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PAREXEL MEDICAL COMMUNICATIONS AND PAREXEL CONSULTING/REIMBURSEMENT AND MARKET ACCESS SERVICES

Background

- In this era of increasing demand for economic demonstrations of value, it is important to understand the extent to which health-economic information is being incorporated into clinical papers and review articles—and how these terms are being used to convey value.
- Multiple forces are driving changes in how value in healthcare is demonstrated:
 - Greater focus on healthcare quality¹
 - Impact of healthcare reform
 - Greater regulatory scrutiny of healthcare costs and pharmaceutical spending
 - Demand for evidence-based medicine to better understand the comparative effectiveness of treatments.²

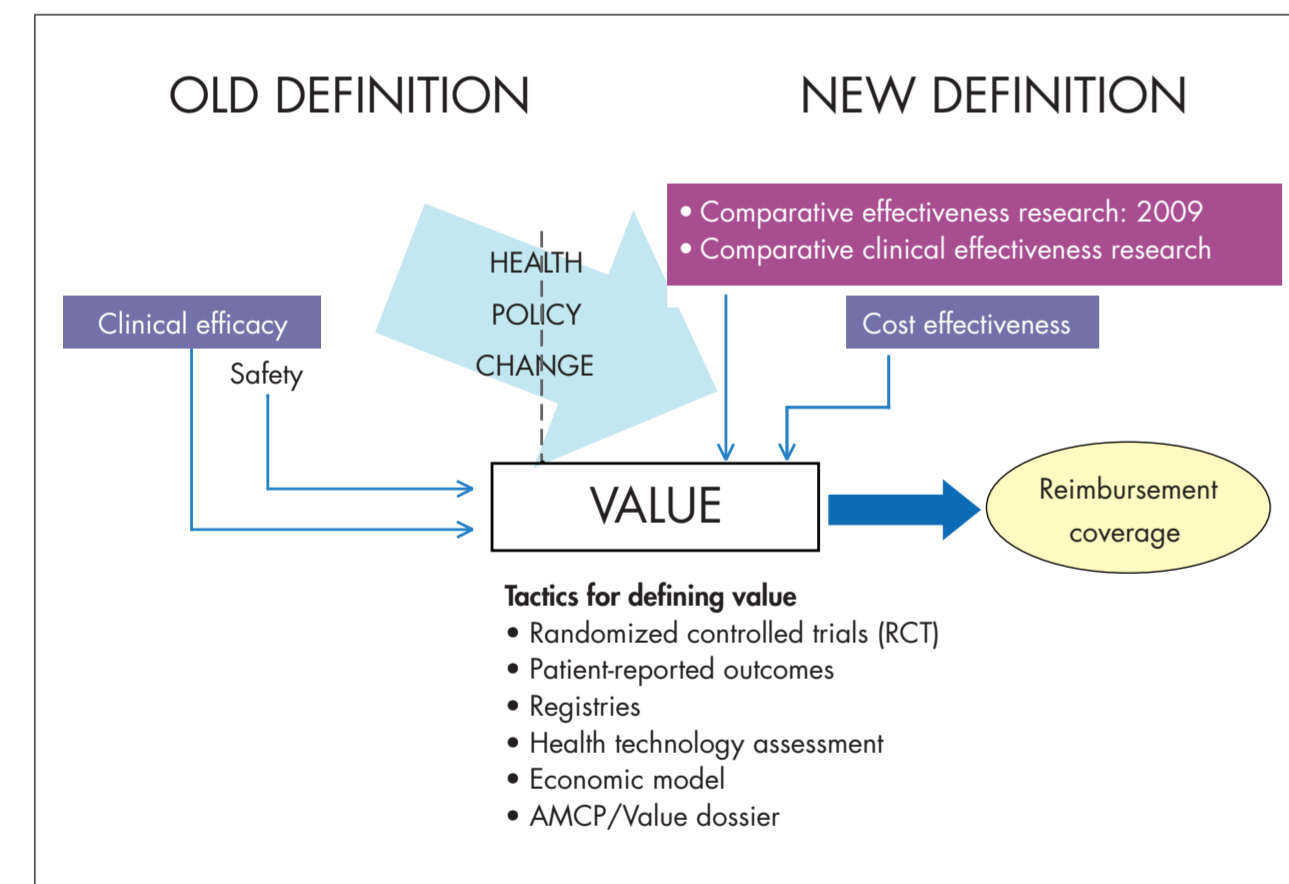


Figure 1: Defining value

- Definitions of value terminology are changing.
- This trend is affecting medical publication planning, creating a need to reach much wider audiences, including stakeholders from:
 - Managed Care (Commercial and Government Payers)
 - Health Economics and Outcomes Research (HEOR)
 - Health Technology Assessment (HTA)
 - Health Policy and Regulatory Bodies.

