



# Examining Payer Views on Adequacy, Availability, and Future Needs of Information

Survey results from March 2017  
Prepared for the National Pharmaceutical Council




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## Objectives and Methodology

OBJECTIVES	METHODOLOGY
<p>As the transition to value-based care progresses, Xcenda surveyed payers and providers to understand:</p> <ul style="list-style-type: none"><li>▪ The type of information desired and valued by payers and providers in this shifting environment</li></ul> <p>and</p> <ul style="list-style-type: none"><li>▪ The potential benefits and harms associated with information exchange beyond the Food and Drug Administration (FDA)-approved product labeling</li></ul>	<ul style="list-style-type: none"><li>▪ 30-minute online survey of payers responsible for medical policy, formulary decisions, and/or tracking utilization management</li><li>▪ 51 surveys were administered in total; conducted in March 2017</li><li>▪ Participants were paid an honorarium of \$150</li></ul>



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## Respondent Profile Summary


Additional Information in Appendix

- 50 of the 51 respondents were with an organization providing managed care; 1 identified as being with a health system/hospital
- Respondents were pharmacy directors (61%) and medical directors (33%); contracting directors, industry-relations directors, and clinical services directors accounted for the remaining 6%
- All of those participating in this research were directly involved in medical policy, formulary decisions, and/or tracking utilization management
- On average, respondents covered 5.2 million lives each
- Most represented managed care organizations (75%), pharmacy benefit managers (22%), integrated health delivery systems/integrated delivery networks (10%), accountable care organizations (4%), specialty pharmacies (4%), and health systems/hospitals (2%) (organizations total to more than 100%, as some respondents serve in multiple capacities)
- Two-thirds of the respondents covered lives regionally. These plans covered 40 states and the District of Columbia



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## Key Findings

- Payers want to know about multiple outcomes when making coverage decisions. Many of these endpoints are typically in addition to the information reviewed by the FDA
- Payers are mixed when it comes to considering quality metrics. About half consider it at least often. About a quarter rarely/never do. However, this is expected to change in the coming 3 to 5 years
- Information on cost and outcomes are most impactful for payers in their decision making
- Type and quality of information are seen as limiting factors for formulary decisions; 40% said time/resources are not a factor
- In terms of disclosures, payers want to know about study limitations and if the information was consistent with but not in the FDA-approved label
- Payers would like more comparative information in the future (cost, efficacy)
- The importance and likelihood of potential benefits of additional information may outweigh the significance of potential harms
- Better patient outcomes are a potential benefit of additional information, as well as the ability to lower costs. The ability to individualize treatment and lower costs are likely benefits of additional information
- 75% of payers use 6 or more information sources on a monthly basis, with the internet being cited as used daily

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### Note: Percentages and Rounding

- Some of the percentages in this report may not add up exactly due to rounding and the fact that only whole percentages are shown
- This is demonstrated below:

Actual Number	Rounded
25.3%	25%
<u>+13.3%</u>	<u>+13%</u>
38.6%	39%



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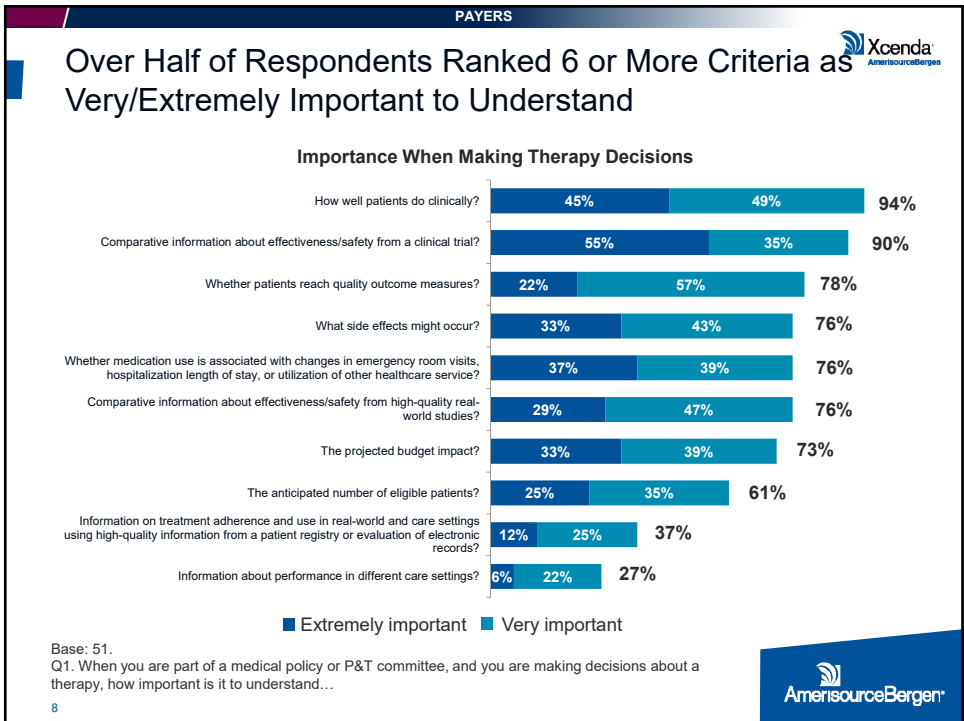


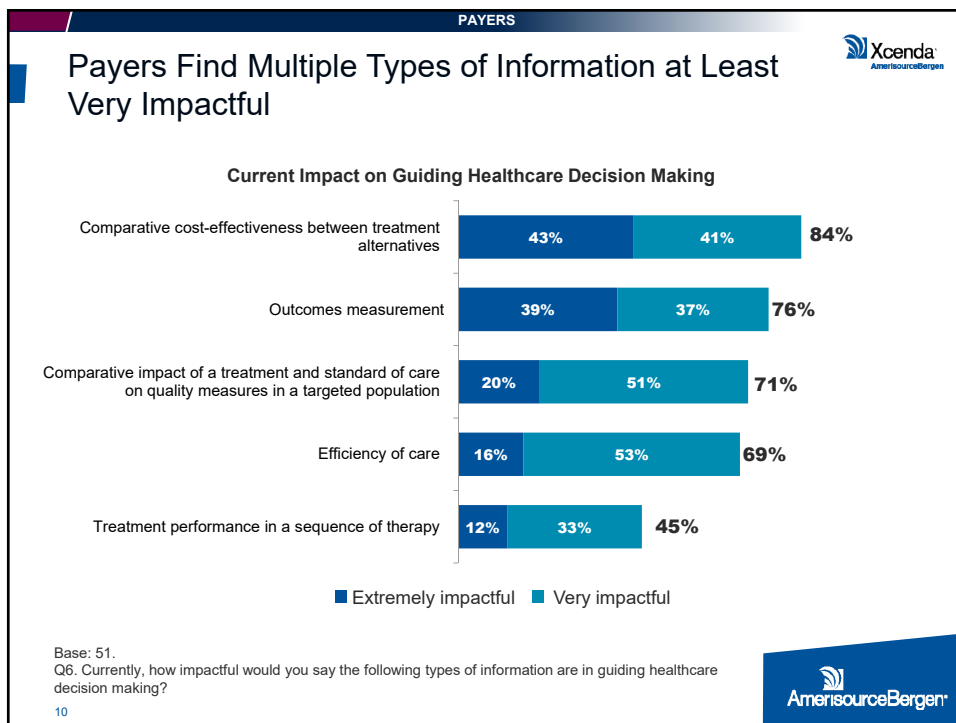
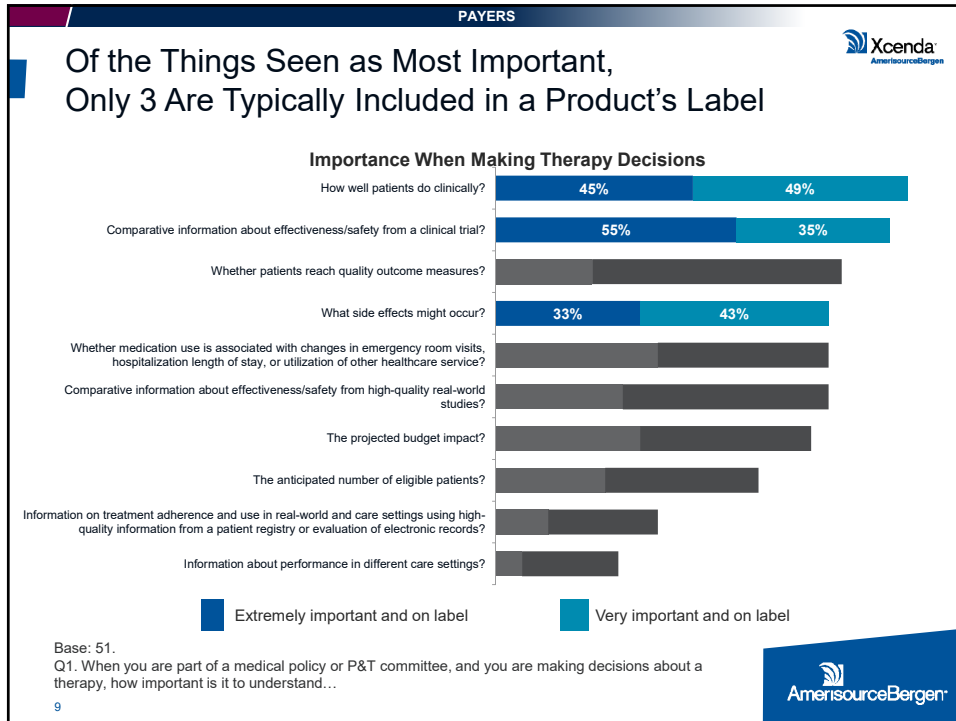
## Survey Results

