

**OTHER IMPORTANT WAYS
TO BUILD PAYOR EVIDENCE
REQUIREMENTS INTO MEDICAL
COMMUNICATION PLANS**

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Accessing the Healthcare Markets



Rx Communications

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Other Ways to Provide Evidence To Payers





Rx Communications

What's the Problem?

- How do we make our own healthcare decisions?
- How do we make healthcare decisions for others?
- Where, how and when do we collect/use evidence?





The Problem

- One of the issues in healthcare is that in many cases, the party who pays for the healthcare is neither directly involved with the delivery of it, nor is the party who receives it.



Perspective is all important





How do you deal with your own healthcare issues?

- Ignore them until they go away



- Endlessly research until you find another 10 symptoms



- Arm yourself with a series of solutions you think might work and bully your doctor into prescribing them



- Abdicate from the issue entirely and leave it for Dr /your partner/anyone else to solve



What are your decisions based on?

- Evidence?
- Social Proof?
- Internet sources of information and advice
- Repetitive advertising or marketing?
- Authority figure?
- Your carer/partners choice?





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What do you actually do?

- Partially follow advice
- Abandon within 1 week if no effect
- Try everything simultaneously
- Do nothing



Rationalise and justify your actions





Even Payers Are Human

- The truth about relativity
 - Decoy effect
- The fallacy of supply and demand
 - Anchoring to price
- Emotion in decision making
 - High levels of emotion trigger irrational decisions
- The high price of ownership
 - Focus on loss rather than gain
- The effect of expectations

"Predictably Irrational" Dan Ariely 2008





ISPOR 2013 Plenary Session

- Cystic fibrosis is relatively common in Ireland
 - 1,200 patients with CF
 - High carrier rate and large families - “Celtic gene”
- Ivacaftor
 - Licensed in Europe in August 2012 for patients >6 years old
 - Very effective in patients with specific genetic mutation
 - Substantial lung function and weight improvements, both independent determinants of survival in CF
 - Effects sustained for 3 years (to date)





- Economic evaluation
 - Cost-effectiveness of ivacaftor assessed in CF patients >6 years old with specific mutation
 - Patient level simulation constructed to estimate clinical outcomes and costs with perspective of payor (Health Service Executive, Ireland)

Basecase ICER = €499,035/QALY

- An alternative scenario (conservative) was calculated due to absence of long term data on efficacy/effectiveness

Alternative scenario ICER = €855,437/QALY





ISPOR 2013 Plenary Session

- Ivacaftor decision
 - *“It’s only when I realised the potential in terms of quality of life and the duration of life from this drug.....I have decided as Minister of Health, on a policy basis, that we should make this new drug available to sufferers of Cystic Fibrosis, who have a particular genotype”*
 - *“About one-third of the entire budget for new drugs this year will go towards making new CF drug available”*

Irish Times 2nd February 2013





Potential solutions

Think about barriers:

- First get your information in front of the right audience
- Express it in ways they can relate to
- Encourage decisions to be made
- Enable rationalisation
- Use as many decision influences as possible?





Evidence summary

Smith J, Jones J. A multicentre double-blind randomised controlled trial of the use of Pharma New Product on several key measures. *Peer Rev J.* 2013; 1(2): 3-5

Aim: To compare outcomes of patients receiving Pharma New Product versus Comparator 1.

Study design: Randomised controlled, double blind.

Patient population: Patients with [condition that Pharma New Product can treat]

Methodology: A total of 150 patients were randomised to treatment with Pharma New Product (n = 75) or Comparator 1 (n = 75). Treatment period was 6 months. Key measurement 1 was measured using [laboratory technique] and Key measurements 2 and 3 were calculated using [instrument].

ANOVA and Mann Whitney *U*-tests were used for statistical analysis.

Outcomes: Key measurement 1 was significantly higher in the Pharma New Product group than the Comparator 1 group (mean 31.3 vs. 20.1; $p < 0.05$). Key measurement 2 was significantly lower in the Pharma New Product group than the Comparator 1 group ($p = 0.003$). Key measurement 3 was not significantly different in either group. Pharma New Product was associated with significantly reduced rates of relapse ($p = 0.045$), complications ($p = 0.001$) and other adverse events ($p < 0.001$) versus Comparator 1).

Economic outcomes: Pharma New Product was reported to be more expensive than Comparator 1. However, Pharma New Product was associated with reduced hospital admission rates and higher quality of life, offsetting the cost of the treatment.

Conclusions: Pharma New Product was superior in several key measurements compared with Comparator 1.

"The superior patient outcomes associated with Pharma New Product far outweigh the slightly higher costs compared to Comparator 1."





