Background

• Relevance\(^1\)
  – Payers *outside of the US* view Patient Reported Outcomes (PROs) as relevant in determining patient access to a drug.
  – US payers have traditionally not viewed PROs as relevant in determining patient access to a drug.

• US payer perspectives may be changing based on changes in the US healthcare environment as the Affordable Care Act is tying payment to achieving quality standards\(^2\)

• State and federal quality initiatives include \(^3, 4, 5, 6\)
  – National Quality Forum white paper on PRO performance measures
  – NCQA developing PRO metric for implementation in EHRs
  – Medicare’s “HOS” rating metric based on the SF-12 Health Survey metric
  – Medicaid plans require reporting of PRO data using the SF-12 Health Survey

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\(^2\) – aspe.hhs.gov/health/reports/2014/HealthCarePurchasing/rpt_vbp_summary.pdf
\(^3\) – www.qualityforum.org/Publications/2012/12/Patient-Reported_Outcomes_in_Performance_Measurement.aspx
\(^4\) – www.ncqa.org/Portals/0/SOHC-web1.pdf
\(^6\) – Memorandum of Understanding (MOU) Between The Centers for Medicare & Medicaid Services (CMS) And The State of California Regarding A Federal-State Partnership to Test a Capitated Financial Alignment Model for Medicare-Medicaid Enrollees California Demonstration to Integrate Care for Dual Eligible Beneficiaries.
Objective

Identify U.S. payers’ current and future insights regarding the use of PRO* evidence in making patient access decisions for pharmaceuticals.

* We define PROs *broadly* as a patient’s experience with a disease and its treatment.

Methods

Collect payer insights regarding the relevance of PROs, using the following dimensions in a semi-structured interview guide:

- General perspective on PROs
- PRO relevance in today’s U.S. health care environment
- PRO relevance in the United States in five years
- Use of PRO evidence in population-based access decisions

One hour, double blind telephone interviews, n = 12

- Commercial payer — national: (2)
- Commercial payer — regional/local: (2)
- Accountable Care Organizations (ACO): (2)
- Pharmacy Benefit Manager (PBM): (2)
- Self-insured employer: (1)
- Actuary: (1)
- Veterans Affairs (VA): (1)
- Department of Defense: (1)
Results: Current and future appetite for PRO evidence

10-point rating scales

- How relevant (now)? 3.7
- How relevant (future)? 6.3
- Would you like to see more (now)? 6.1
- Would you like to see more (future)? 6.6
- Should Pharma invest more (now)? 5.6
- Should Pharma invest more (future)? 6.3

Future = PROs used in quality assessment
Results: Total scores show variability across payers

- DOD: 58
- ACO: 55
- Actuary: 48
- VA: 48
- ACO: 41
- PBM: 34
- Comm - Reg: 31
- Comm - Reg: 28.5
- SEI: 27
- PBM: 21
- Comm - Nat'l: 17
- Comm - Nat'l: 15
## HEADLINES

- Not all U.S. payers are alike in how they use PRO data
- How do they differ? *time horizon* and *amount of risk*
- U.S. payers are very interested in receiving PRO education. How do you use, assess, interpret PROs and apply their findings?

## OPPORTUNITIES

- Satisfy payer needs with relevant PRO education and evidence
- Incorporate payer evidence needs into overall PRO strategy for drug development
- Focus on standardized PROs with straightforward interpretation
Solutions

Internal to a pharmaceutical company
Integrate payer perspective when developing PRO endpoints

What’s new? Endpoints and interpretations defined explicitly for payer audience.
Place payer endpoints low in hierarchy; protect regulatory strategy.
Interpret PROs for payers with long-term view, cost implications.

External to a pharmaceutical company
• Sponsor U.S. payer PRO education
• Focus on relationship between self-rated health and future medical costs
• Venues:
  – Health care professional meetings
  – Payer meetings
  – Online health care professional PRO CME
Thank you.