

The Institute for Clinical and Economic Review

Using Evidence
to Improve Health Care Value

Using Comparative Effectiveness

- Disseminated to patients
- Disseminated to clinicians
- How can insurers use the information?
 - Patient-clinician decision support
 - Physician group compensation (P4P)
 - Reimbursement policy
 - Value-based insurance design

Institute for Clinical and Economic Review (ICER)

- Health technology appraisals
 - The process: build trust
 - The format: support dialogue
 - The outcome: foster innovation, improve value

ICER

- Collaborative academic model
- Diverse funding
- First series of appraisals
 - IMRT for localized prostate cancer
 - CT colonography
 - Pegfilgrastim

ICER Appraisal Process

- Principles: Rigor, Collaboration, Transparency
 - Scoping committee
 - Systematic review and economic analysis
 - ICER staff formulate draft appraisal, share with stakeholders for comment
 - Draft presented to Evidence Review Group (ERG)
 - ERG formulates final Integrated Evidence Ratings

Integrated Evidence Rating

Comparative Clinical Effectiveness

Superior A

Incremental B

Comparable C

Pot/Unprov P/U

Inadequate I

Comparative Value

a
High

b
Reasonable/
Comparable

c
Low



Comparative Value Rating



Cost-saving \$0 \$50K \$100K \$150K \$200K

Cost per additional Quality Adjusted Life Year (QALY)

Integrated Evidence Rating

Comparative Clinical Effectiveness

Superior	A	Aa	Ab	Ac
Incremental	B	Ba	Bb	Bc
Comparable	C	Ca	Cb	Cc
Pot/Unprov P/U		Pa	Pb	Pc
Inadequate	I	I	I	I

Comparative Value

a
High

b
Reasonable/
Comparable

c
Low

ICER Appraisal 1.0: IMRT vs. 3D-CRT

■ Background

- Potential benefits/harms of IMRT
- Coverage
- Reimbursement: \$42,000 vs. \$10,000
- 2002-2004: 32%-73% penetration

Key Findings: IMRT vs. 3D-CRT

- No evidence of disease-free survival benefit
- Decreased risk of proctitis
 - 2-4% vs. 14-16%
- Cost per case of proctitis avoided = \$313,000
- Cost per QALY = \$706,000

Integrated Evidence Rating

IMRT vs. 3D-CRT Rx 75-80 Gy

Comparative Clinical Effectiveness

Superior	A	Aa	Ab	Ac
Incremental	B	Ba	Bb	IMRT
Comparable	C	C	C	C
Pot/Unprov P/U		Pa	Pb	Pc
Inadequate	I	I	I	I

Comparative Value

a
High

b
Reasonable/
Comparable

c
Low

Radiation for low-risk prostate CA

Comparative Clinical Effectiveness

Superior	A	Aa	Ab	Ac
Incremental	B	Ba	Bb	Bc
Comparable	C	Brachytherapy	Cb	Cc
Pot/Unprov P/U	P/U	Hypofraction	Pb	IMRT
Inadequate	I	Proton Beam Therapy		

Comparative Value

a	b	c
High	Reasonable/ Comparable	Low

From Tech Appraisal to Medical Policy

Brachytherapy
Ba

IMRT
Pc

++ patient-clinician tools
Premium price
0% co-pay

-- patient-clinician tools
Lower reimbursed price
20% co-pay

Hypofraction
Pa

Proton Beam
I

Prior auth/CED

Non-covered

Translating CE Research into Action

- How can insurers use the information?
 - The process: build trust
 - The format: support dialogue
 - The outcome: foster innovation, improve value