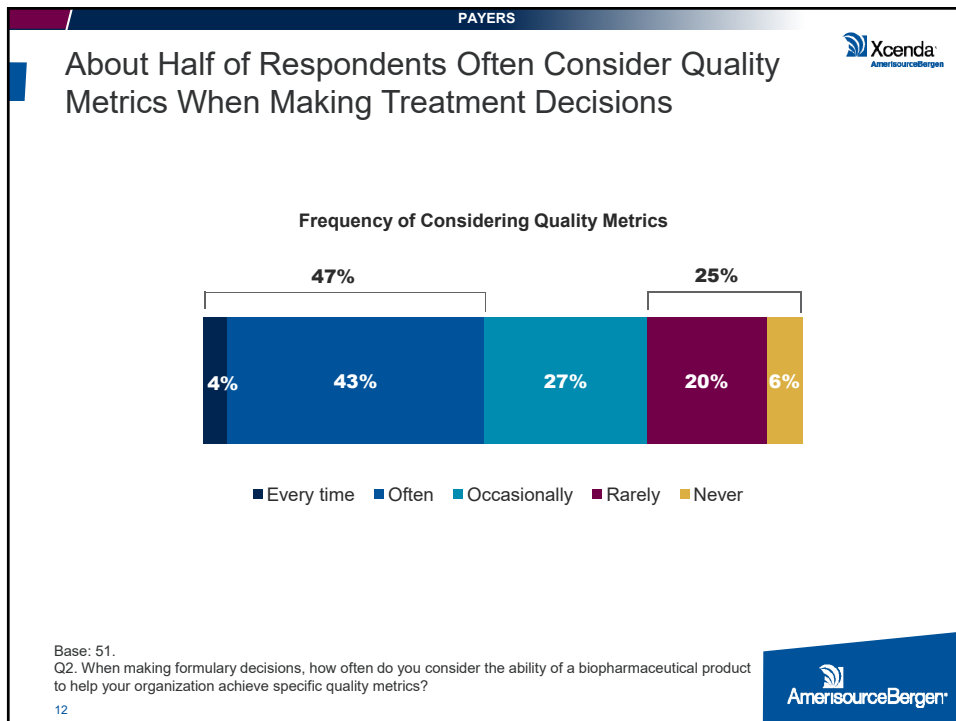
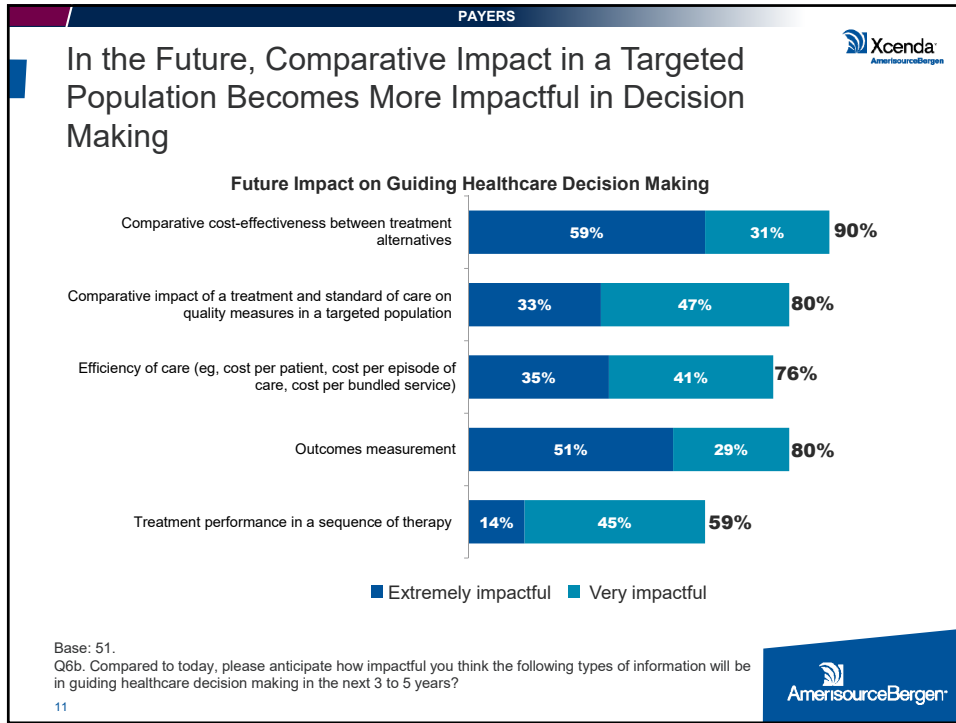


