



The ISPOR Institutional Council, November 2016

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This is the second in a series of Institutional Council updates for ISPOR members. This article will highlight several new initiatives between the Council and other Councils within ISPOR and also new projects initiated by the Council.

As I wrote in July, ISPOR's Institutional Council (IC) exists to support and promote ISPOR's mission as a professional, educational, and scientific society. The Council also strives to support ISPOR in a variety of ways. Specifically, the IC seeks to promote the development of health economics and outcomes research globally and, along with all the ISPOR Councils, provides advice, insight, and perspective to the Board of Directors. The ISPOR Institutional Council also promotes the application of health economics and outcomes research in health care decision making towards enhancing the quality of research by members.

In my previous article, I described IC efforts to become a more recognized and active participant within the ISPOR community. I want to tell you a bit about our recent efforts to carry out this mission. Several excellent ideas have emerged that we are actively pursuing.

Council Activities at the 19th European Congress

The IC met on the Sunday prior to the ISPOR 19th Annual European Congress (held 29 October-2 November 2016), in Vienna, Austria, beginning with a joint luncheon of all the ISPOR Councils. This luncheon was a small, strategic step toward better connecting and fostering collaboration among all ISPOR Councils and their missions. It was good to talk to colleagues from the different stakeholder groups about the unique and shared issues we face and to hear the views of our ISPOR peers.

The spirit of collaboration is further evident across the organization. For example, the IC recently responded along with our members and Councils to a recent US FDA Draft Guidance on the "Use of Real-World Evidence to Support Regulatory Decision Making for Medical Devices." Another cross-council collaboration is to develop a joint ISPOR response to European Commission and the EUnetHTA Joint Action public consultation to strengthen EU cooperation on Health Technology Assessment. This is in an early stage but shows good progress on cross-council collaborations.

In Vienna, Nancy S. Berg, ISPOR's CEO & Executive Director, opened the IC meeting with an update on the ISPOR strategy and some select activities. We discussed a shared objective to better connect to payers and health care decision makers to make them aware of the science and scientific products produced by ISPOR and its members. ISPOR has a strong foundation here, as it is highly reflective of HTA practitioners and technical advisors to the payers and ISPOR's strategy is to grow involvement of more payers and decision makers in order to further influence the dissemination and use of good practices in outcomes research. I'll address specific IC ideas on the opportunity to better connect with payers below.

ISPOR Value Framework Task Force Initiative

Lou Garrison, ISPOR President, and Dick Willke, Chief Science Officer, gave an update to the IC on the ISPOR Initiative on US Value Assessment Frameworks. The content, process, and experts involved in the initiative are impressive. The update led to lively conversation that produced a set of ideas for further consideration by the initiative. It was an excellent example of the value of membership in the IC, as it is rare to have such an opportunity to be engaged with ISPOR leaders on key scientific issues that affect the core of what IC members think about on a regular basis in their home organizations. More information on the ISPOR Value Framework Initiative is available here: <http://www.ispor.org/ValueAssessmentFrameworks>.

Competency Gap Study

In order to understand the current state and training needs of ISPOR members, ISPOR and its Education Department in collaboration with ISPOR Institutional, Student and Faculty Councils, are undertaking the development and implementation of a Health Economics and Outcomes Research (HEOR) competency assessment program. The first step is developing a *Competency Inventory* intended to *declare, describe, and determine* the list of skills and experiences most required by HEOR professions and professionals. This inventory will *declare* and *describe* the competencies that will form the basis for further work to develop an assessment tool to determine how prepared individuals are with required job skills and experiences to be successful in the field of HEOR.

The ultimate goal is to provide educational and experiential offerings that help students and young professionals build their skills and experiences. The Competency Inventory will allow ISPOR to be more strategic in its educational offerings from short courses to training programs, as well as through published materials, to fill any gaps with the necessary programs and course work for our members and the industry at large. More details about this exciting initiative will be forthcoming.

