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Examining Provider Views on Adequacy, Availability, and Future Needs of Information

Survey results from March 2017
Prepared for the National Pharmaceutical Council
April 2017

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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"> ▪ The type of information desired and valued by payers and providers in this shifting environment <p>and</p> <ul style="list-style-type: none"> ▪ The potential benefits and harms associated with information exchange beyond the Food and Drug Administration (FDA)-approved product labeling 	<ul style="list-style-type: none"> ▪ 30-minute online survey of physicians ▪ 31 surveys were administered in total, conducted in March 2017 ▪ Participants were paid an honorarium of \$150

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Respondent Profile Summary


Additional Information in Appendix

- There were 31 physician respondents
- Physician representatives consisted of a variety of specialties, including cardiology, emergency medicine, general practice/family practice/family medicine, internal medicine, and obstetrics/gynecology; 39% identified as being primarily in general practice/family/internal medicine
- They averaged 18 years of practicing medicine full time and practiced in a variety of settings; about half were in private practices
- 77% worked for organizations that had accountable care organizations (ACOs) and/or risk-sharing agreements




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Key Findings

- Providers want a variety of information when making treatment decisions; 77% of respondents cited 7 or more criteria as very/extremely important in making treatment decisions
- Of the information seen as most important, only 3 are in a product's FDA-approved label
- In the future, information on outcomes measurement and comparative cost effectiveness likely to be more impactful
- Providers want information on how well patients do clinically. They also want to know about how additional information will affect healthcare resource utilization and emergency room/hospitalization rates
- Quality still plays a limited role. About half consider quality metrics at least often
- Providers see quality measures as being more impactful moving forward
- Providers see benefits outweighing harms for additional information but are concerned about their ability to process the information (time, source of data, etc)
- In the future, providers want more information on cost-effectiveness and efficacy, and they see fewer access hurdles as a benefit
- For disclosures, providers want to know that the study met standards set by a third party and it is beyond the FDA-approved label



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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:

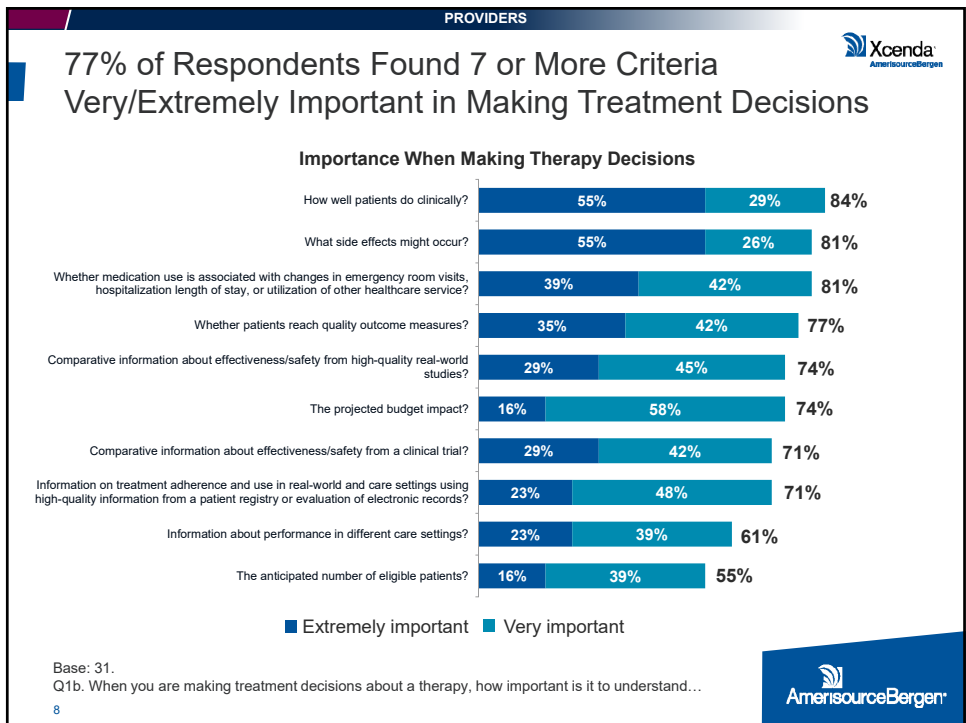
Actual Number	Rounded
25.3%	25%
<u>+13.3%</u>	<u>+13%</u>
38.6%	39%

