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Rob Abbott, CEO of ISPOR—The Professional Society for Health Economics and Outcomes Research (ISPOR) provides an update on the organisation's activities since taking up the role in 2023, including the launch of a new 2030 strategy and revised mission aimed at integrating HEOR into everyday health policy decision-making. This includes the launch of the ISPOR Institute for Healthcare Transformation. Abbott also shares his perspective on how ongoing US policy discussions around pricing reflect both the need for and the opportunities that HEOR principles can bring to these evolving dynamics.

Since we last spoke in 2023, what have been the major updates and developments at ISPOR?

Back then, ISPOR was still operating under a vision that defined us primarily as the professional society for health economics and outcomes research. What it didn't do was explicitly anchor us in healthcare transformation. One of the biggest developments since then that has been the cornerstone of everything that has followed is the creation of our new 2030 strategy. Alongside the strategy, we established our new vision of creating a world in which healthcare is accessible, effective, efficient, and affordable for all.

We know this is an ambitious vision. In almost any country, we are far from achieving all four dimensions. That is why partnership is essential. ISPOR can't deliver this alone, but we can lead,

convene, and guide. This vision is now our North Star, and everything we do flows from it.

The strategy is built around two major goals. The first is positioning ISPOR as the global leader advancing and expanding the definition of value-based healthcare by reevaluating what value means, how we measure it, and how we communicate it across stakeholder groups. The second goal is an entirely new approach. We are establishing ISPOR as a trusted health economics and outcomes research (HEOR) advisor, helping to shape health policy around the world. For most of our 30-year history, ISPOR focused on defining the science of HEOR: methods, models, and best practices. The connection between that science and policy was often indirect or incidental.

With the new strategy, that connection is now intentional. We want to ensure that HEOR is actively informing real-world decision-making, and that commitment now drives our science strategy as well.

What broader healthcare economic trends and organisational objectives informed the development of ISPOR's new strategy?

At its core, the science strategy serves as a multi-year blueprint to guide how we advance HEOR excellence and strengthen HEOR's impact on healthcare decision-making globally. The major themes built into the strategy will not surprise anyone: real-world evidence (RWE), economic evaluation methods, patient-centred research, special populations and emerging technologies, and the role of health technology assessment in decision-making. We will update the science strategy again in 2026, but I expect these core themes to remain central because they mirror the broader forces shaping healthcare today.

What matters most is how these themes connect to a few principles that increasingly define ISPOR. The first is scientific rigour. We want to continue elevating good practices so that HEOR is conducted to the highest possible standard. That rigour is critical for building trust among decision-makers, regulators, and payers. But rigour alone isn't enough. We also have to translate the science in a way that policymakers can understand and actually use.

The second principle is real-world application. Our work isn't meant to sit in academic journals; it is meant to inform real decisions in real systems. Policymakers are grappling with problems like drug pricing in the US. The big question is how to improve access to innovative therapies while maintaining a sustainable innovation pipeline. HEOR has a central role to play in answering those questions, so our science must be aligned with the problems decision-makers are trying to solve.

And finally, everything converges around value. Pricing, access, and care decisions should be grounded in evidence of value, and ISPOR sees itself as a steward of that evidence. We like to say that every good policy decision should be built on a foundation of rigorous evidence, and that principle is embedded throughout the strategy.

To help ensure that this evidence truly reaches policy tables, we are launching the ISPOR Institute for Healthcare Transformation. The Institute is designed to take the science that ISPOR incubates, translate it into practical HEOR insights, and bring those insights into conversations with policymakers and healthcare leaders around the world. Ultimately, the aim is simple: to increase the real-world impact of HEOR on global healthcare decision-making.

From your perspective, where does the US stand today in applying HEOR principles like health technology assessment and RWE within its healthcare system?

The US sits in a very different position from countries with centralised health systems, and that context shapes how HEOR principles are used today. Unlike the UK, Canada, or Australia, where agencies like NICE, the Canadian Drug Agency, or PBAC have clear mandates that link evidence directly to national reimbursement decisions, the US has no single decision-maker. Instead, we have a fragmented ecosystem of hundreds of private insurers, employer plans, and major public programs like Medicare, Medicaid, and the VA.

This fragmentation means a few things. First, there is no standard cost-effectiveness threshold or commonly accepted willingness-to-pay benchmark, which creates variability in how value is assessed. Second, stakeholders operate with divergent incentives, and data are often siloed. All of this complicates the consistent, systemwide use of HEOR principles.

