



Payer Perceptions of Health Inequalities in Reimbursement Decision Making: Implications for the Pharmaceutical Industry

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Our Speakers

Kuldeep Singh

Executive Vice President, Head of Global
Market Access and Pricing

Genesis Research Group

- Physician and healthcare expert with 20+ years of industry experience.
- Specializes in health technology assessment, market access, HEOR, RWE, and pricing for pharmaceuticals and vaccines.
- Held senior positions at Novartis and WHO,
- MPH from University College London / Humboldt-Universität zu Berlin / Karolinska Institute, and an MBA from London Business School.

Tijana Ignjatovic

Executive Director, Global Market Access
and Pricing

Genesis Research Group

- Market access expert with 15+ years of experience in market across a broad range of therapeutic areas and methodologies.
- Deep understanding of the industry and market access allows her to make connections on complex market access projects, strategy and value messaging.
- MA and PhD degrees from the University of Cambridge.



Learning Objectives



Understand which aspects of health inequality are **prioritized** by payers and HTAs



Learn how HTA tools and needs may **evolve** to **decrease health inequality** and key challenges in achieving those goals



Discover which activities **pharmaceutical industry should focus on** to help achieve health equity goals

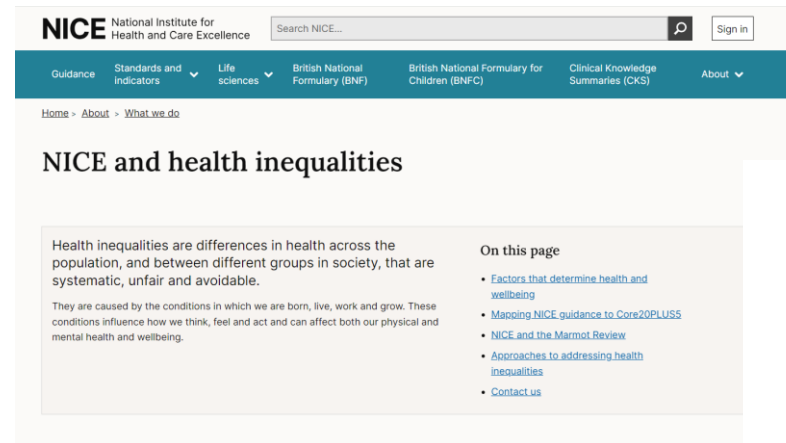
Health inequalities from the payer perspective

- **WHO definition** “*Health inequities are unjust and avoidable systematic differences in the health status and access to health resources of different population groups*”
- **NICE definition** “*Health inequalities are differences in health across the population, and between different groups in society, that are systematic, unfair and avoidable*”



Current situation and considerations

- Only a few payer and HTA organizations are currently considering health inequalities in the reimbursement decision making process
- Current considerations are typically limited to contextualizing inequalities within the disease landscape



**Advancing Health Technology Assessment
Methods that Support Health Equity**

March 15, 2023



How are payers and HTA organizations globally considering health inequalities in the reimbursement decision making process and how will this evolve in the future?



Payer Survey: Measuring current payer perceptions of health inequalities and implications for pharma

Survey respondents and methodology

Surveyed a total of **31 payers** to understand the current perceptions of health inequalities and implications for the pharmaceutical industry

