaluating specific treatments. In the analysed example, enzalutamide prechemotherapy obtained 3 points with the ESMO framework and 45-62 with ASCO, while abiraterone was not evaluated. Postchemotherapy, abiraterone reached 23-48 points and enzalutamide 32-71 points under the ESMO framework, and 4-4.63 points and 4-4.33 under the ASCO tool, respectively. Some differential elements reside in how clinical trial endpoints were measured, the line of treatment, the clinical trials selected, and the scale version used.

**Conclusions:** Current frameworks are a good starting point, but they can lead to inconsistencies. Comparisons should be made with caution and within the same line of treatment. It would be desirable to move towards an agreed, reproducible, periodically updated framework with little room for subjectivity.

**Key words:** oncology value frameworks; metastatic castration resistant prostate cancer; enzalutamide; abiraterone; cabazitaxel; docetaxel; European Society for Medical Oncology; American Society for Clinical Oncology.

### La regulación y financiación de los medicamentos biosimilares en la OCDE

#### [ Autores ]

Néboa Zozaya, Santiago Pérez-Campanero,  
Lucía Martínez-Galdeano, Bleric Alcalá,  
Álvaro Hidalgo.

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## 2.2 HEALTH AFFAIRS & POLICY RESEARCH

### HIGHLIGHTED PROJECTS: vaccine



HEALTH AFFAIRS &  
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VACUNAS. 2022;23(2):97-105



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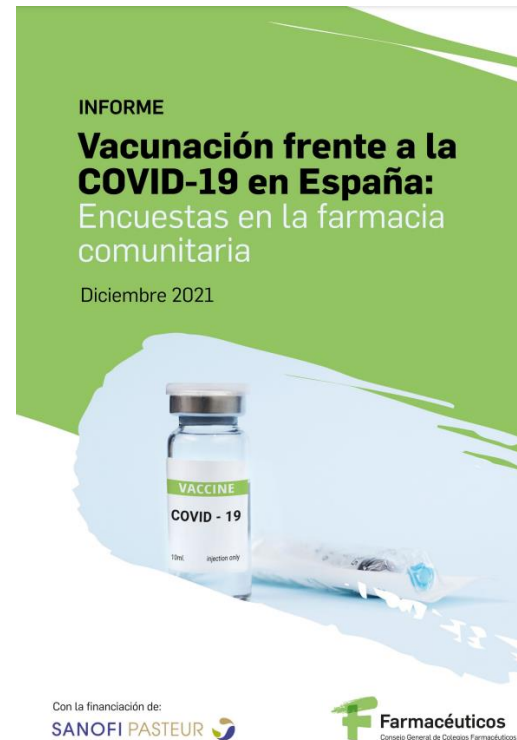


Original

**Análisis de las mejores estrategias para el fomento de las coberturas de vacunación antigripal entre los profesionales sanitarios**



Esther Redondo<sup>a</sup>, Néboa Zozaya<sup>b,\*</sup>, Vicente Martín<sup>c</sup>, Javier Villaseca<sup>b</sup>, Juan Luis López-Belmonte<sup>d</sup>, Georgina Drago<sup>e</sup>, Elena Jurío<sup>e</sup> y Álvaro Hidalgo-Vega<sup>f</sup>, Grupo de expertos Gripetool



MÁS ALLÁ DEL VIAL

3, 4 y 5 de octubre de 2019

Palacio de Congresos y Exposiciones Ciudad de Oviedo

XAEV2019

ANÁLISIS DE CRITERIOS  
PARA LA ADQUISICIÓN DE  
**VACUNAS EN ESPAÑA:**  
en busca de un modelo ideal sostenible

Autores: Néboa Zozaya, Inmaculada Cuesta, Amós García, Federico Martín<sup>ón</sup>, Esther Redondo, Sonia Tamames,

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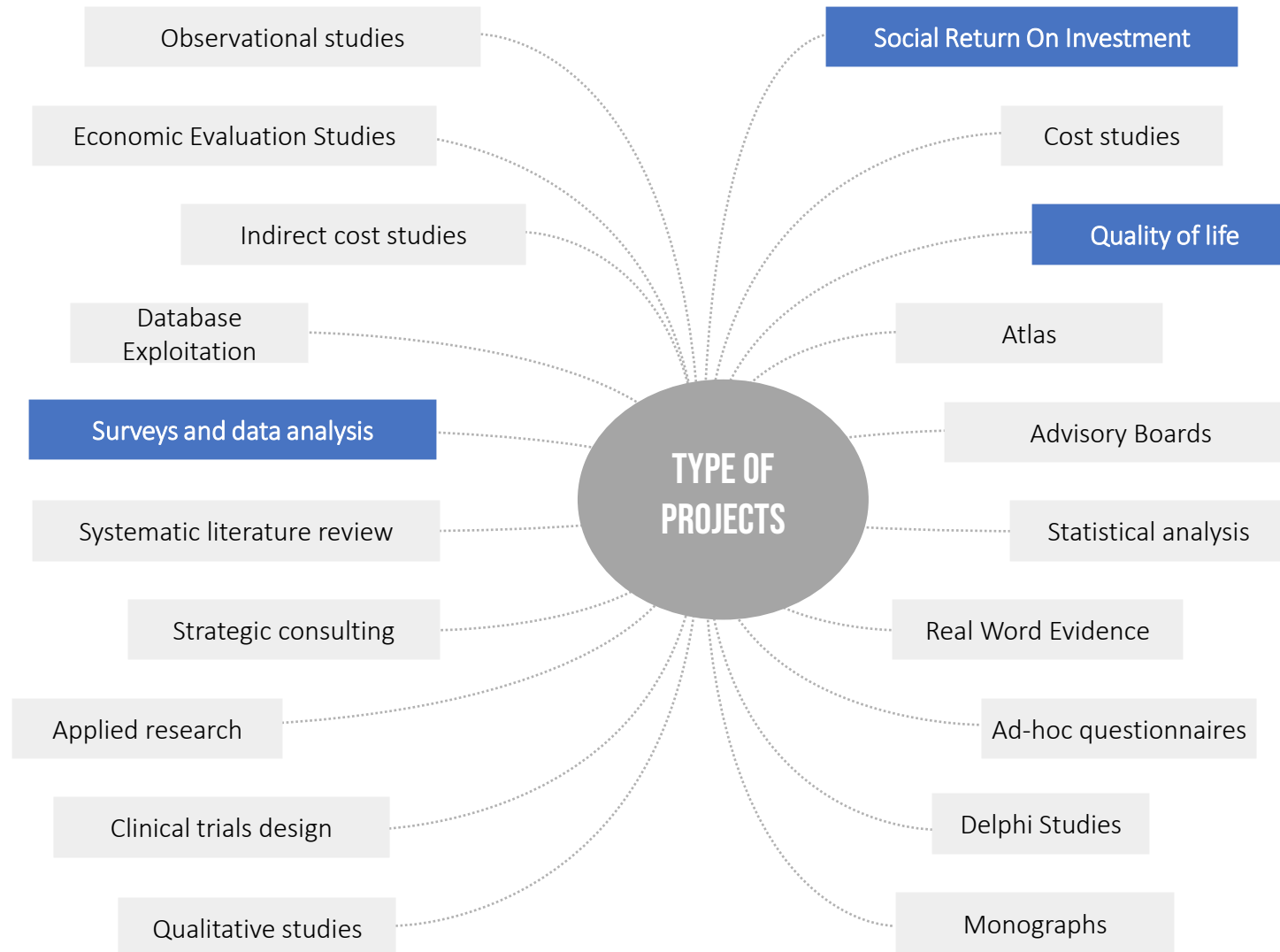
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## 2.3 HEALTH OUTCOMES RESEARCH



HEALTH OUTCOMES  
RESEARCH



## 2.3 HEALTH OUTCOMES RESEARCH

### SOCIAL RETURN ON INVESTMENT STUDIES



¿What is the Social Return on Investment (SROI) analysis?

