

# An ISPOR President's Journey: A Look Back and a Look to the Future of HEOR

Lou Garrison, PhD, 2016-2017 ISPOR President, University of Washington, Seattle, WA, USA

I complete my ISPOR Presidency on the heels of a very successful International Meeting in Boston, MA. Boston is important not only in the history of United States, but it is also the birthplace of many of the core concepts and methods we that apply in health economics and outcomes research (and particularly decision analysis). Intellectual and scientific creativity were in the air at the 22nd Annual International Meeting.

The conference drew more than 4,100 delegates representing 76 countries and attracted stakeholders from all sectors of health care, including researchers and academics, public and private payers, health ministries and government offices, health technology assessment bodies, and patients and patient representatives. Sessions focused on the theme, *Evidence and Value in a Time of Social and Policy Change*, and covered a wide variety of compelling topics in health economics and outcomes research (HEOR), including health policy in decision making, real-world evidence, value assessment frameworks, patient engagement, comparativeeffectiveness research, clinical outcomes assessment, personalized medicine, rare diseases, medication adherence, and more.

I am proud to have served as ISPOR's President. The past year in this role has been an amazing journey and experience for me. I am ready to hand the reins over to our very talented new president-elect Shelby D. Reed, RPh, PhD. And, like previous Presidents and Board members, I look forward to continuing to serve ISPOR, the global HEOR community, and our science.

With many of the audiences that I've addressed this year, I have emphasized a couple of basic ideas. First, I like to remind colleagues that the innovative medicines, devices, and other technologies that we evaluate are "global public goods" in the sense that the scientific knowledge embedded in them can benefit all 7 billion people on Earth: one person's use of that knowledge does not use it up. They are thus unique inputs to the production of health. A corollary to this is that the financing of these goods is best done globally with societies and individuals contributing on the basis of ability and willingness to pay. We are all in this together. Second, I also like to stress that post-launch information on how products work--real-world evidence--is also a public good that is undersupplied by our current marketplace-private and public. We need to continue to work at this, as the three plenaries at our conference underscored both the challenges we face and the progress we have made.

I started my term as President with three priorities: 1) supporting our regional chapters and global networks to expand capacity in outcomes research, 2) continuing to improve the science of outcomes research through our task forces and journals, and 3) initiating outreach for collaboration with our sister organizations and with public and private decision makers.

I am pleased to report that ISPOR, as an organization, has made significant progress on each of these priorities this past year.

### Supporting our Regional Chapters and Global Network

In my role as ISPOR President, I was fortunate to be able to visit chapters and members in several countries in an effort to strengthen our international collaboration. I visited the very active and talented members of our chapters in Poland, Hungary, China, Mexico, Colombia, Singapore, and Israel. These chapters and decision makers are making an impact in their countries and regions.

I also participated in our impressive and inspiring Asia-Pacific Roundtable at the 7th Asia-Pacific Conference in Singapore. I also had the opportunity to be a presenter at the HTA training program in Bogotá, Colombia this winter. This was ISPOR's inaugural HTA Training Program in Latin America, which attracted attendees from across Latin America, the United States, Europe, and Asia.

Speaking recently in Mexico City at the annual ISPOR chapter meeting, I emphasized the following message in Spanish, "No construyamos muros...construyamos puentes." The message translates and resonates around the world: Let's not build walls, let's build bridges. Playing an active role in ISPOR's efforts to engage and educate new audiences on the methodologies and best practices that advance the field of health economics and outcomes research has been a rewarding experience. Individually, these efforts provide new tools and methodologies to new audiences all over the world. Collectively, however, they unite the HEOR community in its pursuit of a common goal to provide better science that will lead to better health.

## Continuing to Improve the Science of Outcomes Research

It is clear that implementing and applying our science to improve health care decision making often takes a long time. We all know that major health reform in the United States has taken more than 40 years—back to when I was a graduate student. For example, during the 25 years that I have worked in pharmacoeconomics and outcomes research, it took nearly 20 years for personalized medicine to take hold and nearly 10 years for the use of realworld evidence to gain momentum in this field. Although these developments are important, progress has been slower than many of us would have liked. Nevertheless, I am encouraged to see that the members of ISPOR are tackling these problems on a global scale, as our many members around the world are working tirelessly to advance the science of HEOR. I can see that we are moving in the right direction. Patience, persistence, and commitment as a professional Society are needed to see these through.

