

Preparing ISPOR for the Next 20 Years

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As we celebrate the first 20 years of ISPOR, I want to say a few words about preparing ISPOR for the next 20 years. We began this process at a special strategic planning meeting which I reported on in my last ISPOR *Value & Outcomes Spotlight* piece.

Membership Survey Findings

A key input is the results of the survey of

ISPOR members; I reported on this at the ISPOR Business Meeting in Philadelphia. In summary, 88% of respondents were very satisfied or somewhat satisfied with their membership. ISPOR was considered the primary professional membership held by 71% of the respondents. The top three **most** commonly associated terms with ISPOR were: **Professional** (76%); **Global** (75%) and **Knowledgeable** (65%). The three **least** commonly associated terms with ISPOR were: **Complacent** (4%); **Biased** (4%), and **Closed** (5%).

Use of ISPOR's research and educational resources is high with 93% reading *Value in Health (ViH)*, 71% using the Scientific Presentation Database and over 50% attend Short Courses. The most common ways cited to improve member value were related to improvements in training and educational activities undertaken by ISPOR. ISPOR will explore other educational offerings and increase promotion of current options.

Respondents rated the International and European Conferences very highly with 78% and 86% rating them as Very Good or Good, respectively. Ratings for the Latin America and Asia Pacific meetings were lower, but this is not surprising. The quality of the science in these regions is increasing rapidly – in no small part due to ISPOR members – and not many of people attending ISPOR's European Congresses a decade ago would have expected them to leap ahead of the International Meeting in perceived quality and value.

ISPOR has to work at increasing member engagement. Awareness of opportunities is high, but participation in committees, SIGs, Task Forces, Consortia, and Chapters could be increased. And ISPOR needs to develop its social media engagement with members. Only about 5% of us engage with ISPOR through Twitter and Facebook and about 15% for LinkedIn.

To view results of the 2014 ISPOR Survey, go to: <http://www.ispor.org/members/Member-Surveys.asp>.

New ISPOR Program in HTA Training

During the ISPOR 20th International Meeting in Philadelphia, ISPOR announced a new ISPOR-branded training program. ISPOR HTA Training was developed by ISPOR's Health Technology Assessment Council which consists of the Chairs of the ISPOR HTA Roundtable in Europe and North America, the Chair of HTAnetAsia, and the Chair of HTAnetLatAm. It became a priority for the Council based on input from members and regional groups for support in knowledge building. The training is currently in final phases of development and will be beta-tested in June (June 20-23, 2015 in Zagreb, Croatia) and formally launched in September (September 22-24, 2015, Astana, Kazakhstan).

The program has been designed for both introductory and intermediate audiences including governments, payers, industry, academia, and patient group representatives interested in learning how to conduct various aspects of HTA with an emphasis on clinical and economic evaluation as well as what a good HTA process requires and how this can be tailored to different settings. This is an important step in making ISPOR's educational resources and scientific expertise relevant to and accessible to health care decision makers.

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New ISPOR Task Force Reports in *Value in Health*

Three new Good Practices for Outcomes Research Reports, produced by ISPOR Task Force members, published in *ViH* this year highlight two areas of focus for ISPOR over the next 20 years.

Cost-Effectiveness Analysis alongside Clinical Trials II updates an earlier report reflecting the advances in analytical approaches and data availability, and is accompanied by an editorial by Mark Sculpher, which asks if we will ever get economic evidence that has enough external validity from CEA alongside trials? An editorial by John R. Cook asks if we can use the Task Force recommendations to get closer to creating an evidence base that meets both regulator and payer requirements? This shows, yet again, ISPOR and *ViH* at the methodological and policy edge of the role and content of evidence collection for individual technologies.

But ISPOR has to complement this with a shift to apply scientific excellence to other decision-maker concerns, including service delivery, the architecture of the health system, and how high quality outcomes can be incentivized and monitored. These are all areas where outcomes research has a key role to play. In this context, the two Task Force reports on Dynamic Simulation modelling are intended to provide another tool for ISPOR members to support decision making in health care delivery. Deborah Marshall sets out the approach on page 43 in this issue of *Spotlight*.

Thank You

Finally, as I enter my last few weeks as President, I want to thank Nancy Berg for her work as our new CEO in her first eight months. Following Marilyn Dix Smith was always going to be a very hard thing to do. She is doing this very successfully by helping us build on the achievements of Marilyn, by harnessing the energy of our great staff, and the enthusiasm of ISPOR's members. Nancy is going to be an excellent CEO for ISPOR.

I want to add a personal thanks to those members of the ISPOR Board stepping down this year – Bill Crown, Maarten Izerman, Wim Goetsch, and Adrian Griffin. They have been great Board members. And to the European Congress Program Co-Chairs and Chairs – Finn Børlum Kristensen, and Carin Uyl-de Groot in Amsterdam, Asia Conference Chair Gordon Liu in Beijing, and of course Penny Mohr and Lou Garrison who led ISPOR's 20th Annual International Meeting in Philadelphia. I cannot begin to tell you what having great conference chairs means for an ISPOR President.

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Thanks to all ISPOR members, leaders, volunteers, and meeting attendees. Our collective success last year and over the first two decades of ISPOR's existence could not have been achieved without each of you and your commitment to ISPOR's vision and mission. As high, middle, and low income countries seek to expand or sustain universal health coverage for their citizens, all face financial constraints. At stake is the ability of citizens around the world to gain better access to cost-effective health care that will deliver the health and related outcomes they seek. That means ISPOR must lead the scientific developments needed to respond to the evidence requirements of diverse health systems. ISPOR exists to help decision makers use science to make better decisions. Let us not forget the importance of this. ■

Photograph by John McCall