Interview: Michel van Agthoven – Chair of the Pharmaceutical Committee (Access Team), The American Chamber of Commerce in the Netherlands



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Michel van Agthoven outlines the role played by the Pharmaceutical Committee of the American Chamber in contributing to healthcare related policies in the Netherlands through research programs and by encouraging collaboration between stakeholders. The Committee aims to contribute to the improvement of key aspects of the healthcare system in the Netherlands.

Can you please introduce the American Chamber (AmCham) Pharma Committee in the Netherlands to our international readers?

The American Chamber Pharma Committee has been around for about fifteen years here in the Netherlands, and we have always had the same key objective: to contribute to the health and welfare of Dutch citizens in general, Dutch patients in particular and, at the same time, to contribute to a favorable R&D climate for the industry. The introduction of our innovative medicines to the Dutch market plays a key role in this respect. We aim to outline the added value of the presence of our companies in the Netherlands to the society and the added value of our innovations to patients and society by outlining the health and socio-economic benefits they bring along.

What has the Pharma Committee found to be the most effective channels in the pursuit of this agenda?

We aim to contribute to access to medicines and R&D, to ensure that patients who are eligible for specific treatments will benefit from them, and to contribute to the Netherlands being an attractive place to do research. As such, we are engaging in long term projects regarding policies relating, for example, to access in the Netherlands, and we are trying to encourage improved cooperation with all the stakeholders involved in this field.

Over the past fifteen years we have employed the same formula to contribute to this wider goal: every year choosing a particular topic of focus (usually a particular challenge in healthcare related to innovation and R&D) and then selecting a research partner willing to engage in in-depth academic research for that particular topic with us. That research is supposed to increase the knowledge of all involved stakeholders, so that we and they can all benefit. Once the research has been carried out, we will disseminate the findings to all the stakeholders. Some examples of topics which we have examined in the past are clinical research and innovations that might contribute to patients returning to work and other social obligations more optimally or more quickly. During the last couple of years, our focus has been on the Dutch Health Insurance Act because, although it has been around since 2006, there are still many issues to be fine-tuned within this legislation.

What is your assessment of the Dutch healthcare and insurance systems?

I think it is fair to say that the Netherlands has a high-standard healthcare system, which sometimes appears to be forgotten.

As for the insurance side, our system of regulated competition aims to combine all the positive aspects from competition with the necessary net of regulations. If you look at the two studies Erasmus University has been conducting for us over the past two years, I think the general conclusion is that we are well underway with the new system but we are not there yet. A couple of years ago, our own Minister described the system as being “stuck in the middle” in the sense that, coming from an old system it always requires several years to truly benefit from the advantages of the new system. In our current system, the healthcare insurers are supposed to buy effective and efficient care on behalf of the insured. The studies that have been carried out show that so far there has been a particular focus on the cost side of the equation. However, the focus on the quality side and the outcome of care still has to be improved further. This is a very difficult topic and it is, of course, easier said than done because the outcome of treatment is much more difficult to measure than the cost. There are still many challenges ahead of us in this respect.

In terms of innovative medicines, what we have been seeing over the last couple of years is that both access to them and time to market have been deteriorating in the Netherlands. It is a pity because I believe it is also fair to say that both our Ministry, as well as our reimbursement authority, are in favor of exploring new avenues related to access to medicines. At the same time, we see that, although people often claim that the cost of medicines is rising in the Netherlands, the cost of medicines as a percentage of the budget has flat lined over the past several years. However, it is a fact of life that those who work in hospitals are confronted by the rising costs of expensive medicines. Many expensive medicines have been transferred to the hospital segment in the past couple of years and, at the same time, that same hospital segment's new target has been to not allow costs to increase by more than 1% annually. These two aspects are, to say the least, somewhat incongruous. As such, problems have resulted and all the stakeholders should definitely work on finding a joint solution.

What type of policy recommendations would AmCham favor to optimize the healthcare insurance model?

AmCham is not focusing on specific reimbursement strategies but rather on the broader environment, which is why we have been focusing on the question of how the healthcare insurance system is basically performing so far. It is easy for a pharmaceutical company to say that healthcare insurers should do x, y, and z or say that they (whomever they are) should make sure the policies are improved, but that is not how it works, especially in the Netherlands where we are known for our Polder system. What we as stakeholders jointly need to do is to more effectively work together to co-shape the environment and to exploit both the therapeutic as well as economic benefit of treatments. As such, the AmCham is not behind the steering wheel but we are providing research, arguments, and discussions by which we hope to make our contribution to a better healthcare system.

What have been some of the recent themes of your research partnerships, and which institutions are you working with to carry out your research?

In 2014, we looked at the conduct of the Dutch healthcare system as whole, and it was determined that more focus needed to be devoted to outcomes rather than cost. In 2015, we therefore focused on how to measure these outcomes, and, in 2016, competition policy is our main area of attention. We always aim, for the duration of at least one year, to engage in a partnership with one particular research institution. Three years ago, we decided to focus on the healthcare insurance model and how it is performing, and, as such, we began a partnership with the Erasmus University in Rotterdam. They have been contributing to the system of healthcare insurance for a couple of

decades and have an in-depth knowledge of the system.

Looking forward, what would you like to accomplish on behalf of the AmCham Pharma Committee and the American pharma industry here in the Netherlands over the next five years?

It would be great if, in a couple of years' time, we could say that through our collaborations with institutions such as the Erasmus University we have contributed to an even more improved healthcare system – expressed in improved outcomes, both for patients as well as society. It is always difficult to identify causal relationships in this matter but what we are doing at the AmCham is sponsoring this research and giving academics the opportunity to spread the word in terms of their findings. Additionally, we organize a Clingendael Symposium every year because we believe that it is beneficial not only to undertake research but also to come together with a group of important stakeholders to discuss this research and its conclusions and, at the same time, come to an understanding of what each stakeholder is working on and what keeps them awake at night. So, the dialogue in itself is valuable in that respect. Obviously, we also hope to keep on contributing to a more improved system of access to innovations, which requires very good collaboration between stakeholders and, of course, the R&D climate is something that we should continue to emphasize the importance of. Next to emphasizing the clinical benefit of our innovations, we will contribute to improved expression of the economic benefit of the innovations. Moreover, we hope to attract new firms and talent because we are greatly located here as a hub to Europe. Here in the Netherlands, the basic ingredients are present for us to be positioned as a research-oriented country, e.g. with a good network of academic institutions in a close distance from each other.

It seems like it is very smooth sailing here at AmCham, but is there anything that is keeping you up at night?

Basically, it is the access to innovation and the fact that there is room for improvement in bringing the message across of the value that innovations bring to society. The pharmaceutical companies are working night and day to bring innovations to the market of which we believe will be of great benefit to the patients and society. Obviously, as pharmaceutical companies we should do our best to contribute to affordability. We believe that in the end, together with all stakeholders involved, we are working towards a future where there is an improved focus on outcomes, both for patients as well as for society.

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