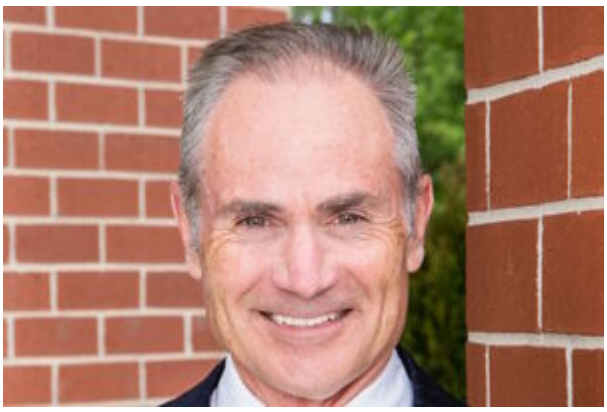
Rob Abbott â?? CEO & Executive Director, ISPOR



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Well-informed and data-driven healthcare decision making has never been more important. Healthcare systems across the world â?? in both developed and developing contexts â?? are grappling with the challenge of providing quality treatments and services to patients while ensuring that their money is well spent. At the forefront of helping address this conundrum through the promotion of health economics and outcome research (HEOR) within healthcare decision making is ISPORâ??The Professional Society for Health Economics and Outcomes Research. In an exclusive conversation with PharmaBoardroom, new ISPOR CEO Rob Abbott tackles some of the big issues in the HEOR field today, including the rollout of the Inflation Reduction Act (IRA) in the US, as well as Health Technology Assessment (HTA) legislation in the EU; foregrounds ISPORâ??s commitment to scientific rigour, excellence, and evidence in all its work; and scans the horizon for how stakeholders will need to adapt to healthcare in 2030.

Could you begin by introducing ISPOR and its mission?

ISPOR is a global, non-profit, professional society that is headquartered in the US yet has membership across 110 countries. Our overriding mission is to be an advocate for health economics and outcomes research (HEOR), and specifically to position HEOR as a key tool to inform healthcare decision making globally, ultimately leading to better health outcomes at a reasonable cost.

Is the organisationâ??s membership made up of individuals, organisations, or a mix of both?

ISPOR has individual members from virtually every segment of the HEOR and medical/life sciences community including academia, industry, patient representatives, and payers, all of whom are geographically dispersed across 110 countries. Corporations and other organizations engage with us through their employees, sponsorship activities, and so on. This multistakeholder membership is critical to obtain the kinds of evidence and uphold the commitment to rigour that we build all our work on. Our membership. It is our geographic reach and diversity of perspectives that feeds the debates and discussions that we have, ultimately finding its expression in our output, through such things as our task force and best practice reports.

How does ISPOR define HEOR?

Health economics focuses on measuring and valuing the outcomes of healthcare interventions. Outcomes research is a related but separate concept that covers a constellation of disciplines evaluating the effect of interventions on patients. This means that there is a critical patient-centricity element built into outcomes research. At ISPOR, we believe that the combination of the two fields provides incredibly powerful data and insights for healthcare decision makers.

HEOR has never been more important, with governments across the world grappling with how to promote the best possible health outcomes at affordable costs. HEOR is a discipline that can help with these increasingly complex healthcare decisions and ultimately deliver better, more cost-effective, outcomes for more people.

Can you unpack how the concept of HEOR differs from that of health technology assessment (HTA)?

HTA focuses on the efficacy of a particular technology. HEOR, on the other hand, is broader and encompasses a larger field of inquiry. It brings in concepts like real-world evidence (RWE), real-world data (RWD), and patient input in a way that HTA does not always consistently do.

What have been the top items on your agenda during your first six months as ISPOR CEO?

Firstly, it has been a real pleasure to work with the ISPOR board, our membership, and my extraordinary staff on evolving what is now ISPORâ??s 25-year legacy of HEOR work. My initial six months on the job have been focused on continuing ISPORâ??s long-held commitment to scientific rigour, scientific excellence and the provision of evidence as well as providing opportunities for our members to grow their capacity through our conferences, short courses, and other offerings.

