Listening to Purchasers, Payers, and Industry: Meeting Stakeholder Needs for Comparative Effectiveness Research

January 28, 2016
Welcome

We welcome your questions and comments via the chat function on the right side of your screen.

We welcome your comments via Twitter to @PCORI and #PCORI.

An archive of this webinar will be posted to http://www.pcori.org/events/2016/listening-purchasers-payers-and-industry-meeting-stakeholder-needs-comparative following this event.

If we are unable to address your question during this time, please e-mail your question to us at surveys@pcori.org.
Introductions

Moderators:
• Lori Frank, PhD, PCORI, Program Director Evaluation and Analysis
• William Silberg, PCORI, Director of Communications

Presenters:
• Thomas Concanon, PhD, RAND, Senior Policy Researcher, Faculty Member, Pardee RAND Graduate School

Discussant:
• Joanna Siegel, MS, ScD, PCORI, Director Dissemination and Implementation
Introductions

Panelists:

• Thomas Parry, PhD, Integrated Benefits Institute (IBI), Purchaser Stakeholder

• Derek Robinson, MD, MBA, FACEP, Health Care Service Corporation (HCSC), Payer Stakeholder

• Randy Burkholder, Pharmaceutical Research and Manufacturers of America (PhRMA), Industry Stakeholder
Agenda

• Introduction to PCORI
• RAND Project Background & Objectives
• RAND Project Approach
• Key Project Findings
• Implications for PCORI & Stakeholders
• Panel Discussion & Questions
Introduction to PCORI
About PCORI

• An independent research institute authorized by Congress in 2010
• Funds patient-centered comparative effectiveness research (PC-CER) that engages patients and other stakeholders throughout the research process
• Seeks answers to real-world questions about what works best for patients based on their circumstances and concerns
PCORI - Our Mission

PCORI helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader health care community.
We Fund Patient-Centered Comparative Effectiveness Research

- Measures benefits in real-world populations
- Describes results in subgroups of people
- Generates and synthesizes evidence comparing benefits and harms of at least two different methods to prevent, diagnose, treat, and monitor a clinical condition or improve care delivery
- Helps consumers, clinicians, purchasers, and policy makers make informed decisions that will improve care for individuals and populations
- Informs a specific clinical or policy decision
How is Our Work Different?

• We fund research on which care options work, for whom, under which circumstances.

• We focus on answering questions most important to patients and those who care for them.

• We aim to produce evidence that can be easily applied in real-world settings.

• We engage patients, caregivers, clinicians, insurers, employers and other stakeholders throughout the research process.

• This makes it more likely we’ll get the research questions right and that the study results will be useful and taken up in practice.
Who Are Our Stakeholders?

- Clinicians
- Caregivers/Family Members
- Purchasers
- Policy Makers
- Patients/Consumers
- Hospitals/Health Systems
- Industry
- Researchers
- Training Institutions
- Patient/Caregiver Advocacy Organizations
- Payers
- Policy Makers
- Industry
- Training Institutions
- Patient/Caregiver Advocacy Organizations
Research Presentation Agenda

• Project Objectives
• Approach
• Key Findings
• Implications
PROJECT OBJECTIVES
PCORI identifies nine stakeholder “communities” who have an important role to play in CER

- Patients
- Purchasers
- Policymakers
- Caregivers
- Payers
- Researchers
- Clinicians
- Industry
- Hospitals/health systems
The views of patients, caregivers, clinicians and researchers have been studied in prior PCORI contracts.
PCORI contracted with RAND to understand the perspectives of purchasers, payers and industry.
Who is Engaged?

Researchers reported on the communities engaged in their projects in the last year.