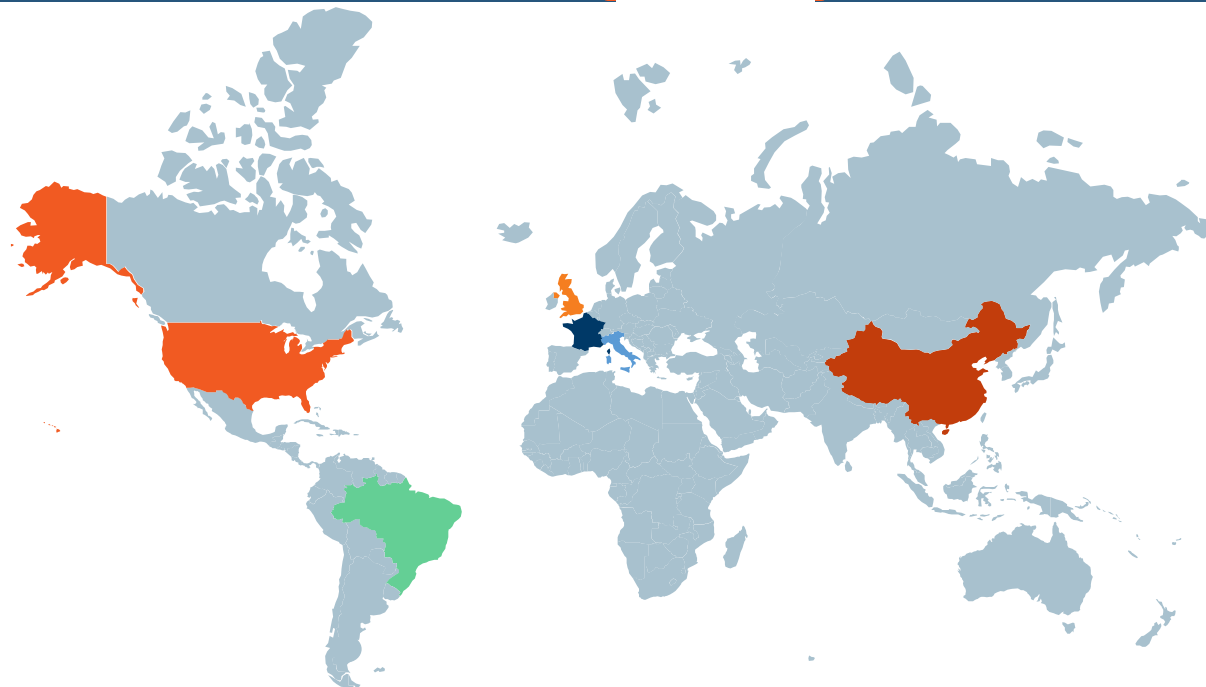
Methodology

This survey was conducted via the Rapid Payer Response (RPR™) platform by Genesis Research Group

→ allowed us to obtain dynamic payer feedback within a short time horizon



Scope country					
US	Brazil	France	Italy	UK	China
Number of respondents					
10	3	5	5	5	3
Payer type					
3 Commercial and Medicare MCOs 2 Medicaid 2 IDNs 2 Population Health Managers	2 Public payers (MoH, CONITEC) 1 Private payer	3 Ex Transparency Commission 2 Ex-CEPS	3 Ex-AIFA 2 Regional Payers	3 Ex-NICE 2 Integrated Care Board	2 Health Economists 1 Ex-NHSA



RPR: A powerful approach to stakeholder insights



Key features



Answers when you need it

Via our secure, online portal and receive responses in as little as five days.



Double blinded

To ensure compliance with market standards.



Agile engagement platform

Dynamic ability to ask clarification and follow-up questions.



Question development support

Market access team supports and aligns survey questions with your goals developing relevant questions for payers.



Project dashboard and insight reports

Market access team analyzes data and provide an in-depth insight report with actionable next steps/recommendations.



