Payer perceptions of health inequalities in reimbursement decision-making: results of a global survey

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Introduction

Despite rising awareness of health inequalities and their impact on patient and population outcomes, only few payer and HTA organizations are currently considering health inequalities in the reimbursement decision making. Furthermore, current considerations are typically limited to contextualizing inequalities within the disease landscape. With only a minority of payer and health technology assessment (HTA) organizations formally considering health inequalities in the reimbursement decision making process, it is unknown how HTA tools need to evolve to overcome challenges and how pharmaceutical manufacturers should focus strategy, to ultimately achieve health equity goals..

Objectives

The specific objectives of this research are to:

- **Describe current payer perceptions of health inequalities including its key drivers and priority populations for health inequality reduction**
- **Understand key barriers to greater consideration of health inequalities in payer and HTA decision-making**
- **Discover how payer HTA tools or methodologies need to evolve for great consideration of health inequalities in decision-making and implications for pharmaceutical manufacturers.**

Methods

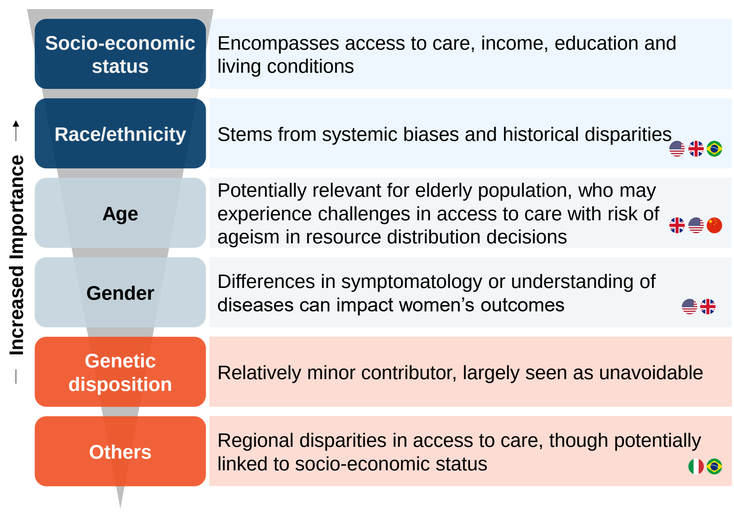
Global survey conducted via the Rapid Payer Response (RPR™) platform by Genesis Research Group sourced data from a network of 3,500 stakeholders across more than 65 countries. Surveys were distributed in March 2024 ; responses received by April 2024. To comply with market standards, surveys were double-blinded. 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 included payer and HTA organization former or current members and advisors.

Results

Key drivers of health inequalities

Respondents identified socioeconomic status as the primary driver of health inequality over age, gender, and genetic disposition. Race/ethnicity are also relevant, while there is some overlap with the socioeconomic factors due to historical disparities, lack of understanding of conditions affecting minority race or ethic groups is a factor.

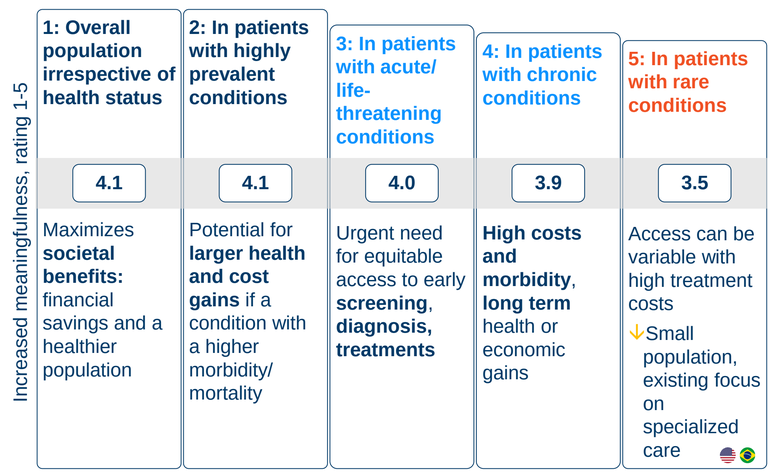
Figure 1: Drivers of health inequality



Perception of meaningful reduction in health inequality

Stakeholders unanimously agreed that health equity improvement in the overall population is prioritized regardless of the health status, as they seek to optimize outcomes from a population health perspective. Views diverged with respect to rare disease populations driven by geographical differences in policies related to orphan drug access

Figure 2: Perception of meaningful reduction in health inequality



Future of health inequalities in the payer decision making

While there is strong agreement among surveyed stakeholders that the importance of accounting for health inequalities in the payer/HTA decision-making will increase, they have identified the need for future evolution in processes, methodologies, and broader systemic changes to achieve these goals with several obstacles.

Figure 3: Future importance of health inequality consideration in decision-making

Figure 4: Future evolution in HTA methods and approaches to consider health inequalities in decision-making and challenges

Future evolution

- **Formalize** health equity considerations in the HTA process
- **Contextualize** inequality within the **disease burden**
- **Carry out subgroup analysis** by race, age, and ethnicity with a focus on **marginalized populations**
- Implement **advanced methods** such as distributional cost-effectiveness analysis (DCEA)

France (ex-TC): *Data and reporting are critical but access to data is a challenge, race is self-reported, lots of data gaps which leads to distrust of models.*

Barriers

- **Data availability, burden of data collection**
- Difficulty in **translating benefits into cost savings**
- Required **changes in HTA framework**, **limited experience/**familiarity with advanced methods
- **Cultural inertia** and need to balance **economic pressures**

UK (ex-NICE): *Potential to have more structured methods, rather than general discussion of equity issues. However, it may be seen to add complexity to main cost-effectiveness assessment.*

Conclusions

Payers and HTAs are increasingly looking to incorporate considerations of health inequalities in their decision-making, with a focus on socioeconomic status as the driver of underlying inequalities. However, barriers remain to their ability to assess health inequalities.

To act on these perceptions and overcome these barriers, payers recommend that pharmaceutical manufactures and life sciences

- **advocate for formalizing health equity considerations in the HTA process**
- **contextualize inequality within the disease burden by subgrouping analyses by sex, race and socioeconomic status, with greater focus on marginalized populations**
- **implement advanced methods such as distributional cost-effectiveness analysis.**

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