COMMENTARY

The Value Challenge: Examining the Transformative Strategies to Measure or Evaluate the Value of Health Care Interventions

Bryan R. Luce, PhD, MBA*
Evidera, Inc., Bethesda, MD, USA

As we all are aware, there are many windows into the concept of health care value. When I look through the windows, I frequently begin by appealing to Mishan’s wise words: “An imprecise estimate of the right concept is superior to a precise estimate of the wrong concept” [1]. To my mind, these words are particularly germane today relative to identifying and measuring health care value.

For some time now, the health economic policy and academic communities and, particularly recently, the nontraditional health care stakeholders have worked to define health care value, refine approaches to measure value, and refocus policies to enhance implementation of high-value care [2–7]. Nevertheless, as is well understood, the quest to enhance health care value has encountered heavy headwinds, especially in the United States. In this brief introductory commentary, I do not have space to address the many reasons for these headwinds, but suffice it to say that they are quite likely influenced by the unique cultural and political American historical context [8].

With the aforementioned and many other value-related activities in mind, in 2017 the PhRMA Foundation established its own “Value Assessment” initiative, which included research awards and center of excellence awards [9]. In addition, the foundation inaugurated a unique value assessment challenge award that posed the question “What are the transformative strategies to measure or evaluate value of health care interventions that could be implemented to advance a value-driven health care system in the United States?” [10]. The top three challenge-winning articles have been published in this issue [11–13]. Each article views value through a different lens. Interestingly, none addresses value in terms of cost per quality-adjusted life-years saved, which has been the mainstay of much of the health care value debate over the years.

The first article tackles the important issue of identifying and ultimately ridding the health care system of low-value care. The article initially characterizes existing efforts as falling into three general approaches: 1) the additive approach that uses an “80/20”-type rule by identifying, measuring, and ultimately targeting a relatively small set of costly low-value services to be eliminated; 2) the indicator approach that tracks a relatively small number of low-value services hypothesizing that they signal systemic waste that is used to statistically approximate the overall magnitude of low-value care; and 3) the comparative approach that analyzes spending relative to health outcomes across geographic areas or organizational units. Taking advantage of the strengths and minimizing the limitations of these three approaches, the authors propose a comprehensive methodology for measuring and tracking low-value care in the United States. The article identifies both near- and long-term efforts for implementation that can help improve health care efficiency and curb wasteful spending [11].

The second article views health care value through the lens of the process of care itself, specifically relative to physician-patient shared decision making. It argues that positive patient-provider communication leads to improved therapeutic value. As a vehicle to discuss the role and value of shared decision making, the author describes the highly heterogeneous nature of eczema, which she believes requires empowering patients with information to tailor treatment regimens to the patient’s personal needs and preferences to optimize treatment success. The article goes on to describe the shared decision-making activities of the National Eczema Association’s Shared Decision-Making Resource Center [12].

The third article addresses value in terms of patient engagement relative to four recent value frameworks, including the Institute for Clinical and Economic Review, the American Society of Clinical Oncology, the National Comprehensive Cancer Network, and Memorial Sloan Kettering. It describes the National Health Council’s (NHC’s) “Value Initiative,” launched in 2016 in response to NHC’s observation that these four frameworks were initially formulated with little to no patient engagement involved. Taking advantage of the fact that a number of NHC members, including patients, had already been systematically interacting with each of the value framework developers, NHC formed a work group and fielded a survey to evaluate these members’ personal engagement experiences with framework developers with the aim to evaluate the impact of the engagement process on the value assessment reports and to generate a set of best practices for such engagement going forward. The article presents recommendations falling into four categories: 1) timing of engagement, 2) methodology and data, 3) partnering with patients, and 4) characterizing the engagement process [13].

Thus, these three articles stemming from the PhRMA Foundation’s “Value Assessment” initiative consider health care value

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*Address correspondence to: Bryan R. Luce, Evidera, Inc., P.O. Box 2046, Bethesda, MD 20814.
E-mail: bryan.luce@evidera.com.
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from quite different points of view: identifying and ridding the health care system of low-value care, improving value at the point of care through physician-patient shared decision making, and improving health care value assessment by including the patient voice by engaging with evaluators and researchers. None of these approaches will lead to a precise measurement of value, but each is clearly related, however imprecisely, to the real-life notion of value.

I think Mishan would agree.

REFERENCES