Health equity priorities for pharmaceutical manufacturers: payer perceptions from a global survey

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Introduction and Objective(s)

The National Institute for Health and Clinical Excellence (NICE) defines health inequalities as "*differences in health across the population, and between different groups in society, that are systematic, unfair and avoidable*". While most health technology assessment (HTA) and payer organizations do not have their own definition of health inequalities, the World Health Organization (WHO) definition, reflecting a broad set of factors that influence healthcare outcomes is frequently referenced "*Health inequities are unjust and avoidable systematic differences in the health status and access to health resources of different population groups*". As pharmaceutical manufacturers and the larger life sciences industry aim to improve health equity by overcoming disparities, payer perspectives on top actionable priorities are unknown.

The specific objectives of this research are to:
- **Understand what causes of health inequalities payers and HTA see as priority to address**
- **Discover what actions and initiatives the pharmaceutical industry should prioritize to address to meet the expectations of the payers and HTA**
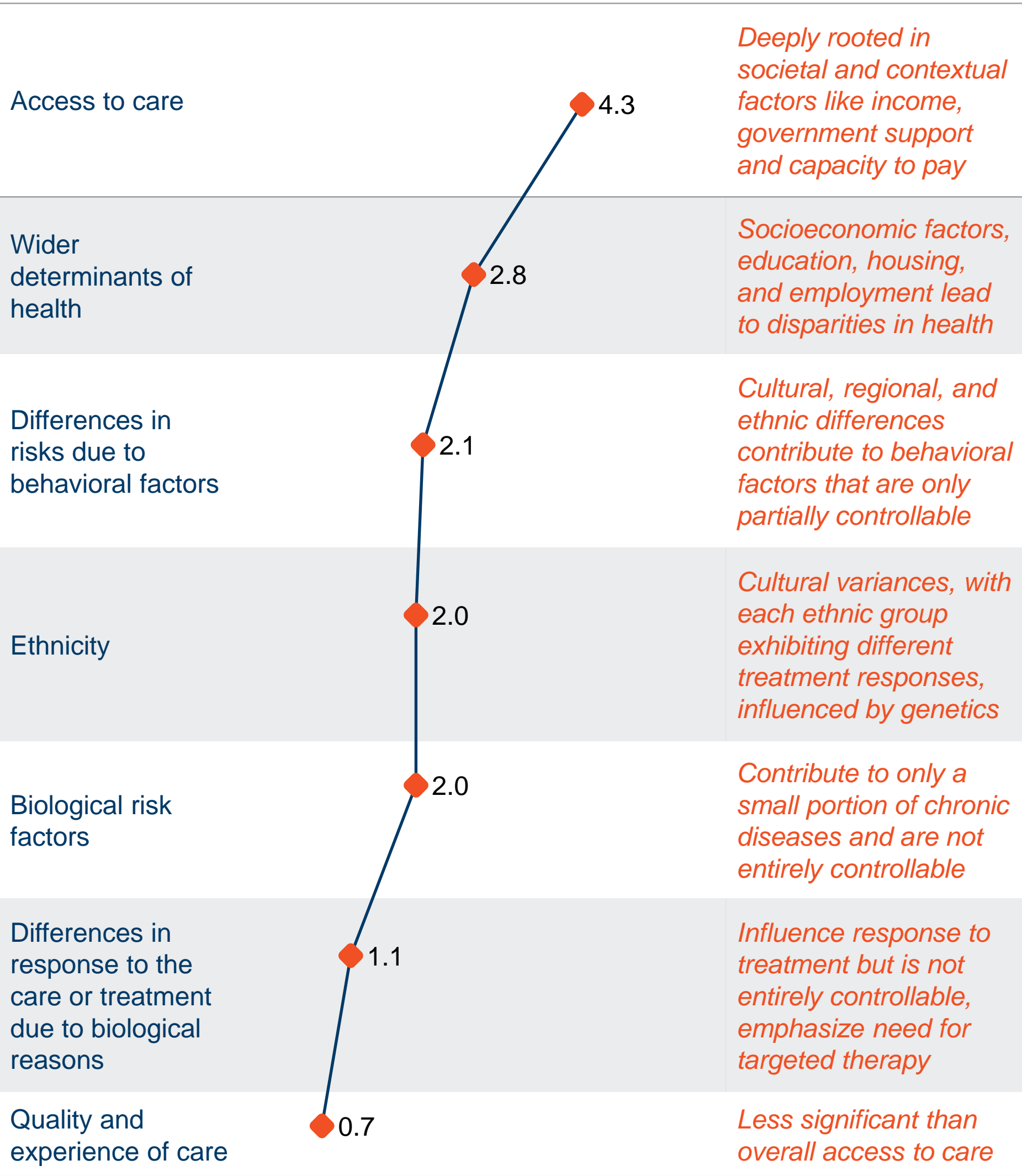
Methods