That said, the US does have HTA-like activity, just in a more decentralised form. Organisations such as the Institute for Clinical and Economic Review (ICER) and various public and private payers conduct their own assessments. One opportunity, which I think is increasingly realistic, is to create more transparent coordination among these actors. That would help reduce duplication, encourage methodological consistency, and strengthen trust in evidence-based coverage decisions.

We are also seeing HTA principles emerge in policy. Centers for Medicare and Medicaid Services' cell and gene therapy access model and the Medicare drug price negotiation process under the Inflation Reduction Act are not full HTA frameworks, but they clearly draw on HTA logic. They represent meaningful steps toward more structured, evidence-based decision-making.

Globally, the most successful HTA systems share certain characteristics: clear institutional mandates, transparent and structured processes, standardised methods, integration of RWE, consideration of both cost-effectiveness and budget impact, and strong engagement with patients and stakeholders. While the US will never replicate those systems wholesale, we can draw on these ingredients to shape a uniquely American approach that strengthens how evidence informs coverage, pricing, and access decisions.

The current administration’s focus on securing “the best medicine pricing” for Americans has intensified policy debates around health economics. How do you interpret these evolving policy dynamics, and what opportunities do they create for greater adoption of HEOR principles in the US?

There has certainly been a lot of policy noise around pricing reform, but the encouraging part is that all of it is forcing a much broader conversation about value. We may not all agree on the right policy approach, but the fact that value is now front and centre creates a meaningful opening for HEOR.

For ISPOR, this is exactly where we want to contribute. If policymakers are asking how to achieve better value, improve access, and make the system more affordable, then HEOR has a well-established point of view to offer. Our role is to elevate awareness, understanding, and use of health economics and outcomes research, especially because HEOR is the scientific foundation behind value-based care, coverage decisions, and payment reform.

Much of the current US debate around drug pricing, affordability, and access is fundamentally about how to align resources with outcomes. Translating clinical outcomes into evidence that can inform real policy decisions is the key to solving these disagreements. While HEOR is widely recognised in academic and scientific circles, it is still underutilised in policymaking, and that is a gap we want to help close.

It’s also important to note that HEOR operates across the entire product lifecycle. Pre-market evaluation is already well established, especially within the industry. But the future where the US system is clearly heading is in lifecycle-based, post-market evidence generation supported by real-world data. That is essential for making dynamic, evidence-based decisions about coverage, pricing, and access over time.

In many ways, HEOR is still the best-kept secret in healthcare. It's well known among methodologists and researchers, but not yet central to the national policy conversation. With the policy environment now actively questioning how to secure better value for Americans, the opportunity has never been greater, or more necessary, to bring HEOR principles into the mainstream.

What gaps still need to be addressed to translate HEOR principles more effectively into policy and real-world decision-making?

A good example of the gaps we still need to close is RWE. Accessing high-quality, linked clinical and cost data across the US payer landscape is still incredibly difficult because the system is so fragmented. Even when data can be accessed, there is limited capacity today to run real-world studies that align with HEOR model assumptions or that can be compared consistently across settings.

Data quality is another challenge. Variation in data sources, formats, and standards makes it harder to validate models and complicates comparative effectiveness research. These issues are improving, but they are still very real barriers to incorporating HEOR into routine decision-making.

At ISPOR, we are working actively on how to improve the quality and usability of the data that shapes evidence discussions. We are also collaborating closely with other professional societies to identify and address these gaps together.

I am confident we will close many of these barriers, but it will take sustained effort. Strengthening data infrastructure, improving interoperability, and building trust in RWE will be essential steps before HEOR can fully inform policy and real-world decisions at the scale we all want to see.

Collaboration is essential for embedding HEOR into practice. How can ISPOR support and lead these collaborative efforts across stakeholders?

Collaboration is essential for embedding HEOR into practice, and one of ISPOR's greatest strengths is its ability to convene stakeholders. Increasingly, both ISPOR and the new ISPOR Institute will lean into this role. When we bring payers, regulators, HTA bodies, industry, patients, and academics together, we can surface the questions that matter, increase consistency and transparency in value assessment, and better balance scientific rigour with real-world needs.

