

ICLIO Webinar: ICLIO eCourse – Real World Introduction to the Institute for Clinical and Economic Review (ICER): Panel Discussion

12.19.16 1:00pm to 2:00pm EST



INSTITUTE
FOR CLINICAL
IMMUNO-ONCOLOGY

AN INSTITUTE OF
ACCC
Association of Community Cancer Centers

acc-iclio.org

Introductions

Moderator:

Bill McGivney, PhD

McGivney Global Advisors

Panelists:

Ivo Abraham, PhD

The University of Arizona Cancer Center

Ali McBride, PharmD, MS, BCPS

The University of Arizona Cancer Center

Jennifer Hinkel, MSc

McGivney Global Advisors

“Cost and Value of Cancer Care”

Ivo Abraham, PhD

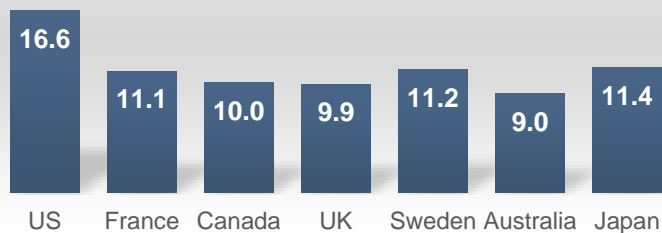
*The University of Arizona Cancer
Center*



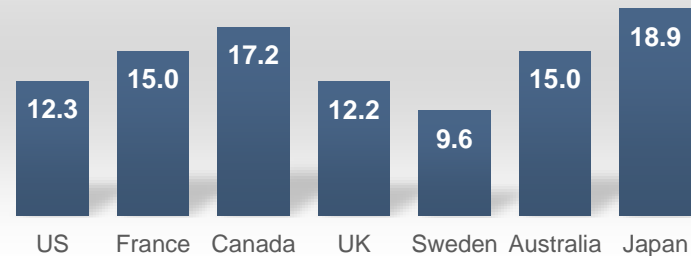
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Is the US spending too much?

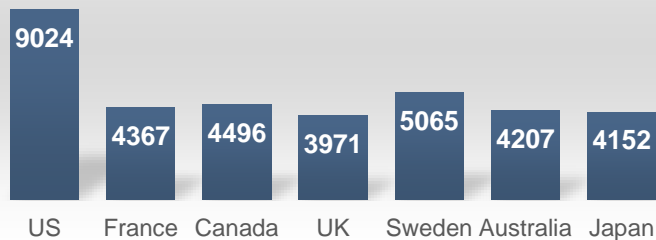
Health Care Expenditures (%GDP)



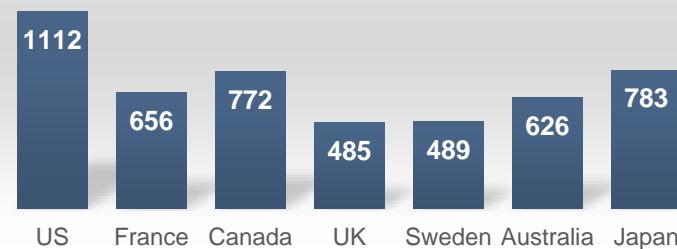
Pharmaceutical Expenditures (%Total)



Health Care Expenditures (US\$)



Pharmaceutical Expenditures (US\$)



Policy options

- **Cost = payer**

- Price controls by payer
- Enforced by payer
- Driven by payer
 - \$ taken in
 - \$ paid out
 - \$ difference
- Example: UK National Health Service

- **Quality partnering**

- Cost x Quality
- Accountability
 - Performance
 - Financial
- Quality incentives
 - Coordination
 - Navigation
 - Adherence to guidelines
 - Access to care
- Example: CMS Oncology Care Model

Oncology value frameworks

	Primary purpose	Treatment modalities assessed	Scoring/grading	Cost
ASCO [10]	Shared decision-making, patients/MDs	Pharmaceuticals for solid tumors, hematologic malignancies	Net Health Benefit Score (NHB)	Cost/month (advanced disease), cost/course (adjuvant disease)
ESMO [11]	Inform public policy, clinical guidelines, day-to-day clinical situations	Pharmaceuticals for solid tumors	(A,B,C) for adjuvant disease; (5, 4, 3, 2, 1) for advanced disease	N/A
NCCN [12]	Providers and patients, as well as other stakeholders involved in the treatment decision-making process	Systemic therapies in all major cancer types, radiation oncology, imaging, surgical interventions	Evidence Block Score (5, 4, 3, 2, 1)	Affordability scale (1–5)
ICER [13]	Inform society; inform policymakers/payers	Drugs, devices, procedures, and delivery system innovations	Evidence rating matrix	Care value (expressed as a QALY) and health system value (judging long-term value)
Drug Abacus [16]	Inform policymakers and physicians	FDA-approved drugs since 2001	Abacus price varies with clinical benefit, toxicity, innovativeness, etc.	Abacus derived "price" based on above variables vs. industry-specified price

