

Value Assessment Initiative 2019 Challenge Awards Request for Proposals

A Challenge To Identify New Techniques To Improve Decision Making



Opening Date	January 15, 2019
Letter of Intent Due	March 15, 2019
Notification to Proceed with Full Paper	April 1, 2019
Full Paper Submission Deadline	May 1, 2019
Anticipated Award Notification	June 1, 2019
Event to Showcase Award Winners	Fall 2019



Challenge Award

Measuring value in any context is increasingly challenging. These challenges become even more complex in the context of health care. Establishing the value of a health care decision entails recognizing many interrelated components, such as relative effectiveness, side effects and convenience. Each component is weighed differently from one person to another and its importance can vary depending on the circumstances. Value may vary based on individual characteristics, such as age or health status, and individuals who may share similar characteristics don't always have the same view about an intervention's value. How an individual values a treatment may also change at different points in his or her life.

Cost-effectiveness analyses using the quality-adjusted life year (QALY) are the most commonly utilized approach to value assessment among health care researchers. While the QALY offers a tangible way to standardize comparisons across diseases, intrinsic challenges of the metric have hampered its broader adoption and utility. Since its adoption, the QALY has been criticized for significant methodological, contextual and ethical shortcomings. An underlying concern in using QALY-based cost-effectiveness analyses is the potential to interfere with individual choice or clinical needs by applying an aggregated, average value to a heterogeneous population. Common areas of criticism include, but are not limited to:

- 1. Heterogeneity:** Inadequate reflection of patient differences in preferences and characteristics
- 2. Scope:** Limited capture of all dimensions of value that matter to patients, caregivers and society
- 3. Ethics:** Discrimination concerns against seniors and individuals with disabilities or chronic health conditions
- 4. Measurement:** Sensitivity to the underlying tools and populations used to capture preferences

There is more potential now than ever before to address these challenges and move beyond the QALY. In the 30 years since the QALY was first introduced, the practice of medicine has become increasingly personalized and more curative therapies for previously untreatable conditions are on the horizon. In addition, there have been significant advances in scientific innovation and ability to capture and utilize patient data. Across the health care industry, there are numerous opportunities to improve value measurement, e.g. digital technology and the wealth of patient registry data, electronic medical records and patient-reported outcome measures. There is also an opportunity to learn from the experiences of fields outside of health economics and outcomes research that explicitly acknowledge the complexity and heterogeneity of human decision-making, such as operations research, management science, political science and psychology.

2019 Challenge Award Question

The PhRMA Foundation Issues The Following Challenge:

What are innovative, patient-centered approaches to contribute to health care value assessment that move beyond the inherent limitations of analyses based on the quality-adjusted life year metric?



Award Funding Details

Recipients of Challenge Awards will be honored and asked to present their winning papers at a public forum in 2019. Awards will be given in the following amounts:

- The winner will receive **\$50,000**
- The runner up will receive **\$25,000**
- Third and fourth place will receive **\$5,000**

The PhRMA Foundation will not support evaluations of specific health care interventions.



Application Process

The Challenge Award application process has two stages.

1. Candidates should submit letters of intent (LOIs) to Eileen Cannon, President, PhRMA Foundation, at Foundation@PhRMA.org no later than **March 15, 2019**, to initiate the application process. LOIs will be reviewed for potential program fit, novelty, importance, rigor and clarity.
2. Qualified applicants will be contacted no later than April 1, 2019, with a request to submit the full paper describing their response to the challenge question. Papers are due **May 1, 2019**, and will be evaluated by a panel of qualified reviewers.



Award Expectations

The PhRMA Foundation is committed to driving real change in health care delivery and recognizes the benefit of shared knowledge. Therefore, the Foundation will establish a Value Assessment Research Network to encourage collaboration and dissemination of findings borne out of the program.

Recipients of all PhRMA Foundation awards under the Value Assessment Initiative will become members of the Network and be asked to participate in periodic calls or in-person meetings to discuss and drive advancement in the field.

The PhRMA Foundation will host a public forum in 2019 to highlight activities funded by this program. Awardees must be willing and available to present their winning papers at this forum.

Award recipients must be willing to participate in two workshops sponsored by the PhRMA Foundation in 2019 to discuss their research efforts with fellow award recipients.



Eligibility

In an effort to broaden participation in this year's Value Challenge question to new audiences, special consideration will be given to papers that approach the challenge question from the perspective of non-health care sector sources, individuals or organizations.

Collaboration across stakeholder groups and fields of discipline is encouraged.



Letter of Intent and Application Considerations

Evaluating the value of health care interventions is challenging. But, when designed well and used appropriately, tools that quantify the value of a health care treatment can inform decision-making for patients, providers and payers. There are several criteria to consider in developing solutions to drive high-quality value assessment.

Stakeholder Engagement A vital step to a successful shift toward a value-driven health care system is ongoing engagement with stakeholders. It is particularly important to incorporate patient perspectives and acknowledging that all individuals are future recipients of health care and are driving factors of high-quality value assessment. Recommendations for patient engagement processes are made available by the National Health Council.¹

Real-World Applicability All funded activities should generate resources, evidence or ideas that can be applied feasibly in the U.S. health care system. Variations in practice patterns or disparities in care (e.g., demographics, socioeconomic status and type of insurance) should also be acknowledged.

Review and Validation Research activities should be subject to systematic ongoing validation to ensure that accurate, truthful and non-misleading and reproducible findings are generated. Results should not be disseminated until validated through expert review, with input provided by all relevant and qualified stakeholders. The process of review should be well-documented and accompany the dissemination of the results.

Patient-Centered Decision-Making Value assessment tools create opportunities to support patient-centered decision-making if patients and other stakeholders are able to review and customize value information based on their own preferences. For example, the second panel on cost effectiveness in health and medicine recommends that all potential consequences of care should be presented in a transparent and disaggregated form, such as in an “impact inventory table”.ⁱ Additionally, all criteria should be quantified and included in assessments if possible.

Addressing Uncertainty Tools or frameworks that assess care value should adequately explain and address all sources of uncertainty (e.g., in parameter selection, decision process, measurement) and conduct and present relevant sensitivity and scenario analyses.

Submission Components

This program is requesting that prospective candidates submit a letter of intent prior to the submission of a paper. The letter of intent should include the following:

Letter of Intent Components:

- Descriptive title of proposed paper
- Name, address and telephone number of the applicant(s)
- Names of other key personnel (if applicable)
- Applicant(s) CV or biosketch
- Affiliated or participating institutions (if applicable)
- Proposed response to challenge question, not to exceed 600 words

Paper Submission Components (if LOI is approved by review panel):

- Descriptive title of proposed paper
- Name, address and telephone number of the applicant(s)
- Names of other key personnel (if applicable)
- Applicant(s) CV or biosketch
- Affiliated or participating institutions (if applicable)
- Response to challenge question in a paper suitable for publication, not to exceed 3,000 words

References

i National Health Council, Patient Engagement. Available at: <http://www.nationalhealthcouncil.org/public-policy/patient-engagement>

ii Sanders GD, Neumann PJ, Basu A, et al. Recommendations for Conduct, Methodological Practices, and Reporting of Cost-effectiveness Analyses: Second Panel on Cost-Effectiveness in Health and Medicine. JAMA. 2016;316(10):1093-1103. doi:10.1001/jama.2016.12195.