The evidence researched by the HTA area, and not individual medical decisions or a more robust personalized medicine approach. This original research is aimed at the EU to gain insight into their needs, perceptions, and readiness to shift toward a personalized medicine paradigm. The survey of approximately 300 biopharma executives, payers, and providers in the US and Europe showed that personalized medicine is an emerging business model that harnesses individual patient characteristics. Market stakeholders universally acknowledge the potential of personalized medicine for improving health outcomes, reducing costs, and increasing patient satisfaction. The results of this survey indicate that personalized medicine is a “very important” strategic goal for 40% of large biopharma manufacturers. Although 47%-52% of all stakeholders have integrated staff with area expertise, fewer than 20% have developed a centralized focus on personalized medicine and only 8%-20% believe they have tools to evaluate its success. Decision maker perspectives ranged broadly on its key benefits but included improved and more predictable outcomes and cost efficiencies. Approximately 30% of all stakeholders believe that personalized medicines will continue to receive priority to justify ROI for HTA and public health decision support. OBJECTIVES: Although most stakeholders see value in personalized medicines, they struggle with practical implementation and need actionable strategies to characterize the value and impact of these technologies. The survey suggests that limited emphasis on infrastructure development and methods, heterogeneous value assessment, and misalignment of incentives remain key challenges to enabling care and economic efficiencies promised by this evolving treatment paradigm.

This presentation highlights the importance of personalized medicine in the future of health care. Future work is underway to develop numerical MCDA modelling is not always necessary: deliberative discourse with the decision makers organiszted to address these issues. The increased number of international patients from a medical hub along with the forming of the ASEAN Community would affect pharmaceutical costs in Thailand and put extra strain on its health care system. In addition to the escalated number of foreign patients, the shortage of health care professionals and the problem of their distribution in the country would be exacerbated. Last, this paper discusses proposed alternatives for the issue. One alternative solution that might diminish the effect of rising pharmaceutical costs to Thai patients is that the Thai government needs to negotiate with pharmaceutical companies to reduce the shortage of the health care professionals in Thailand, the restrictions on foreign access options.

OBJECTIVES: There has been an increase in the number of multi-criteria decision analysis (MCDA) applications in health care since 1990s but there is still confusion among potential users regarding their appropriate use and this paper reports on an expert MCDA meeting organised to address these issues. METHODS: An expert meeting was held in 2013 in UK with 21 representatives from a variety of governmental, academic and pharmaceutical institutes, who had the objective to discuss the role, options and limitations of MCDA in health care decision making. RESULTS: The key messages and good practice recommendations developed by the participants of the expert meeting are as follows: a) Problem structuring is key: it is recommended that enough time is allocated in the meeting to define the problem under consideration, b) Numerical MCDA modelling is not always necessary: deliberative discourse with the performance matrix as a starting point is sufficient in some situations rather than numerical MCDA models, c) Variety of weighing and scoring techniques: There are a variety of different methods that can be employed to elicit the weights assigned to criteria and evaluate the alternatives, d) Scoring method and weighting technique: Scoring method and weighting technique is likely to be biased, and may lead to over- or under-estimation, e) Uncertainty modelling: Appropriate uncertainty models need to be developed to perform uncertainty analysisCONCLUSIONS: MCDA has been recommended as a tool to improve the decision-making process in health care decisions. Future work is underway to develop the guidelines for choosing the most appropriate MCDA method to be applied for a given health care decision problem.