

▼ The pValue Team's new grant will take a deep dive into the science of healthcare assessment. (left to right: Melanie Whittington, PhD; R. Brett McQueen, PhD; and Jonathan D. Campbell, PhD)



VALUE: REVISITING WHAT MATTERS FOR DRUG INSURANCE BENEFIT DECISIONS

BY SANDY GRAHAM

The University of Colorado Pharmaceutical Value initiative, or pValue, has been established to examine novel methods to improve decision-making around how drugs are included in an insurance benefit.

Healthcare systems and U.S. health insurance plans routinely decide which drugs they will approve for coverage, typically using comparative-effectiveness and sometimes cost-effectiveness analysis. pValue will examine how that process might be improved by also using multicriteria decision analysis, or MCDA. MCDA offers a promising complement to traditional analyses in assessing multiple and novel value criteria.

“Now, reimbursement decisions are made that may be evidence-based but the evidence that drives decisions may not be consistent with an understanding of value,” said Jonathan D. Campbell, PhD, who is the director of pValue and an associate professor in CU Pharmacy. A committee might weigh a drug’s benefits, harms, and costs in certain populations, and then deliberate and decide. Considerations important to

patients and insured populations may be missing or assigned inappropriate weights.

“A number of U.S. insurance benefit decisions happen behind closed doors with no clear indication of what does and does not matter,” Dr. Campbell said. “We are advocating for a more predictable decision-making process that includes aspects important to patients and insured populations. ...With MCDA, we are looking for more transparent, consistent and fair decision-making.”

For example, severity of a disease might not play into typical cost-effectiveness analysis. But with MCDA, results might show that “we want to pay more for a drug that impacts the really sick in our population,” Dr. Campbell said. This and other less-common criteria would be folded into MCDA.

Dr. Campbell considers the initial three-year grant period a time for pValue to explore and pilot-test MCDA.

“We don’t expect to be at the end of the road in three years but ... we do hope to make progress so we can continue to develop what I’d call a decision aid or tool – not a rule,” he explained.

“It’s my opinion that we don’t want a fully automated process (in deciding what drugs are placed on formularies), but we do want a process that is considered fair by multiple stakeholders including patients, providers, payers, and manufacturers.”

This initiative was launched with a \$500,000 grant from the PhRMA Foundation in Washington, D.C., and a matching \$500,000 grant from the Anschutz-based Data Science to Patient Value, or D2V, initiative. pValue faculty are part of the Center for Pharmaceutical Outcomes Research in the Skaggs School of Pharmacy and Pharmaceutical Sciences.

“It’s an honor to be selected for this prestigious funding granted by the PhRMA Foundation and matched by the D2V initiative,” Dr. Campbell said. He and his pharmacy colleagues R. Brett McQueen, PhD, and Melanie Whittington, PhD, were awarded the grants in December.

The PhRMA Foundation’s grant to pValue is under its Value Assessment Initiative, which supports research projects that encourage patient-centered, value-driven care. The initiative has awarded more than \$2.8 million to date. It seeks transformative, multi-stakeholder-driven solutions to address challenges in assessing the value of medicines and healthcare services to improve patient outcomes and reduce inefficiency.

“We welcome the novel efforts of pValue to our network of Value Assessment Centers of Excellence,” said PhRMA Foundation President Eileen Cannon. “Their efforts to put what matters most to patients at the forefront of value assessments will help us move toward a value-driven healthcare system.”

D2V, which matched the PhRMA Foundation’s grant to pValue, is a multidisciplinary research initiative that focuses on “Big Data” methods, their applications to medicine and healthcare delivery, and ultimately, the achievement of high-value, patient-centered healthcare. It brings together top minds in data science, healthcare delivery and health services research to work closely with patients and other stakeholders to tackle important problems. “Big Data” is an evolving term that describes a large volume of structured, semi-structured and unstructured data with the potential to be mined for information.

“We are excited about the pValue initiative and want to congratulate Dr. Campbell and his team. The work proposed by pValue will be important towards helping us as care providers, health systems and investigators to deliver higher value care to our patients,” said D2V co-directors Michael Ho, MD, Jean Kutner, MD, and Lisa Schilling, MD.

D2V is one of five proposals supported through the Transformational Research Funding initiative in the CU School of Medicine Dean’s Office.

pValue’s vision is to become a national leader in conducting and advancing the science of U.S. pharmaceutical value assessment to aid coverage and reimbursement decision-making. 🌍