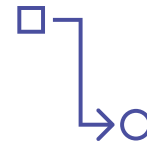
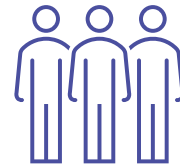
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Cost-Benefit Analysis

The SROI analysis compares the **impact** of implementing a healthcare intervention with the **investment** required to do so.



but with an additional value...



#### Multi-stakeholder vision

Engaging the main stakeholders involved, including patients and caregivers.

#### Theory of change

Providing a rational description of the investment-benefit relationship.

#### Social perspective

Measuring impact from a social perspective.

#### Intangible impacts

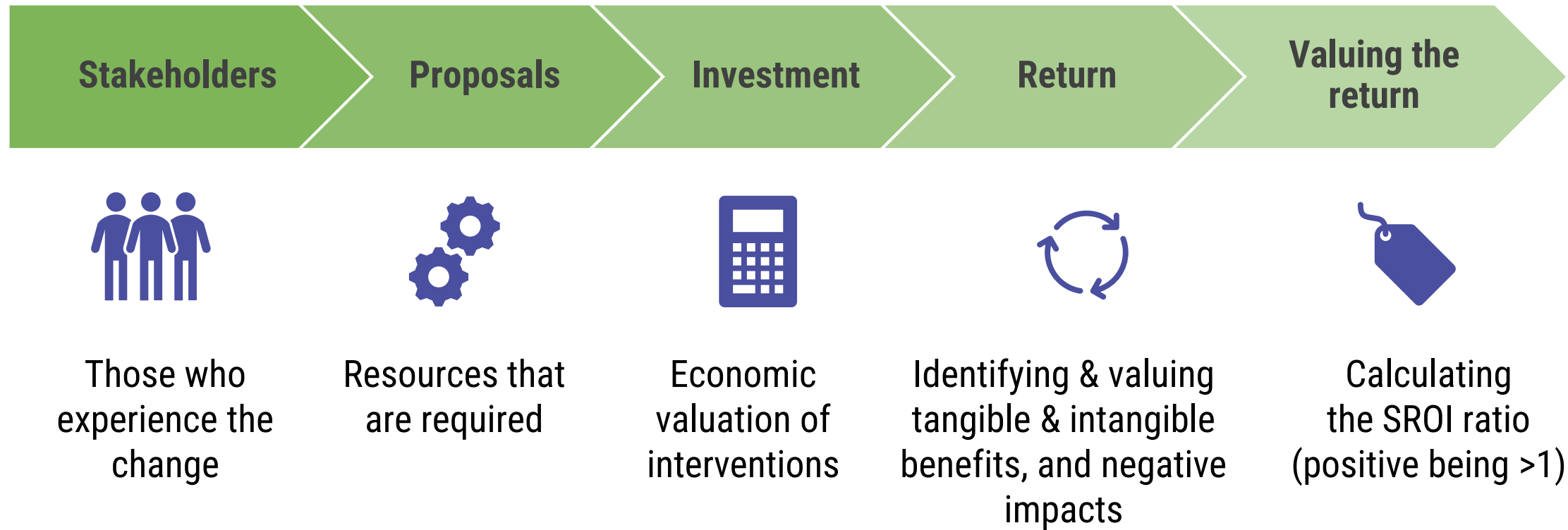
Valuing subjective or intangible impacts which would otherwise be overlooked.

#### An investment

Expenditures are considered investments

## 2.3 HEALTH OUTCOMES RESEARCH

### SOCIAL RETURN ON INVESTMENT STUDIES



## 2.3 HEALTH OUTCOMES RESEARCH



HEALTH OUTCOMES  
RESEARCH



DIABETES RESEARCH AND CLINICAL PRACTICE 127 (2017) 59–69



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International  
Diabetes  
Federation



### Social economic costs of type 1 diabetes mellitus in pediatric patients in Spain: CHRYSTAL observational study



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#### ARTICLE INFO

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#### ABSTRACT

**Aims:** To estimate the social-economic costs of Type 1 Diabetes Mellitus (T1DM) in patients aged 0–17 years in Spain from a social perspective.

- # Observational study
- # Multicenter (12 hospitals)
- # Qualification by the AEMPS and approval by the CEICs
- # 249 patients with T1DM
- # Paper questionnaires
- # Anonymized
- # Tabulation of questionnaires
- # Query process
- # Statistical analysis of data (burden of disease and quality of life of patients and informal caregivers)



## 2.3 HEALTH OUTCOMES RESEARCH



HEALTH OUTCOMES  
RESEARCH



Arch Bronconeumol. 2016;52(4):196-203



### ARCHIVOS DE Bronconeumología

www.archbronconeumol.org



Original

#### Coste-efectividad de una unidad monográfica de asma

Luis A. Pérez de Llano<sup>a,\*</sup>, Renata Villoro<sup>b</sup>, María Merino<sup>b</sup>, Maria del Carmen Gómez Neira<sup>a</sup>, Camino Muñiz<sup>a</sup> y Álvaro Hidalgo<sup>c</sup>

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#### INFORMACIÓN DEL ARTÍCULO

Historia del artículo:

Recibido el 25 de febrero de 2015

Aceptado el 20 de septiembre de 2015

On-line el 6 de noviembre de 2015

Palabras clave:

Asma

Coste-efectividad

Control

Unidad monográfica

Calidad de vida

#### R E S U M E N

**Introducción:** Las unidades monográficas de asma (UMA) son consultas hospitalarias implementadas para lograr una mejoría clínica de los pacientes. Este estudio analiza su impacto sobre el control del asma y su coste-efectividad en comparación con las consultas ordinarias.

**Métodos:** Estudio de casos cruzados que incluyó a todos los pacientes que fueron atendidos por primera vez en la UMA de Lugo durante 2012. Se definió el «periodo-caso» como los 365 días que siguieron a la primera visita en la UMA, y el «periodo-control» como los 365 días que la antecedieron. Se calcularon los cambios en indicadores clínicos relevantes para el control del asma y se estimó la relación de coste-efectividad incremental (RCEI) por cada paciente adicional que fue controlado y por cada año de vida ajustado por calidad (AVAC).

**Resultados:** El porcentaje de pacientes ( $n=83$ , edad media  $49 \pm 15,2$  años; 60,2% mujeres) controlados aumentó del 41 al 86%. El resultado del test de control del asma mejoró desde  $18,7 \pm 4,6$  hasta  $22,6 \pm 2,3$  ( $p < 0,05$ ) y el FEV<sub>1</sub> se elevó desde  $81,4\% \pm 17,5$  hasta  $84,4\% \pm 16,6$  ( $p < 0,05$ ). Las exacerbaciones, hospitalizaciones y visitas a urgencias disminuyeron un 75, un 78 y un 75%, respectivamente. La utilización de combinaciones CI/LABA decreció del 79,5% al 41%. El uso de otros fármacos aumentó: anticolinérgicos del 3,6 al 16,9%, CI en monoterapia del 3,6 al 45,8%, y omalizumab del 0 al 6%. Las RCEI por paciente controlado y por AVAC ganado fueron de 1.399 y 6.876 €, respectivamente (perspectiva social).

**Conclusiones:** La atención en una UMA es coste-efectiva y tiene un impacto beneficioso sobre el control del asma.

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- # Observational study
- # Case-period / control-period
- # In Lugo Hospital
- # Approved by CEIC of Galicia
- # 83 patients
- # Electronic questionnaires
- # Anonymized
- # Data collection in Excel
- # Query process
- # Statistical analysis of data (cost-effectiveness)

## 2.3 HEALTH OUTCOMES RESEARCH



HEALTH OUTCOMES  
RESEARCH



International Journal of COPD

Dovepress

open access to scientific and medical research

Open Access Full Text Article

ORIGINAL RESEARCH

### Social economic costs of COPD in Extremadura (Spain): an observational study

This article was published in the following Dove Press journal:  
International Journal of COPD

María Merino<sup>1</sup>  
Renata Villoro<sup>1</sup>  
Álvaro Hidalgo-Vega<sup>1,2</sup>  
Concepción Carmona<sup>3</sup>

<sup>1</sup>Weber Foundation, Majadahonda, Madrid, Spain; <sup>2</sup>Department of Economic Analysis and Finances, University of Castilla-La Mancha, Toledo, Spain; <sup>3</sup>Extremadura Health Service, Mérida, Badajoz, Spain

**Purpose:** COPD has been associated with a high number of comorbidities and a relatively high level of health care resource utilization. This study aimed to estimate the social economic impact of COPD in the autonomous community of Extremadura (Spain) in 2015.

