<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome &amp; Introductions</td>
<td>Jen Childress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior Public Health Consultant</td>
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<tr>
<td></td>
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<td>The National Forum for Heart Disease &amp; Stroke Prevention</td>
</tr>
<tr>
<td>12:32</td>
<td>NPC Work in Value &amp; Access</td>
<td>Kimberly Westrich, MA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vice President of Health Services Research</td>
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<tr>
<td></td>
<td></td>
<td>National Pharmaceutical Council</td>
</tr>
<tr>
<td>12:52</td>
<td>Q &amp; A</td>
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We convene. We spark conversation. We accelerate collaboration.
NPC Value & Access Spotlight

Kimberly Westrich, MA

Vice President of Health Services Research, NPC
Value and Access are key areas for NPC

**Value**

- **Value measurement and assessment** should encompass the balance of benefits and costs experienced by patients and society over time.

- **Broaden the key elements** in the definition and measurement of value (including quality) to enhance patient, provider and payer decision-making.

- **Identify and encourage** adoption of solutions that enable the full value generated by biopharmaceuticals to be realized.

**Access**

- **Patients have meaningful access to appropriate treatments**

- **Promote formulary and benefit designs** that support patient-centered access to appropriate therapies.

- **Encourage optimized access to appropriate therapies under innovative payment and delivery models**
Current Landscape: Value Assessment Framework

Health Care Spending and Value Initiative: Going Below The Surface
New NPC research: Current landscape of value assessment frameworks

Summary of Landscape analysis updates

<table>
<thead>
<tr>
<th></th>
<th>ACC-AHA</th>
<th>ASCO</th>
<th>DrugAbacus</th>
<th>ICER</th>
<th>IVI</th>
<th>NCCN</th>
<th>PPVF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Landscape</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(June 2016)</td>
<td>Conceptual framework included; no assessments had been made</td>
<td>Framework version 2.0 included</td>
<td>Online tool included</td>
<td>Core framework included</td>
<td>n/a</td>
<td>Evidence Blocks (EB) included</td>
<td>n/a</td>
</tr>
<tr>
<td>Updated Landscape</td>
<td>Greater detail has been added now that value assessments have been incorporated in some guidelines</td>
<td>No updates since original landscape</td>
<td>No updates since original landscape</td>
<td>2017 framework revisions and modifications for ultra-rare diseases; 2020 draft framework revisions have been added</td>
<td>New entrant added to landscape</td>
<td>2017 Categories of Preference (COP) have been added</td>
<td>New entrant added to landscape</td>
</tr>
</tbody>
</table>
Analysis reviews value frameworks across six broad categories

<table>
<thead>
<tr>
<th>Overview of value assessment frameworks</th>
<th>Development of framework</th>
<th>Benefits</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target audience</td>
<td>Who developed it?</td>
<td>How is efficacy measured?</td>
<td>How is cost included?</td>
</tr>
<tr>
<td>Services addressed</td>
<td>How inclusive was development?</td>
<td>How is safety measured?</td>
<td>How is cost measured?</td>
</tr>
<tr>
<td>Conditions addressed</td>
<td>Was there a public comment period?</td>
<td>Inclusion of patient-centric metrics</td>
<td>Are medical cost offsets included?</td>
</tr>
<tr>
<td>What is the “value output”?</td>
<td>Was it user tested?</td>
<td>Inclusion of indirect benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How often will the framework be updated?</td>
<td>Inclusion of unmet need</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inclusion of burden of illness</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Credit for innovation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Time horizon</td>
<td></td>
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<table>
<thead>
<tr>
<th>Methodology</th>
<th>Evidence</th>
<th>Framework assessment process</th>
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<tbody>
<tr>
<td>Use of accepted methods</td>
<td>What types of evidence are used?</td>
<td>Assessments to date</td>
</tr>
<tr>
<td>Ability for user to customize assessment</td>
<td>Is non-published evidence allowed?</td>
<td>Selection process for future evaluations</td>
</tr>
<tr>
<td>Transparency and replicability of assessment</td>
<td>Can manufacturer submit evidence?</td>
<td></td>
</tr>
</tbody>
</table>
Key takeaways for improving value frameworks

Key areas of caution:

**Lack of patient-centeredness**
- Frameworks should incorporate the elements that matter most to patients. Patients’ clinical characteristics and preferences vary considerably, and therefore assessments of value should not be one-size-fits-all.

