Global Collaboration: A Public Good and A Force for Good

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Dear ISPOR colleagues,

In these times of apparent increasing isolationism, it is important for us to remember the Society's scientific mission is "to improve decision making for health globally."

With many audiences, I like to emphasize 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 it does not use it up.

The same is true of the knowledge generated by our members in our global collaboration: it can be a global public good (in a technical sense), as well as a force for good (in an ethical sense).

With 20,000 individual and chapter members from more than 115 countries, we have tremendous potential for HEOR crowd-sourcing, which we leverage through our shared studies, good research practices, policy implementation lessons, and active engagement and dialogue at our conferences.

Vienna Congress

Our recent and successful 19th Annual Congress in Vienna that attracted 4,700 delegates underscores this potential. We had delegates representing more than 89 countries. But I was especially pleased to learn that we had more than 1,900 first-time attendees. The interest in what we are doing remains very high and continues to grow.

Our distinguished co-chairs, Hans-Georg Eichler, MD, MSc, of the European Medicines Agency and Tomasz Hermanowski, PhD, of the Medical University of Warsaw, gave a lot of thought to developing a timely theme, *Managing Access to Medical Innovation: Strengthening the Methodology-Policy Nexus*. The words "managing access," "medical innovation," and "methodology-policy nexus" were chosen carefully. It is important to note that we were not emphasizing controlling costs, but instead focusing on promoting value and improving dynamic efficiency by applying strong methodology to generate the appropriate evidence. Our goal as a Society is to influence HEOR-related policies globally with good science.

Plenary Sessions

The co-chairs also organized three plenary sessions that supported this theme. The first plenary explored the current state and future prospects for coordination and collaboration among regulatory authorities and HTA bodies in Europe, recognizing that health care financing and delivery will remain a member state responsibility. The session highlighted recent successful experiences, as well as plans for increased collaboration among regulators and HTA bodies. Industry is also a willing participant in this effort to generate and use evidence efficiently over the full lifespan of a product. This evidence is a public good that can be used by all parties.

The second plenary debated the challenges in implementing differential pricing for new medicines in the European Union. Given the high fixed costs of drug development that must be shared in some fashion across countries, economists advocate that different countries should contribute different amounts to support these costs depending on their ability and willingness to pay. Legal barriers and the free movement of goods in the EU have made this difficult. Policy options discussed included confidential discounts, two tiers of countries negotiating as blocks, and regulation of external price referencing. Again, this whole discussion underscores the public good nature of this information, and our Society should help to promote and contribute to this very important ongoing discussion.

In the third plenary session, researchers presented lessons emerging from the International Research Project on Financing Quality in Health Care. With the aim of sharing learnings across health systems, this project (funded through the EU Seventh Framework Programme) investigated the effect of different financing methods and incentives on the quality, effectiveness, and equity of access to pharmaceutical care, hospital care, outpatient care, and integrated care. The key finding was that "institutional context is all-important" because there is no universal preferred ranking of payment methods varying from fee-for-service, to payment per case, or to capitation. Interestingly, despite the apparent inefficiency of the US health care system, they argued that it has lessons for other systems given the willingness to experiment with new models, particularly around e-health and managing pharmaceutical utilization. These shared learnings are another example of a public good.

ISPOR's Role

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 be a public good as well as a force for good. Please join me in resolving to make ISPOR an even stronger voice for objective and constructive science in a global context.

Sincerely yours,

Lou Garrison, PhD