Issues:

- Living longer
- Living better
- Efficacy
- Safety
- QALY
- Thresholds
- Cost/price
- Value
- Societal
- Payer

Table adapted from: Schnipper LE, Bastian A. New framework to assess value of cancer care: strengths and limitations. *Oncologist* 2016;21:654-658.

Value in (cancer) care

Health status achieved or retained

- Survival
- Degree of health or recovery

Process of recovery

- Time to ...
- Disutility of care or treatment process

Sustainability of health

- No recurrence or complications
- Long-term consequences of therapy

Dynamic risk-adjustment over time for:
type of cancer – stage of disease – treatment options – prognosis –
trial efficacy – real-world effectiveness – treatment-related
consequences and complications – patient acceptance

Accommodate changes in:
patient preferences – guidelines – clinician decision-making

- Not-for-profit est. 2006 - funded by
 - non-profit foundations (70%)
 - life sciences companies (17%)
 - insurers/providers (9%)
 - government contracts (4%)
- Threshold-driven value
 - long-term value – value for money – QALY ...
 - short-term value – affordability – budget impact

Ali McBride, PharmD, MS, BCPS
*The University of Arizona Cancer
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Value Based Models Cancer

- Costs and treatment innovations continuing to drive the value discussion
 - Innovation
 - Newer Therapies
 - Access to options
- Costs continue to increase
 - Population
 - Medical Resource
 - Drug Pricing
 - End of Life Care

The Oncologist 2016;21:651-653

Framework for Value Metrics

Source	Primary purpose	Treatment modalities assessed	Data source	Scoring/grading	Cost	Updating
ASCO	Shared decision making, patients/ MDs	Pharmaceuticals for solid tumors, hematologic malignancies	Clinical trial	Net Health Benefit Score (NHB)	Cost/month (advanced disease), cost/ course (adjuvant disease)	Dynamic-value changes as impact of agents change
ESMO	Inform public policy, clinical guidelines,	Pharmaceuticals for solid tumors	Clinical trial	(A,B,C) adjuvant; (5, 4, 3, 2, 1) for advanced	N/A	Not stated
NCCN	Providers and patients, as well as other stakeholders	Systemic therapies in all major cancer types, radiation oncology, imaging, surgical interventions	Clinical trials and expert consensus	Evidence Block Score (5, 4, 3, 2, 1)	Affordability scale (1–5)	Annually updated, changes as impact of therapies change
ICER	Inform society; inform policymakers/pay ers	Drugs, devices, procedures, and delivery system innovations	Clinical trials, econometrics	Evidence rating matrix	Care value (expressed as a QALY) and health system value (judging long-term value)	Reports for individual areas commissioned,
Drug Abacus	Inform policymakers and physicians	FDA-approved drugs since 2001	Public data FDA to obtain approval	Abacus price varies with clinical benefit, toxicity, innovativeness, etc.	Abacus derived “price” based on above variables vs. industry specified price	Enhancements planned but not explicitly stated

The Oncologist 2016;21:651-653

Value in Cancer Care

- The Institute of Medicine has delineated six elements of value in cancer care: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.
- ASCO selected only three of these for its framework — clinical benefit (effectiveness), toxicity (safety), and cost (efficiency)
- Analysts used a clinical-benefit score derived from comparisons of overall survival, progression-free survival, or response rates, as well as comparative toxicities of the two regimens to define a “net health benefit” (NHB).

N Engl J Med 2015; 373:2593-2595

Implications of Value Metrics

- Provider Based
- Payor Based
- Institution Based
- Genetic Based

What metrics may be superfluous or hard to identify?

