

ISPOR Report

ISPOR Annual Meeting
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Foreword

The International Society of Pharmacoeconomics and Outcomes Research (ISPOR) Annual Meeting was a key highlight in our calendar this year, where we hoped to capitalise on the launch of our office in Boston in February. We had planned for an extensive academic presence at the meeting and were looking forward to the opportunity to reconnect with many of you and meet new contacts. While the switch to a virtual format reduced the networking aspect of the conference, we nonetheless maintained our academic contributions. As well as having several research abstracts accepted, we were fortunate in also being able to run a workshop and an issue panel as part of the virtual programme:

Naomi van Hest (Consultant Health Economist) ran a workshop with Professor Lotte Steuten (Office of Health Economics, UK) and Dr Dina Jankovic (University of York, UK) introducing a framework which combined value of information analysis with structured expert elicitation to aid in the reduction of decision uncertainty in health economic evaluations.

Katie Hamilton (Consultant – Patient Engagement Lead) moderated an issue panel examining the issues of potential patient organisation conflicts of interest when engaging with health technology assessment (HTA) bodies, with experts Dr Michelle Mujoomdar (Canadian Agency for Drugs and Technologies in Health [CADTH], Canada), François Houyez (EURORDIS) and John Munro (Wordwright Communications, UK) providing HTA, patient organisation and industry perspectives on this topic.

Key Themes from the Meeting

The discussions at the ISPOR Annual Meeting generally reflected the topics of the pre-COVID-19 world. However, many of the recurring topics at ISPOR – healthcare transformation, use of real-world evidence, the shift to digital – have been significantly advanced during the COVID-19 pandemic. The opening plenary of the meeting, ‘Health Policy – Designing for the Future’, featured Sir Andrew Dillon (the former Chief Executive of the National Institute for Health and Care Excellence [NICE], UK) calling for closer partnership between regulators and payers, as well as the need for governments to clearly communicate the objectives of health systems and then collaborate with industry in achieving these; the COVID-19 pandemic has already seen this in action with the close collaboration between regulators, governments and industry on development of treatments and vaccines. Margaret Anderson (Deloitte Consulting, US) noted that the shift towards remote interactions between patients and doctors has been hastened with COVID-19 and predicted that this will be the new baseline to work from, rather than reversion to previous delivery models.

Continuing from previous ISPOR conferences, alternatives or extensions to the cost-per-quality-adjusted life year (QALY) framework remained a key discussion point. In this vein, the third plenary (‘On the Road to Enhanced Cost-Effectiveness – New Directions, New Milestones’) saw Dr Darius Lakdawalla (University of Southern California, US) provide results of an analysis supporting the case for higher cost-per-QALY willingness-to-pay thresholds for more severe diseases. In a shift from previous conferences where sessions have often focused on criticisms of the QALY, this conference stood out in terms of the number of sessions actively sharing new, tangible alternatives to assessment of net benefit via the QALY alone. For example, the third plenary provided an introduction to a new “health years in total” metric from the Comparative Health Outcomes, Policy, and Economics (CHOICE) Institute (University of Washington, US), as well as an interesting overview from Dr Susan Griffin (University of York, UK) of advances in methods for assessing the impact of health technologies not just on net health benefit, but also on reductions in inequality.

Apart from these over-arching discussions, our teams also attended sessions relating to some of the other more specialist topics at the meeting. In a changed format for this ISPOR report, our summaries of these have been posted as LinkedIn articles by our respective practice leads, rather than being detailed in this report. Links to these posts are also provided below, alongside a summary to help guide your further reading:



Engaging with Payers in Pluralistic Healthcare Systems:

Josh Micallef and Craig summarise points raised across a few sessions on the heterogeneity between payers in pluralistic healthcare systems, particularly in relation to opportunity costs and willingness-to-pay thresholds, and the need to ensure that health economics and outcomes research (HEOR) materials and technology evaluation reports take account of the needs of the multitude of payers, not only the largest ones.



Managing Patient Organisations’ Conflicts of Interest in HTA:

Katie Hamilton outlines what can be learned from her issue panel about the controversial topic of patient organisation conflicts of interest, and what this means for patient organisation involvement in HTA.



Updates on Real-World Evidence (RWE):

Amy Buchanan-Hughes brings together some of the key updates on RWE from the conference, in particular discussing the different roles played by RWE and network meta-analysis studies in understanding comparative effectiveness of interventions, as well as highlighting the increasing acceptance of RWE as robust, high-quality evidence by regulators and payers.



Health Economics Technical Insights:

Naomi van Hest highlights some of her key takeaways on technical health economic topics from the conference, including the use of structured expert elicitation in value of information analyses, alternatives/improvements on the QALY for valuing health and applying health economic methods to the evaluation of health services.

COVID-19 Coverage at ISPOR

While not a key part of the planned programme, COVID-19 understandably found its way into many of the sessions, as well as receiving coverage in a dedicated pre-meeting plenary session. Dr Mark McClellan (Duke University, US) noted that any intervention showing the potential to improve clinical outcomes of COVID-19 patients, or protect against infection, has both intrinsic value as well as value as the basis of further potential innovation. For example, the value of antivirals may come in combination with other treatments rather than in their use alone. Dr Lou Garrison (University of Washington, US) endorsed this view, stating that the potential scientific spillovers of drugs with “limited” value should not be ignored, linking this back to the 2018 ISPOR report on Elements of Value in Healthcare (Lakdawalla DN et al. Value in Health. 2018; 21(2): 131–139).

Professor Tomas Philipson (Acting Chairman of the Council of Economic Advisers at The White House, US) provided a policymaker perspective on the value of COVID-19 interventions. He noted that even treatments with modest effect will serve to reassure the public as lockdown measures ease; without such reassurance, economic activity will remain hugely subdued, reducing the possibility of a rapid economic recovery. He also noted that while the value of an intervention is normally linked to the health gain achieved, in the case of COVID-19, it also reflects the

avoided health loss and the loss of economic activity required during lockdowns to reduce transmission. As such, the global value of an effective vaccine could be in the order of trillions of dollars. On the other hand, the need to balance rewards for innovators with the objective of ensuring wide distribution of effective interventions was emphasised. Sir Andrew Dillon also cautioned that interventions for COVID-19 need to be treated like any other innovative technologies, and that the urgency of the situation should not lead to exceptional rewards for innovation, especially if this restricts access.

Looking Forward

As a company, we are proud that in recent months we have been able to both continue supporting our clients across their ongoing activities, while also responding to support several urgent COVID-19 projects for both public health and industry partners. As we go into the second half of 2020, we are continuing our engagement in the HEOR space, with substantial research presences planned at both the Asia and European ISPOR conferences. We look forward to sharing details with you in due course!

Best wishes,
Craig and Matt

Further Information

If you would like any further information on the themes or research presented above, please do not hesitate to contact Matt Griffiths, Global Head of HTA at matt.griffiths@costellomedical.com

For more information on our recently-launched US office, or for any of our broader service offerings, please contact Craig Brooks-Rooney, Scientific Director, at craig.brooks-rooney@costellomedical.com