An assessment of the evolving methods and role of health equity factors in ICER's Final Evidence Reports

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Background

- Health technology assessment (HTA) analyses have historically prioritized efficiency (ie, an intervention's comparative effectiveness and cost-effectiveness) in ascribing value. However, considering efficiency alone has the potential to negatively affect equity. Despite existing frameworks and recommendations, the adoption and application of methods for integrating equity into HTA analyses remain inconsistent.
- A recent survey found that 78% of payers stated that the Institute for Clinical and Economic Review (ICER) Final Evidence Reports had at least an occasional influence on their coverage decisions.³ ICER, with its increasing influence in payer decision-making processes, is positioned to affect equitable access to technologies.

Objective

• To determine how the use of equity-related methods and inclusion of equity factors have evolved over the past 5 years in ICER's Final Evidence Reports.

Methods

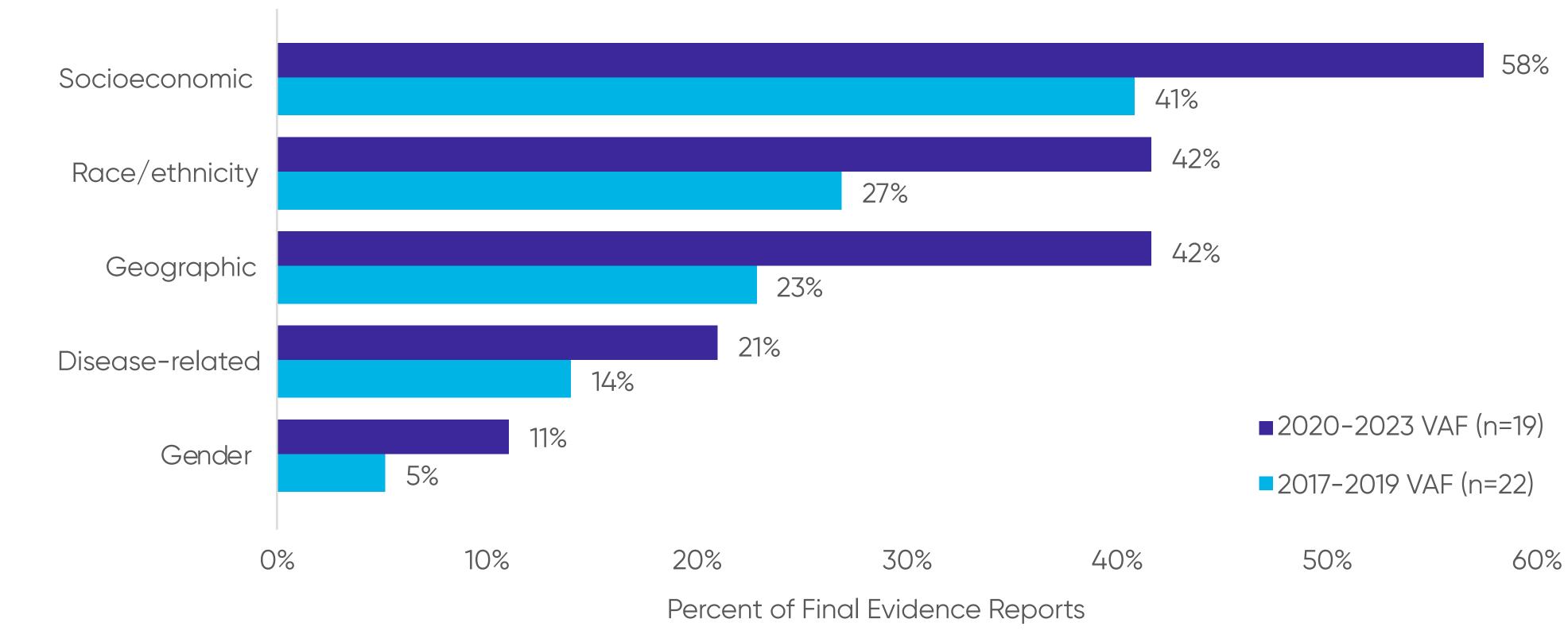
- All Final Evidence Reports published from August 8, 2017, to August 1, 2022, under ICER's 2017–2019 (n=22) and 2020–2023 (n=19) value assessment frameworks (VAF) were reviewed and categorized based on their publication dates relative to when the VAF was updated.
- We identified the methods ICER used to consider the equity impacts of interventions and the factors ICER associated with equity using exploratory methods.
- Whether a Final Evidence Report included a given equity-related method (ie, a manner in which ICER attempts to address health equity) or equity factors (ie, a specific characteristic with implications for health equity) was determined by 2 independent researchers. Discrepancies warranted re-review of the Final Evidence Report in question and were resolved in discussion.
- We extracted equity-related text throughout the Final Evidence Reports, but with particular focus on the "Contextual Considerations and Potential Other Benefits" and "Policy Recommendations" sections.

