

NEW DIGS

LEAPS

Learning Ecosystems Accelerator for
Patient-centered, Sustainable innovation

**Adaptive
Reimbursement Panel:
Innovating for Patient
Access & Better
Outcomes for All**

2021 ISPOR Annual Meeting

MIT CENTER FOR BIOMEDICAL INNOVATION



Adaptive Reimbursement Panel: Innovating for Patient Access & Better Outcomes for All



Angela Banks

Vice President
External Affairs
UnitedHealth Group



Ronald Potts

Quality Improvement Medical Director,
Kaiser Permanente
National Transplant Services



David Strutton

VP, Global Pharmaceuticals & Policy Research
Center for Observational and
Real-World Evidence
Merck & Co., Inc.

Conflict of Interest

- Angela Banks is employed by UnitedHealth Group and holds stock in UnitedHealth Group and AstraZeneca.
- Ron Potts is employed by Kaiser Permanente and Interlink Health Services and has received personal fees from Pfizer.
- Dave Strutton is employed by Merck and is also a stockholder.
- Mark Trusheim is President of Co-Bio Consulting and has received personal fees from Janssen, Merck, Novartis, and Pfizer.

MIT NEWDIGS – Helping the System Catch Up With the Science

- Safe haven “**think & do**” tank for convening; MIT = trusted neutral intermediary
- Track record of **real world impact**
- Interactive methods/tools for **multi-stakeholder collaboration**
- Bold, transformational system innovations **for ten (10) years**

NEWDIGS “Adaptive Licensing” Project fueled timely action & impact in Europe from regulatory science innovation.....



... and Illuminated a Broad Set of Principles for Accelerating Sustainable Patient-Centered Innovation