Objectives

- Identify and determine frequency of use of specific terms that are used to convey health-economic information and value in peer-reviewed medical journals.
- Define specific meanings for terminology within the context of evolving healthcare forces and trends.
- Relate how this terminology can be used to effectively and consistently to communicate value and enhance impact to wider stakeholder audiences.

Methodology

- Four commonly accepted terms for communicating health-economic information and value were identified:
 - Comparative effectiveness
 - Cost effectiveness
 - Coverage
 - Reimbursement.
- A systematic search of PubMed was conducted analyzing the frequency of use of these terms from 2006 to 2009. Search terms were limited to all journals listed on PubMed, core clinical journals, and the following therapeutic categories: primary care, oncology, cardiology, and neurology (limitations of research design: Since only a quantitative search was conducted, titles with search terms were randomly selected to observe usage).

Results

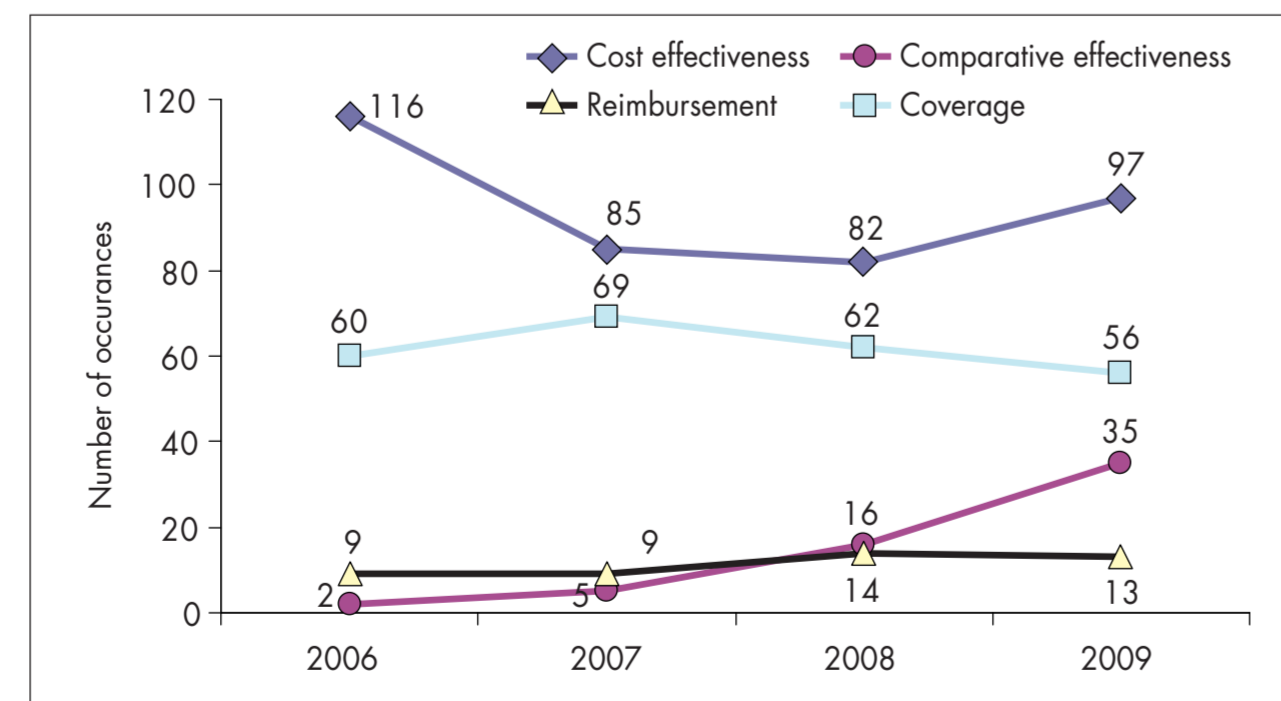


Figure 2. Value terminology: number of occurrences of term by year in core clinical journals, 2006–2009