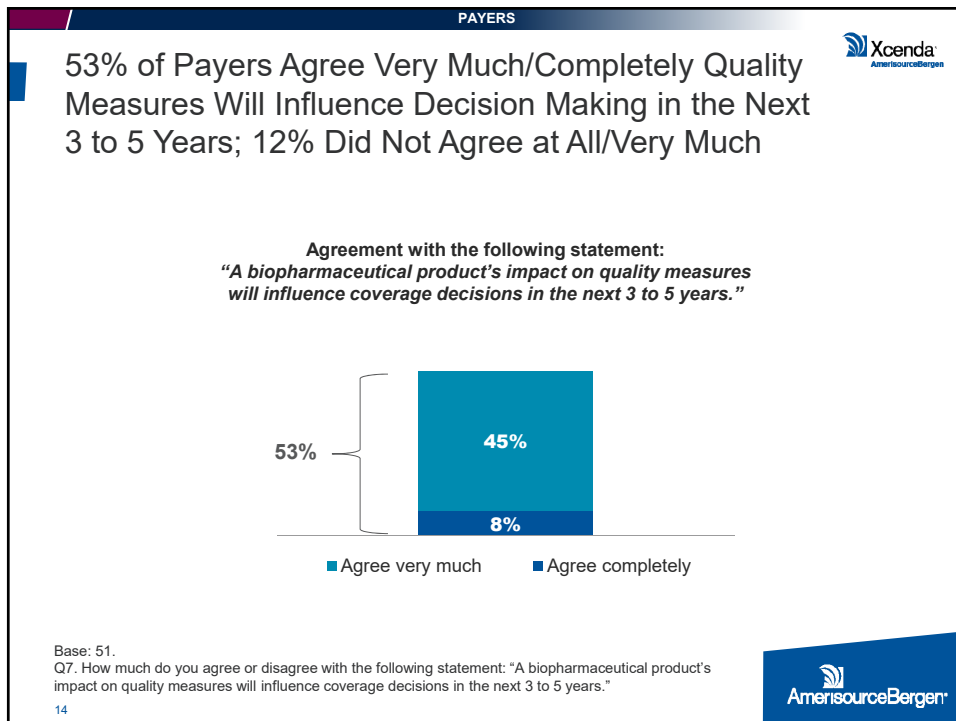


**Section 1:**  
Importance of Information

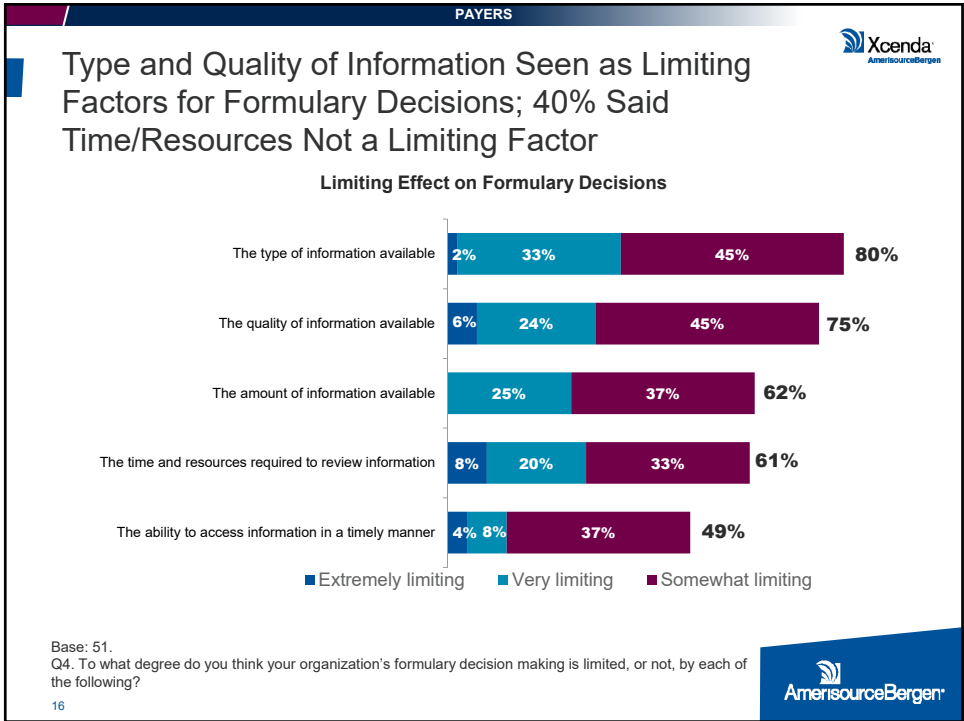




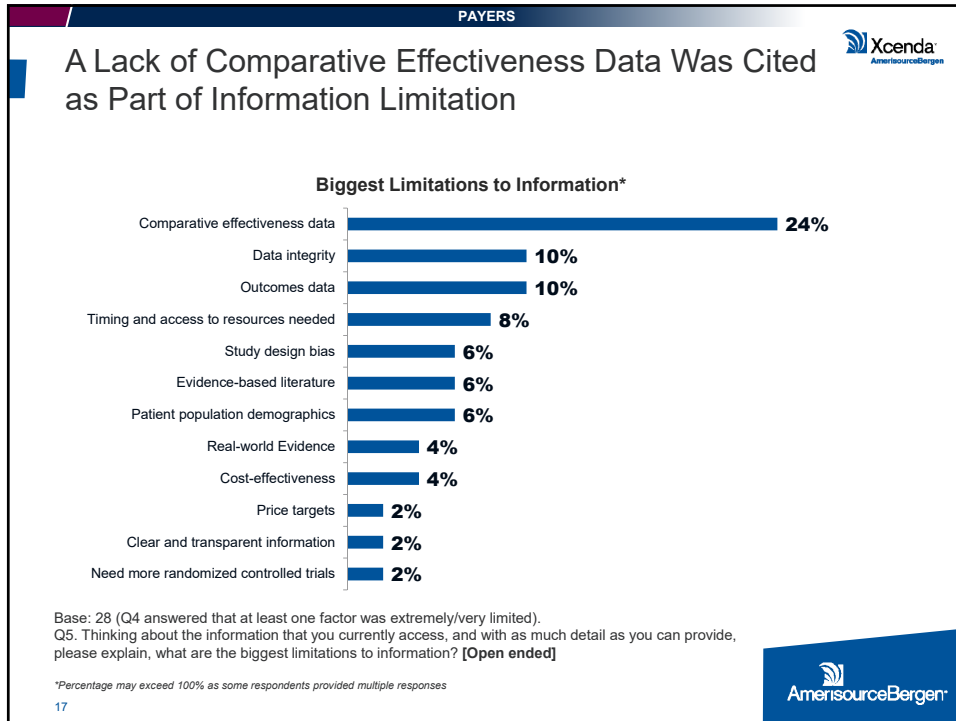