FoCUS

Financing and Reimbursement
of Cures in the US



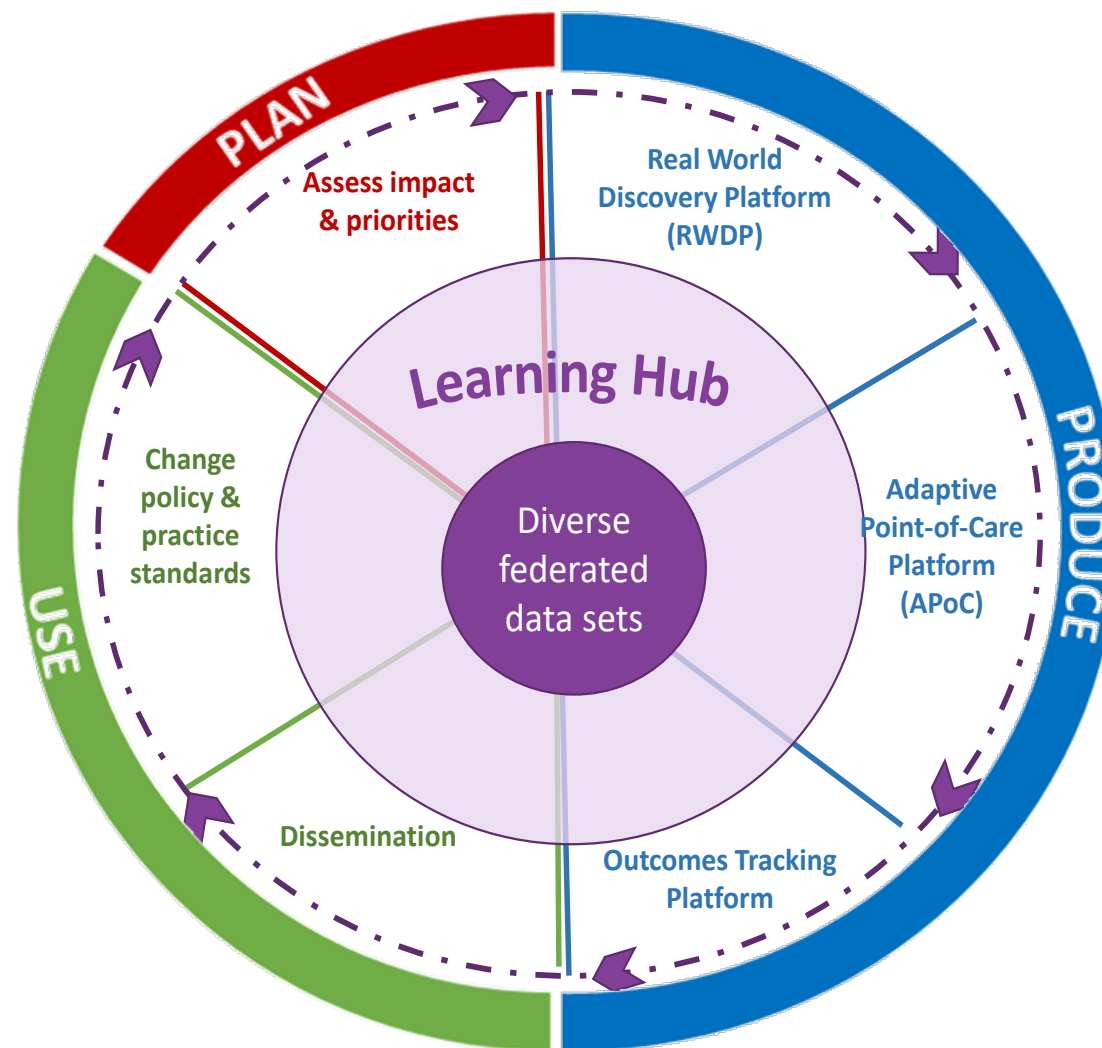
LEAPS

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Learning Lifecycle Connects RWE Planning, Production, & Use

Adaptive Reimbursement Turns Evidence Into Action

It accelerates the USE
of RWE findings



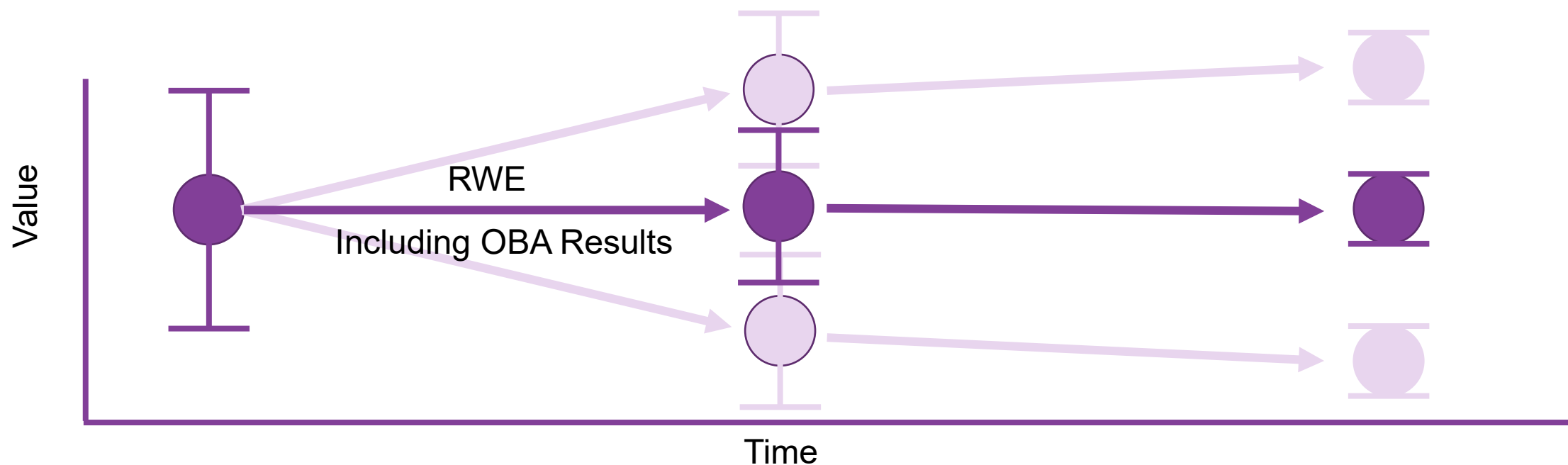
from the post-approval
RWE PRODUCE platforms