Interactive evidence

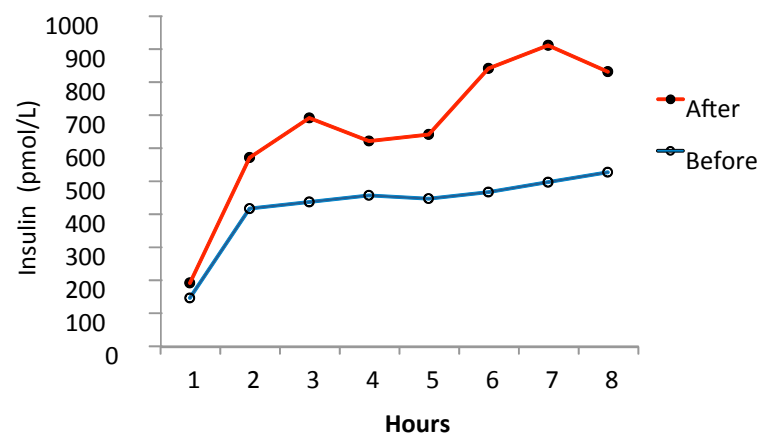
Evidence brief

Title	A multicentre double-blind randomised controlled trial of the use of Globodrug New Product on several key measures
Authors	Smith J and Jones J
<u>Level</u> >>	2 – randomised controlled trial
Comparator	Comparator 1
Methods	150 adult patients were randomised to receive Globodrug New Product or Comparator 1. Key measurements 1, 2 and 3 were recorded. The rate of relapse, complications and other adverse events in the short follow-up period were also analysed.
Results	Globodrug New Product had superior effects on Key measurements 1 and 2, and similar effects on Key measurement 3 compared with Comparator 1. In the short follow-up period, Globodrug New Product was associated with reduced rates of relapse, complications and other adverse events.
<u>Publication</u> >>	Peer Reviewed Journal 2013; 1(2) : 3–5.

- ⏪ [Key measurement 1](#) ●
- ⏪ Key measurement 2 ●
- ⏪ Key measurement 3 ●
- ⏪ Relapse ●
- ⏪ Complications ●
- ⏪ Adverse events ●

Globodrug New Product was superior in several key measurements compared with Comparator 1.

Key figure from the study





- The US perspective:
- The fundamental problem with modern-day healthcare: we rely too much on third-party payment, whether by governments or insurers.
- As Richman says, taking out insurance (or paying taxes) so that some third-party pays when a big-ticket, catastrophic health expense comes your way is perfectly rational. But paying someone else to take responsibility for your predictable, routine, run-of-the-mill health costs is crazy. It introduces huge dead-weight administrative costs and seriously distorted incentives, and is one of the key drivers of out-of-control healthcare inflation.





Interactive evidence How to review

How to review the evidence




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Evidence level

- Level 1** Systematic review of randomised trials
- Level 2** Single randomised trial, or observational study with dramatic effect
- Level 3** Non-randomised controlled cohort/follow-up study
- Level 4** Case series or case-control studies.
- Level 5** Pre-clinical studies including animal and cadaver models.

Evidence level is adapted from the “The Oxford Centre for Evidence-based Medicine 2011 Levels of Evidence. Level may be downgraded if study quality is poor, or upgraded if there is a large effect size.

Evidence grading*





-  Positive for Globodrug New Product, superior to the comparator, or equivalent to the comparator where effect is considered optimal
-  Neutral for Globodrug New Product or comparable to the comparator
-  Negative for Globodrug New Product, or the comparator shows superiority over Globodrug New Product

* Evidence grading is for Globodrug internal use only. In some cases, opinions were considered when deciding evidence grading.



Key measurement 1

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Level	Grading	Comparators	Title
1		Comparator 3	A systematic review and meta-analysis of pharmacologic treatment options for condition 1 »
2		Comparator 1	A multicentre double-blind randomised controlled trial of the use of Globodrug New Product on several key measures »
3		Comparator 2	A prospective comparative study of the efficacy of Comparator 2 versus Globodrug New Product for the treatment of condition 1 »
5		Comparator 1; Comparator 2; Comparator 3	Influence of Globodrug new product on male fertility in an animal model »

[Outcomes overview](#) »



Interactive evidence

Full paper

Peer Reviewed Journal
DOI 10.1025/r10003-012-1185-9

ORIGINAL ARTICLE

A multicentre double-blind randomised controlled trial of the use of Globodrug New Product on several key measures

J. Smith • J. Jones

Received 29th September 2013 / Accepted 28th October 2013

Abstract

Introduction This trial was set up to study the properties of Globodrug New Product

Methods 150 adult patients were randomized to receive New Product or comparator 1 Globodrug. Key Actions 1, 2 and 3 were recorded. The relapse rate, complications and other adverse events in the short follow-up period were also analyzed.

Results Globodrug New product has superior effects on key measures 1 and 2, and similar effects on three key compared to Compare 1 measure. In the short follow-up period, Globodrug new product has been associated with reduced rates of relapse, complications and other adverse events.

Conclusion Globodrug New Product was higher compared to several key measures Comparator 1.

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Interactive evidence Outcomes overview

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Assessment	Evidence level	Grading
Key measurement 1	1, 2, 3, 5	»
Key measurement 2	2, 3	»
Key measurement 3	2, 3	»
Relapse	2, 3	»
Complications	3, 5	»
Adverse events	2, 3	»

Amount of evidence:

 5 studies

 1 study