Implications of Value Metrics

Clinical Practice Implementation

- Patients Decision
- Value Based Workflow
 - Evaluation for Treatment Options
 - Outcomes
 - Outcomes+ Symptom Control+ QOL+ Cost of Treatment
 - Clinical Trial Outcomes

Implications for Metrics



Cancer Center Development

- **Outcome Measures**
- **Structure Measures**
- **Process Measures**
- **Efficiency Measures**
- **Cost-Of-Care Measures**
- **Patients' Perception-Of-Care Measures**

Health Aff 2011;30:664-72

Jennifer Hinkel, MSc

McGivney Global Advisors



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Oncology Value Frameworks: Analysis and Strategic Navigation

**Greatest Potential
Impact to
Market Access and
Decision-making
Autonomy**

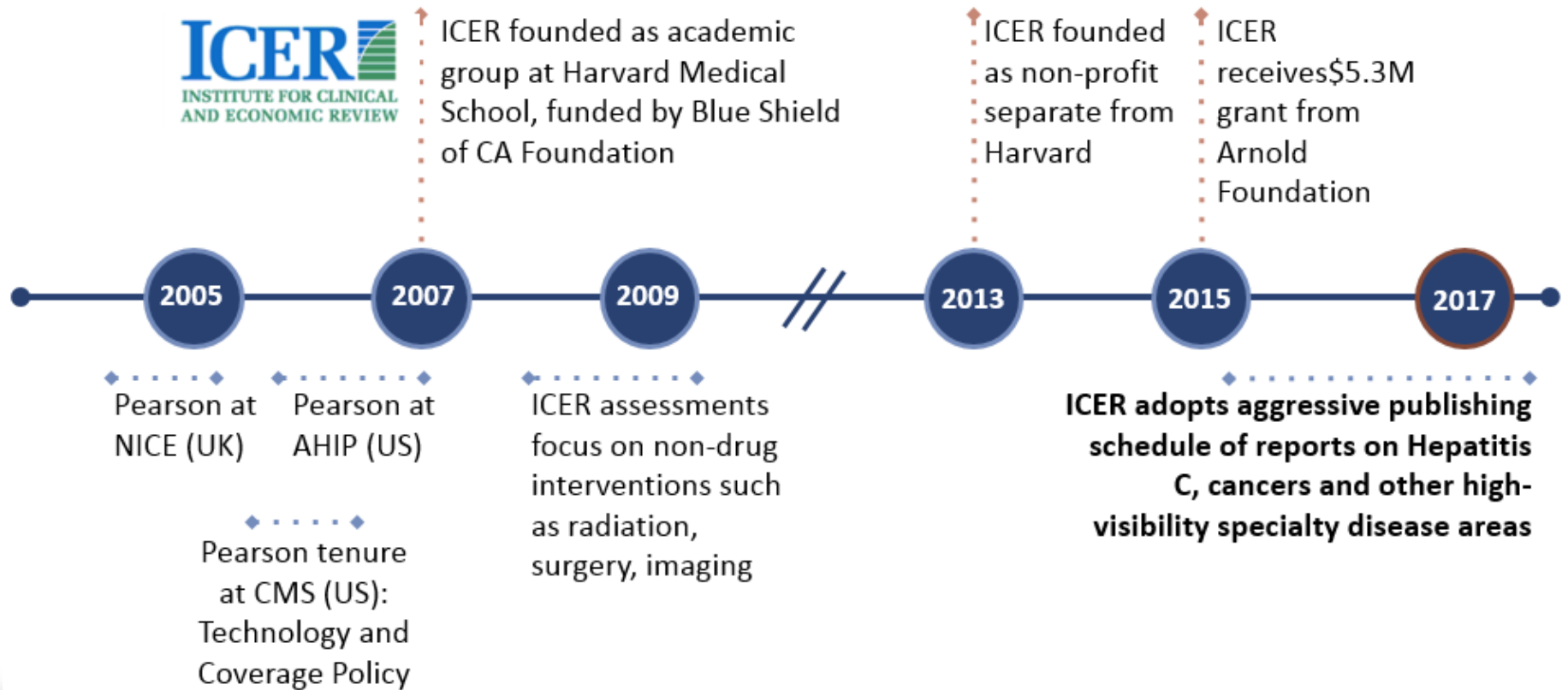
***NCCN
Evidence
Blocks***

***ICER:
Institute for
Clinical and
Economic
Review***

***ASCO Value
Framework***

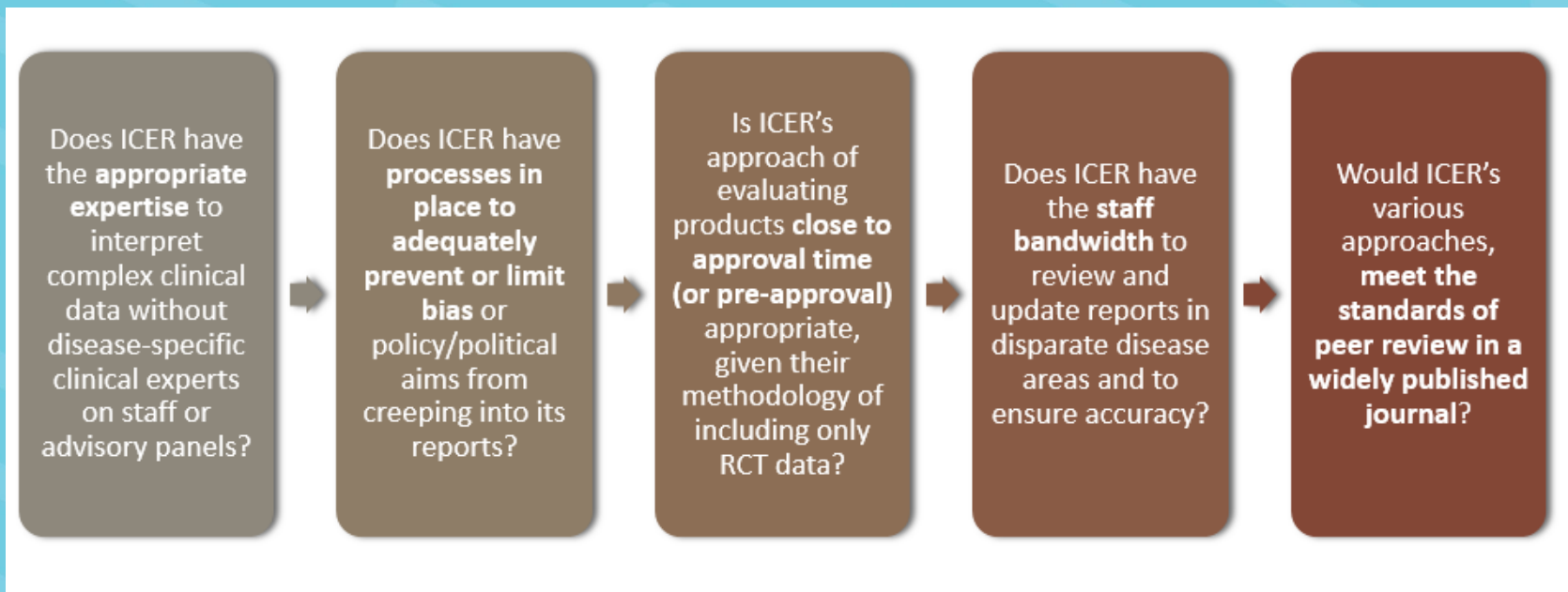
***MSKCC Drug
Abacus***

ICER: Organizational Timeline and Background



Is ICER equipped to make accurate assessments?

- ICER's report on NSCLC has numerous flaws and gaps, mainly pertaining to ICER's lack of inclusion of all relevant data, apparent biases in its communication of such data and results, and questionable interpretation of available clinical evidence.
- Flaws in ICER's NSCLC report, gaps in methodology, and lack of transparency point to questions regarding ICER's objectives and alignment



Op-Ed: Our View on Value Frameworks in Oncology: Proposing Principles for Value Framework Development