Adaptive Reimbursement Goals: Sustainably Improve Patient Outcomes

- ***Harnessing payment tools to creatively impel clinical use of therapies based on Real-World Evidence (RWE)*** to improve patient outcomes, enhance healthcare system sustainability, and account for value created by upstream innovation.
- ***Creating scalable, Adaptive Reimbursement models*** capable of implementing many RWE findings simultaneously while nimbly adapting to each finding's characteristics and each stakeholder's needs.
- ***Contributing RWD/E to LEAPS*** regarding the therapeutic use changes and outcomes.
- ***Rewarding RWE platforms for generating findings that inform treatment regimens*** by either direct financial support or through indirect mechanisms.

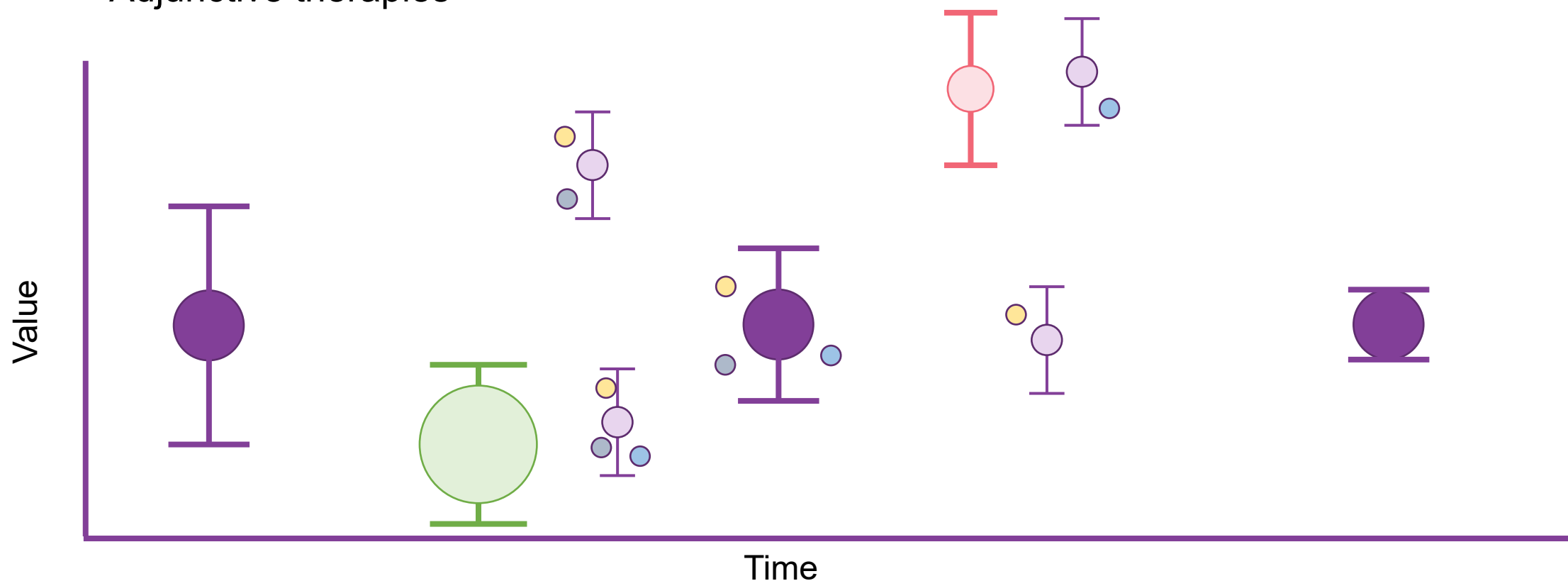
Adaptive Reimbursement May Begin with Outcomes-based Agreements

