Reflections from Amsterdam

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ISPOR’s 17th Annual European Congress was a record-size of meeting for ISPOR and a great success. I am very grateful to the Co-Chairs Carin Uyl-de Groot and Finn Barlum Kristensen for all of their hard work, supported by many others including, once again, superb organisation by the ISPOR staff. I hope those of you who attended also got a little time to see the wonderful city of Amsterdam.

It was an opportunity to welcome Nancy Berg, the new CEO and Executive Director of ISPOR. Nancy joined ISPOR at the end of October of 2014. Nancy has run bigger member driven organisations than ISPOR and with a global span. (Yes they do exist – but not in the area of health outcomes research!) I am confident that she will work with ISPOR members and with the ISPOR staff to continue to ensure ISPOR has the organisation to support all of us.

I want to thank Bill Crown again for his leadership of ISPOR’s plans to get the Value in Health’s impact factor, as well as ISPOR’s plans to get the Value in Health Regional issues listed on Medline/PubMed. I also want to remind all ISPOR members that the ISPOR Scientific Presentations Database – much of the material presented at ISPOR’s meetings is available on-line subject to authors’/presenters consent. It is a huge resource, on line and free. In addition, the ISPOR Released Presentations page contains presentations available from specific meetings, also online and free.

ISPOR seeks to do this through our four key activities:

1. Providing a global network for researchers and decision makers to come together. Our global network now has two Regional Consortia (Asia Consortium and Latin America Consortium) and two regional networks, the Central and Eastern Europe Network and Arabic Network, and Africa Network as well as over 70 regional chapters, plus an extensive network of student chapters.

2. Promoting research. I want to draw attention to the 32% increase in Value in Health’s impact factor, as well as ISPOR’s plans to get the Value in Health Regional issues listed on Medline/PubMed. I also want to remind all ISPOR members of the ISPOR Scientific Presentations Database – much of the material presented at ISPOR’s meetings is available on-line subject to authors’/presenters consent. It is a huge resource, on line and free. In addition, the ISPOR Released Presentations page contains presentations available from specific meetings, also online and free.

3. Promoting education. Many ISPOR members attended short courses before the Amsterdam meeting. I also want to highlight the webinar series. The next two webinars you can register for are on Indirect Treatment Comparisons and on Performance Based Risk Sharing Arrangements.

4. Providing resources. I want to highlight three areas which demonstrate the increasing importance of partnering with other organisations when they have expertise that can help ISPOR deliver better resources to its members.

a. Assessing the Evidence for Health Care Decision Makers
   This is an interactive on-line questionnaire; a collaboration between ISPOR, the Academy of Managed Care Pharmacy (AMCP), and the National Pharmaceutical Council (NPC). It is designed to assist health care professionals and/ or decision makers in reviewing the evidence. It provides guidance on the effective use of the information in published and unpublished studies to determine if they are: a) relevant to the setting/decision in question, and b) credible.

b. Tools for Patients
   ISPOR is collaborating with the European Patients’ Academy on Therapeutic Innovation (EUPATI) as part of a European Commission / EFPIA Innovative Medicines Initiative (IMI).

c. Good Practices for Outcomes Research
   This is one of three collaborative ISPOR/AMCP/NPC Good Practice Task Force reports that underpinned the evidence for decision makers’ questionnaire I referred to earlier. I also want to draw attention to the earlier collaboration with the Society for Medical Care Decision Making (SMDC) for a series of very important Modelling Task Force Reports published in Value in Health.

Working with other organisations can be demanding, but although ISPOR is capable of doing many things on its own, there will be opportunities when we can achieve more in collaboration with other organisations and we will take them. In this context, it was a pleasure to welcome Carole Longson, the President of Health Technology Assessment International (HTAi) as a speaker in the Second Plenary Session in Amsterdam.

I want to end by revisiting one of many highlights of the Amsterdam Congress – the Avedis Donabedian Lifetime Achievement Award to Professor Bengt Jönsson. He is one of the true pioneers in the field – his 1976 doctoral thesis was on cost-benefit analysis in public health and medical care and since then he has published hundreds of papers, reports and book chapters worldwide.*

I recommend to ISPOR members a collection of essays published earlier this year commemorating Bengt’s lifetime contribution to health economics. Edited by Tony Culyer and Gisela Kobelt, the book’s list of contributors reads like a worldwide who’s who of experts in the field, including Martin Buxton, Tony Culyer, Mike Drummond, Peter Zweifel, Bob Evans, Uwe Reinhardt, and Milt Weinstein. The 30 chapters address a range of topics including; health economics and politics; the theory underlying the design of health economic evaluation and its use in decision making; specific analytical techniques and approaches, e.g. QALYs; appropriate use of cost effectiveness analyses in health care decision making in general, in specific countries or to meet specific goals such as designing a benefits package; the health economics of particular diseases, e.g. diabetes and cancer; and chapters specifically on aspects of Bengt’s contributions to the field.

*The book may be downloaded as a PDF from the website of the Swedish Institute of Health Economics. http://www.ihe.se/portrait-of-a-health-economist.aspx