By Lee Schwartzberg, MD, David Ettinger, MD, Mohammad Jahanzeb, MD, Gregory Otterson, MD and David Waterhouse, MD

In the past year, Value Frameworks have been introduced as potential tools for policy-setting and decision-making in oncology by organizations including ASCO, NCCN, and ICER. We recently reviewed a report issued by ICER, the Institute for Clinical and Economic Review, regarding Non-Small Cell Lung Cancer (NSCLC). This report is the basis for a meeting and voting by ICER's committee that will take place on Thursday, October 20, 2016, in St. Louis, MO.

For us as practicing oncologists and lung cancer researchers, this report has raised serious concerns regarding ICER's ability to interpret clinical evidence and reach conclusions on drug value that are scientific, comprehensive, and unbiased.

We support these principles and wish to see them widely communicated and adopted as potential best practices in Value Framework development. We also invite our colleagues, our patients, and other stakeholders in cancer care delivery to communicate their perspectives on critical principles for Value Frameworks as we move this field forward.



Lee Schwartzberg, MD, FACP



David Ettinger, MD, FACP, FCCP



Mohammad Jahanzeb, MD



Gregory Otterson, MD



David Waterhouse, MD, MPH


Principles Proposed for Value Frameworks by Lung Cancer KOLs



Questions?



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Thank you for participating in
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Presentation slides and archived
recording will be available at
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