Beyond Value Assessment: Payer Perceptions of ICER's Policy Initiatives

HTA15

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Background

- The Institute for Clinical and Economic Review (ICER) is predominantly known for conducting healthcare value assessments in the United States (US).
- US payers are the primary audience for ICER's value assessment evidence reports (value assessments) and other initiatives.
- Although ICER is an independent organization with no official authority over drug coverage and reimbursement in the US, the influence of its value assessments on payer decision making has been closely monitored for years.
- Over time, ICER has broadened its scope of work beyond value assessments to include the development of policy papers, unsupported price increase (UPI) and fair access reports, as well as ICER Analytics™.
- There is limited evidence evaluating how payers view ICER's policy initiatives.

Objectives

- To assess how ICER has evolved its policy scope beyond value assessments over the last 7 years and explore payer perceptions of ICER's policy initiatives.

Methods

- This research combines findings from web-based desk research to assess changes in ICER activities with double-blinded US healthcare decision maker surveys to evaluate payer perceptions of these activities.
- Web-based research documented ICER's annual activities and output, including ICER value assessments and policy papers published from 2016-2022.
- Double-blinded, web-based surveys were fielded through Xcenda's Managed Care Network (MCN) research panel in October 2020 (N=47) and June 2022 (N=51) to explore payer perceptions of ICER policy initiatives.
  - MCN is a proprietary research panel of over 160 healthcare executives, medical and pharmacy directors, and other experienced individuals in managed care, representing over 310 million covered lives in the US.
  - Participation in each survey was voluntary, and a modest honorarium was paid by Xcenda to participants who completed the survey.

Respondent demographics in 2020 (N=47) and 2022 (N=51)*

Primary role of respondents

	Pharmacy director	Medical director	Contracting manager/director
2020	55%	34%	10%
2022	67%	27%	6%

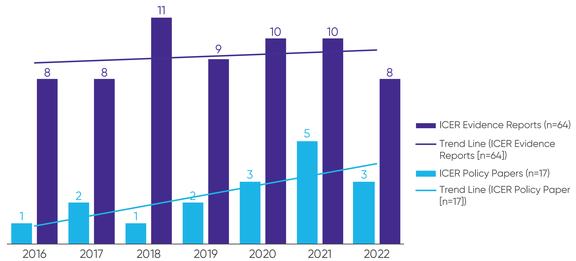
		2020	2022
	National	57%	53%
	Regional	43%	47%
Organization type	Health plans	47%	53%
	Pharmacy benefit manager	28%	24%
	Integrated delivery network	26%	24%

* Respondent role and organization types do not add up to 100% due to rounding.

Results

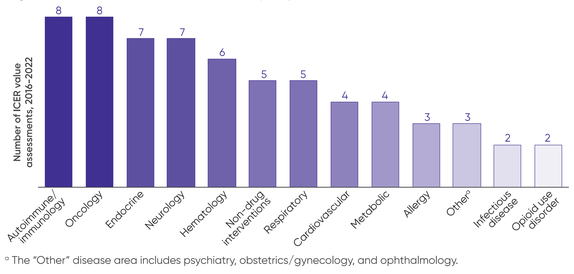
- ICER has published 64 value assessments and 17 policy papers from 2016 to 2022 (**Figure 1**).
- ICER's output of policy papers has increased in recent years.
  - Mean of 1.5 publications annually in 2016-2019 vs 3.7 annually in 2020-2022.
- Conversely, the number of value assessments conducted annually has remained flat.
  - Mean of 9.0 value assessments annually in 2016-2019 vs 9.3 in 2020-2022.
- Four disease areas collectively account for nearly half of ICER's value assessments since 2016: autoimmune/immunology (n=8), oncology (n=8), endocrine (n=7), and neurology (n=7) (**Figure 2**).
- Only 5 of 64 value assessments focused on non-pharmaceutical interventions (**Figure 2**).
  - None of these were recent: 2 in 2016, 1 in 2017, and 2 in 2020.

Figure 1. Number of annual ICER value assessments and policy papers, 2016–2022



Note: The date when a value assessment is considered "complete" corresponds to the date of the public meeting. Assessments that were initiated but did not result in an evidence report were not counted.