- **Iterative & Learning** (Lifecycle management, not single contracts)
- Connects to **adjusting value over time** for each stakeholder's metrics



Adaptive Reimbursement Adjusts for Continued Innovation and Knowledge

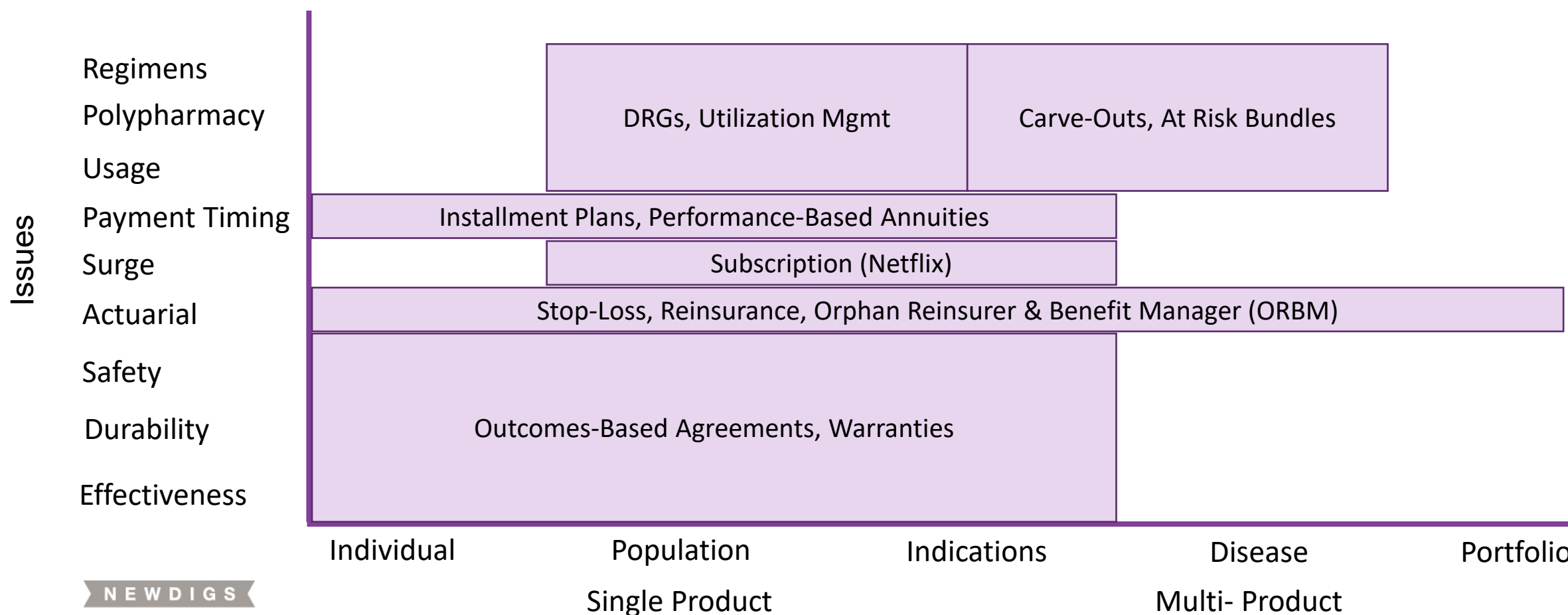
- Additional indications with differing values and population sizes
- Optimized product population targeting and usage
- Adjunctive therapies



