

ISPOR Meeting the Global Challenge

Adrian Towse, MA, MPhil, 2014-2015 ISPOR President and Director, Office of Health Economics (OHE), London, UK



It is great to have these remarks in the new *Value & Outcomes Spotlight*, which is replacing *ISPOR CONNECTIONS*, as an effective way to communicate with ISPOR members. It is intended to complement our scientific journals, where the drive is to improve science for decision making, and I make no apologies for again drawing attention to the 30% increase in *Value in Health's* impact factor achieved last year, as well as the planning underway to get the *Value in Health Regional Issues* listed on Medline and PubMed.

In my incoming Presidential Address, I set out the need for ISPOR to grow with its members around the world. Part of that process involves providing for stakeholder engagement on the use of health technology assessment (HTA) in decision making. I want to congratulate the Latin America Consortium for a successful First HTA Roundtable in Santiago, Chile where representatives from a number of public health care institutions across Latin America met to discuss the challenges and experiences related to the management of high cost diseases. Their analysis and conclusions will be submitted as an article to *Value in Health Regional Issues*. This was the first official meeting for the newly inaugurated ISPOR HTAnetLatAm (a group within the ISPOR organizational structure dedicated to bringing together health technology assessors and payers to inform and support strategies for evidence-based decision making). It also represented the first foray into yearly ISPOR events in Latin America, the purpose of which is to support a sustainable trajectory for dialogue on health economics and outcomes research (HEOR) and health system development in the region.

Providing efficient and effective health is a global challenge. The health outcomes scientists, and the decision makers they seek to support with evidence, face a range of different challenges across diverse health systems.

ISPOR has to anticipate and respond to these needs and so a strategic planning meeting for the ISPOR Board and key thought leaders in the field will be underway in late February. This stock-take on achieving Vision 2020 (<http://www.ispor.org/vision2020.asp>) will include the following key topics:

- **Getting the right balance:** Between central and regional capability; meetings and other services; what benefits are provided as part of ISPOR membership?
- **Collaboration:** What level of engagement should ISPOR have with other groups such as patient groups and other medical societies? ISPOR is capable of doing many things on its own but opportunities exist where we can achieve more with others.
- **Communication:** How can ISPOR better understand the needs of members and their organizations on a local, regional and global level as well as how we can better convey our mission/leverage our influence with decision makers? Analysing the returns from the *ISPOR membership survey* will help us do this, but reaching out to decision makers is a continuing challenge.

The ISPOR Board will be reporting back to you on the outcome of these discussions.

I also set out in my Presidential Address the need to complement our work developing good science to assess the value of individual new technologies with better understanding of how technologies impact on the health system and vice versa. This is particularly important in helping low and middle income countries move efficiently towards universal health coverage (UHC). The literature on priority-setting (choosing the technologies to include in an UHC package) is completely divorced from that on organising an efficient system to finance and deliver UHC.

...health outcomes scientists, and the decision makers they seek to support with evidence, face a range of different challenges across diverse health systems. ISPOR has to anticipate and respond to these needs.

When one pill or infusion replaces another, the delivery implications are usually limited, but in many situations and systems, it is not that straight forward. Issues around health policy, the architecture of the health system, and how high quality outcomes can be incentivised and monitored are pressing issues. Using the HTA toolkit to assess the value of service delivery reconfigurations is one way forwards. Another is the use of dynamic simulation modelling of the health delivery system, and I am delighted to see the latest issue of *Value in Health* publishing the Task Force Report on Good Practice in the use of this approach in health services research (Marshall DA, Burgos-Liz L, IJerman MJ, et al. Applying Dynamic Simulation Modeling Methods in Health Care Delivery Research—The SIMULATE Checklist: Report of the ISPOR Simulation Modeling Emerging Good Practices Task Force. *Value Health* 2015;18:5-16; http://www.ispor.org/VIH/task-force-report_Emerging-Good-Practices.pdf).

Finally, successful meetings are at the core of ISPOR. This year's International Meeting will be special as it marks a return to Philadelphia where the inaugural meeting of the society was held 20 years ago. The three plenaries tackling three big issues at the interface of health science and decision making are described in a piece by the Meeting Program Co-Chairs, Penny Mohr and Lou Garrison (page 22). The sessions look at the bigger health care system picture: from using evidence to create a learning health system that in turn generates more evidence; to the use of cost effective treatment pathways combining individual technologies, through to the use of new "Big Data" sources and analytical approaches to produce evidence to improve health care practice. I hope to see you in Philadelphia. ■