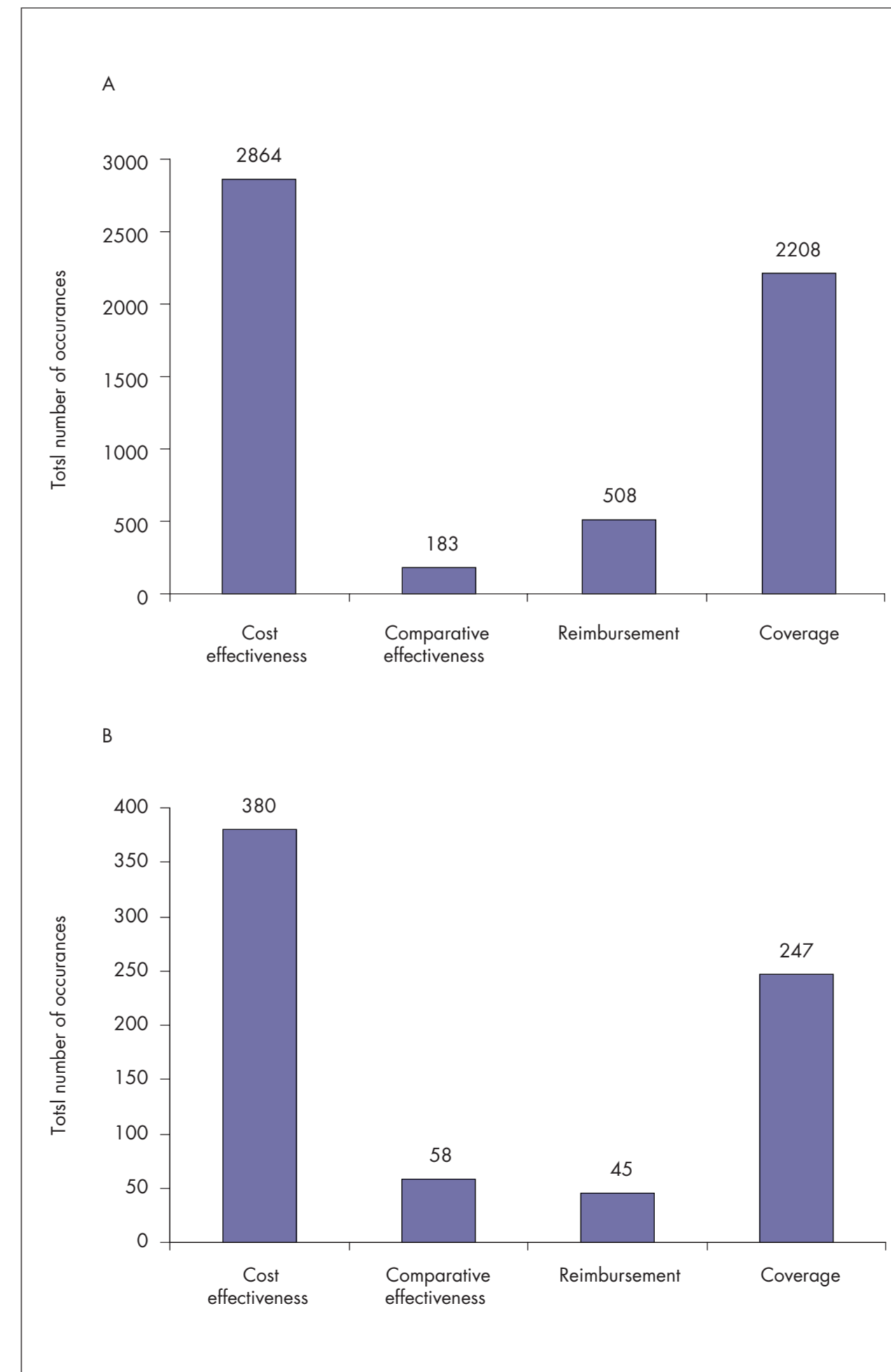


Figure 3(A). Value terminology: total number of occurrences in all journals, 2006–2009

Figure 3(B). Value terminology: total number of occurrences in core clinical journals, 2006–2009