**Patients and methods:** This is a retrospective observational study carried out using a representative sample of patients diagnosed with COPD in Extremadura. Sociodemographic data, data on health care resource utilization, formal and informal care received by the patients, and loss of labor productivity in the last 12 months were collected through an electronic data collection platform. Direct health care costs were estimated using the bottom-up approach, costs of informal care were assessed using the substitution method, and labor productivity losses were calculated using the human capital method.

**Results:** A sample of 386 patients was obtained (mean age: 71.8±10.3 years, males: 76.2%). The results show an average annual cost per patient of 3,077 euros. Direct health care costs represented 43.8% (1,645 euros), direct non-health care costs amounted to 38.3% (1,440 euros), and labor productivity losses represented 17.9% (672 euros) of the average annual cost. The total annual cost of patients with COPD in Extremadura reached 36.2 million euros in 2015.

**Conclusion:** COPD poses a significant burden for the health care system and the society of Extremadura. The implementation of preventive and control measures could result in a substantial reduction in the economic impact.

**Keywords:** COPD, social costs, health care resource utilization, informal care, labor productivity losses

- # Observational study
- # In Primary Health Care of the Extremadura Health Service
- # 18 basic health areas
- # CEIC Infanta Cristina University Hospital (Badajoz)
- # 386 patients with COPD
- # Electronic questionnaires
- # Anonymized
- # Data collection on iPads
- # Query process
- # Statistical analysis of data (burden of disease and quality of life)

## 2.3 HEALTH OUTCOMES RESEARCH



HEALTH OUTCOMES  
RESEARCH



**Valor social  
de un abordaje ideal  
en insuficiencia  
cardíaca**

+ de **1.000**  
pacientes  
encuestados

### CÓMO NOS AFECTA LA PSORIASIS

ÁMBITO EMOCIONAL



**58,6%**

sienten más ansiedad  
desde el diagnóstico

**3 de cada 4 pacientes**  
ven afectado este ámbito

ÁMBITO LABORAL



**14,0%**

de trabajadores declaran haber  
sufrido discriminación laboral

el **12,5%** considera que  
la psoriasis ha influido en la  
elección de su profesión

ÁMBITO DE LA SEXUALIDAD



**59,9%**

reconoce que se ve  
afectado este ámbito

**3 de cada 10 pacientes**  
sin pareja considera que  
su enfermedad es la causa

Un **13'1%** de los separados/divorciados  
relaciona su situación con la enfermedad

RELACIONES SOCIALES



**46,1%**

de las personas con psoriasis  
reducen significativamente  
su vida social

**1 de cada 5 personas**  
han empeorado gravemente  
sus relaciones sociales

Soto et al. BMC Health Services Research (2022) 22:115  
<https://doi.org/10.1186/s12913-021-07447-4>

BMC Health Services Research

RESEARCH

Open Access

The impact of improving haemophilia  
A management within the Spanish  
National Healthcare System: a social return  
on investment analysis



Inmaculada Soto<sup>1</sup>, José Mateo<sup>2</sup>, Daniel-Anibal García-Diego<sup>3</sup>, Beatriz Gil<sup>4</sup>, Elena Ruiz-Beato<sup>4</sup>, Yoana Ivanova<sup>5</sup>,  
Teresa Martín Lorenzo<sup>5</sup>, Paulina Maravilla-Herrera<sup>5\*</sup>, Álvaro Hidalgo-Vega<sup>6</sup> and María Merino<sup>5</sup>

**1€**  
INVERTIDO  
en psoriasis

SE OBTIENE  
**>> 5,04€**  
DE RETORNO SOCIAL



- # Social Return on Investment
- # Areas to date: Psoriasis, Heart Failure, Rheumatoid Arthritis, Multiple Sclerosis, Multiple Myeloma, Hemophilia and COPD.
- # In collaboration with scientific societies and patient associations.
- # Survey of patients with electronic CRF
- # Multidisciplinary working meetings
- # Economic evaluation, including valuation of intangible costs.


## 2.3 HEALTH OUTCOMES RESEARCH



HEALTH OUTCOMES  
RESEARCH



ATLAS DE LA  
LEUCEMIA MIELOIDE AGUDA  
EN ESPAÑA



Objetivos

1. Leucemia Mieloide Aguda: magnitud del problema
  - 1.1. Qué es la LMA
  - 1.2. Epidemiología
  - 1.3. Diagnóstico
  - 1.4. Consumo de recursos sanitarios
2. Abordaje terapéutico
  - 2.1. Aspectos generales del abordaje terapéutico de la LMA
  - 2.2. Avances en el abordaje terapéutico de la LMA
3. Carga económica y social de la LMA
  - 3.1. Coste del diagnóstico
  - 3.2. Costes directos sanitarios
  - 3.3. Costes directos no sanitarios
  - 3.4. Costes indirectos
  - 3.5. Coste total
  - 3.6. Calidad de vida
4. Necesidades no cubiertas/ retos de futuro
  - 4.1. Actualizar los datos epidemiológicos a nivel nacional
  - 4.2. Establecer protocolos diagnósticos estandarizados
  - 4.3. Mejorar la eficacia y seguridad de los tratamientos actuales
  - 4.4. Estudiar el impacto económico y social de la LMA en España
  - 4.5. Estudiar resultados reportados por pacientes como la calidad de vida
  - 4.6. Mejorar la formación de los profesionales sanitarios involucrados
5. Conclusiones

Fundación  
weber / astellas

### 1. Leucemia Mieloide Aguda: La magnitud del problema

4

1.1. ¿Qué es la Leucemia Mieloide Aguda?

- La leucemia mieloide aguda (LMA) es un tipo de cáncer hematológico heterogéneo caracterizado por la proliferación de mieloblastos en la médula ósea, la sangre y/u otros tejidos<sup>[1-3]</sup>, alterando la hematopoyesis e induciendo la citopenia o escasez de células en la sangre<sup>[4]</sup>.
- La citopenia es responsable de la mayoría de los signos y síntomas asociados a la LMA. De esta manera, los pacientes con LMA suelen presentar síntomas como palidez, cansancio, debilidad o fatiga asociadas a la anemia; hemorragias asociadas a la trombocitopenia; o fiebre e infecciones asociadas a la neutropenia. Ocasionalmente, también pueden aparecer síntomas asociados a la infiltración de los mieloblastos en otros tejidos (p.ej. dolor óseo, alteraciones cutáneas, alteraciones neurológicas, aumento de tamaño de los ganglios linfáticos, hígado o bazo, o inflamación de las encías)<sup>[3]</sup>.

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3. Miraki-Moud F, Anjos-Afonso F, Hodby KA, Griessinger E, Rosignoli G, Lillington D, et al. Acute myeloid leukemia does not deplete normal hematopoietic stem cells but induces cytopenias by impeding their differentiation. Proceedings of the National Academy of Sciences 2013;110(33):13576–81.