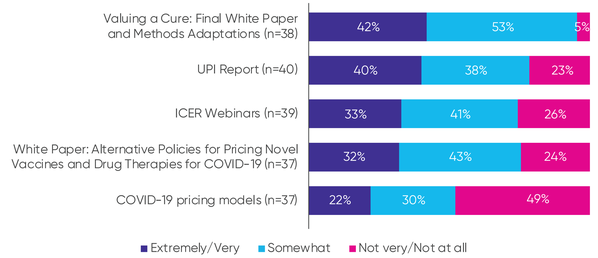
Figure 2. ICER value assessments by topic, 2016–2022



* The "Other" disease area includes psychiatry, obstetrics/gynecology, and ophthalmology.

- Payers perceive ICER's policy initiatives to be of varying degrees of usefulness.
- In 2020, the subset of payers who reported familiarity with ICER initiatives found the policy paper on valuing cures to be the most useful (42% reporting extremely/very useful [of the 38 respondents reporting familiarity]), followed by the UPI report (40% reporting extremely/very useful [of the 40 respondents reporting familiarity]) (**Figure 3**).
- The policy paper on COVID-19 pricing models was viewed as the least useful initiative in 2020 (22% extremely/very useful [of the 37 respondents reporting familiarity]).

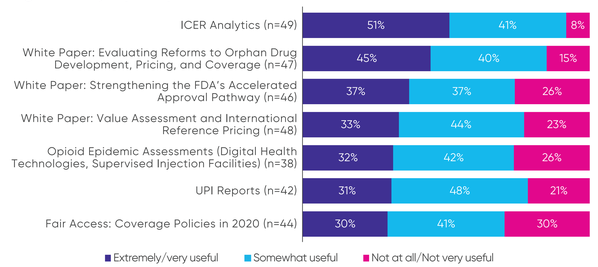
Figure 3. Payer perceptions of the usefulness of ICER's initiatives in 2020



N=47
Q. How useful have you found the following ICER initiatives?

- In 2022, the most useful initiatives among payers reporting familiarity were ICER Analytics (51% extremely/very useful [n=49 reporting familiarity]) and the policy paper on orphan drugs (45% extremely/very useful [n=47 reporting familiarity]) (**Figure 4**).
- The policy paper on fair access was perceived as the least useful initiative in 2022 (30% extremely/very useful [n=44 reporting familiarity]).
- In 2022, 31% of payer respondents reported that ICER's UPI reports were very/extremely useful, with 48% reporting they were somewhat useful (n=42 reporting familiarity) (**Figure 4**).

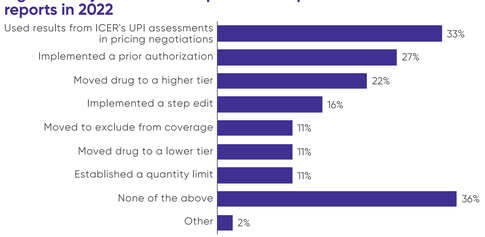
Figure 4. Payer perceptions of the usefulness of ICER's initiatives in 2022



N=51
Q: How useful have you found the following ICER initiatives?

- A subset of payers reported their actions in response to ICER's UPI reports (n=45) (**Figure 5**):
  - 33% used UPI assessment results in pricing negotiations
  - 27% implemented a prior authorization policy
  - 22% moved a drug to a higher tier
  - 36% reported that they did not perform any of the listed actions in response to ICER's UPI assessments

Figure 5. Payer actions completed in response to ICER's UPI reports in 2022



N=51 (n=45)
Q: Which of the following actions has your organization completed as a result of the findings from ICER's UPI assessments? Note: Payer respondents were instructed to choose all that apply.

Limitations

- Responses in this survey reflect the perspectives of a select group of formulary decision makers in the US and were derived from a relatively small sample size; due to the sample size, results may not be generalizable to all payer organizations.
- Because all respondents voluntarily completed the MCN survey, voluntary response bias may exist, and survey results may over-represent respondents with a stronger interest in ICER's value assessment framework.
- This research reflects the perspectives of managed care professionals identified from Xcenda's MCN research panel; other stakeholders (eg, healthcare providers, patients, manufacturers) were not represented in this study.

Conclusions

- ICER's output of annual policy papers has increased over time, demonstrating ICER's growing investment in policy initiatives.
- Payer perceptions of the usefulness of ICER initiatives vary, with ICER Analytics being the most useful in 2022.
- Some payers report using ICER's UPI reports to inform pricing negotiations or utilization management strategies.
- Additional research is needed to better understand how payers use ICER's policy papers and other outputs from ICER policy initiatives to inform decision making.

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