Definitions of value terminology

Comparative Effectiveness (Research)

- Research evaluating and comparing health outcomes and the clinical effectiveness, risks, and benefits of two or more medical treatments, services, and other items.³

Cost Effectiveness

- Term used to describe how much a drug or treatment costs per Quality Adjusted Life Year (QALY), or \$/QALY.
- Can also be stated “cost of using a drug or treatment per year of the best quality of life available”.⁴

Reimbursement

- Compensation for healthcare products or services delivered, usually at a pre-determined rate according to the complexity and cost of a product or service.
- Reimbursement can be subdivided into:
 - Provider reimbursement (divided by settings of care such as pharmacy, outpatient, long-term care, and hospital).
 - Patient reimbursement (for certain settings of care, insurance scenarios or elective procedures).

Coverage

- Term used in the insurance industry to mean amount and type of insurance; in healthcare the term has a more ambiguous meaning, but generally refers to assurance for reimbursement by a payer for a product or service provided.
- Coverage can be subdivided into:
 - Patient insurance coverage level (benefits such as medical/pharmacy/hospital/catastrophic, benefit limitations, co-insurance and deductibles)
 - Product coverage (formulary inclusion and tier placement).

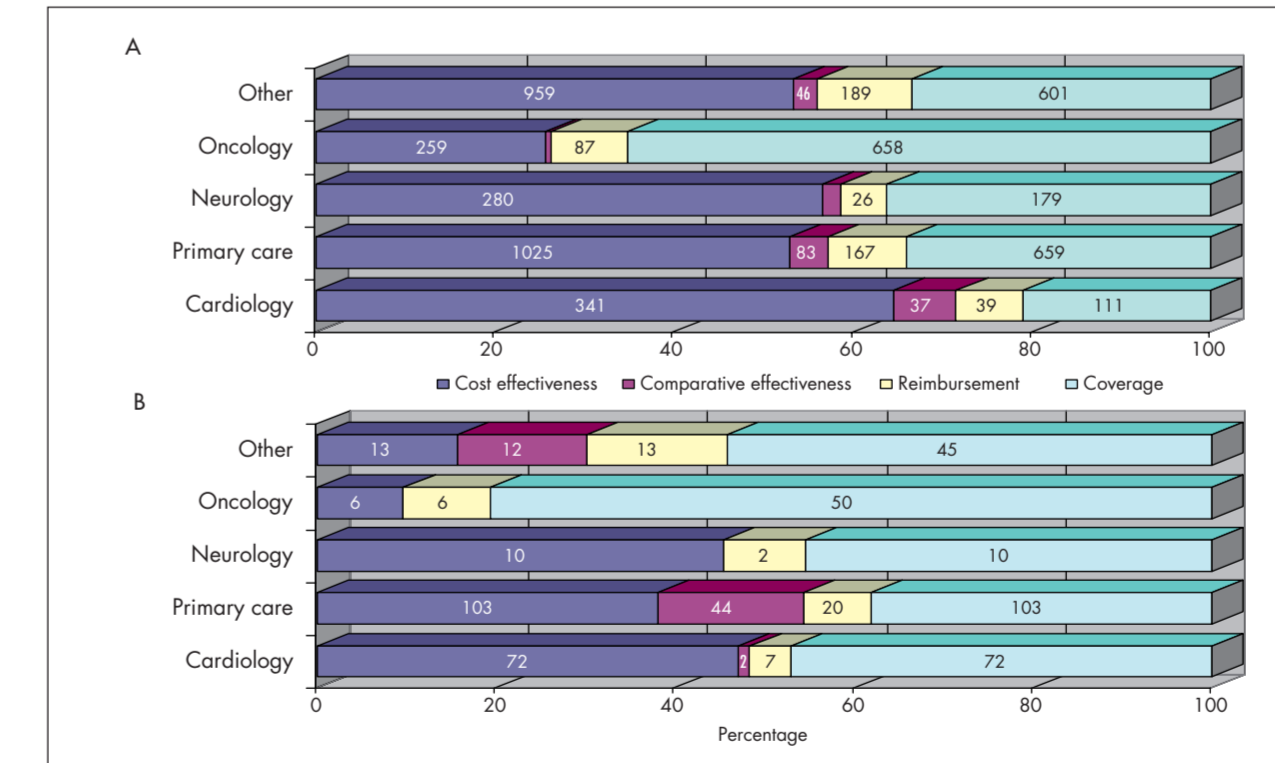


Figure 4(A). Value terminology: total number of occurrences by therapeutic category in all journals, 2006–2009.