EL  
ATLAS  
DEL ICTUS  
ESPAÑA 2019



Realizado por:  
weber

<https://www.sen.es/actividades/91-articulos/2617-el-atlas-del-ictus>

<https://www.fesemi.org/publicaciones/otras/atlas-ictus-espana-2019>



## 2.3 HEALTH OUTCOMES RESEARCH



HEALTH OUTCOMES  
RESEARCH



International Journal of Chronic Obstructive Pulmonary Disease

Open Access Full Text Article

ORIGINAL RESEARCH

### A Social Return on Investment Analysis of Improving the Management of Chronic Obstructive Pulmonary Disease Within the Spanish National Healthcare System

María Merino<sup>1</sup>, Teresa Martín Lorenzo<sup>1</sup>, Paulina Maravilla-Herrera<sup>1</sup>, Julio Ancochea<sup>2-4</sup>, José Tomás Gómez Sáenz<sup>5</sup>, Nicole Hass<sup>6</sup>, Jesús Molina<sup>7</sup>, Germán Peces-Barba<sup>8</sup>, Marta Traperro-Bertran<sup>9</sup>, Juan Antonio Trigueros Carrero<sup>10</sup>, Álvaro Hidalgo-Vega<sup>11</sup>

Received: 14 February 2022 | Revised: 5 September 2022 | Accepted: 7 September 2022  
DOI: 10.1111/ecc.13706

ORIGINAL ARTICLE

### Optimising the management of patients with multiple myeloma in Spain: A measurement of the social return on investment

María Merino<sup>1</sup> | Yoana Ivanova<sup>1</sup> | Paulina Maravilla-Herrera<sup>1</sup> |  
Begoña Barragán<sup>2</sup> | Jordi Sierra<sup>3</sup> | Ángeles Peñuelas-Saiz<sup>4,5</sup> | Álvaro Hidalgo-Vega<sup>1</sup>

JCR  
IF  
2,9

JCR  
IF  
2,3

Soto et al. BMC Health Services Research (2022) 22:115  
<https://doi.org/10.1186/s12913-021-07447-4>

BMC Health Services Research

RESEARCH

Open Access

### The impact of improving haemophilia A management within the Spanish National Healthcare System: a social return on investment analysis

Inmaculada Soto<sup>1</sup>, José Mateo<sup>2</sup>, Daniel-Aníbal García-Diego<sup>3</sup>, Beatriz Gil<sup>4</sup>, Elena Ruiz-Beato<sup>4</sup>, Yoana Ivanova<sup>5</sup>, Teresa Martín Lorenzo<sup>5</sup>, Paulina Maravilla-Herrera<sup>5\*</sup>, Álvaro Hidalgo-Vega<sup>6</sup> and María Merino<sup>5</sup>

### Improving rheumatoid arthritis management within the Spanish National Health System: a social return on investment study

M. Merino<sup>1</sup>, Y. Ivanova<sup>2</sup>, T. Martín Lorenzo<sup>1</sup>, Á. Hidalgo-Vega<sup>3</sup>

SJR  
IF  
1,1

El método SROI  
en la evaluación  
económica de  
intervenciones  
sanitarias

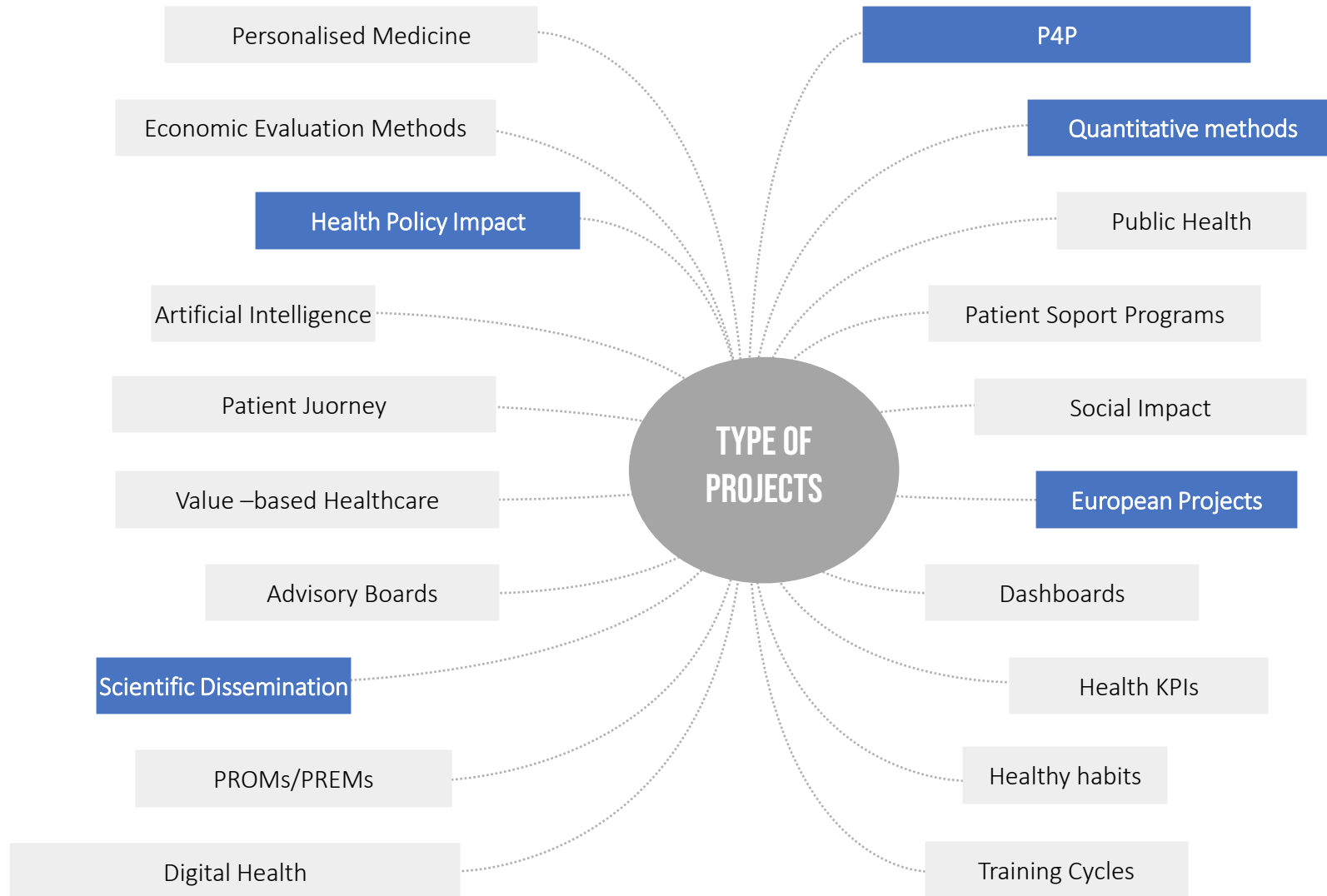
Fundación  
weber

The SROI method for the economic evaluation of healthcare interventions (2019)

## 2.4 HEALTH IMPACT ASSESMENT



HEALTH IMPACT  
ASSESSMENT



# 2.4 HEALTH IMPACT ASSESMENT

## COMPETITIVE PROJECTS: ERASMUS+



HEALTH IMPACT  
ASSESSMENT



EN

3 / 104



Call 2021 Round 1 KA2  
KA220-VET - Cooperation partnerships in vocational education and training  
Form ID KA220-VET-DEE81CA3 Deadline (Brussels Time) 21 May 2021 12:00:00

### Application

Programme	Erasmus+
Action Type	KA220-VET - Cooperation partnerships in vocational education and training
Call	2021
Round	Round 1

### Context

Field	Vocational Education and Training
Project Title	Toolkit for Company's Neurodiversity Management
Project Acronym	NeuroDiversity Power

Project Start Date (dd/mm/yyyy)	Project total Duration (Months)	Project End Date (dd/mm/yyyy)	National Agency of the Applicant Organisation	Language used to fill in the form
16-01-2022	24	16-01-2024	ES01 - Servicio Español para la Internacionalización de la Educación (SEPIE)	English

For further details about the available Erasmus+ National Agencies, please consult the following page:  
<https://ec.europa.eu/programmes/erasmus-plus/contact>

### Project Summary

Please provide short answers to the following questions, summarising the information you have provided in the rest of the application form.