- Patient: 85% (1st Year) vs. 87% (2nd Year)
- Clinician: 88% (1st Year) vs. 85% (2nd Year)
- Advocacy Organization: 59% (1st Year) vs. 58% (2nd Year)
- Caregiver: 56% (1st Year) vs. 59% (2nd Year)
- Subject Matter Expert: 49% (1st Year) vs. 55% (2nd Year)
- Clinic/Hospital/Health System: 54% (1st Year) vs. 59% (2nd Year)
- Policy Maker: 12% (1st Year) vs. 18% (2nd Year)
- Training Institution: 16% (1st Year) vs. 17% (2nd Year)
- Payer: 10% (1st Year) vs. 13% (2nd Year)
- Life Sciences Industry: 3% (1st Year) vs. 6% (2nd Year)
- Purchaser: 0% (1st Year) vs. 2% (2nd Year)
APPROACH
We conducted 10 telephone and web-enabled focus groups with each community.

- Small employers (<50)
- Medium-sized (50-500)
- Large employers (>500)
- Business coalitions

- Public payers
- Private payers
- Integrated payers

- Device and diagnostics manufacturers
- Biopharmaceutical manufacturers
- Durable medical equipment manufacturers

n=75
A total of 75 participants across the 10 discussions

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<thead>
<tr>
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<th>Purchasers</th>
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<th>Payers</th>
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<th>Industry</th>
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<tbody>
<tr>
<td></td>
<td>Large Employers</td>
<td>Medium-sized Businesses</td>
<td>Small Businesses</td>
<td>Business Coalitions</td>
<td>Public Insurers</td>
<td>Private Insurers</td>
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<tr>
<td>Total contacted</td>
<td>60</td>
<td>95</td>
<td>45</td>
<td>35</td>
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<td>Agreed to participate</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>10</td>
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<td>9</td>
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<tr>
<td>Completed pre-focus group survey</td>
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<td>4</td>
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<td>9</td>
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<td>Participated in focus group discussions</td>
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Focus group protocol and surveys explored:

- Health decisions they make in their work
- Information they use to inform decisions
- Factors influencing their involvement in research
- Familiarity with CER and PCOR
- Views on PCORI mission, research, and initiatives
- Perspectives on the value of CER
A rigorous approach to data collection

- Pilot tested focus group discussion guides
- Collected data in stages
- Refined discussion guides as needed
- Audio recorded and transcribed discussions
Data were coded and analyzed

1. Qualitative data software
2. Codebook
3. Transcripts
4. Refined codebook
5. Sub-community reports
6. Differences & similarities within and between stakeholder communities
KEY FINDINGS
1. All stakeholder communities make a variety of health decisions...

**Purchasers**
- Health benefits
- Health plan selections

**Payers**
- Coverage decisions
- Setting co-pays
- Network inclusion

**Industry**
- Product coverage and reimbursement
- Targeted treatment for sub-populations
- Product use
- Product investment
…but seek information from different sources

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<tr>
<th>Source</th>
<th>Purchasers</th>
<th>Payers</th>
<th>Industry</th>
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<tr>
<td>Clinical Literature</td>
<td>✔</td>
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<td>Expert Reviews</td>
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<td>Demonstration Projects</td>
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<td>Professional Guidelines</td>
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<td>Self-funded research</td>
<td>✔</td>
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<td>Benefits Counselors</td>
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2. Familiarity with CER was high among payers and industry but mixed among purchasers

- **All groups**: CER could support a number of health care-related decisions
- **Purchasers and payers**: make coverage decisions and care recommendations for specific populations
- **Industry representatives**: use of products in the real world, identifying sub-populations for whom a product is more (or less) effective, investment decisions

15 of 28 familiar with CER

Already familiar with CER

- **Purchasers**
- **Industry**
3. Involving these stakeholder communities may be difficult unless CER is aligned with business interests.

**in·volve·ment**: stakeholders may serve on research projects as partners, staff, consultants, or advisors and be involved in every stage of research.

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<tr>
<th>Purchasers</th>
<th>Payers</th>
<th>Industry</th>
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<td>High Interest: Advisory roles</td>
<td>Lower Interest: Leadership roles</td>
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<tr>
<td>Choosing topics and defining questions</td>
<td>Funding research</td>
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<td>Designing research</td>
<td>Conducting research</td>
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<td>Dissemination &amp; implementation</td>
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Purchasers, Payers, and Industry:
- **Purchasers** represent the demand side of the equation, often with high interest in advisory roles for their specific needs.
- **Payers** are involved in funding research, with lower interest in leadership roles.
- **Industry** includes a variety of stakeholders, with interests ranging from high to low in advisory and leadership roles.
All stakeholder communities support PCORI’s mission...

PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.

- Patient-centeredness and multi-stakeholder approach
- Benefit to patients and clinicians
- Too broad in scope and lack of emphasis on translation
5. All agree PCORI’s CER should prioritize prevalent and high-cost conditions

- Cancer
- Cardiovascular conditions
- Multiple chronic co-morbidities

- Autism
- Mental and behavioral health
- Diabetes
- Musculoskeletal
6. Priority populations resonated with some payers, but less with purchasers and industry stakeholders

**Purchasers**
- Workforce composition
- Pre-/post-retirement
- Multiple chronic comorbidities

**Payers**
- Racial and ethnic minorities
- Persons with disabilities
- Large and integrated payers: LGBT

**Industry**
- Recognized that priority populations “reflect public health priorities”
- Focus on all patients eligible for care except when oversampling is needed
7. All viewed “real world” studies useful, but had different opinions on design elements

Most approved large study samples, randomized study designs, studying interventions in usual care settings

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<th>Purchasers</th>
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<tr>
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<td>Appreciate dissemination of early results</td>
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<tr>
<th>Payers</th>
<th>Opinions on Design</th>
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<td></td>
<td>Outcomes might include return-to-work measures</td>
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<tr>
<th>Industry</th>
<th>Opinions on Design</th>
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<tr>
<td></td>
<td>What does “usual care” entail for particular populations?</td>
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<tr>
<th>Industry</th>
<th>Early Dissemination</th>
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<tr>
<td></td>
<td>Cautious about early dissemination</td>
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<tr>
<th>Industry</th>
<th>Early Dissemination</th>
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<td></td>
<td>Publishing interim findings should be considered on individual study basis</td>
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Additional information about study design may be useful
8. Familiarity with PCORnet was mixed to low

A collaborative national resource using the power of partnerships and health data for better research.

- **Purchasers**: Low familiarity
- **Payers**: Mixed familiarity
- **Industry**: Mixed familiarity
But reception was positive once PCORnet was described

- New types of data
- Large-scale studies with limited resources
- Comparative analyses of care, interventions and outcomes

Topics

Purchasers
- Provider measurement
- Benefit design
- Network design
- Formulary development
- Smoking cessation

Payers
- Knee and hip replacement criteria

Industry
- Device information in EHR infrastructure
9. All communities saw value in CER for patients, providers, other stakeholders

The value of CER was considered especially high when design, implementation and translation are carefully tuned to the needs of each stakeholder group.

Uses of CER

**Purchasers**
- Benefits consultants
- Consumer health care decisions

**Payers**
- Rx benefits
- Payment policy
- Care guidelines

**Industry**
- High-value product investment
- Patient satisfaction
10. Cost information is important in decisions made by purchasers and payers

The anticipated absence of cost information in PCORI-funded CER was considered a roadblock to its usefulness.

- **Purchasers**
  - Cost and cost effectiveness
  - Value
  - Employer involvement

- **Payers**
  - Value
  - Patient-centeredness
  - Payer Involvement

- **Industry**
  - Endorsed restrictions on cost effectiveness analysis
  - Produce economic information for payers
Implications for PCORI & Stakeholders

Joanna Siegel, MS, ScD
PCORI’s Director of Dissemination & Implementation
Panel Discussion

Thomas Parry
Purchaser Representative

Derek Robinson
Payer Representative

Randy Burkholder
Industry Representative
Thank you!

• Acknowledgements
  – The RAND Corporation
  – The National Pharmaceutical Council
  – Focus Group Participants
  – Webinar Panelists

• Stay current with email alerts at http://www.pcori.org/home/signup and follow us on Twitter @PCORI

• Please find the RAND Final Report here

• Please send questions or comments to:
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  Director, Evaluation and Analysis
  surveys@pcori.org