



A diverse collection of relevant news briefs from the global HEOR (health economics and outcomes research) community.

## 1 Does Value-Based Pay Need to Slow Down? (Managed Healthcare Executive)

The transition to value-based care is chugging ahead, but many providers are struggling to take on the risk required for these models to succeed. That's according to Andrea Gelzer, MD, senior vice president and corporate chief medical officer for AmeriHealth Caritas, a managed care plan.

<http://managedhealthcareexecutive.com/ahip/does-value-based-pay-need-slow-down>

## 2 Should Pharmacists Be Allowed to Write Prescriptions? (Wiley)

Prescribing of medications has traditionally been restricted to physicians, but there is growing support to allow pharmacists to do so as well. A *British Journal of Clinical Pharmacology* review of a large number of studies in many countries reveals that diverse groups of stakeholders hold positive views and experiences around pharmacist prescribing.

<http://newsroom.wiley.com/press-release/should-pharmacists-be-allowed-write-prescriptions>

## 3 Changing Our Approach to Treatment Decision Making—An Interview with Amy Berman (Pharmaphorum)

Amy Berman is a senior program officer with The John A. Hartford Foundation, a private philanthropy dedicated to improving the care of older adults, as well as an author, blogger, and patient advocate living with stage IV breast cancer. She is a member of CancerCare's Patient Values Initiatives advisory board, helping to make sure that patients' values and priorities are incorporated into treatment decision making. Here, Amy reveals why she chose palliative care over curative treatments and discusses the challenges to integrating patient preferences into cancer treatment planning.

<https://pharmaphorum.com/views-and-analysis/changing-approach-treatment-decision-making>

## 4 US FDA's Patient Input Guidance Opens Door Wider to Social Media Data Collection (The Pink Sheet)

Following stakeholder criticism of an earlier discussion paper, draft guidance does not automatically foreclose use of social media data as the primary source of qualitative research; however, agency says entities submitting such data for regulatory review must ensure rigor in methodology and data integrity.

<https://pink.pharmaintelligence.informa.com/PS123324/US-FDAs-Patient-Input-Guidance-Opens-Door-Wider-To-Social-Media-Data-Collection>

## 5 Why the Medical Research Grant System Could Be Costing Us Great Ideas (The New York Times)

The medical research grant system in the United States, run through the National Institutes of Health (NIH), is intended to fund work that spurs innovation and fosters research careers. In many ways, it may be failing. It has been getting harder for researchers to obtain grant support. A study published in 2015 in *JAMA* showed that from 2004 to 2012, research funding in the United States increased only 0.8% year to year. It hasn't kept up with the rate of inflation; officials say the NIH has lost about 23% of its purchasing power in a recent 12-year span.

<https://www.nytimes.com/2018/06/18/upshot/why-the-medical-research-grant-system-could-be-costing-us-great-ideas.html>

## 6 Patients with a Deductible Have Seen Their Out-of-Pocket Costs for Brand Medicines Increase 50% Since 2014 (PhRMA)

Spending on medicines is growing at the slowest rate in years, but according to a new IQVIA Institute for Human Data Science article, at the pharmacy, commercially insured patients with a deductible have seen their out-of-pocket costs for brand medicines increase 50% since 2014. The data also show 55% of patients' out-of-pocket spending on brand medicines in 2017 was for prescriptions filled in the deductible or with coinsurance rather than with a fixed copay. This share has increased 20% since 2013 as insurers are increasingly shifting more and more of the costs of medicines to patients.

<https://catalyst.phrma.org/patients-with-a-deductible-have-their-seen-out-of-pocket-costs-for-brand-medicines-increase-50-percent-since-2014>

## HEOR NEWS

## 7 New KFF Resource Tracks Proposed 2019 Marketplace Premiums by State

(Kaiser Family Foundation)

The Kaiser Family Foundation recently launched a tracker to monitor preliminary 2019 premiums in the Affordable Care Act's marketplaces as insurers file rate information with state regulators. Beginning with data from 8 states (Maine, Maryland, New York, Oregon, Rhode Island, Vermont, Virginia and Washington) plus the District of Columbia, the tracker shows preliminary premium information in 9 major cities for the lowest-cost bronze plan and "benchmark" silver plan, which is used to determine the size of the premium tax credits available to low- and moderate-income enrollees.