Please use full sentences and clear language. In case your project is accepted, the provided summary will be made public by the European Commission and the National Agencies.

#### Background: Why did you apply for this project? What are the needs you plan to address?

About 20-22% of the EU population is Neurodiverse, which means that their brain works different. Dyspraxia, Dyslexia, ADHD (Attention Deficit Hyperactivity Disorder), Asperger, Autism, Tourette or Dyscalculia are the most common disorders. As these conditions are frequently co morbid it is difficult to estimate the total number of children and adults in the population who are experiencing some difficulties from one, or a combination of the neurodiversity. Many children never get diagnosed, or do so later in life after years of struggling or at a crisis point in their lives. During the past years, the number of Neurodiverse kids has increased, or at least, those being diagnosed and measured at schools, high schools and Universities. These have adapted and they do have developed and implemented specific procedures for Neurodiverse. But when getting to an adult and to the work world, we find that most of the organisations are physically and structurally set up for 'neurotypicals' and neurodiverse experiment huge problems to access a job, from the interview to their daily work. The NeuroPower target group are: - VET Trainers in general, - VET Trainers working with Special Educational Needs, - HHRR Managers from all kind of Organizations, - Managers from all type of Organizations, - Experts in educational & social, - Experts in Special Educational Needs (educational psychologists, clinical psychologists, therapists), - Psychologists and mental health specialists

#### Objectives: What do you want to achieve by implementing the project?

"Neurodiversity Power" project general objective is to help to create or achieve a culture of Inclusion of Neurodiversity, by developing the right roles, the right environment and the right leadership at the Organizations. We aim to raise awareness and understanding of Neurodivergent at work. Five partners from four countries involving VET Centres (ACTA-Ro), Health Foundations (BOSEV-Tk), Innovative SME (IBOXC-Es), HHRR Consultants (CATRO-Bg) and NGO specialized on Social and Economic research (WEBER-Es) participates together in a strategic partnership with the aim to: • Develop basic and transversal skills by implementing a Handbook that includes Methodology, Techniques and Tools at the Organization • Promote unconventional and informal learning to build self-confidence, brake barriers and empower Neurodiversity • Develop a Curriculum programme that enhances Human Resources managers and/or VET Trainers, developing new and creative tools that will improve the learning experience of the skills of experienced entities working with Neurodiverse. • Develop guidelines to help with the Certification of the Organization as a Neurodiversity Inclusive Organization and achieve the "NeuroPower Quality Seal". • Create a NeuroPower Hub of VET Trainers that will increase the visibility of the project and the sustainability, being the facilitators to the Organizations on the implementation of the Handbook, training other trainers or helping Organizations to get the award of the Quality Seal.

#### Implementation: What activities are you going to implement?

The selection and involvement of participants in the different activities of the 'Neurodiversity Power' project will be as follows: 1. NATIONAL SEMINARS (Turkey, Romania and Bulgaria, Month 17) and Final Conference (Spain, Month 22) These seminars target VET Trainers, SEN experts, private and public HHRR managers and VET professionals with the aim to share the work and latest developments of the project (IO1 and IO2), and more specifically on the findings and conclusions of the Methodologies Developed. Moreover, it will be an opportunity for other experts and professionals to share their views and experience with the expertise gained from the implementation of the project by the project partners. Target Groups: a. VET Teachers b. SEN experts and professionals (clinical & educational psychologists, experts in social & education) c. HHRR Managers d. Psychologists and mental health specialists 2. TRAINING COURSE (Madrid- Month 21) There will be one (1) training course throughout the implementation of the Project. It is expected to have 15 VET Trainers. Target Groups/participants: a. VET Trainers in general, b. VET Trainers working with Special Educational Needs, c. HHRR Managers from all kind of Organizations, d. Managers from all type of Organizations, e. Experts in educational & social, f. Experts in Special Educational Needs (educational psychologists, clinical psychologists, therapists), g. Psychologists and mental health specialists 3. TRANSNATIONAL PROJECT MEETINGS (Ankara- M2, Romania- M9, Bulgaria- M16, Spain- M22) Participants: a) Staff members of Neurodiversity Power partners responsible for the technical progress b) Staff members of Neurodiversity Power partners responsible for the financial progress (financial officers) c) Staff members of Neurodiversity Power partners responsible for the communication & dissemination activities 4. Activities related to Quality Assurance, Evaluation, Exploitation and Sustainability of "Neurodiversity Power"

## 2.4 HEALTH IMPACT ASSESMENT

### COMPETITIVE PROJECTS: ISCIII PERSONALISED MEDICINE



HEALTH IMPACT  
ASSESSMENT



MINISTERIO  
DE CIENCIA  
E INNOVACIÓN



Financiado por  
la Unión Europea  
NextGenerationEU



Subdirección General de Evaluación  
y Fomento de la Investigación



2021

#### CONVOCATORIA PROYECTOS DE INVESTIGACIÓN DE MEDICINA PERSONALIZADA. GRUPO COORDINADOR. MEMORIA DE SOLICITUD

**AVISO:** Una vez completado el documento rogamos lo terminen de la forma indicada en las instrucciones que están al final del mismo. De no hacerlo así, se corre el riesgo de que no quede adjuntado correctamente

Expediente N°:  
PMP21/00015

**TÍTULO:** MEDICINA DE PRECISIÓN GENÓMICA EN NEOPLASIAS LINFÓIDES (PREGENLINF)

**INVESTIGADOR PRINCIPAL:** ELIAS CAMPO GÜERRI

**Modalidad multicéntrica:** Un centro beneficiario

**Coordinación con el eje IMPaCT:** Medicina genómica

**Dirigido a:** Validación en la práctica clínica diaria (tecnologías, biomarcadores y procedimientos)

**Área temática:** Oncología de precisión

**Línea de investigación (seleccionar al menos una):**



GOBIERNO  
DE ESPAÑA

MINISTERIO  
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E INNOVACIÓN



Instituto  
de Salud  
Carlos III



Plan de Recuperación,  
Transformación y Resiliencia



Financiado por  
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INSTITUTO DE  
INVESTIGACIONES  
BIOMEDICAS  
AUGUST PI I  
SUNYER (IDIBAPS)

INSTITUTO DE  
INVESTIGACIONES  
BIOMEDICAS  
AUGUST PI I  
SUNYER (IDIBAPS)

HOSPITAL CLINICO  
Y PROVINCIAL DE  
BARCELONA

Q5856414G

PMP21/00015

MEDICINA DE  
PRECISIÓN GENÓMICA  
EN NEOPLASIAS  
LINFÓIDES  
(PREGENLINF)

28.107.460D.759

3.063.060,00  
€



## 2.4 HEALTH IMPACT ASSESMENT

### COMPETITIVE PROJECTS: ISCIII PERSONALISED MEDICINE



HEALTH IMPACT  
ASSESSMENT



MINISTERIO  
DE CIENCIA  
E INNOVACIÓN



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Subdirección General de Evaluación  
y Fomento de la Investigación



2021

#### CONVOCATORIA PROYECTOS DE INVESTIGACIÓN DE MEDICINA PERSONALIZADA. GRUPO COORDINADOR. MEMORIA DE SOLICITUD

Expediente N°:  
PM21/00051

<b>TÍTULO:</b>	Estudio integral de variación genética y molecular de una cohorte española de autismo y diseño de algoritmos de diagnóstico genético y de biotipos terapéuticos. Cohorte ESTEA.
<b>INVESTIGADOR PRINCIPAL:</b>	Maria José Parellada Redondo
<b>Modalidad multicéntrica:</b>	Un centro beneficiario
<b>Coordinación con el eje IMPaCT:</b>	Medicina genómica
<b>Dirigido a:</b>	Validación en la práctica clínica diaria (tecnologías, biomarcadores y procedimientos)
<b>Área temática:</b>	Medicina personalizada de precisión aplicada al diagnóstico y tratamiento de enfermedades crónicas