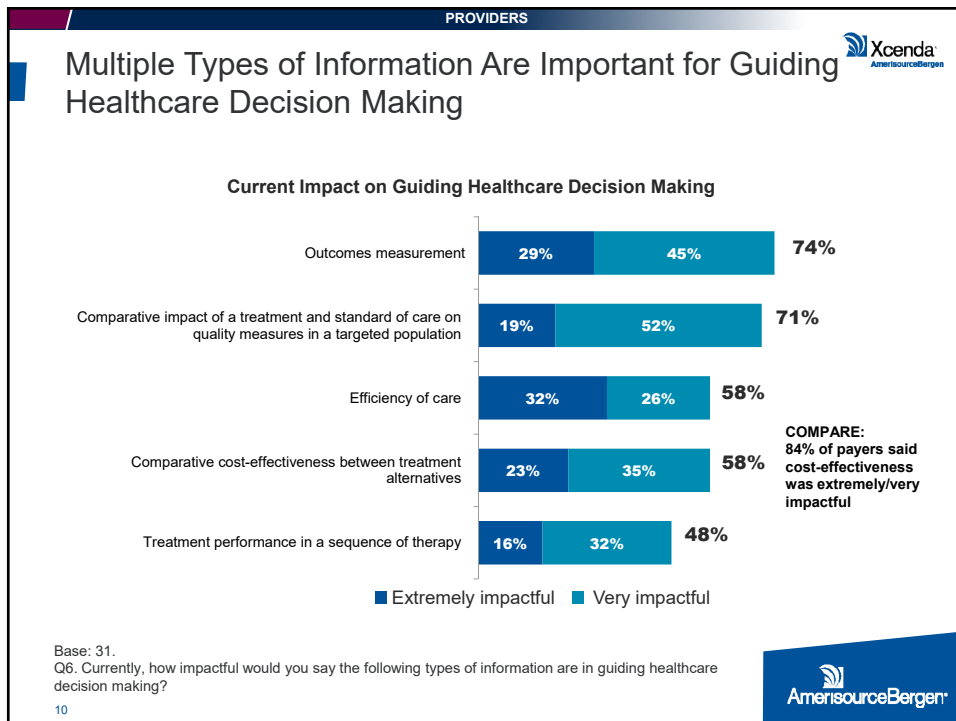
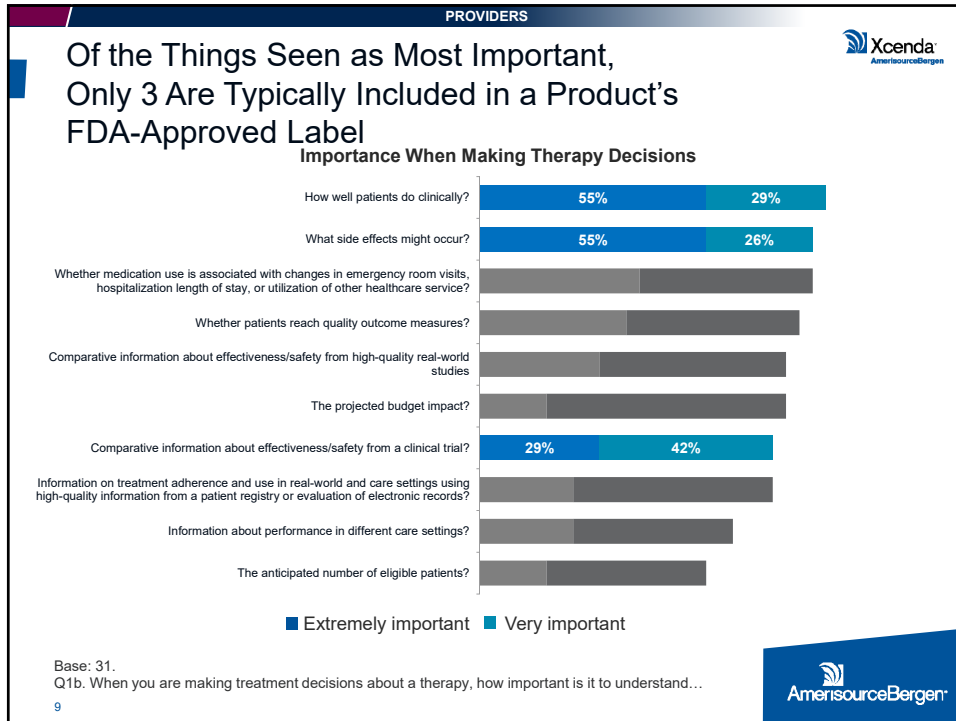