Now that the continuation of our current strategic commitments has been established, I â?? along with my senior staff and board â?? have started thinking about what comes next. Raising our gaze to the horizon, we have been discussing what shape healthcare will be in by 2030 and how ISPOR will adapt. A few key global healthcare challenges have been identified â?? namely, affordability and sustainability, the continuing digital transformation of health, and the increasingly important concept of whole health â?? which we will adjust to so that the organisation can continue to meaningfully

contribute to healthcare decision making.

How significant is the role of a countryâ??s payer(s) to its approach to HEOR and how does ISPOR adapt its work in different geographic contexts?

Sensitivity to local and regional conditions is critical. Whether we are contemplating drug price negotiations or any other policy endeavour, there is rarely a one-size-fits-all solution. On almost every issue, it is critical to remember that there are ever-present social, cultural, and economic dimensions. There are also many intricacies and nuances to finding solutions in one region or country versus another.

This is why our diverse membership and geographic reach is so important, as they allow us to convene people from different geographies and socioeconomic levels to discuss how a problem can be approached. One thing we do have in common is that no matter what the policy issue or geography, the commitment to scientific excellence and evidence is maintained. That is our foundation.

Drug pricing is higher on the agenda than ever in the US, with the rollout of the Inflation Reduction Act (IRA) and the Medicare Drug Price Negotiation Program (DPNP). What is ISPORâ??s take on this historic move to cap drug prices in the country for the first time?

This is naturally a topic of interest for many stakeholders as the DPNP is one of the first major attempts to attain savings from what Medicare pays for drugs. However, we must tread carefully in assessing this move as there are many intricacies and nuances to it, covering everything from patent protection to generics, market competition, and so forth.

ISPOR is particularly interested in the process that the DPNP negotiations are taking; namely, the use of evidence to inform negotiations, particularly evidence generated many years after initial FDA approval. The HEOR community that ISPOR represents is a major source of such evidence and will no doubt play an important role.

Ultimately, ISPOR is advocating that whatever comes out of the DPNP needs to be scientifically based and scientifically rigorous, as well as offer savings to the system. How that will play out is going to a subject that the HEOR research community will study for years to come.

Over in Europe, the much-discussed implementation of an EU-wide legislative framework on HTA will finally come to fruition in 2025, with the aim of allowing individual member states to better cope with the influx of new products set to come online in the coming years. How positively do you view the concept and implementation of this initiative, and in which direction would you like to see it evolve?

The onset of HTA regulation in Europe holds considerable promise and dates back to the first EUnetHTA project in 2006. This is going to be a central focus of our upcoming ISPOR Europe 2023 conference in November, which reflects how topical this subject is. ISPOR broadly perceives the EU HTA regulation as a positive development, as the current approach, whereby individual member states make their own evaluations, is ultimately not sustainable. Some Central and Eastern European countries simply do not have the same resources of their Western European counterparts,

for example, so unifying the HTA processes across the bloc could lead to greater access in all EU countries. Moreover, the joint clinical assessment of new treatments holds a lot of promise; if all EU member states can provide input to an assessment and a standard set of information can be generated to help inform in-country pricing and reimbursement decisions, that could be a big step forward.

While there are naturally details and kinks that need to be worked out, at ISPOR we are confident that the EU HTA community has the skill and capacity to get it done. ISPOR stands shoulder to shoulder with that community and is ready to help in any way that it can, including providing a platform to discuss the regulation at our upcoming European conference.

Are there any lessons from the European HTA experience that can potentially be adapted and replicated elsewhere in the world?

It always helps to be alert to techniques or policies that have worked in one region and explore the efficacy of applying them in other contexts. As part of our special interest groups, task forces, and at our conferences, we always look at how different perspectives can be brought together to determine where and how there may be an opportunity to borrow from one context and apply it in another. However, we must always be cautious about the different regulatory frameworks and social and economic contexts that, for example, led Europe down a very different path to the US on the issue of HTA.

Emerging markets are desperately searching for workable health economic models that can be used in the context of underfunded healthcare systems and a lack of technological means. How is ISPOR adapting its strategies and initiatives to address the needs of these geographies?