**Section 2:**  
Availability of Information



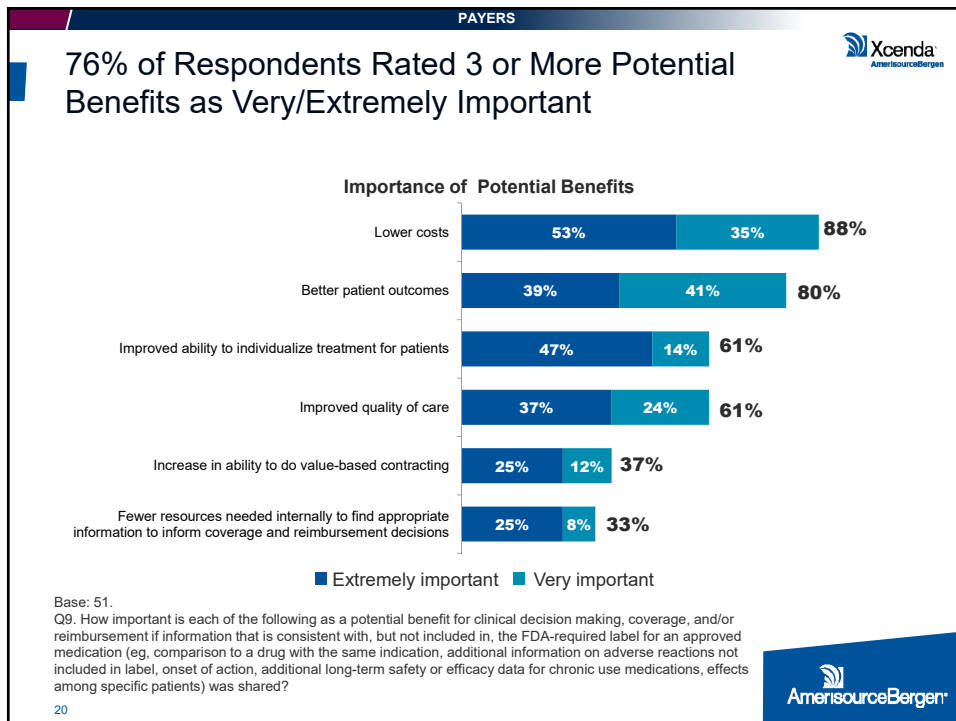
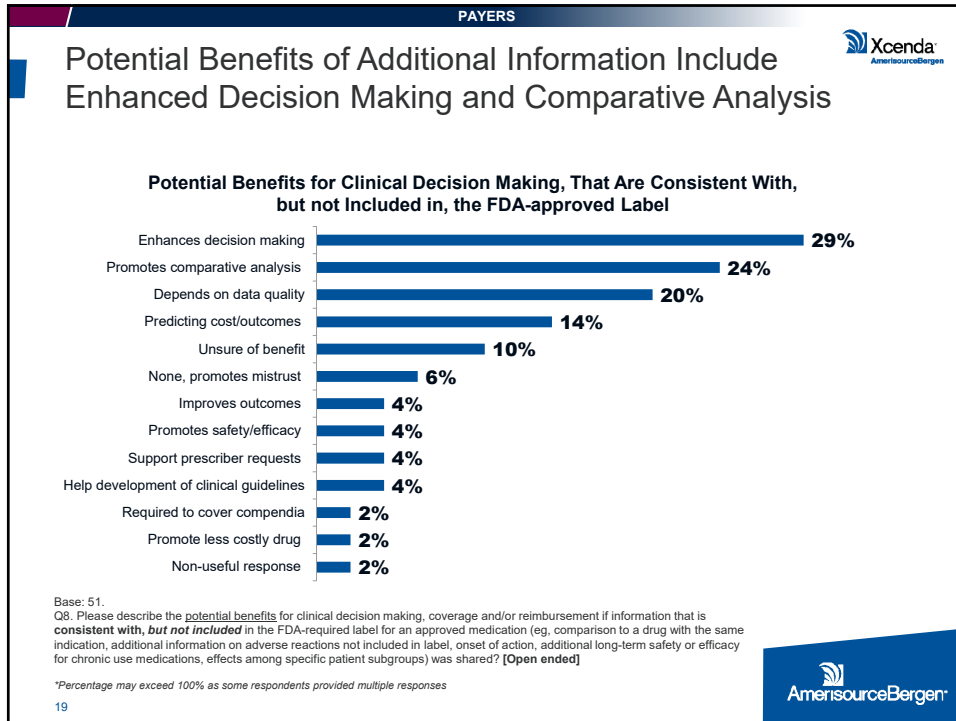


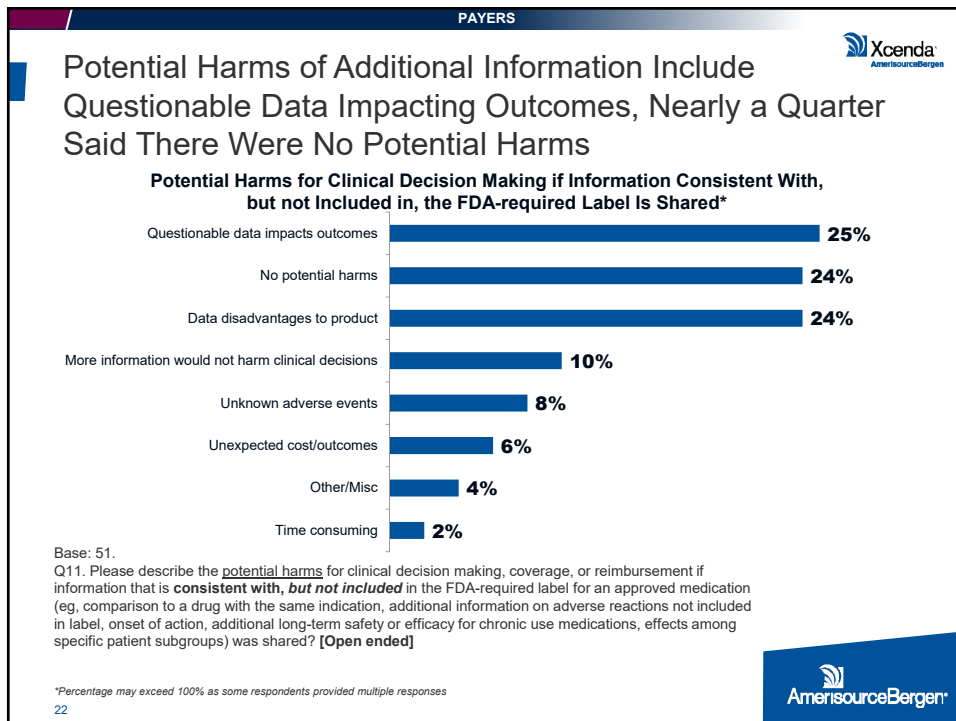
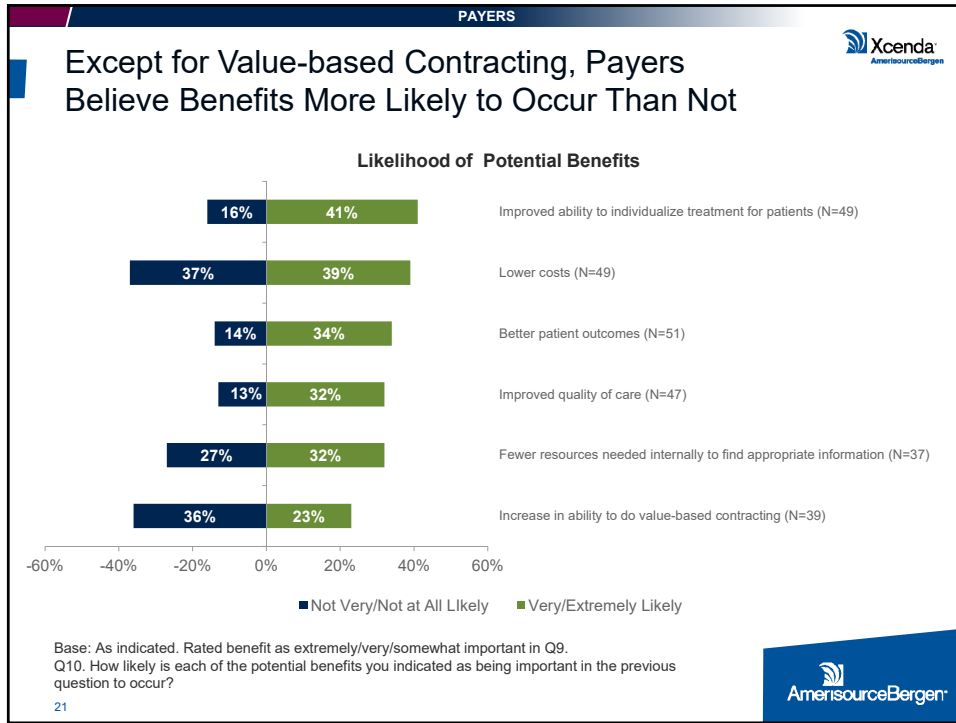