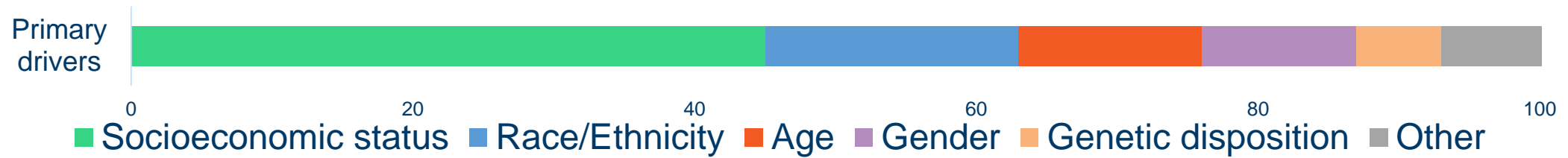
Extensive stakeholder network

Access to over 3,500 stakeholders across 65+ countries



Payer survey results

Key driver of inequalities: Socioeconomic status



- ◆ **Socioeconomic status** as it encompasses access to care, income, education and living conditions
- ◆ **Race/ethnicity** are also a significant factor due to **systemic biases and historical disparities** 🇺🇸🇬🇧🇧🇷
- ◆ **Age is broadly less relevant**, although elderly can experience **challenges in access to care** and there is risk of **ageism in resource distribution decisions** 🇬🇧🇺🇸🇨🇳
- ◆ Differences in symptomatology or understanding of diseases can impact **women's outcomes** 🇺🇸🇬🇧
- ◆ **Genetic disposition is relatively minor contributor** to health inequalities as it is unavoidable
- ◆ **Regional disparities in access to care** while overlapping with socioeconomic factors are also relevant 🇮🇹🇧🇷

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.

Access to care

Deeply rooted in societal and contextual factors like income, government support and capacity to pay