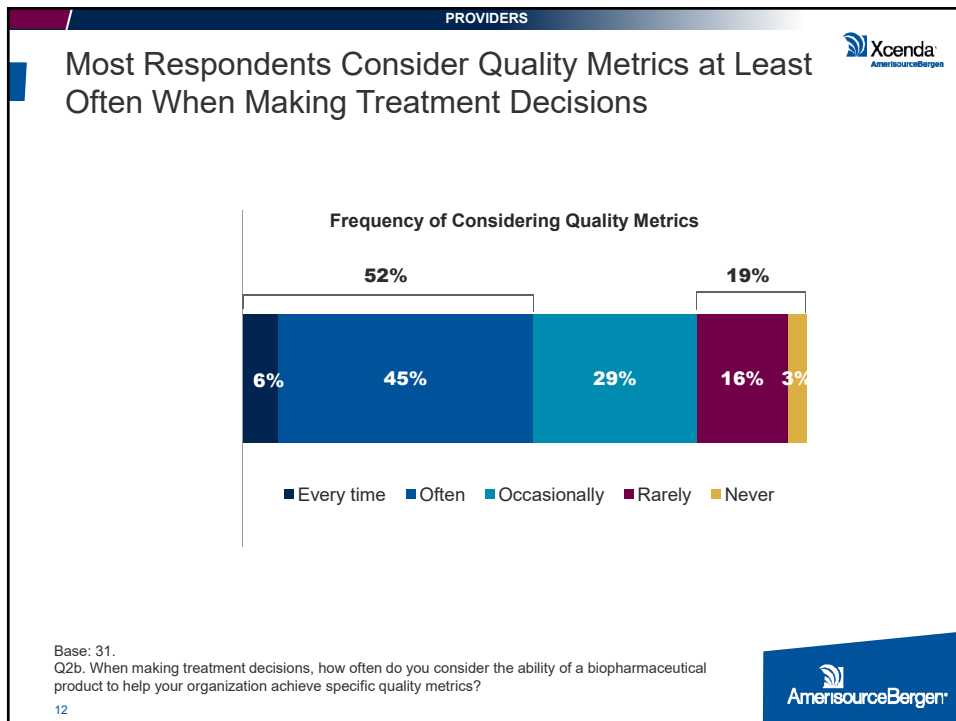
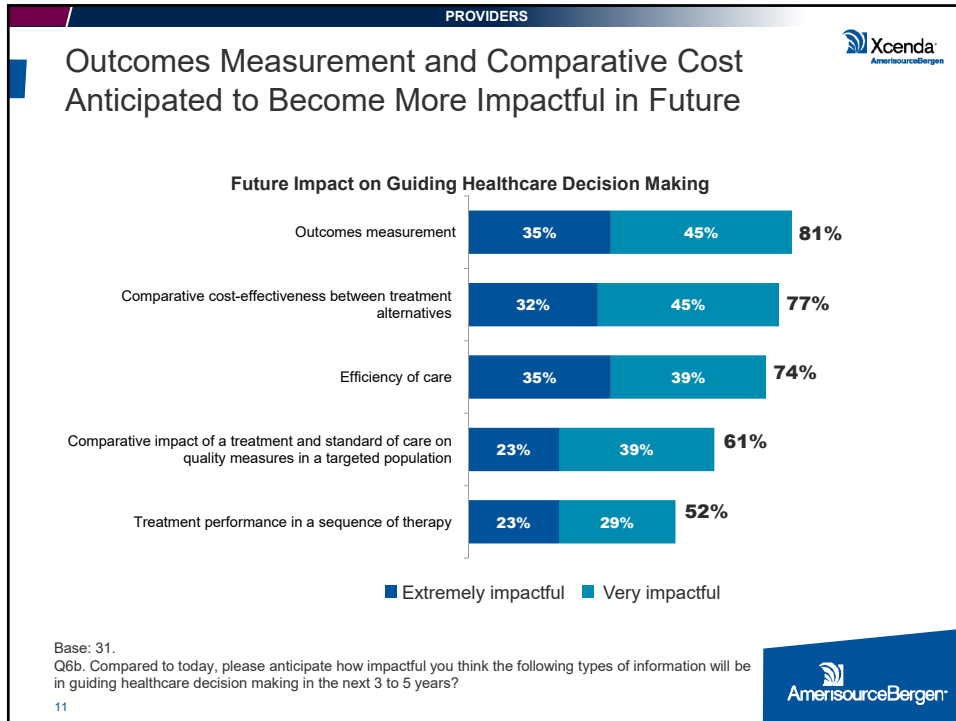
Survey Results