Figure 4(B). Value terminology: total number of occurrences by therapeutic category in core clinical journals, 2006–2009

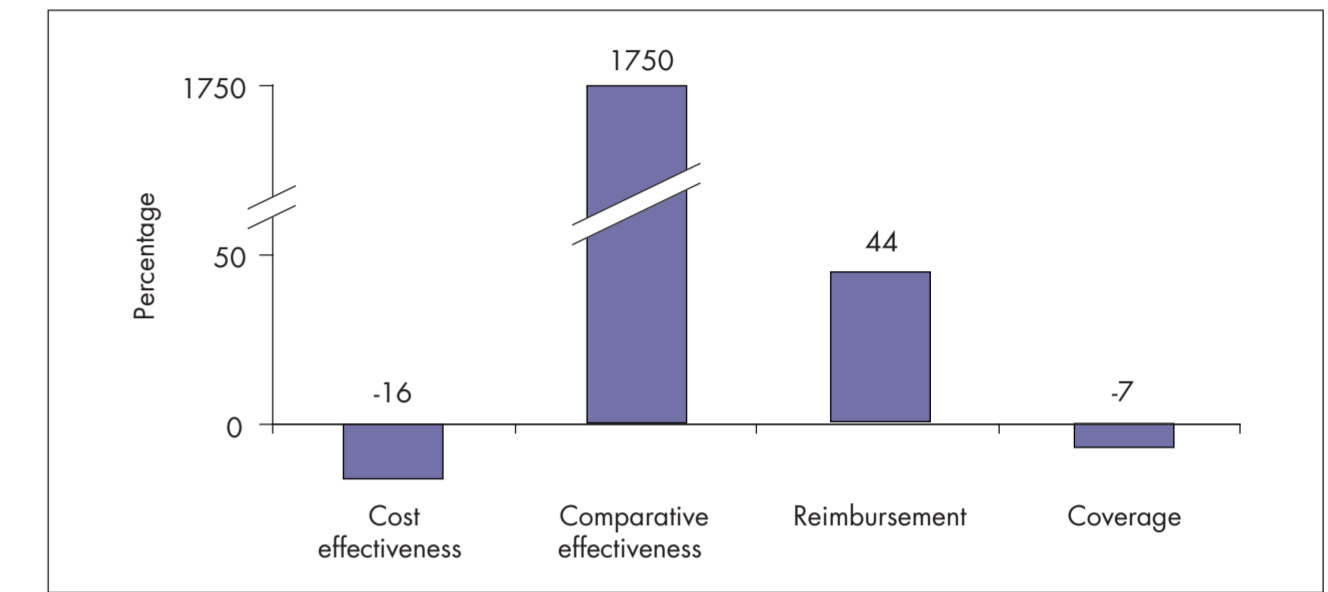


Figure 5. Per cent of increase of occurrences from 2006 to 2009 in core clinical journals

Summary of findings

- There is an increased trend toward the use of health-economic and value terminology in all journals and core clinical journals.
- Of the four identified terms, cost effectiveness appeared most frequently in all journals and core clinical journals, and comparative effectiveness showed the most significant increase in core clinical journals.
- There is an observed lack of consistency in the use of health-economic terms within the context of evolving healthcare value terminology.

Conclusions

- Better understanding and more consistent use of terminology will lead to better communication among stakeholder groups.
- More research is needed to understand how clinical audiences are using health-economic terminology to demonstrate value.
- More research is needed to understand how payer audiences are perceiving the use of health-economic and value terminology in core clinical journals.

References

1. McGlynn, EA, Asch, SM, et al. The quality of health care delivered to adults in the United States. *N Engl J Med.* 2003; 348(26):2635–45.
2. Institute of Medicine. 2007. *Learning What Works Best: The Nation’s Need for Evidence on Comparative Effectiveness in Health Care.* <http://www.iom.edu/ebm-effectiveness>.
3. United States Congress, *Patient Protection and Affordable Care Act of 2010.*
4. National Institute For Health And Clinical Excellence. <http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenessheqaly.jsp>.