HEOR NEWS

1 Potential Costs of Coronavirus Treatment for People With Employer Coverage (Petersen-KFF Health System Tracker)

As the new coronavirus spreads within the United States, questions have arisen over the potential costs people may face if they become severely ill and need treatment. To address concerns over costs associated with the COVID-19 virus, Vice President Mike Pence met with a group of large private insurers, who agreed to waive copayments and deductibles for COVID-19 tests. However, America's health insurance plans clarified that the out-of-pocket costs for treatment (such as hospitalizations for more serious cases) would not be waived, meaning people with private insurance who face deductibles could be on the hook for large costs.

https://www.healthsystemtracker.org/brief/potential-costs-of-coronavirus-treatment-for-people-with-employer-coverage/

2 4 Ways Government Can Use AI to Track Coronavirus (GCN)

Government health agencies can leverage artificial intelligence (AI) technology to limit the spread of the new COVID-19 virus and other diseases in 4 ways: prediction, detection, response, and recovery.

https://gcn.com/articles/2020/03/10/ai-coronavirus-tracking.aspx

3 ICER Indefinitely Postpones Public Meetings for Sickle Cell Disease and Cystic Fibrosis, Expands Other Assessment Timelines Up to 3 Months (ICER)

Like many other national and international healthcare organizations holding regular meetings, the Institute for Clinical and Economic Review (ICER) has postponed some of its meetings and expanded the timeline on other assessments because of the COVID-19 pandemic. "We are hopeful these expanded timeframes will enable all stakeholders to instead focus on meeting the needs of their patient communities during this national emergency."

https://icer-review.org/announcements/covid19_hiatus/

4 Medicare For All: If Not Now, When? (Health Affairs Blog)

While some pundits say the strong push by Democrats for Medicare for All may succumb to political realities, Adam Gaffney argues that while the hurdles are formidable, "steep political odds hardly compel us to abandon Medicare for All." He says history suggests that movements organized around ambitious demands can over time create the conditions for their passage, and that demands for radical change often advance, rather than undermine, the prospects for more incremental progress in the interim.

https://www.healthaffairs.org/do/10.1377/hblog20200309.156440/full/?utm_campaign=Industry+news+&utm_content=twitter&utm_medium=social&utm_source=twitter

5 Does Pharma's Future Lie in China? (pharmaphorum .com)

Nooman Haque, managing director, Life Sciences, Silicon Valley Bank UK, says if the pharmaceutical industry wants to continue capitalizing on the power of collaboration, it needs to open doors to cross-border investment. "Primarily, we believe the future lies in a partnership with China," Haque says. "The East and West have their own very different healthcare challenges, but it is precisely these differences that present us with a unique opportunity for cross-border collaboration."

https://pharmaphorum.com/r-d/views-analysis-r-d/does-pharmas-future-lie-in-china/?utm_campaign=Industry+news+&utm_content=twitter&utm_medium=social&utm_source=twitter

6 Estimating the Unit Costs of Healthcare Service Delivery in India: Addressing Information Gaps for Price Setting and Health Technology Assessment (Applied Health Economics and Health Policy)

India's flagship National Health insurance program (AB-PMJAY) requires accurate cost information for evidence-based decision making, strategic purchasing of health services, and setting reimbursement rates. To address the challenge of limited health service cost data, this study used econometric methods to identify determinants of cost and estimate unit costs for each Indian state.

https://link.springer.com/article/10.1007%2Fs40258-020-00566-9

7 Shared Decision Making: From Decision Science to Data Science (Medical Decision Making)

According to this study's authors, while accurate diagnosis of patients' preferences is central to shared decision making, often missing from clinical practice is an approach that links pretreatment preferences and patient-reported outcomes. The authors (Azza Shaoib, Brian Neelon, and Leslie A. Lenert) propose a Bayesian collaborative filtering algorithm that combines pretreatment preferences and patient-reported outcomes to provide treatment recommendations.

https://journals.sagepub.com/doi/10.1177/0272989X20903267

8 Model-Assisted Cohort Selection With Bias Analysis for Generating Large-Scale Cohorts From the EHR for Oncology Research (Flatiron Health)

To efficiently build research cohorts of greater scale without sacrificing quality, a team of data scientists, software engineers, and clinicians at Flatiron Health have developed a technique that combines machine learning and natural language processing with human review called Model-Assisted Cohort Selection with Bias Analysis to analyze the data found in unstructured documents, such as clinician notes and pathology reports, in electronic health records (EHRs).

https://rwe.flatiron.com/machine-learning-bias-analysis-real-world-data

9 The Interaction Between Price Negotiations and Heterogeneity: Implications for Economic Evaluations
(Medical Decision Making)

Although economic evaluation is an important element of the decision-making process for the reimbursement of drugs, and heterogeneity can be considered an explained variation in clinical or economic outcomes based on the clinical and sociodemographic characteristics of patients, this study's authors say to their knowledge, the relationship between price negotiations and population heterogeneity has not been considered in the literature to date.

https://journals.sagepub.com/doi/10.1177/0272989X19900179

10 Competitive Physician Prices in Fee-for-Service Medicare (Health Affairs Blog)

Experts have criticized the administrative approach to setting traditional Medicare prices since its inception. But trying to set up a more competitive pricing system faces several challenges, as outlined by Bryan Dowd, Roger Feldman, and Robert Coulam: (1) the degree to which services are "shoppable" by beneficiaries; (2) provider consolidation, which reduces the number of bidders and imparts pricing power to the remaining providers; and (3) the inherent reluctance of consumers to change providers, which can make the market less price competitive.

https://www.healthaffairs.org/do/10.1377/hblog20200312.579807/full/

11 US Government Aims at High Insulin Prices With Plan for $35 Copay in Medicare (Reuters)

The Trump administration in March turned back to its pledge to fight high US drug prices with a plan to limit the out-of-pocket cost for insulin, a life-saving medicine, to $35 per month for many people with diabetes who are enrolled in Medicare.

https://www.reuters.com/article/us-usa-healthcare-insulin/u-s-government-aims-at-high-insulin-prices-with-plan-for-35-copay-in-medicare-idUSKBN20Y1WG

12 Hub Providers Can Be the Source of the Best Real-World Evidence (Pharmaceutical Commerce)

Rational value-based contracts must be based on the ability to track the outcomes or continued health of patients. While most of these data comes from payers' claims records and electronic health records, another source of real-world evidence—and one that could play into a much wider range of value-based contracts—is the pharma industry's hub and patient-support providers, which routinely gather data from patients. "In some cases, they are in touch with them daily, not just for medical data, but scads of data on patients' moods, emotions, and concerns," says Nicholas Basta.

https://pharmaceuticalcommerce.com/opinion/hub-providers-can-be-the-source-of-the-best-real-world-evidence/