Results

Analysis of reports

- Equity factors in the "Contextual Considerations and Potential Other Benefits" section were more commonly identified in 2020-2023 vs 2017-2019 Final Evidence Reports. Across timeframes, the most commonly identified factors were related to socioeconomics (58% vs 41%), race/ethnicity (42% vs 27%), and geography (42% vs 23%) (**Figure 1**).
- The most common equity-related subpopulations explicitly mentioned in all Final Evidence Reports were Black patients (31%), Hispanic/Latino patients (7%), those of lower socioeconomic standing (29%), those living in rural communities (24%), and women (10%).

Figure 1. Equity factors identified in ICER's Final Evidence Reports



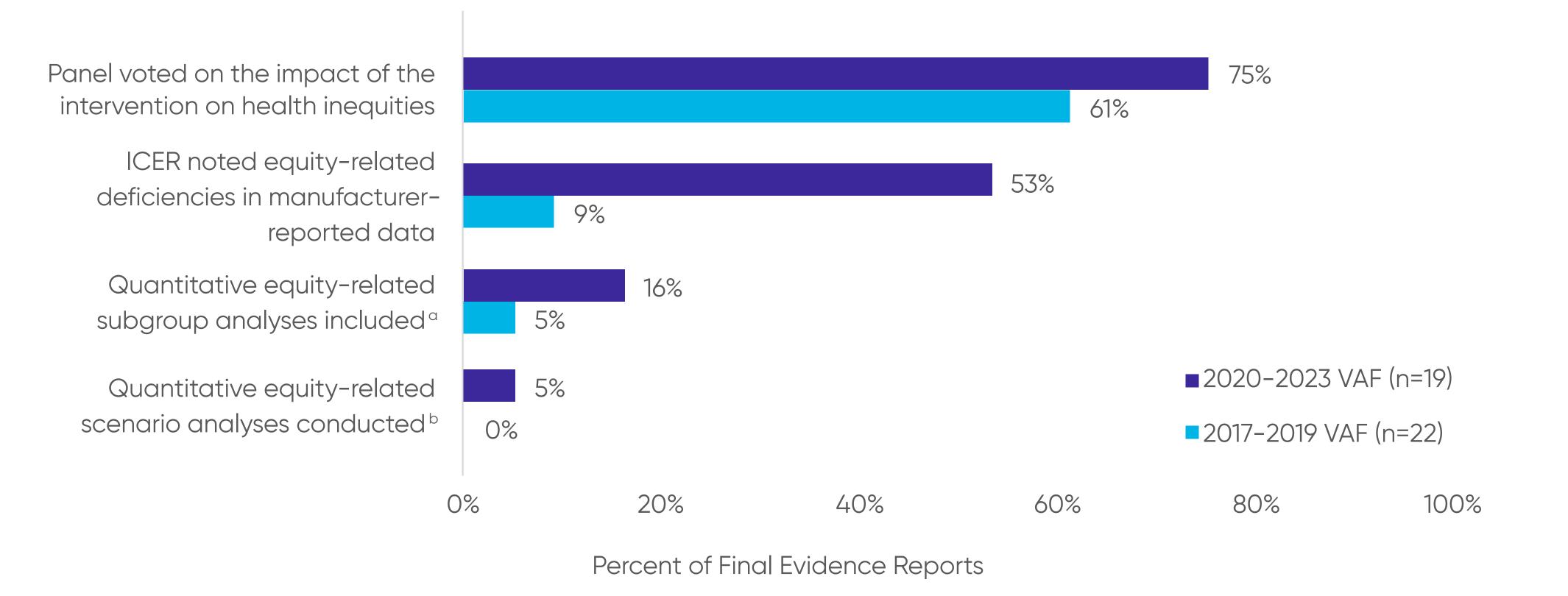
Key: ICER – Institute for Clinical and Economic Review; VAF – value assessment framework.