Wider determinants of health

Socioeconomic factors, education, housing, and employment

Ethnicity

Influenced by genetics and cultural and economic factors

Differences in risks due to behavioral factors

Cultural, regional, and ethnic differences but only partial ability to address

Biological factors

Not controllable

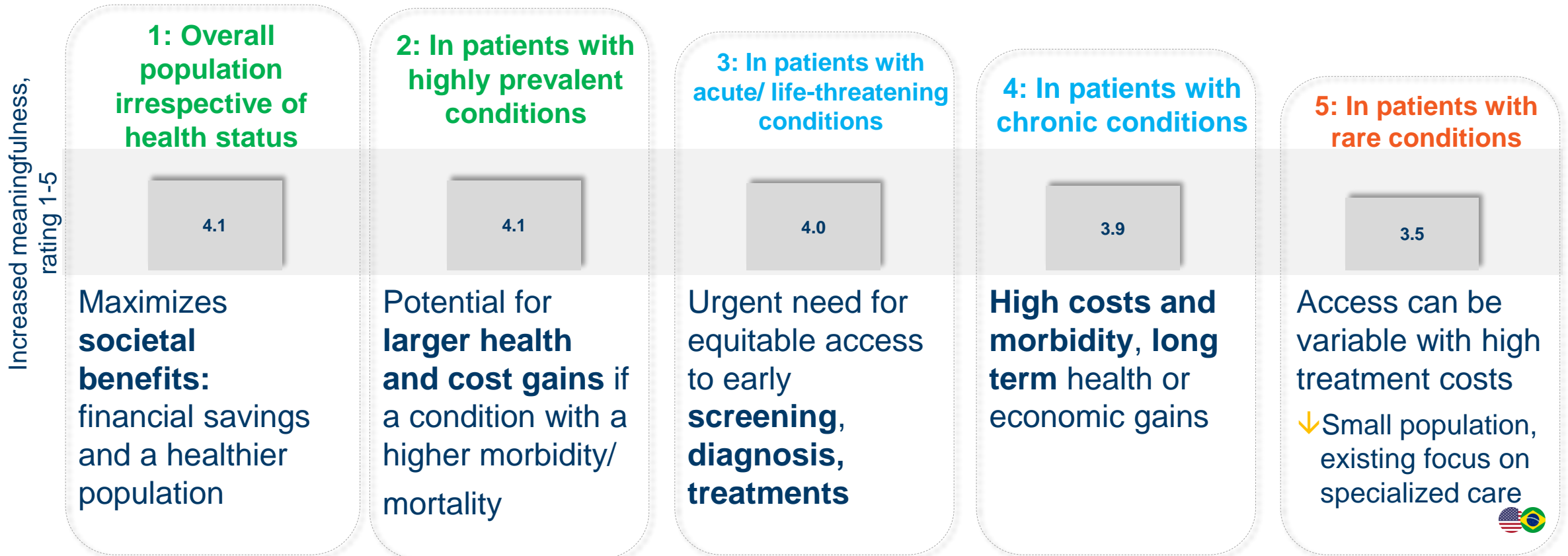
Quality and experience of care

Less significant than overall access to care



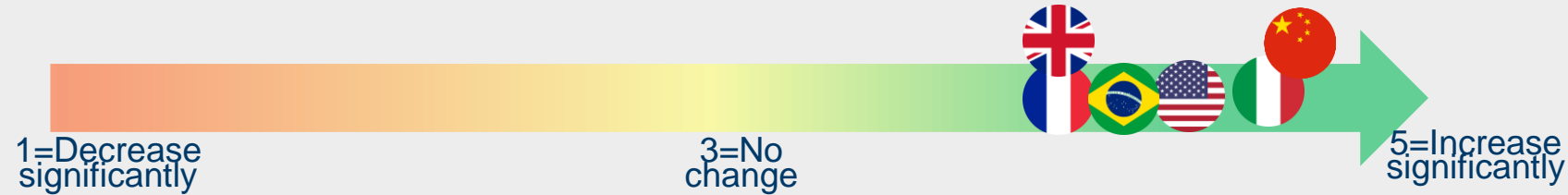
Payers seek to reduce health inequality in the **overall population**

At what level is reduction of health inequity most meaningful from your organization's perspective?



Future of health inequalities in the payer decision making: Increasing importance, but barriers remain...

Importance of assessing the impact of a pharmaceutical intervention on health inequalities in the future will...



Future evolution

- **Formalize** health equity considerations in the HTA process
- **Contextualize** inequality within the **disease burden**
- **Subgroup analysis** by race, age, and ethnic groups with a greater focus on marginalized populations
- Implement **advanced methods** such as 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.

Most important initiatives for pharmaceutical manufacturers:

Clinical trial diversity and data

Activity	Level of importance	Rationale
<i>Ensuring diversity in clinical trials</i>	4.1	↑ Adequate representation of patient subgroups to fully understand and validate clinical outcomes
<i>Invest in data generation/ analyses (e.g., RWE) to understand differences in outcomes/ risks between populations</i>	4.1	↑ Leverage research and data analytics capabilities to understand the root causes of inequalities or specific needs of underserved patient groups and prioritize in drug development
<i>Better understanding of what drives health inequalities and how to meet needs of underserved patient groups</i>	3.9	
<i>Develop ways to measure health inequality and any reductions</i>	3.8	↑ Track progress and identify gaps needing attention ↓ Government or academic institutions expected to be leading these efforts not pharma manufacturers
<i>Engage with HTAs and policy makers to identify disparities and find solutions</i>	3.8	↑ Collaborative efforts needed to identify most important disparities and develop solutions ↓ Doubts around willingness from pharma companies who may have other priorities

Less important initiatives for pharmaceutical manufacturers:

Activities seen as domains of health systems/governments

Activity	Level of importance	Rationale
<i>Partnering with payers and providers to improve patient journeys</i>	3.5	<p>↑ Facilitates system-wide improvement and optimizes access</p> <p>↓ A broad concept, needing more details and a dialogue among stakeholders on a best practice</p>
<i>Partnering with health systems to improve the diagnostic and treatment infrastructure</i>	3.4	<p>↓ Limited role of the manufacturer, responsibility of health systems</p>
<i>Enhance patient support programs</i>	3.4	<p>↑ Helps address issues of health literacy, empowerment however, needs cooperation and communication between stakeholders/ public bodies</p> <p>↓ Already in place, targeted efforts required 🇺🇸</p>
<i>Patient education /disease awareness programs</i>	3.4	<p>↓ Perceived undesirable influence 🇫🇷</p> <p>↓ Feasibility challenges 🇨🇳</p>
<i>HCP education on health inequalities affecting specific groups</i>	3.2	<p>↑ Recognized need for greater HCP awareness of needs of underserved populations</p> <p>↓ Limited role of the manufacturer, with health system or governmental initiatives preferred</p>



Implications for Pharma



Key takeaways for pharma



Understanding **conditions most impacted by socioeconomic factors** and addressing resulting inequalities are top payer priorities



Availability of data to measure health inequalities are key to greater consideration in payer and HTA decisions



Pharma should ensure **diversity in clinical trials** and invest in understanding and characterization of health inequalities



Questions?