So, in light of the ever-changing health policy landscape, it is increasingly important that ISPOR—through its members, through its science, and through its mission—continues to serve as a public good in terms of knowledge-sharing, while also continuing to serve as a force for good in terms of our aspiration to improve health decision making. Please join me in taking on the challenge to make ISPOR an even stronger voice for our objective and constructive science in a global context. Our Health Science Policy Council, under the leadership of our Chief Science Officer Dick Willke, was restructured to draw on the talents of our diverse membership. The benefits of this reorganization will enable ISPOR: 1) to remain at the forefront of HEOR science with its Good Practice Task Forces; 2) to better engage members in Special Interest Groups; and 3) to increase our ability to be responsive to emerging health policy issues through Special Task Forces.

The reports from our Task Forces and Special Interest Groups, as well as the research contributed by the HEOR community, are central to our success. *Value in Health's* impact factor continues to increase, and we are very proud to have two MEDLINE®/PubMed®-indexed journals now that *Value in Health Regional Issues* has been accepted for indexing. Our journals and communications platforms will continue to promote the good work that ISPOR is doing, so that non-HEOR audiences will come to recognize the value of ISPOR membership, engagement, and collaboration.

#### **Outreach for Collaboration**

Collaboration with like-minded groups is necessary to achieve our mission. This past year, I participated in meetings of HTAi, DIA, AMCP, SMDM, ASHEcon, and others.

Recently, fellow ISPOR leadership members John Watkins, Dick Willke, and I presented a session on the Evolving Role of Real-World Data in Health Care Decision Making at the AMCP Annual Meeting in Denver. In the spirit of collaboration, ISPOR invited AMCP to present a session on pre-approval information sharing at our Boston meeting. I participated in HTAi's Health Policy Forum on value frameworks, where I shared information on ISPOR's initiative. The draft report was presented at two issues panel sessions in Boston.

These opportunities to present at other organizations' meetings are part of ISPOR's collaborative efforts to exchange ideas and introduce ISPOR initiatives to allied organizations in the field. It is important to note that we continue to have fruitful discussions (through either the Board of Directors, our CEO, or member leaders) with dozens of organizations with whom ISPOR can collaborate.

#### **Thank You**

In closing, I would like to thank a number of people. First, I want to thank Marilyn Dix Smith for having the vision that has provided the foundation that we are building on today under the superb leadership of our CEO Nancy Berg. The ISPOR staff is incredible and professional—I can't thank Nancy and the staff enough for their support over the past year.

Thanks also to the current Board of Directors, with a special thank you to Past President Dan Malone. I would also like to congratulate ISPOR's incoming Board members, including Federico Augustovski, the first President-Elect from Latin America.

But in the end, ISPOR is really about its members. What we have accomplished in terms of improving the world is based on your efforts and the work you do every day. Thank you for your hard work and dedication.

#### < ADVERTISEMENT >



stakeholders' opinions, turn to Truven Health Analytics<sup>®</sup>, part of the IBM Watson Health<sup>™</sup> business. We are a full-service HEOR, Market Access and Stakeholder Management Solutions consultancy working across the globe.

For more information, please email us at lifesciences@truvenhealth.com or visit truvenhealth.com/life-sciences.

© Copyright 2017 Truven Health Analytics, part of the IBM Watson Health business. IBM, the IBM logo and ibm.com are trademarks of IBM Corporation in the United States, other countries or both. Truven Health Analytics and its respective logo are trademarks of Truven Health Analytics in the United States, other countries or both. All other company or product names are registered trademarks or trademarks of their respective companies. A current list of IBM trademarks is available on the web at "Copyright and trademark information" at ibm.com/legal/copytrade.shtml. LS 17922 0417