- In 2020-2023 Final Evidence Reports, ICER more frequently had appraisal panels vote on the impact of interventions on health inequities and more frequently noted equity-related deficiencies in manufacturer-reported data (**Figure 2**).
- Quantitatively, equity-related subgroup analyses, including Health Improvement Distribution Index (HIDI) calculations, were more common in 2020-2023 Final Evidence Reports (**Figure 2**).

Health Improvement Distribution Index (HIDI) is a calculation developed by ICER to quantify the relative proportion of health gains for subgroups with higher prevalence of disease compared to the general population. An HIDI >1 suggests more health may be gained on the relative scale in the subpopulation of interest compared to the population as a whole.⁴

• Across all Final Evidence Reports, only 1 included an equity-related scenario analysis. The Lupus Nephritis Final Evidence Report, published in 2021, determined the cost-effectiveness of the studied interventions in the Black population (**Figure 2**).

Figure 2. Equity-related methods in ICER Final Evidence Reports



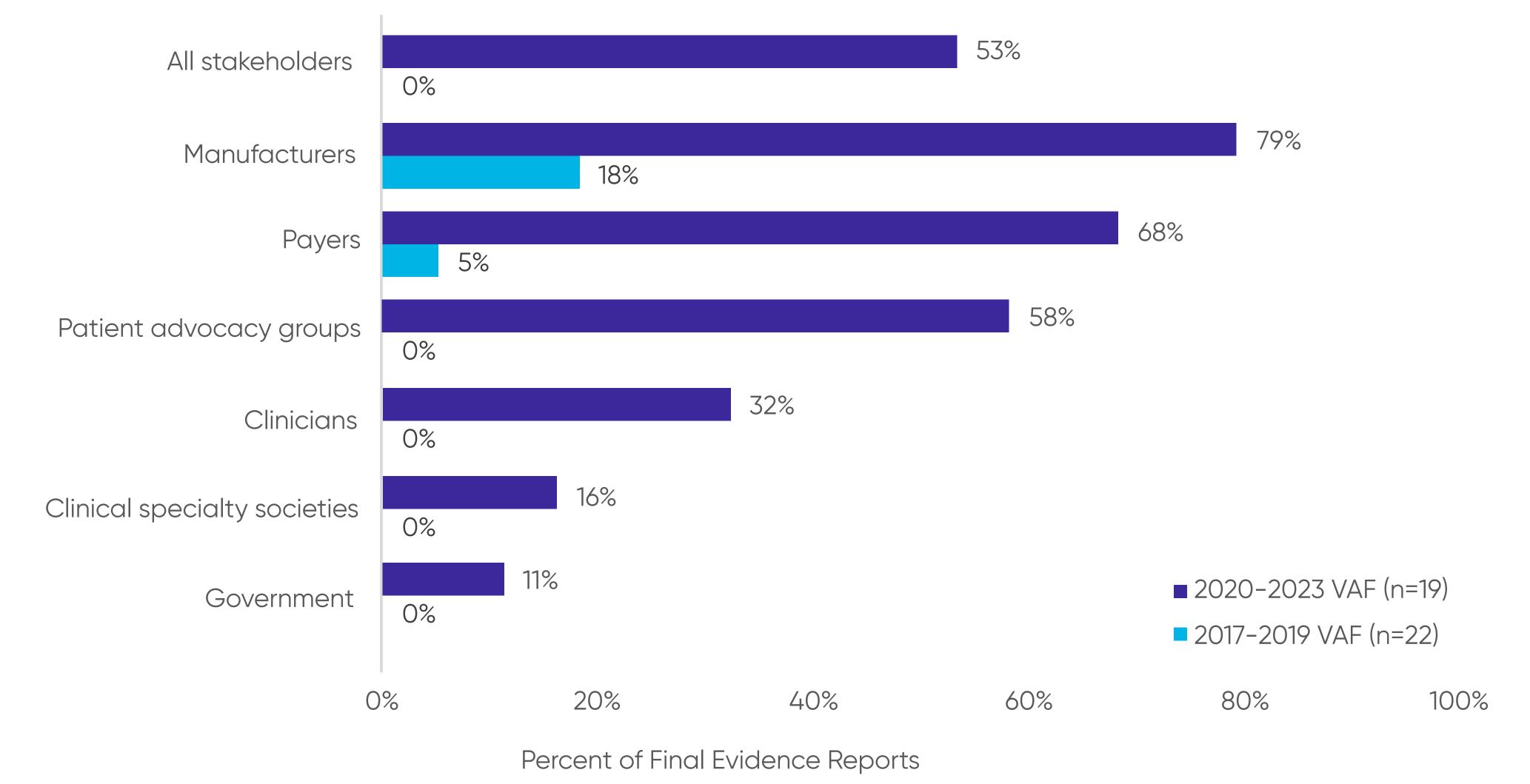
^a Includes manufacturer-conducted subgroup analyses and calculation of HIDI as performed in 2 of the 2020-2023 Final Evidence Reports.