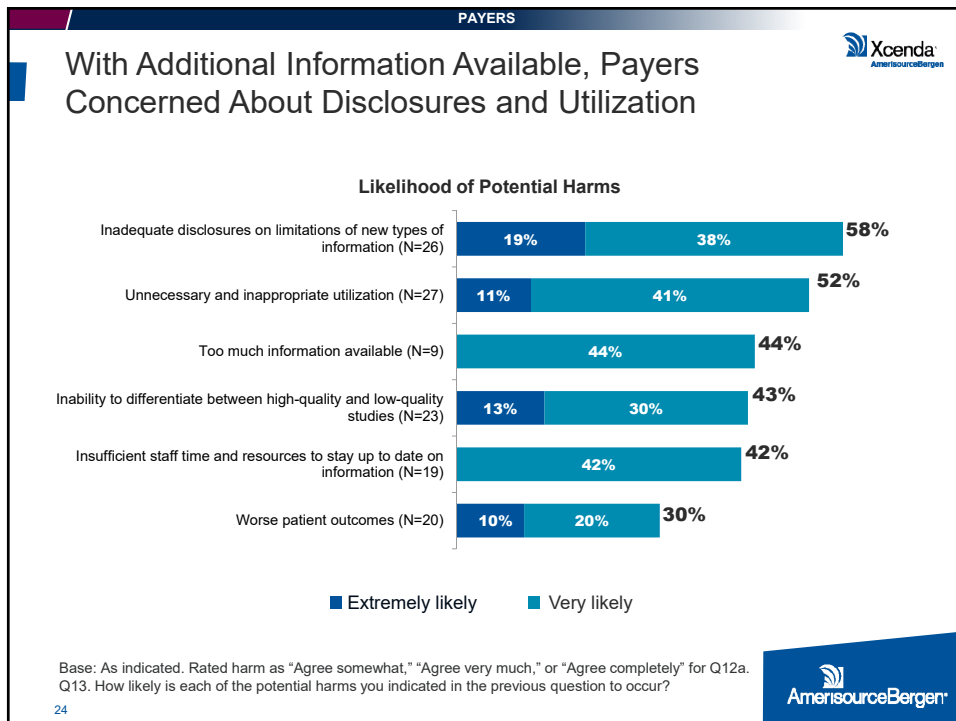
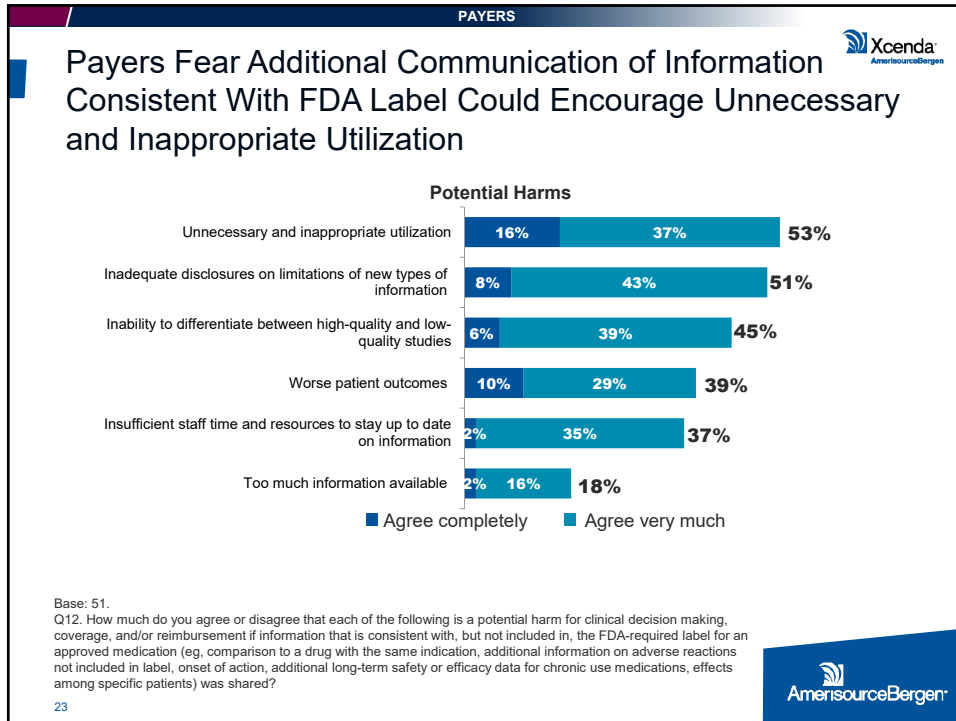
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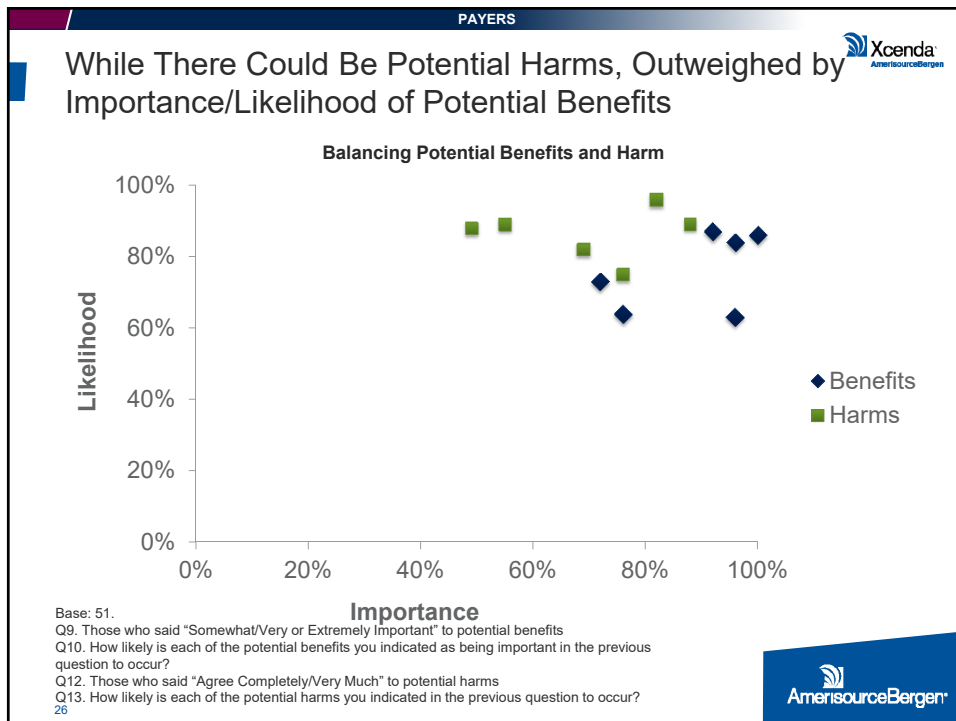
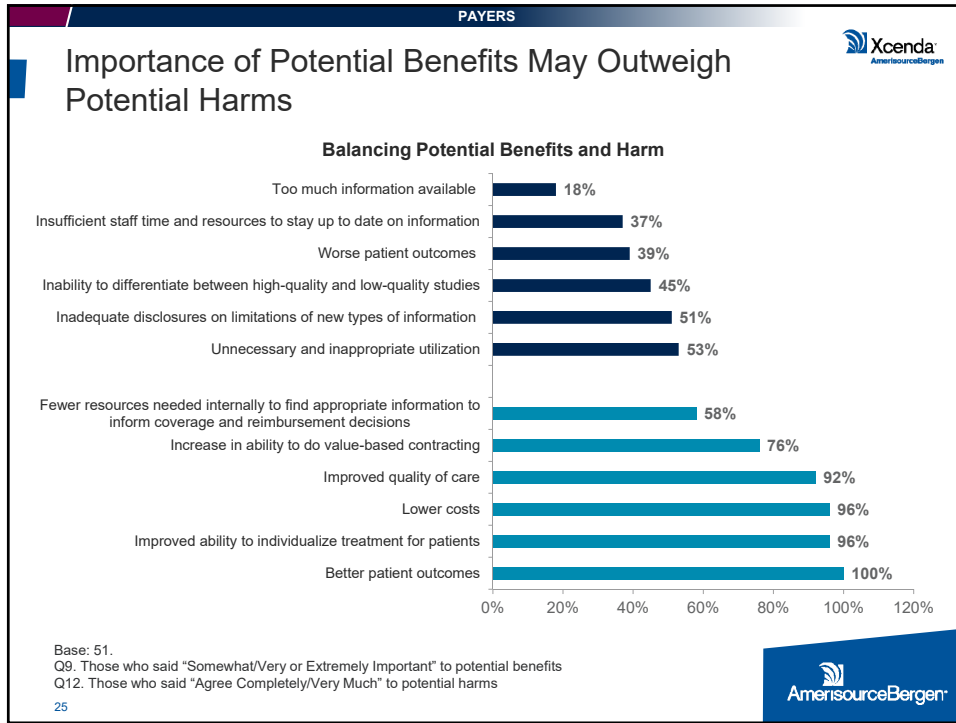
## Section 3: Potential Benefits and Harms of Broader Information Exchange