This is another area where our wide membership and geographic reach really comes to the fore. ISPOR has regional chapters in over 100 countries, many of which could be categorised as low- or middle-income countries (LMICs) or emerging economies. It is remarkable in many cases how rapidly HEOR competency is growing in many of those countries. This is something we feel immensely proud of, given our active support for HEOR capacity building and application across the world. We recently participated in the Emirates Health Economics Societyâ??s third regional conference and are in active dialogue with the World Health Organisation and the Gates Foundation around capacity building in LMICs. Moreover, ISPOR recently created a special interest group within our membership looking at access to medical innovation approaches for LMICs.

ISPOR has been particularly active in Africa, Asia, and Latin America, and we anticipate considerable growth in the use of HEOR to inform healthcare decision making in these regions in the coming years, which will make a significant difference to many peopleâ??s quality of life.

Do you see much potential for LMICs to leapfrog developed economies on HEOR approaches, as some have done in digital adoption?

We talk about this topic a lot and there is certainly an opportunity for some LMICs to avoid a few of the pitfalls and mistakes that we in the West have already made. Again though, the importance of local context cannot be overstated. That is why our regional chapters â?? with their in-depth

understanding of what is and is not possible locally â?? are so critical to creating bespoke solutions.

Understanding the local political will for some of these concepts is also vital. ISPOR sits at the nexus of science and policy, and we advocate that the best policies always rest on a foundation of good science. When this happens, we are often pleasantly surprised how much traction can be gained for the implementation of something positive.

Healthcare stakeholders around the world are increasingly claiming to be focused on patient-centred outcomes and shared decision-making. How far away are we from truly incorporating patient perspectives and preferences into up-, mid-, and downstream healthcare decision-making processes?

This is a core issue because everything we do is ultimately in service of the patient. ISPOR aims to bring HEOR to bear on healthcare decision making to make healthcare systems more accessible, equitable, and impactful for patients.

A lot of progress has been made on this issue, although we are still a long way from where we need to be. Anyone who works in this area would agree that amplifying the patient voice and creating a more patient-centric decision-making process is a necessity, but also that challenges remain in terms of bringing in the patient across the entire, healthcare journey.

ISPOR has long taken this issue very seriously and it is one of my personal areas of focus as CEO. I am pleased to say that we have patient roundtables that meet regularly and draw from patient representatives from around the globe. For those coming from LMICs, we provide travel grants and fee waivers to ensure that they can participate and bring their diverse perspectives to bear.

We also have a special interest group centred exclusively on leveraging the patient experience to inform our recommendations.

Finally, to reiterate, outcomes research as a discipline has patients at its core and we are confident that our work will continue to move the needle in terms of bringing forward the patient voice.

Now that your settling-in period as ISPOR CEO is complete, what are you most looking forward to achieving during the rest of your tenure?

I am enormously excited about the Societyâ??s upcoming ISPOR Europe 2023 conference, set to be held in Copenhagen, Denmark in mid-November 2023. The conference focuses on some incredibly timely issues, not least, joint clinical assessments as part of the upcoming EU HTA regulation.

Beyond that, I am looking forward to working with the ISPOR board and our wider membership to articulate a new strategic vision and plan that will look out to 2030, bringing some of the big global trends that I mentioned â??affordability and sustainability, digital transformation of health, and whole health â?? squarely into focus. Doubtless, some of that will be reflected at our ISPOR 2024 international conference in Atlanta, US in May 2024.

Finally, I am really enjoying the opportunity to engage with some of our long-standing members and partners, as well as make new relationships. I recently travelled to Europe to participate in the European Health Forum in Gastein, Austria and renewed relationships with the European Medicines

Agency, the European Commission, and others. Those relationships and partnerships really matter to me, because, while ISPOR has its headquarters in the US, it is a truly global organisation with a global reach. Since most of our 19,000 members are situated outside of North America, during any particular day I have as many conversations with colleagues in Europe, Asia, or Latin America as I do in North America.

Do you have a final message on behalf of ISPOR?

I want to emphasise that ISPOR is a truly global, non-profit, professional society. Our focus is on bringing HEOR to the decision-making table in service of achieving better health outcomes at a reasonable cost. To make that happen, our doors are always open to any stakeholder with an interest in HEOR but more broadly in making healthcare systems more accessible, equitable, and impactful for patients. If your readers are curious about ISPOR, HEOR, RWE or any of the topics we have discussed, they have a home at ISPOR and would be very welcome to join us.

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