

VALUE & OUTCOMES SPOTLIGHT

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LETTER FROM THE EDITOR



ISPOR's 5th Latin America Conference is coming in early September and this issue of *Value & Outcomes Spotlight* whets your appetite for the event with a contribution from the region. Disparities in health care access and inequities in the distribution of resources are widespread in Latin America and these issues figure prominently in the meeting program, the central theme of which is *Increasing Access to Health Care in Latin America: Making Better Decisions for Greater Equity*.

The two conference plenaries promise to be especially interesting, the first addressing the fairness of health technology assessment (HTA) in the Latin American context and the second questioning how to prioritize access to high-cost drugs within health care delivery systems more constrained than most. Conventional HTA generally does not address these issues. For instance the quality-adjusted life year (QALY) used in cost-effectiveness calculations is generally agnostic as to how a QALY is gained or who gains it. One year gained in a state of perfect health (utility=1.0) is no different from five years gained with significant health impairment (utility=0.2) and, in the aggregate, one QALY gained by each of ten patients is no better or worse than ten QALYs gained by one. Fairness in the distribution of health gains is not explicitly considered, so decision makers must look elsewhere for equity criteria in making resource allocation decisions. This fact pertains regardless of the setting for the HTA.

Our featured article provides a broad overview of oncology electronic medical record (EMR) data. Recent ISPOR meetings and past issues of *Value & Outcomes Spotlight* have highlighted issues and opportunities in the analysis of 'Big Health Data' but there has been less discussion of data sources coming from specialty-care settings, such as oncology clinics. Given the prominence of cancer treatments in the pharmaceutical pipeline, the value of secondary data sources specific to oncology care is clear and the article provides a balanced accounting of the strengths and limitations of such a data source for health economics and outcomes research.

Another article pertaining to retrospective database analysis identifies sources of potential bias in administrative data, focusing particularly on biases associated with drug prescribing decisions. Four types of bias are identified and illustrated to show how they can adversely impact assessment of treatment patterns and measurement of outcomes of care, using diabetes as an example. Bias and confounding are ever-present threats to the validity of study conclusions based on non-experimental data, and a great deal of creativity and ingenuity is required in retrospective database analysis to gain key insights and steer clear of potential sources of bias.

Finally, for those of you who are relatively new members of our Society, our ISPOR News section contains a run-down of key milestones over the first 20 years of the organization's existence. An interesting account of an organization that started in Philadelphia and has since spread to all four corners of the globe.

David Thompson, PhD
Editor-in-Chief, *Value & Outcomes Spotlight*

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