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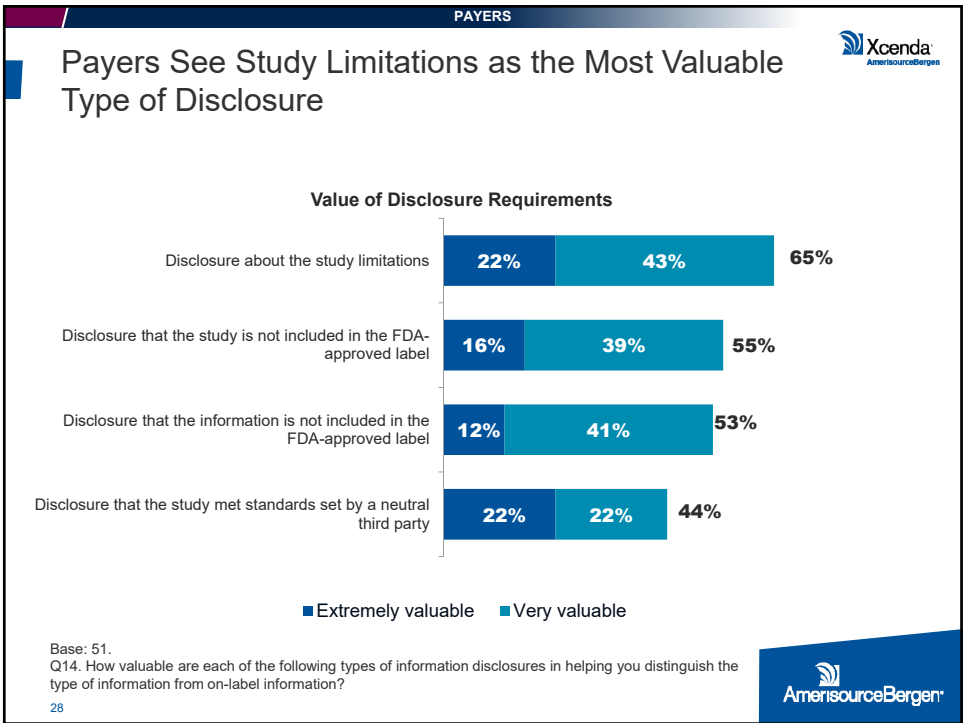


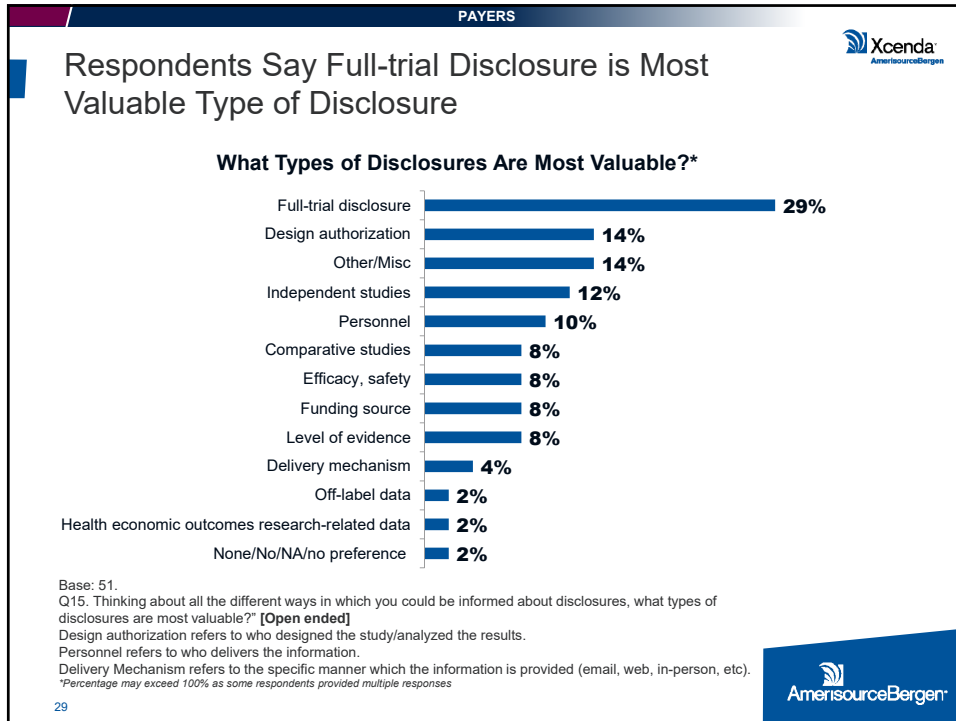


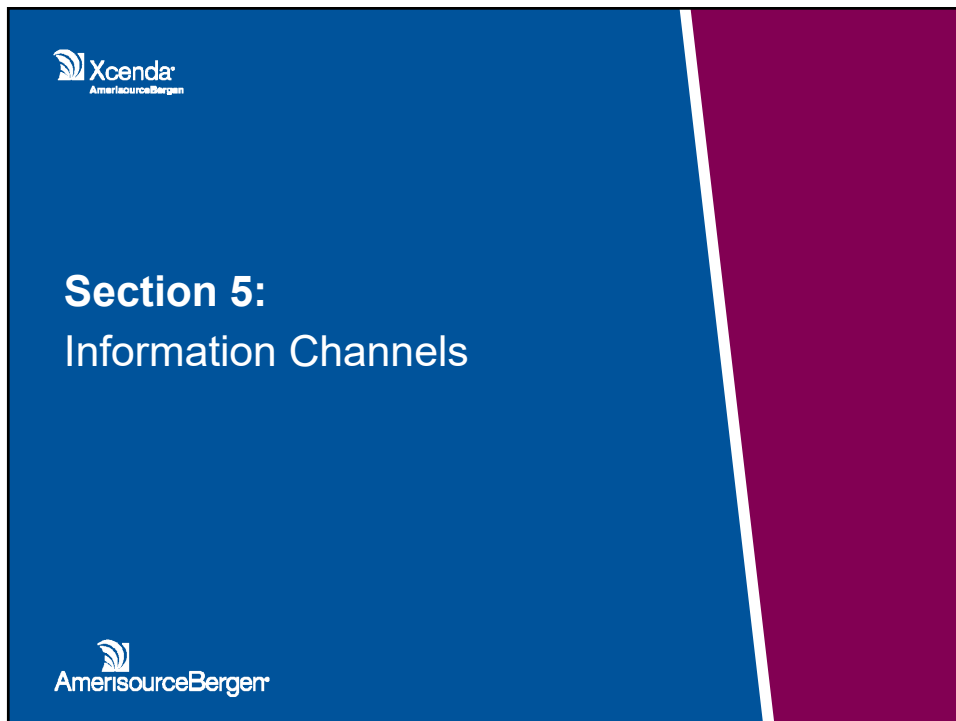
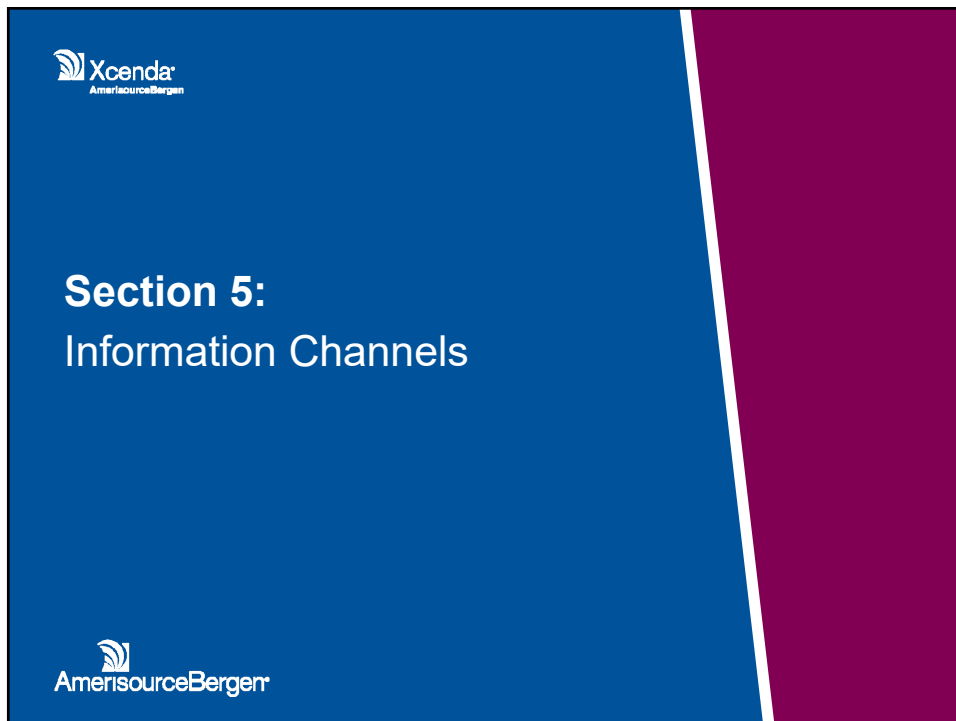