Fostering Payer Involvement in ISPOR

The final part of the day included a strategic planning discussion among Institutional Council members on how best to increase payer involvement in ISPOR, and foster collaborations to better understand payers' needs and let them understand what ISPOR has to offer in terms of scientific methods and evidence generation process. The win-win is that payers' evidentiary needs will be better met and ISPOR will foster greater use of the science and services of its members. An excellent example or use case could be in the use and value of Real-World Evidence to help payers inform their decisions.

Conclusion

I'd like to welcome and officially pass the mantle to the 2017 IC Chair, Mark J. Cziraky, PharmD. Mark is the co-founder and Vice

President of Industry Sponsored Research at HealthCore, a health services research organization. He has more than 20 years of experience with clinical, health economic and outcomes research. Mark oversees HealthCore's mission of providing information that lets health care decision makers assess the real-world value of pharmaceutical products and medical devices. Mark has previously served ISPOR as the Co-Chair for the Workshop Review Committee for ISPOR's 16th Annual International Meeting in 2011. He also holds adjunct faculty positions at The Philadelphia College of Pharmacy in The University of the Sciences in Philadelphia, and The University of Delaware School of Nursing where he teaches cardiovascular pharmacotherapy.

Finally, I want to thank my fellow colleagues on the IC for the opportunity to be able to serve as their 2016 chair. It was a wonderful year to be so integrally involved; it has been a tremendous learning

experience. I am excited about what the IC has started and thankful to Nancy Berg and the ISPOR Board of Directors for their continued support. This year has been a new start for the IC to help further ISPOR's impact on the value and quality of health care across the globe. ■

Additional information:
 For more information, go to:
http://www.ispor.org/councils/institutional_council.asp

COUNCIL NAME	DESCRIPTION/ROLE
Institutional Council	The Institutional Council's goal is to determine how to promote, support, and actively contribute to ISPOR.
Health Science Policy Council	The HSPC is an advisory Council that evaluates and recommends task force proposals to the Board of Directors.
Student Chapter Faculty Advisor Council	This Council was formed to ensure the future of ISPOR by building membership through students and develop leaders by facilitating the educational and professional development of students.
Health Technology Assessment Council	The Council consists of co-chairs of roundtables in four regions of the world. It can also have advisory members, and currently has a few.

ISPOR on LinkedIn

ISPOR LinkedIn Discussion Group

This discussion group, created by ISPOR, serves to promote discussions on topics such as outcomes research, comparative effectiveness, health technology assessment, and pharmacoeconomics (health economics), while providing an opportunity to network with like-minded individuals. The group is open to ISPOR members as well as interested individuals from academia, pharmaceutical, health care and insurance industries, governmental and other related area.

Please note: The views and opinions expressed therein do not necessarily reflect those of ISPOR.

Featured Discussions:

Estimating Health-State Utility for Economic Models in Clinical Studies – A New ISPOR Task Force Report

Sign in to the ISPOR LinkedIn Discussion Group to learn about this new practice guidance that provides a framework for the collection of health-state utility data in clinical studies.

> **Contribute to the discussion at:** <http://tinyurl.com/qarhs5a>

NICE to Charge up to £282,000 for Each New Drug Assessment

Sign in to the ISPOR LinkedIn Discussion Group to post your comments on the UK's National Institute of Health and Care Excellence (NICE) plans to charge pharmaceutical companies new fees of up to £282,000 for each cost-effectiveness assessment for a new medicine beginning in 2017.

> **Contribute to the discussion at:** <http://tinyurl.com/p95rt8k>

Big pharma will pull out of Britain unless we start paying for new drugs, warns AstraZeneca

Sign in to the ISPOR LinkedIn Discussion Group to post your comments on how pharmaceutical companies will leave the UK unless the Government and the NHS start to pay for breakthrough drugs, particularly cancer treatments.

> **Contribute to the discussions at:** <http://tinyurl.com/zm2b8o6>