^b Scenario analysis conducted in Black patients in the Lupus Nephritis Final Evidence Report.

Key: HIDI – Health Improvement Distribution Index; ICER – Institute for Clinical and Economic Review; VAF – value assessment framework.

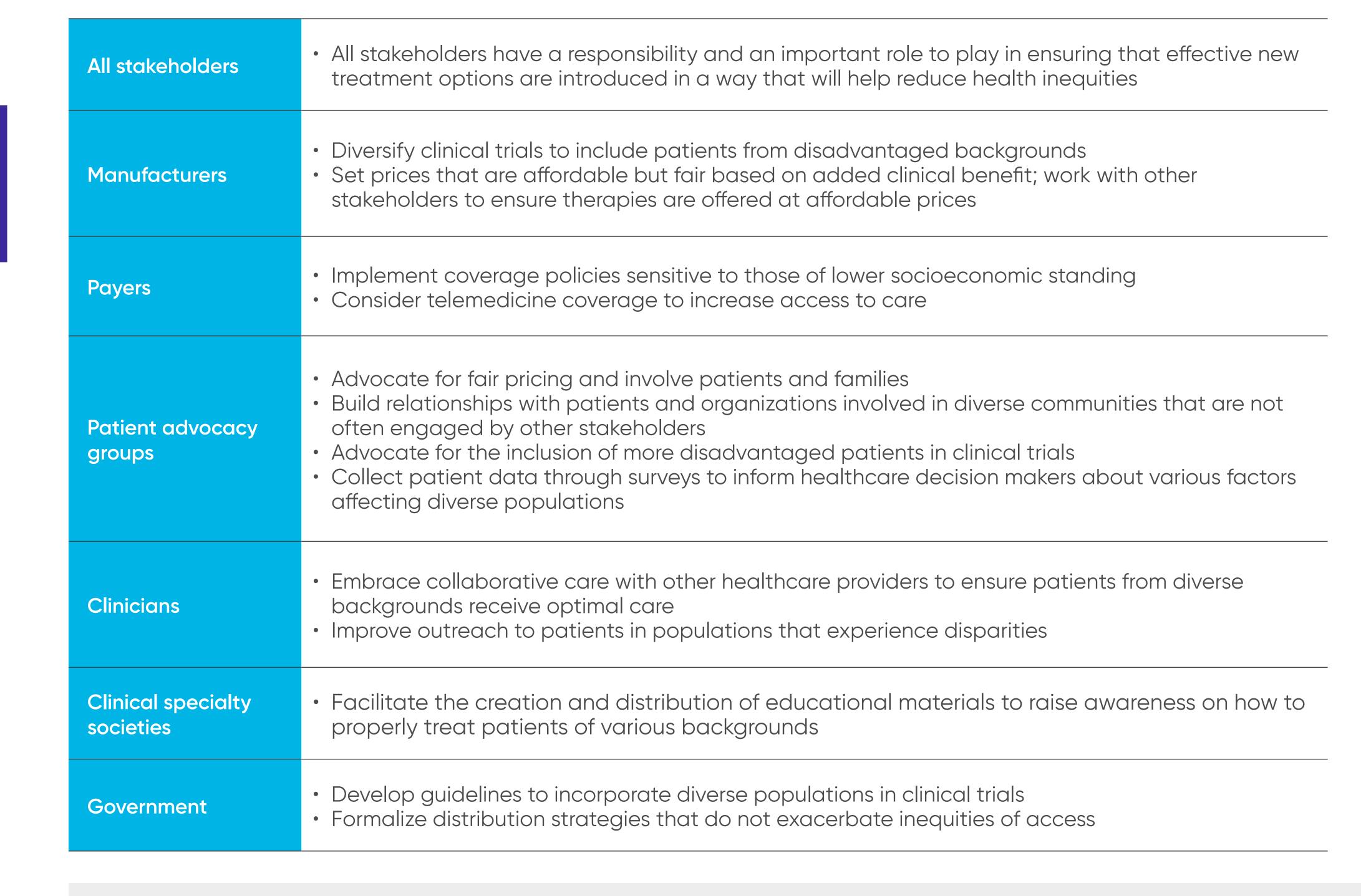
• ICER has increasingly called upon all stakeholders to address health equity. Manufacturers, payers, and patient advocacy groups were the most common stakeholders to which ICER made specific recommendations (**Figure 3**). Additional details on the most common calls to action per stakeholder are outlined in **Table 1**.