# Section 4: Disclosure Requirements

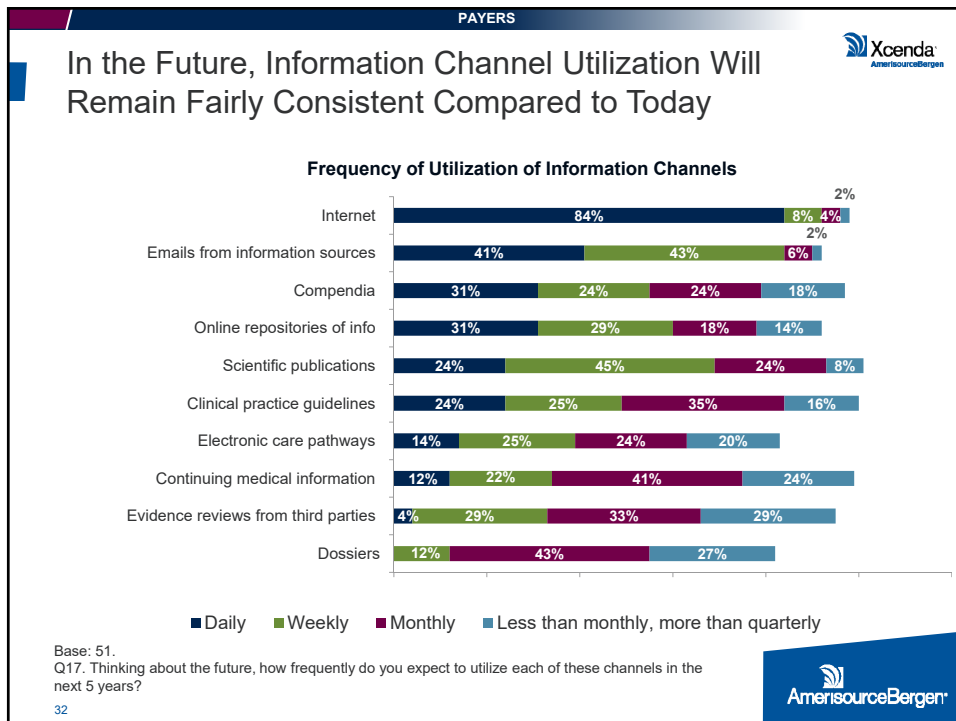
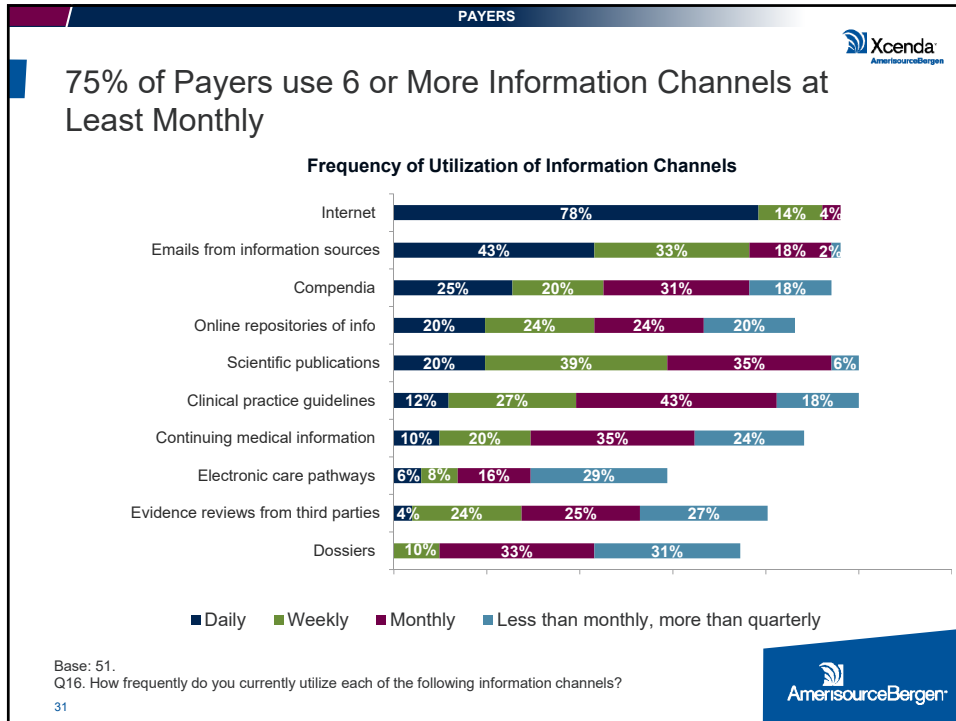