<https://www.kff.org/private-insurance/press-release/tracks-proposed-2019-marketplace-premiums-by-state/>

## 8 Profits in the 2018 Fortune 500: Manufacturers vs Wholesalers, PBMs, and Pharmacies

This Fortune 500 list is a popular post every year because it helps follow the dollar and understand how drug channel intermediaries make money. This analysis also provides crucial background for understanding the Trump administration's drug pricing blueprint.

<https://www.drugchannels.net/2018/06/profits-in-2018-fortune-500.html>

## 9 The Age of Longevity: Is Our Healthcare System Ready for Our Aging Society?

(Cardinal Health)

At the University of Michigan's Paul F. Glenn Center for Aging Research, Richard A. Miller, MD, PhD, a professor of pathology and one of the nation's leading experts on the biological aging process, is trying to turn back the clock on the human body. Using mice, Miller and his team are testing the effects of different drugs for their ability to delay aging, and they're accomplishing some remarkable results. It sounds like science fiction, but Dr Miller is adamant that it really could happen. Unfortunately, though, he added, the resources for aging research just aren't there. And that's too bad, because the United States is quickly embarking on the age of longevity—where people are living longer, but not necessarily healthier, lives—and our current health system may not be equipped to handle it.

<https://www.cardinalhealth.com/en/essential-insights/is-our-healthcare-system-ready-for-our-aging-society.html>

## 10 Medicare Eyes Hospital Readmissions from Nursing Homes

(MedPage Today)

With hospitals pushing patients out the door earlier, nursing homes are deluged with increasingly frail patients. But many homes, with their sometimes-skeletal medical staffing, often fail to handle post-hospital complications—or create new problems by not heeding or receiving accurate hospital and physician instructions.

[https://www.medpagetoday.com/geriatrics/generalgeriatrics/73578?xid=nl\\_mpt\\_investigative2018-06-19&eun=g534639d0r&utm\\_source=Sailthru&utm\\_medium=email&utm\\_campaign=InvestigateMD\\_061918&utm\\_term=Pop%20Medicine](https://www.medpagetoday.com/geriatrics/generalgeriatrics/73578?xid=nl_mpt_investigative2018-06-19&eun=g534639d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=InvestigateMD_061918&utm_term=Pop%20Medicine)

## 11 Who Cares About a Label? The Effect of Pediatric Labeling Changes on Prescription Drug Utilization

(UCLA)

Off-label drug use is common, particularly in pediatric populations. In response, recent legislation requires and/or provides financial incentives for drug manufacturers to perform pediatric clinical trials. This examines the impact of subsequent changes to drug labeling on pediatric drug utilization.

[https://www.anderson.ucla.edu/Documents/areas/fac/policy/OdySchmitt\\_PediatricLabeling.pdf](https://www.anderson.ucla.edu/Documents/areas/fac/policy/OdySchmitt_PediatricLabeling.pdf)

## 12 Participation in OCM May Transform Care for Certain Cancer Types More Quickly Than Others

(AJMC)

Approximately 21% of Medicare patients with cancer are now receiving care from a physician participating in the Oncology Care Model (OCM), but with representation of cancer types varying, trends of participation in OCM could actually skew the transformation of cancer treatment more heavily for some cancers, according to Avalere Health. A new report found that breast and lung cancers were the more common types of cancers with more than 25% of patients with breast and lung cancers treated by a doctor participating in the OCM.

<https://www.ajmc.com/newsroom/participation-in-ocm-may-transform-care-for-certain-cancer-types-more-quickly-than-others>