**Línea de investigación** (seleccionar al menos una):

- ☐ Pruebas de concepto y proyectos piloto
- ☒ Evaluación de impacto clínico y económico
- ☐ Identificación y análisis de las áreas de aplicación de la Medicina Personalizada de Precisión en Atención Primaria

DESIMEN



GOBIERNO  
DE ESPAÑA



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DE CIENCIA  
E INNOVACIÓN



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Transformación y Resiliencia



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FUNDACION INVESTIGACION BIOMEDICA HOSPITAL GREGORIO MARANON	INSTITUTO DE INVESTIGACION SANITARIA GREGORIO MARANON (IISGM)	HOSPITAL GREGORIO MARANON	G83195305	PMP21/00051	Estudio integral de variación genética y molecular de una cohorte española de trastornos del espectro autista y diseño de algoritmos de diagnóstico genético y de biotipos terapéuticos. Cohorte ESTEA.	28.107.460D.759	3.014.905,30 €
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## 2.4 HEALTH IMPACT ASSESMENT

### PATIENT SOPORT PROGRAMS



HEALTH IMPACT  
ASSESSMENT



#### ¿What can we do?

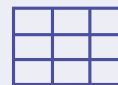
- Identify the causes of non-adherence to treatments
- To know the motivating factors for therapeutic compliance.
- Find the levers of change, as well as preferences and propose actions based on them.
- Analyse support needs and patient preferences in order to optimize patient support programs.

#### ¿How can we do it?

#### Quantitative & qualitative research methods



Patient-Centric Use Cases



Co-creation of prototypes and protocols



Launch and repositioning of health products



Patient Journey Maps

## 2.4 HEALTH IMPACT ASSESMENT

### PATIENT SOPORT PROGRAMS



HEALTH IMPACT  
ASSESSMENT



#### *Experiencia de Pacientes para Lanzamiento del Producto/Adherencia*

##### En Qué Consiste

- Apoyar el lanzamiento de un nuevo producto mediante insights de percepción y uso de patología y medicación

##### Valor Añadido

- Pautas para prescripción centrada en paciente  
Insights desde perspectiva del paciente  
Mensajes clave para prescriptores



#### *Patient Journey Map*

##### En Qué Consiste

- Viaje de paciente por la patología o el proceso asistencial desde su experiencia

##### Valor Añadido

- Identificar mejoras asistenciales y de adherencia

#### *MARKET ACCESS: Proyectos de Valor*

##### En Qué Consiste

- Proyectos de optimización y mejora en hospitales

##### Valor Añadido

- Mejoras en procesos. Por ejemplo tiempos de diagnóstico, reducción estancias hospitalarias, costes
- Market Access: negociación precios; modelo de relación con gerencia y consejerías

#### *Experiencia de Pacientes Market Access/Reposicionamiento*

##### En Qué Consiste

- Identificar el valor de la terapia más allá de su impacto clínico.

##### Valor Añadido

- Valor socio-terapéutico y socio-económico de la medicación de cara a su aprobación. Diferenciación frente a terapias similares. Posicionar terapias génicas o terapias de cara a su aprobación.

## 2.4 HEALTH IMPACT ASSESMENT

### PATIENT SOPORT PROGRAMS



HEALTH IMPACT  
ASSESSMENT



#### HEALTH ECONOMICS & OUTCOMES RESEARCH

Measurement and valuation  
of healthcare interventions

For pharma industry, patients and hospitals

#### PSP

Experiences to be included in  
the P&R process or to  
improve adherence, etc.

For patients and HCP

For patients and pharma industry

For Hospitals

For pharma industry and societies

For Hospital and Services

Real World  
Pilots

Training  
programs

Adherence  
programs

Protocols  
implementa-  
tion

Clinical  
Trials co-  
design

Patients First  
Certification



## 2.4 HEALTH IMPACT ASSESMENT

### PATIENT SOPORT PROGRAMS: CASE OF SUCCESS CYSTINOSIS



HEALTH IMPACT  
ASSESSMENT



Adherence is a multicausal phenomenon and identifying its causes implies the need to know the context, as well as barriers and intrinsic and extrinsic motivations. Also, the support provided by the PSP has only been developed from a clinical perspective.

For this reason, an investigation was proposed on the basis of which to be able to access all the dimensions of the patient's experience and detect the barriers and motivators for adherence present in each one of them.

#### Objectives

Patient journey with  
a new therapy and  
adherence analysis



#### Methodology

In-Depth interviews  
and Patient Focus  
Groups



#### Results

Experience Map and  
Adherence status  
Final Report and call  
for action

## 2.4 HEALTH IMPACT ASSESMENT

### PATIENT SOPORT PROGRAMS: CASE OF SUCCESS CYSTINOSIS



HEALTH IMPACT  
ASSESSMENT



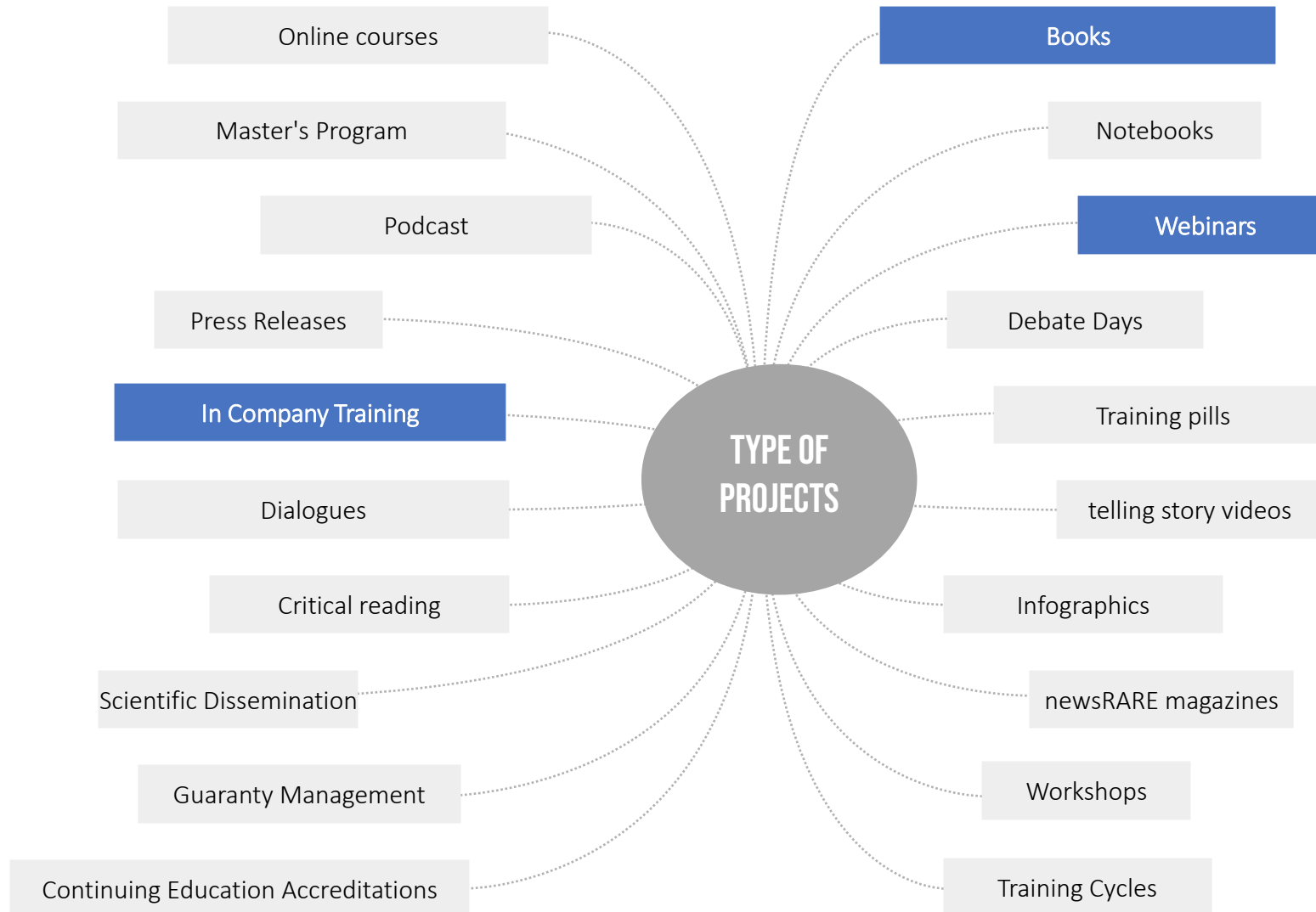
#### Discoveries

- Lack of expertise of specialists with the pathology.
- Multiple trips to visit different specialists.
- Lack of communication between professionals
- Unnecessary travel for consultations that could be held electronically
- The value of certain professionals is not always perceived: psychologists and nutritionists