Payer perspectives were collected via a global survey conducted by the Rapid Payer Response (RPR™) platform by Genesis Research Group. RPR™ sourced data from a network of 3,500 stakeholders across more than 65 countries. Respondents (N=31) were located in the United States (N=10), France (N=5), Italy (N=5), the United Kingdom (N=5), Brazil (N=3), and China (N=3). Respondents rated priorities on a scale of 1 to 5 where 5 is most important. Double-blinded surveys were distributed in March 2024; responses received by April, 2024

Results

Most important factor to address: Access to care

Access disparities and sociodemographic factors are seen as paramount to address across markets due to their deep-seated connections with societal and contextual elements. These drivers of health inequalities are also perceived to be in the sphere of influence of payers, hence a priority. Factors that are seen as uncontrollable or only partially controllable are deprioritized.

Figure1: Priority causes of health inequities to address by importance (1-5)

Cause	Rating	Detail
Access to care	4.3	*Deeply rooted in societal and contextual factors like income, government support and capacity to pay*
Wider determinants of health	2.8	*Socioeconomic factors, education, housing, and employment lead to disparities in health*
Differences in risks due to behavioral factors	2.1	*Cultural, regional, and ethnic differences contribute to behavioral factors that are only partially controllable*
Ethnicity	2.0	*Cultural variances, with each ethnic group exhibiting different treatment responses, influenced by genetics*
Biological risk factors	2.0	*Contribute to only a small portion of chronic diseases and are not entirely controllable*
Differences in response to the care or treatment due to biological reasons	1.1	*Influence response to treatment but is not entirely controllable, emphasize need for targeted therapy*
Quality and experience of care	0.7	*Less significant than overall access to care*

0.0 1.0 2.0 3.0 4.0 5.0

On a scale of 1-5 where 1 is not important at all and 5 is highly important
◆ *average ratings Countries with flags on left of the average have lower ratings than average*

Most important initiatives for pharmaceutical manufacturers: Clinical trial diversity and data

When stakeholders were asked to rate the importance of various initiatives pharmaceutical manufacturers in helping achieve the improved health equity goals, they agreed that ensuring clinical trial diversity is a key priority, alongside investing in development and understanding of data related to health equity. These activities were seen as most suited to the existing and growing capacities of the pharmaceutical industry. In contrast, activities seen as domains of health systems/governments were less important initiatives for pharmaceutical manufacturers.

Figure 2: Most important initiatives for pharmaceutical manufacturers

Activity	Level of importance*	Rationale/Details
Ensuring diversity in clinical trials	4.1	↑**Adequate representation of patient subgroups** to fully understand and validate clinical outcomes as results may not be generalized due to different patient characteristics
Invest in data generation/ analyses (eg RWE) to understand diff. in outcomes/ risks between populations	4.1	↑**Leverage research and data analytics capabilities to understand the root causes of inequities** or specific needs of underserved patient groups and prioritize in drug development
Better understanding of what drives HE and how to meet needs of underserved patient groups	3.9	
Develop ways to measure health inequity and any reductions	3.8	↑**Track progress and identify gaps needing attention** ↓Government or academic institutions expected to be leading these efforts not pharma manufacturers
Engage with HTAs and policy makers to identify disparities and find solutions	3.8	↑**Need for collaborative efforts** across stakeholders to identify most important disparities and develop effective solutions ↓Few payers anticipate **limited willingness from pharma companies** who may have other priorities
Partnering with payers and providers to improve patient journeys	3.5	↑**Facilitates system-wide improvement and optimizes access** ↓A broad concept, **needing more details and a dialogue among stakeholders** on a best practice
Partnering with health systems to improve the diagnostic and treatment infrastructure	3.4	↓Limited role of the manufacturer, **responsibility of health systems**
Enhance patient support programs	3.4	↑**Helps address issues of health literacy, empowerment** however, needs cooperation and communication between stakeholders/ public bodies
Patient education /disease awareness programs	3.4	↓Already in place, targeted efforts required ↓Should be **independent of the manufacturer to avoid influencing patients** ↓Limited importance from the societal perspective or feasibility challenges
HCP education on health inequities affecting specific groups	3.2	↑Recognized need for greater HCP awareness of needs of underserved populations ↓Some see a limited role of the manufacturer, with health system or governmental initiatives preferred

On a scale of 1-5 where 1 is not important at all and 5 is highly important

Conclusions

- **Payers perceive differences in access to care and wider determinants of health as priority to address to reduce health inequalities.**
- **To improve health inequalities, payers identify action items for pharmaceutical manufacturers: develop and utilize better data. Specifically, top priorities are to improve clinical trial diversity and real-world evidence to measure disparity.**

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