Collaboration also helps reduce evidence fragmentation and conflicting value frameworks, while building the trust that is necessary for evidence to influence decisions. Right now, the landscape is highly fragmented, with many actors using different approaches to define value. ISPOR can play a central role in unifying those conversations and helping stakeholders work toward shared principles even in a system without a single national HTA body. We can create spaces where these groups collectively identify pain points and explore where coordination is possible.

We've already seen the demand for this. ISPOR recently convened a first-of-its-kind strategic dialogue in the European Union with HTA agencies, payers, and regulators to identify emerging challenges under the new EU HTA regulation. We weren't sure what the interest level would be, and we were overwhelmed by the response. It showed that, globally, stakeholders recognise the complexity of the current environment and want to learn from one another.

The same dynamic exists in the US. Across industry, academia, and the nonprofit sector, there is both concern and a strong appetite for collaboration. People recognise that HEOR and RWE must evolve together, especially as the field increasingly intersects with data science, AI and machine learning, and advanced analytics. These technologies are rapidly changing how evidence is generated and interpreted, and stakeholders are looking for guidance and alignment.

That's where ISPOR can lead. By convening, coordinating, and helping stakeholders move in a shared direction, we can support the transformation of healthcare rather than letting the system race forward in seven different directions at once.

You mentioned the launch of the ISPOR Institute for Healthcare Transformation. How do you envision this initiative advancing the application and impact of HEOR principles globally?

I see the ISPOR Institute for Healthcare Transformation as a vehicle for accelerating the next big step change in how HEOR is applied around the world. One of the Institute's core roles will be to identify the issues that, if addressed, could meaningfully improve how evidence informs decisions beyond just incremental improvements, but with true leaps forward. That includes areas like data quality for RWE, methodological advancement, and strengthening how HEOR connects to real-world policy needs.

A major part of this work is looking ahead to the future of HEOR. We are entering a moment where traditional cost-effectiveness analysis is still necessary, but no longer sufficient. Value frameworks

are expanding globally, and HEOR must evolve with them. In the future, value will need to account for dimensions such as equity, ethics, patient experience and preferences, caregiver impact, and incentives for innovation, not just cost per QALY.

This is where the Institute will play a pivotal role. It will help define what these multidimensional concepts of value look like in practice, and how they can be embedded into policy and decision-making. It will also address foundational issues around the quality and usability of real-world data so that the evidence being used for decisions is more robust and trustworthy.

What priorities are currently top of mind for you as ISPOR continues the journey of this new 2030 strategy?

At the highest level, my priority is to maintain ISPOR's scientific rigour while expanding the application of that science to real policy and decision-making. That dual focus of excellence in methods and impact in practice is the backbone of our 2030 strategy.

More specifically, we are zeroing in on three major priorities. The first is the deeper integration of RWE with HEOR. This is an essential evolution for the field, and we want ISPOR to lead both the methodological foundations and the policy relevance of that work.

The second priority is accelerating our efforts around AI, machine learning, and advanced analytics. These tools are reshaping how evidence is generated and interpreted, and they will fundamentally influence the next decade of HEOR. We want to ensure that ISPOR members and the broader community are prepared to use these capabilities responsibly and effectively.

The third priority is advancing a broader definition of value. We are building on ISPOR's "value flower," which challenged the field to look beyond traditional cost-effectiveness and acknowledge other important dimensions such as equity, access, patient-reported outcomes, caregiver impact, and more. Our focus now is on figuring out how to measure and apply those dimensions in practice.

All of this supports our overarching goal to connect rigorous science with policy in a way that improves healthcare access, affordability, and outcomes. Ultimately, we want to help decision-makers cut through the noise and make evidence-based choices that deliver better value for patients and the system as a whole.

Finally, do you have a closing message for the global healthcare community on behalf of ISPOR?

This is an incredibly exciting moment for global healthcare. While the challenges are real, so are the opportunities. In that sense, ISPOR is committed to being a place where people come together to shape what comes next. We see ourselves as a big tent, and we want that tent to be even bigger. Anyone who cares about making healthcare more accessible, effective, efficient, and affordable is welcome here, regardless of background or role.

We need new perspectives to help us rethink what value truly means, and we need fresh ideas about how to communicate evidence in a way that resonates with decision-makers. If you're interested in transforming healthcare, even if you don't see yourself as a traditional health economist or outcomes researcher, there's a place for you at ISPOR.

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