**Lack of transparency**
- To ensure the validity and credibility of value assessments, framework methodologies and models should be fully transparent and reproducible.

**Limited evidence base**
- All high-quality evidence, including real-world evidence, should be incorporated into assessments, and assessments should be updated regularly as new evidence becomes available.
Key takeaways for improving value frameworks

Key areas of caution:

**Untested methods**
- It is crucial that frameworks’ underlying methodologies are sound and validated, and their potential impact on patients is understood.

**Confusing output**
- Value assessment outputs can be confusing or misleading to end users. Misinterpretation of a value assessment’s output could result in a health care decision that is misinformed or erroneous at best, or harmful to the patient at worst.

**Lack of system-wide perspective**
- Moving to value-based health care requires a comprehensive focus on all health care components. Value assessments should be conducted for a broad range of treatments and health care services, rather than focusing primarily on drugs.
Current Landscape: Value Assessment Framework

Health Care Spending and Value Initiative: Going Below The Surface
A New Dialogue Is Needed

Concerns about growing spending

Health Spending as a Percent of GDP

Persistent waste

Desire for innovation

A decrease in unnecessary healthcare services “appear to be slow in moving”

Health Affairs 2017, re: Choosing Wisely

#GoingBelowTheSurface
Overview of the NPC Health Spending and Value Initiative

1. NPC Research
2. Collaboration with Health Affairs
   - Articles/Blogs
   - Council
3. Going Below The Surface Forum
   - Town Hall Discussions
   - Low-Value Care Roadmap
4. Collaboration with AcademyHealth
   - Salons
   - Webinars

#GoingBelowTheSurface
Going Below The Surface Forum

• **Mission:** Have a sustained, productive, and informed *dialogue* with all *stakeholders* to address challenging questions about *spending*

• **Goal:** Provide clarity on how best to *optimize health care spending* so that patients receive the *right care* while simultaneously providing the right incentives to *sustain next-generation innovation* to improve patient well being and health system efficiencies

• **Phased Approach**
  - Determine key questions
  - Identify answers
  - Offer solutions

#GoingBelowTheSurface
Forum Partners

#GoingBelowTheSurface
We Believe

As *Going Below The Surface* evolves, it brings together an expert group of stakeholders, from all segments of health care, creating a forum to look for areas of shared interest and agreement, rather than pointing fingers.

#GoingBelowTheSurface
Raising Awareness of Health Spending Issues Via Regional Town Hall Meetings

Salt Lake City, UT* (HLC/ACHP)

Columbus, OH* (HLC/CAHC)

Raleigh, NC* (HLC/NPC)

Nashville, TN (HLC/NPC)

*Denotes cities interested in continuing the dialogue (i.e., “Town Halls 2.0”)

#GoingBelowTheSurface
2020 Proposed Town Hall Locations

*Denotes 2019 event
†Denotes cities interested in “Town Halls 2.0”
‡ Denotes 2020 events (dates are tentative)

#GoingBelowTheSurface
Navigating the Low-Value Care Roadmap

1. Set your low-value care goal
2. Identify opportunities to address low-value care
3. Prepare rationale for addressing low-value care
4. Determine whether the initiative requires collaboration of organizations
5. Decide on the breadth of the initiative
6. Determine implementation approach (stakeholder-specific) and implement the initiative
7. Evaluate and share impact
8. Collaborate and disseminate

Implementation should be stakeholder specific

#GoingBelowTheSurface
Components of the Roadmap

8-Step Roadmap
Each step has:

Aspirational goal
- The ultimate goal for each step in the Roadmap

Motivating questions
- Questions the organization(s) must consider during each step
- What are some potential actions, opportunities to achieve the aspirational goal?

Case study example
- A real-world example of how each step has been (or could be) implemented

#GoingBelowTheSurface
Additional resource: AcademyHealth webinar on low-value care

Learning objectives:

• Describe the problem of low-value care, both clinically and economically.

• Understand the types of low-value care and what tests and treatments are associated with low-value care.

• Explore if low-value care occurs more often in low cost/high volume services or high cost/low volume services.


#GoingBelowTheSurface