



Mutual Aid Scheme to improve Cancer Drug Access in HK

探討民間互助平台如何能改善
癌症病人【有藥無錢醫】的狀況

BY

病不孤單
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WeCareBill Foundation is a member
of the Civil Society Engagement
Mechanism CSEM of Universal
Health Coverage 2030 cohosted by
WHO and the World Bank.
#UHC2030

To: The Legislative Council HKSAR,
Panel on Health Services
Subcommittee on Issues relation to the support for Cancer patients

The Legislative Council of the Hong Kong Special Administrative Region

Panel on Health Services

Subcommittee on Issues Relating to the Support for Cancer Patients

Re: Mechanism for the arrangement for the provision of sustainable and affordable drug treatment for cancer patients.

A significant portion of low to middle income patients is unable to afford self-financed cancer drugs in Hong Kong public hospitals. The issue is worsening, as new cancer drugs are getting more expensive.

In a prosperous economy like Hong Kong's, there is still a significant proportion of low to middle income families unable to finance their cancer drug treatments. According to a recent survey, 30%¹ of liver cancer patients decided not to take up target therapy due to financial difficulties. The treatment cost of self-financed cancer drugs is in the range of HKD 20-60k per month. As of July 2019, out of 60 cancer self-financed drugs, 36 of them are not covered in Hong Kong Hospital Authority's safety net for specific conditions². Self-Financed drugs could be a big burden to low-to-middle-income families who fall outside the government's safety net.

With the emergence of immunotherapy and innovative cancer-targeting treatments, there comes the issue of the increasing financial cost of treatment - unfortunately following the trend seen in the United States³. If there are no new financing solutions, it is estimated that almost half of patients will be unable to capitalize on

¹ https://orientaldaily.on.cc/cnt/news/20191003/00176_059.html

² WECAREBILL FOUNDATION: Hong Kong cancer patients in public hospitals need a better information system on funding for "self-financed" drugs.
https://www.scmp.com/comment/letters/article/3029669/hong-kong-cancer-patients-public-hospitals-need-better-information?fbclid=IwAR3bpG0KfV8kqg1d-LeW8EU7mxAyJc2FuQwHfZuZ_PfhC842468i9tNd3NE

³ Global Oncology Trends 2018 <https://www.iqvia.com/insights/the-iqvia-institute/reports/global-oncology-trends-2018>

Oncological advancements due to an inability to meet the cost of new treatments in the coming few years.

Barriers to expensive drug access is an unfortunate outcome of the funding pressures that the Hospital Authority is under, and the issue is unlikely to change as the authority allocates resources based on cost effectiveness. But it has big implications to patients and their families.

Like any government-funded health care system, the Hospital Authority in Hong Kong has budget constraints and simply lacks the means to pay billions of dollars for cutting-edge treatments. This is an unfortunate outcome of the funding pressure that the Hospital Authority is under, and the issue is unlikely to change as the authority allocates resources based on cost effectiveness. And it has big implications for cancer patients and their families. According to research, reimbursement coverage of oncology drugs is still limited and significantly delayed in Hong Kong compared to other countries with a similar GDP per capita⁴. Without a doubt, there is an urgent need for innovative solutions to promote access to critical treatments.

Commercial health insurance is not intended to reach low income, elderly and less healthy people: these groups are at the heart of the drug access problem.

Commercial health insurance is another payor that the health system relies on to finance expensive drugs. However, due to commercial reasons, coverage for low income, elderly and impaired health groups is particularly low, because:

- 1) Health or medical insurance is expensive. Bundled with cover for private hospital expenses, the annual cost is in the thousands of dollars, and includes loadings for administration and distribution expenses as well as profit.

⁴ Dr Sun D, Duttagupta S CBPartners, New York, NY, USA
[https://www.valueinhealthjournal.com/article/S1098-3015\(15\)01324-8/pdf](https://www.valueinhealthjournal.com/article/S1098-3015(15)01324-8/pdf)

- 2) Current health and medical insurance products have coverage gaps for expensive cancer drugs. For example, the annual upper limit for drugs on standard VHIS (Voluntary Health Insurance Scheme) products is only HKD 80k per year. This limit is only sufficient for less than two months of one of the first generation ALK-targeted therapies for Lung cancer treatment.
- 3) Due to risk selection, higher risk individuals such as senior citizens and impaired health segments are not covered by commercial insurance.

Due to the above, cancer drug access problems are most prominent in low to middle income, elderly and high health risk individuals.

Alternative financing solutions are needed to address the issue. Leveraging the concept and technology of the sharing economy, WeCareBill Foundation is researching how a Mutual Aid model can be adopted in Hong Kong.

Chinese tech giants have proven the concept of the Mutual Aid model, and about 100m people are currently covered under such a scheme in Mainland China with shared costs of less than RMB 3 per month. One third of the individuals covered are from relatively poor rural areas.

We are studying the adaptations required for the model to work in Hong Kong's relatively small risk pool, with particular on:

- Small group risk pooling and mitigation, to overcome issues of the lack of economies of scale in piloting and developing such a scheme
- The Death Spiral issue that led to the bankruptcy of Mutual Aid Societies for Obamacare in the United States. In particular, how to attract and retain healthy risks in the pool and share risks fairly with the less healthy, older and substandard risk.

With some adaptations to address the issues above, we believe that the Mutual Aid model in a non-profit setting could be a new financing method to address cancer drug access, in particular for the segments that cannot be served by insurance or the government safety net.

We believe, through technology and innovative adaptations, the Mutual Aid model can provide universally affordable cancer drug coverage, supplementing government safety nets to fill the gaps for low to middle income families. At a later stage the model may be extended to serve the needy segments for elderly and impaired health groups with some form of cost effective subsidy.

We are therefore calling for action and support from different organizations to support the initiative and improve cancer drug access in Hong Kong. At the same time, we are asking for government support in our research and to pilot Mutual Aid scheme so as to serve as the new financing resources for expensive drug access.

ABOUT WE CARE BILL FOUNDATION

Patient Empowerment using technology

Started in 2018 by a cancer patient family, WeCareBill is a non-profit organization, which aims to use technology to empower cancer patients in their treatment journey. In addition to championing cancer drug financing innovation, we are also establishing a drug knowledge database and hotline to let patients understand and plan their treatment. Our team consists of qualified actuaries, registered pharmacists and students from medical-related fields: we have been working since 2018 on different patient empowerment initiatives.

IRD application number: 91/16493

Website: wecarebill.org

[Fb.com/wecarebill](https://www.facebook.com/wecarebill)

A member of the Civil Society Engagement Mechanism CSEM of UHC2030 pioneered by WHO and the World Bank

ABOUT UNIVERSAL HEALTH COVERAGE 2030, UHC2030

The World Bank and WHO champion Universal Health Coverage 2030 (UHC 2030). The target is to achieve Health for All by 2030. WeCareBill is proud to be part of the movement, and is dedicated to improve cancer drug access as part of its patient empowerment mission.

Our foundation is a member of the Civil Society Engagement Mechanism CSEM of UHC2030. We are committed to accelerate digital for UHC2030 so as to address various coverage gaps for expensive cancer treatments.

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