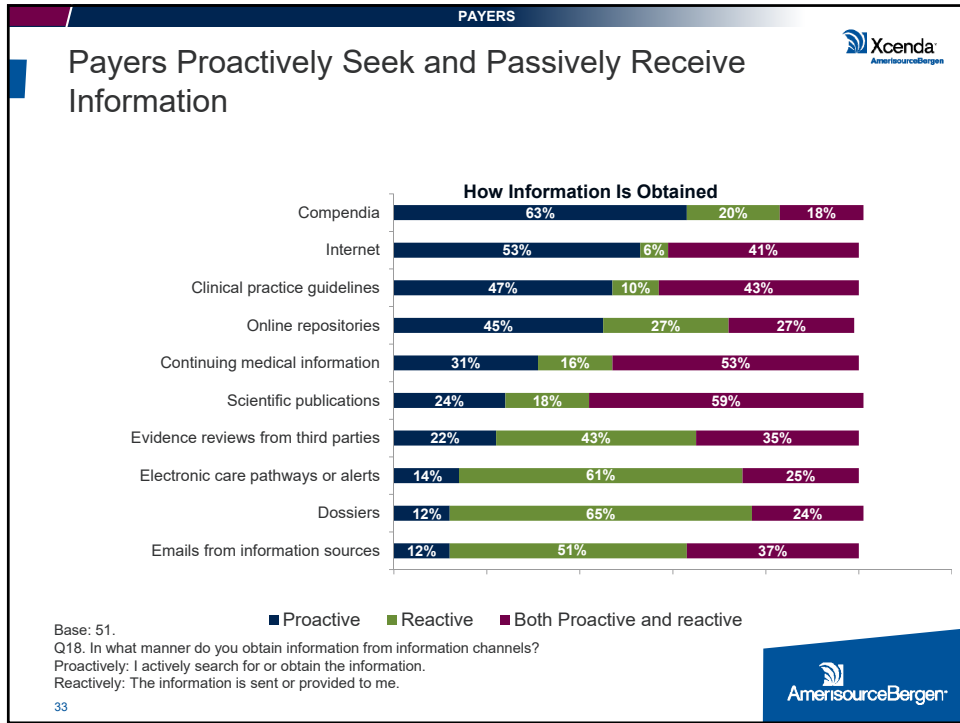



# Section 5: Information Channels












# Conclusions




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## Conclusions

- Similar to providers, payers consider a wide variety of factors when making therapy decisions, but place an emphasis on clinical and comparative performance. While impact on budget is among a number of factors currently affecting therapy decisions, payers appear to expect comparative cost-effectiveness to increase in importance when making healthcare decisions
  - Clinical performance and clinical information comparing safety and effectiveness are considered most important
  - Payers place comparative effectiveness at the top of the list of factors impacting healthcare decision making in the next 3 to 5 years




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## Conclusions

- Quality metrics play a role in decision making, but this role is not prominent and is not expected to increase
  - Currently, payers indicate that quality metrics play a role in about half of all decisions, but they do not appear to play a major role in tier placement or preferred coverage status determination
  - Further, and in contrast to what providers think, this proportion is not expected to rise in the next 3 to 5 years
- The sharing of information beyond the FDA-approved information is expected to have a net positive effect on patient care
  - Currently, most payers do not feel limits on their formulary decision making due to lack of time or having too much information, suggesting additional information would not be a burden to them
  - Like providers, payers are more likely to be able to see the potential benefits than the harms of information beyond the FDA-approved label, but they are more likely to expect that the harms will actually occur



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## Conclusions

- Like providers, payers are most concerned with the quality of any information beyond the FDA-approved label. As a result, steps for easing the acceptance of this information should include assurances that the information is valid and disclosure that the information is consistent with, but not included in, the FDA-approved label
- Payers use multiple channels to seek information. The internet is accessed daily and proactively and is expected to continue to be accessed in this manner

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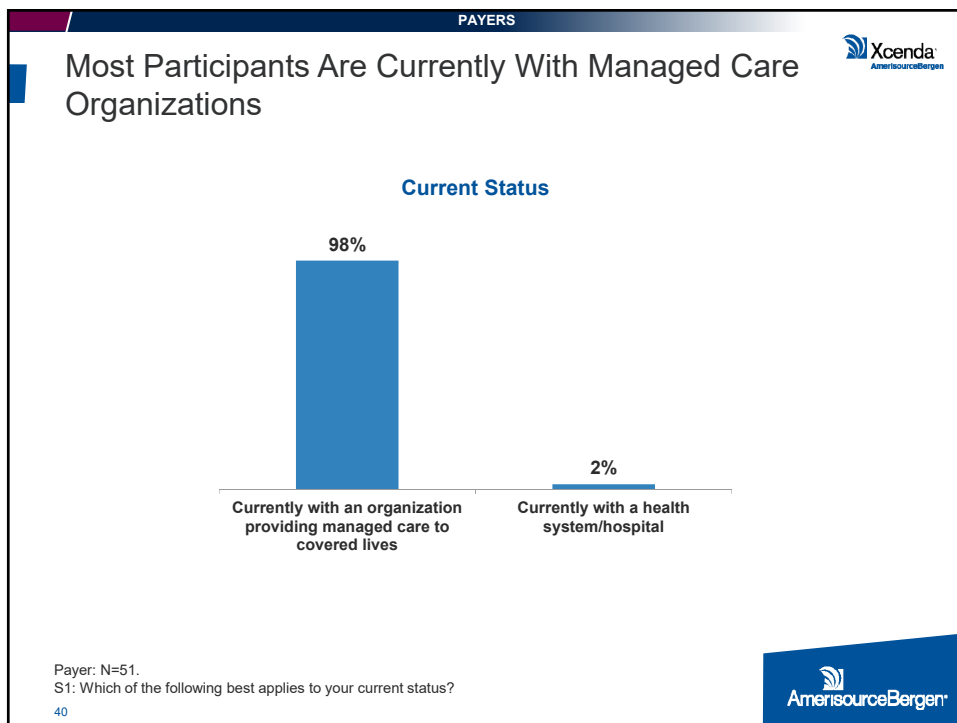
# Appendix

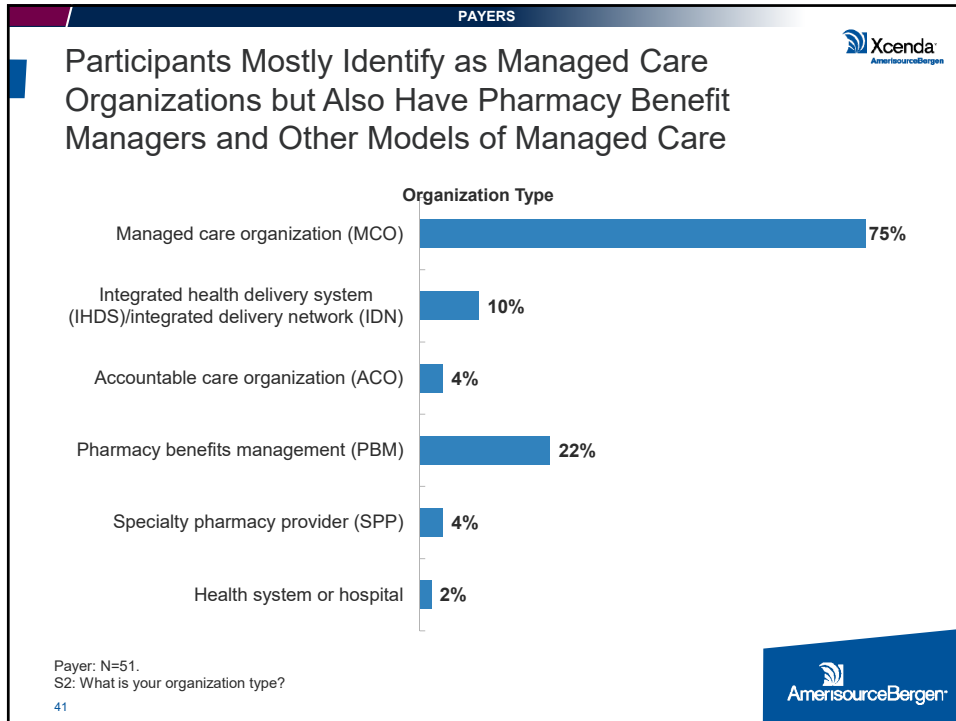
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# Respondent Profile/Screener

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### Respondents Cover ~150 Million Total Lives

Mean Number of Covered Lives: 4.2 Million

Type of Plan	Number Who Offered	Mean Number of Lives
Commercial	45	3,213,901
Medicaid managed care	36	324,680
Medicare Advantage	31	206,745
Medicare Part D	20	247,901
Health insurance exchange	25	92,176
Other	4	3,392

Payer: N=51.  
S4: Please indicate the number of covered lives served by your organization in each line of business. The sum may not total the total number of covered lives you provided in the previous question due to some members having dual coverage.



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