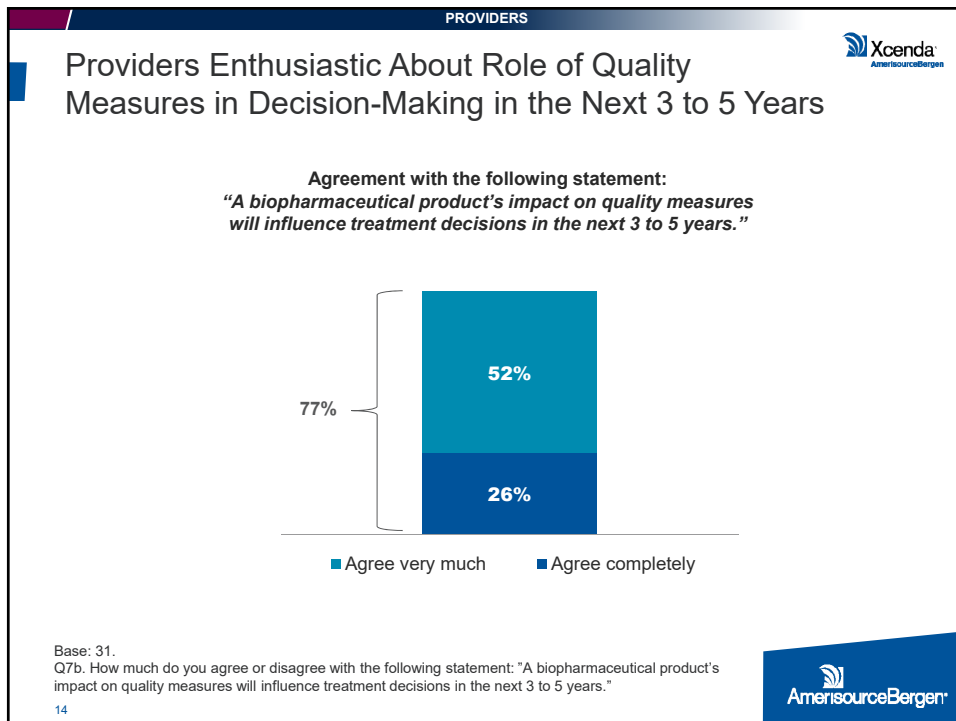
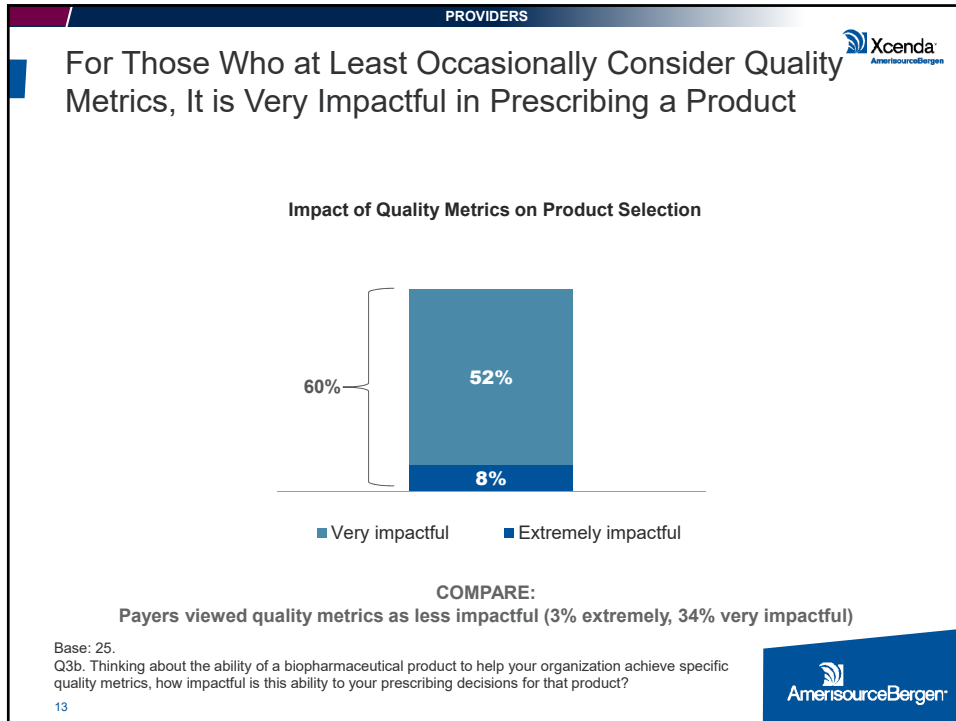