Figure 3. Policy recommendations: Equity-related calls to action per stakeholder



Key: VAF – value assessment framework.

Table 1. Policy recommendations: Most common equity-related calls to action per stakeholder



Limitations

- Methods for addressing equity and equity factors for analysis were determined based on an exploratory review of ICER Final Evidence Reports. As such, this analysis was not inclusive of all considerations for the provision of equity, but rather only represents those methods employed and factors identified by ICER that our researchers found relevant.
- Though ICER drafts its reports iteratively in conversation with the public, including patients and other stakeholders, the impact of public input on ICER's eventual discussion of equity in its Final Evidence Reports was beyond the scope of this analysis.

Conclusions

- Over time, ICER has iteratively evolved its consideration of health equity. Although its overall consideration of health equity has increased, there is still room for improvement, particularly with ensuring that its multifactorial methods for considering equity are consistently applied and equity-related quantitative analyses that can support decision making are increasingly conducted.
- Acknowledging that a shared industry-wide goal is vital to addressing deeply entrenched disparities in the United States,
 ICER has increasingly called upon other stakeholders to address health equity.
- In March 2023, ICER published a white paper analyzing current and prospective HTA methods for considering health equity. With its health equity initiative and continued discussion with key stakeholders, ICER has the opportunity to advance the methods by which they—and the broader HTA community—support society's goal of improving health equity.

References: 1. Williams A, Cookson R. Equity-efficiency trade-offs in health technology assessment. *Int J Technol Assess Health Care*. 2006;22(1):1–9. **2.** Penley B, Ha J, Sarnes E. Health disparities in health technology assessment: An opportunity for improvement. Poster presented at: ISPOR 2022; May 15–18, 2022; National Harbor, MD. **3.** Zheng C, Ha J, Hydery T, Westrich K. Impact of ICER assessments on payer decision making in the United States. Poster presented at: ISPOR 2023; May 7–10, 2023; Boston, MA. **4.** Lin GA, Brouwer E, Nikitin D, et al. Tirzepatide for type 2 diabetes: Evidence report. Institute for Clinical and Economic Review. January 6, 2022. https://icer.org/assessment/diabetes-type-2-2022/#timeline **5.** Agboola F, Whittington MD, Pearson SD. Advancing health technology assessment methods that support health equity. Institute for Clinical and Economic Review. March 15, 2023. https://icer.org/wp-content/uploads/2022/07/ICER_Advancing-Health-Technology-Assessment-Methods-that-Support-Health-Equity_03152023.pdf

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