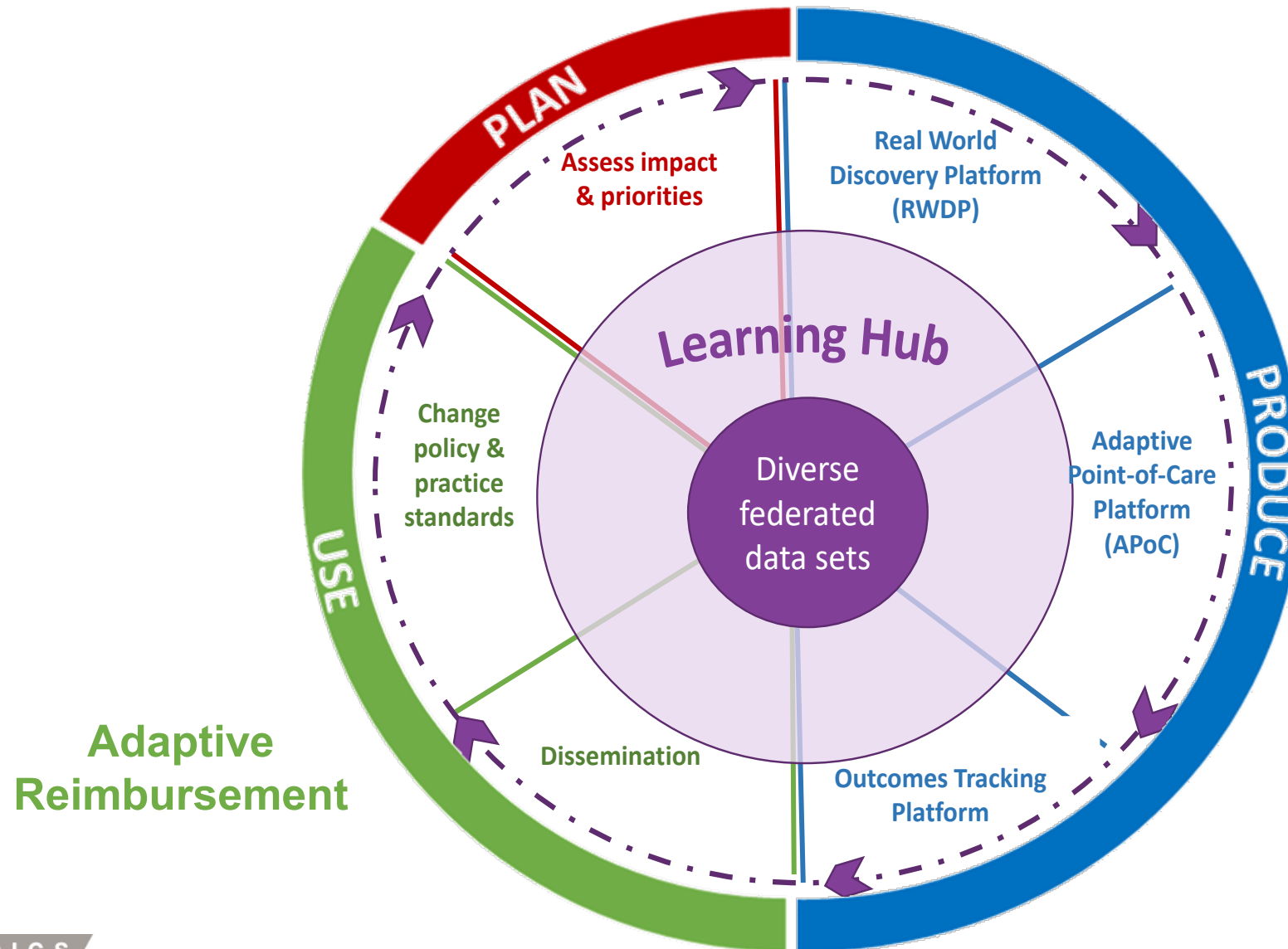


Adaptive Reimbursement More Than Outcomes-based Agreements

- More **uncertainties** such as actuarial risk
- More tools such as stop-loss/reinsurance, subscriptions, warranties, bundles & carve-outs
- More scope to include **polypharmacy and disease regimens including providers & patients**



Adaptive Reimbursement Connects Action to Evidence



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