#### Conclusiones

- Adherence is not bad in adults only. It is bad at any age. Those who are really adherents to the treatment are the caregivers.
- The adherence problem worsens when young patients go from the child care circuit to the adult care circuit, since specialists do not have the tools to defend the dosage.
- The importance is known, but the risk is not. Patients do not have a real awareness and are not committed to medication because they do not have the perceive the risks of the disease and non-compliance with treatment.

## 2.5 MEDICAL EDUCATION, PRESS & PUBLISHING



## 2.5 MEDICAL EDUCATION, PRESS & PUBLISHING



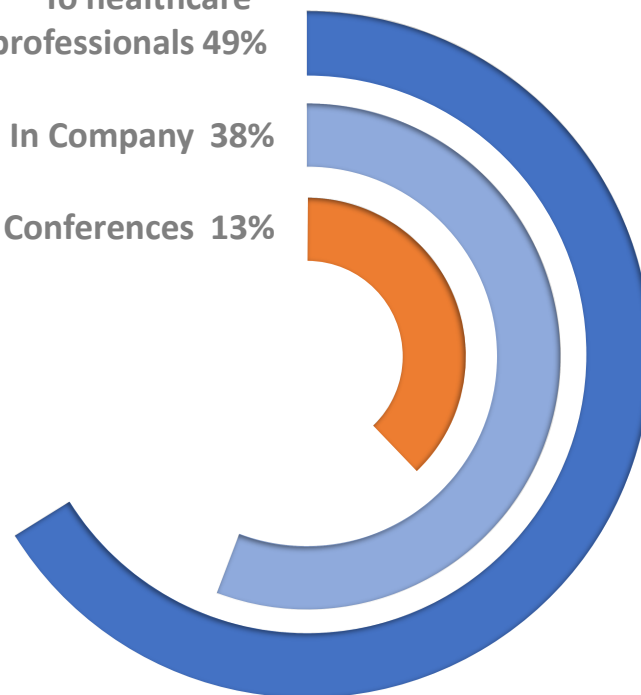
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To healthcare  
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Specialized training in Economic  
Evaluation of Health Technologies.

Face-to-face and online format, by  
therapeutic areas

Broadering the spectrum towards  
health management training



[Cursos Weber](#) [Contacto](#) [Mi curso](#)

### Cursos Weber



Gestión Clínica por procesos integrados

🕒 90 horas

El objetivo principal es capacitar a los estudiantes en un modelo de innovación para el diseño, despliegue y mejora continua en la gestión de procesos clínicos integrados.

[Ver Curso >](#)

[Descargar PDF](#)



Acceso al mercado: Modelos de impacto  
presupuestario

🕒 20 horas

El objetivo principal es ofrecer a los profesionales de la administración pública del Servicio Nacional de Salud, la posibilidad de conocer las experiencias de la evaluación económica aplicada a tratamientos de áreas terapéuticas de su interés, así como difundir la importancia del manejo de recursos.



Evaluación del impacto social y  
económico de la innovación en salud

🕒 20 horas

El objetivo general del curso es dotar a los alumnos de herramientas para poder diseñar y realizar un análisis SROI, así como interpretar los resultados del mismo.

[Ver Curso >](#)

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## 2.5 MEDICAL EDUCATION, PRESS & PUBLISHING

Workshops, webinars and events



MEDICAL  
EDUCATION, PRESS  
& PUBLISHING



### PRESENTACIÓN DE LOS RESULTADOS DEL INFORME VALOR SOCIAL DE UN CONTROL Estricto Y TEMPRANO DE LA DIABETES TIPO 2 EN ESPAÑA

Martes, 27 de junio de 12:00 a 13:00

En Canarias: 11:00 a 12:00

Haz clic aquí para inscribirte

El objetivo de este webinar es:

- Compartir los resultados del informe Valor social de un control estricto y temprano de la diabetes tipo 2 en España realizado por VIVACTIS Weber
- Poner de relieve el ahorro de costes tanto sanitarios como sociales que genera este control estricto y temprano de la diabetes tipo 2 en España
- Validar la importancia de dichos resultados y su aplicabilidad en la toma de decisiones sobre la asignación óptima de recursos dedicados a esa patología

#### PARTICIPANTES

PARA CUMPLIR ESTE OBJETIVO CONTAMOS EN EL WEBINAR CON LA INTERVENCIÓN DE LOS EXPERTOS QUE HAN PARTICIPADO EN LA ELABORACIÓN DEL INFORME



**Sara Artola**  
Médico de Atención primaria, Centro de Salud José Martí, (Madrid)



**Antonio Pérez Pérez**  
Presidente de la Sociedad Española de Diabetes (SED), Director Unidad de Servicio de Endocrinología y Nutrición del Hospital Sant Creu i Sant Pau, (Barcelona)



**Juanjo Remón Virto**  
Vicepresidente 1º de la Federación Española de Diabetes (FEDE), Presidente de la Asociación Navarra de Diabetes (ANADi)



**José Luis Trillo**  
Responsable de farmacia de área del Departamento de Salud Clínico-Maternal de Valencia



**Joan Antoni Vallés-Caillo**  
Farmacólogo clínico del Institut Català de la Salut



**Javier Escalada**  
Presidente de la Sociedad Española de Endocrinología y Nutrición (SEEN), Director Departamento de Endocrinología y Nutrición de la Clínica Universidad de Navarra



**MODERA María Morino**  
Director of Health Outcomes Research, VIVACTIS Weber

Haga clic en el enlace a continuación para unirse al seminario web  
Código de acceso: 519226

Enlace a zoom



VIVACTIS  
weber

Lilly

### Taller sobre Análisis de Decisión Multi-criterio aplicado en Fibrosis Pulmonar Progresiva



**Sede**  
Hotel Meliá Valencia  
Avinguda de les Corts Valencianes, 52,  
46015 València

Organizado por:  
**weber** Fundación **weber**

**30/06/2022**  
de 16:00h a 20:00h

[Ir al formulario de inscripción](#)

**Boehringer Ingelheim**

#### TALLER

## Número necesario de pacientes a tratar (NNT): ¿Concepto antiguo pero actual?

Aplicaciones prácticas más allá del beneficio clínico.

Ubicación

Fecha y hora

Más allá de qué es el NNT y cómo se calcula, estos talleres pretenden constituir una herramienta útil sobre cómo optimizar la aplicación de los NNT y el coste por NNT en la toma de decisiones en la práctica hospitalaria.

**Destinatarios:**  
Profesionales del Sistema Nacional de Salud de diferentes especialidades y perfiles.

Organizado por:  
Fundación **weber**

Con la colaboración de:

Inspired by patients.  
Driven by science.

ES-N-BK-PSO-2300009 ES-N-BK-PSO-2300009 Marzo 2023

# 2.5 MEDICAL EDUCATION, PRESS & PUBLISHING

newsRARE



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ENTREVISTAS

COLABORACIÓN PÚBLICO-PRIVADA

EL EXPERTO OPINA

EN PRIMERA PERSONA

ESPECIAL

INSTITUCIONALES

SOCIEDADES CIENTÍFICAS

**FRANCISCO GARCÍA RÍO – LAS GRANDES LÍNEAS DE ACTUACIÓN DE SEPAR PARA ESTE 2023: FORMACIÓN E INNOVACIÓN**

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## SECCIONES

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## 2.5 MEDICAL EDUCATION, PRESS & PUBLISHING

newsRARE: summer course



MEDICAL  
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### Curso de verano 2022

De izquierda a derecha: el Dr. Álvaro Hidalgo, el Dr. Javier García Castro, el Dr. Ángel M<sup>a</sup> Carracedo Álvarez, el Dr. José Manuel Martínez Sesmero y D. Fernando Abdalla Pereira



De izquierda a derecha: D. Santiago de la Riva Compadre, la Dra Ana Camacho Salas, la Dra. M<sup>a</sup> Jesús Sobrido Gómez y D<sup>a</sup>. M<sup>a</sup> Teresa Marín Rubio



De izquierda a derecha: Dr. Álvaro Hidalgo Vega, D<sup>a</sup> Ana Pastor Julián, D<sup>a</sup> Soledad Cabezón Ruiz, D. Javier Padilla Bernáldez y el Dr. José Luis Poveda Andrés



De izquierda a derecha: Girisha Fernando, Marián Corral, Antonio García Ruiz, José Luis Poveda e Isaac Aranda



## 2.5 MEDICAL EDUCATION, PRESS & PUBLISHING

### WHITE BOOKS





## 2.6 PUBLIC AFFAIRS & COMMUNICATION



## 2.6 PUBLIC AFFAIRS & COMMUNICATION

### FOROS: SALUD

# El control estricto y temprano de la diabetes generaría 185 millones

Los expertos apuestan por mejorar la visibilidad de esta patología y concienciar a los jóvenes de la importancia de los controles de salud



Diálogos  
en 'La  
Vanguardia'

ENRIC FREIRE  
Barcelona

La diabetes mellitus tipo 2 es una enfermedad prevalente que afecta a casi el 14% de la población. Como todas las patologías crónicas, un diagnóstico tempra-

portante para la sociedad". Este impacto social no afecta únicamente al gasto sanitario. También hay que tener en cuenta "las pérdidas de productividad laboral que va a provocar las consecuencias de esta patología en las personas afectadas y en aquellas que están a su cuidado".

tras el diagnóstico, y lo comparó con otras personas que carecen de ese control". En términos de impacto social, los autores de este estudio estiman que "la diferencia entre control estricto y control no estricto son esos 185 millones de euros de valor social, de los que la mitad son recursos

parte del debate cuando se trabaja en el abordaje de esta patología crónica", aseguró Teresa Millán, directora de Corporate Affairs

ta Creu i Sant Pau de Barcelona, Antonio Pérez, asegura que "estamos llegando tarde en el diagnóstico. Si estamos hablando de que el 14% de la población tiene diabetes tipo 2, tenemos prácticamente a la mitad sin diagnosticar". El experto considera que también se está fallando en "proporcionar a las personas afectadas los instrumentos adecuados para que puedan gestionar adecuadamente su enfermedad y esto tenga repercusiones positivas en su calidad de vida". Su apuesta se basa en "ser capaces de adelantarnos, dejar de poner parches y desde el principio identi-

Separar evaluación de decisión y dar participación a todos los agentes, aspectos clave de los procesos P&R



Participantes en el Encuentro de Expertos 'Elementos de valor en el proceso de evaluación y financiación de medicamentos en España'

OLGA VILANOVA | 26.02.2023 - 19:24

Comparte esta  
noticia

<https://diariofarma.com/2023/02/26/separar-evaluacion-de-decision-y-dar-participacion-a-todos-los-agentes-aspectos-clave-de-los-procesos-pr>

### SALUD Y BIENESTAR

GRUPO JOLY

DESAYUNO DE REDACCIÓN **EL VALOR SOCIAL DE UN CONTROL ERICTO Y**

DIEGO  
VARGAS  
GERENTE DEL SERVICIO  
ANDALUZ DE SALUD DE LA  
JUNTA DE ANDALUCÍA

Como máximo responsable del SAS, Diego Vargas destaca la importancia de considerar la inversión social en el abordaje de la diabetes a lo largo de toda su historia natural y la necesidad de un diagnóstico temprano y una atención integral para reducir las complicaciones y mejorar la calidad de vida de los pacientes.



MARÍA  
MERINO  
DIRECTORA DEL ÁREA DE  
RESULTADOS EN SALUD  
DE VIVACTIS WEBER

Merino expuso el estudio de Vivactis Weber y Lilly que analiza el control de la enfermedad en términos de valor social. "Estos hallazgos respaldan la necesidad de políticas y estrategias que promuevan un adecuado control de la diabetes para obtener resultados positivos tanto a nivel individual como para el sistema".



● Un manejo estricto de la diabetes tipo 2 en España generaría una reducción del 8,7% del coste generado por la enfermedad ● Expertos reivindican el valor del diagnóstico precoz y de

[https://www.diariodesevilla.es/salud/eventos/control-diabetes-beneficios-sociales-sanitarios\\_0\\_1803719822.html](https://www.diariodesevilla.es/salud/eventos/control-diabetes-beneficios-sociales-sanitarios_0_1803719822.html)

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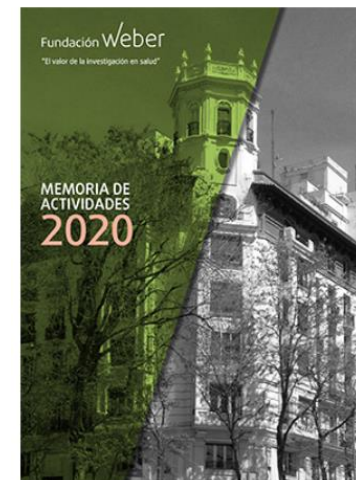
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2022



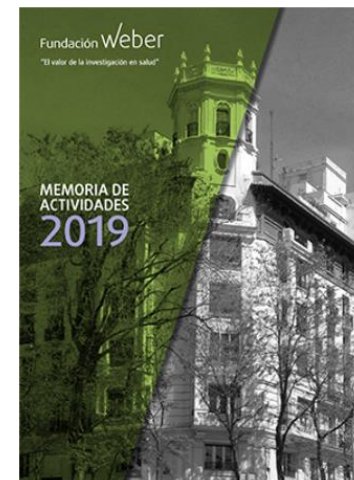
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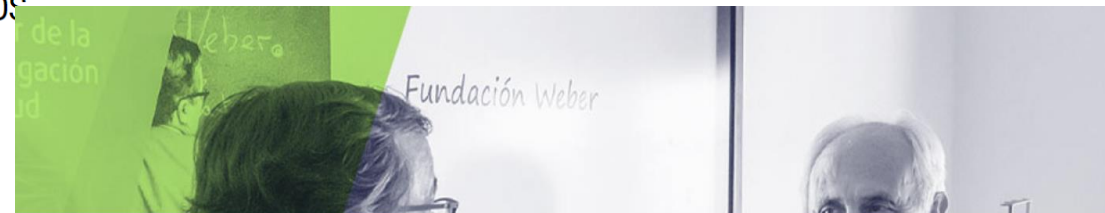
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PRIMER CONCURSO DE LA FUNDACION WEBER PARA RECIBIR FORMACIÓN Y APOYO EN LA ELABORACIÓN DE PROPUESTAS DE INVESTIGACIÓN PARA LA MEJORA DE LA CALIDAD DE VIDA DE LOS PACIENTES Y EL DESARROLLO DE SUS ASOCIACIONES \*CONVOCATORIA CERRADA\*

Presentation of the prize to FUNDAME



III Premio Protagonista del Año en Enfermedades Raras  
2023

El objetivo de este premio es reconocer la labor de organizaciones, asociaciones de pacientes y resto de instituciones que a



Premio Protagonista del Año

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IMPact Genómica: Medicina de precisión. Fundación Pública Gallega de Medicina Genómica





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