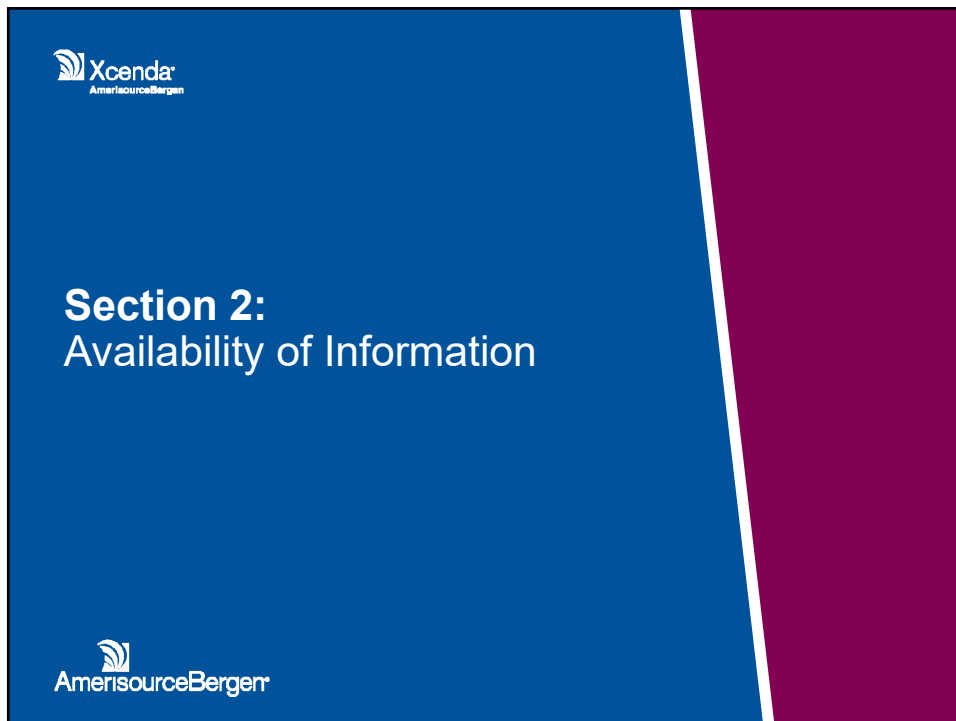
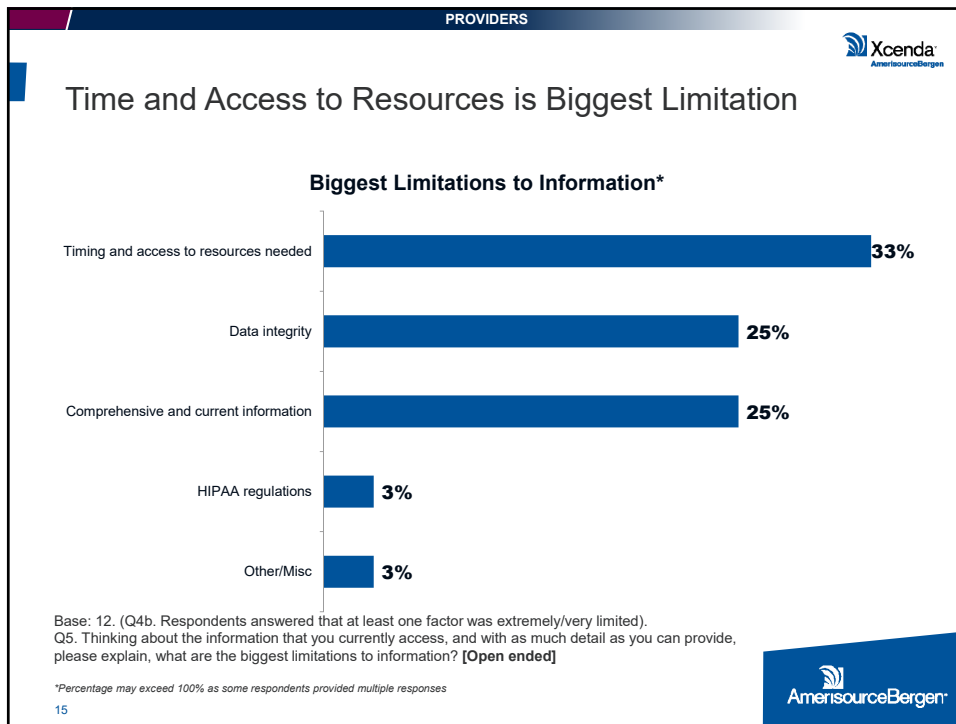
Section 1:
Importance of Information









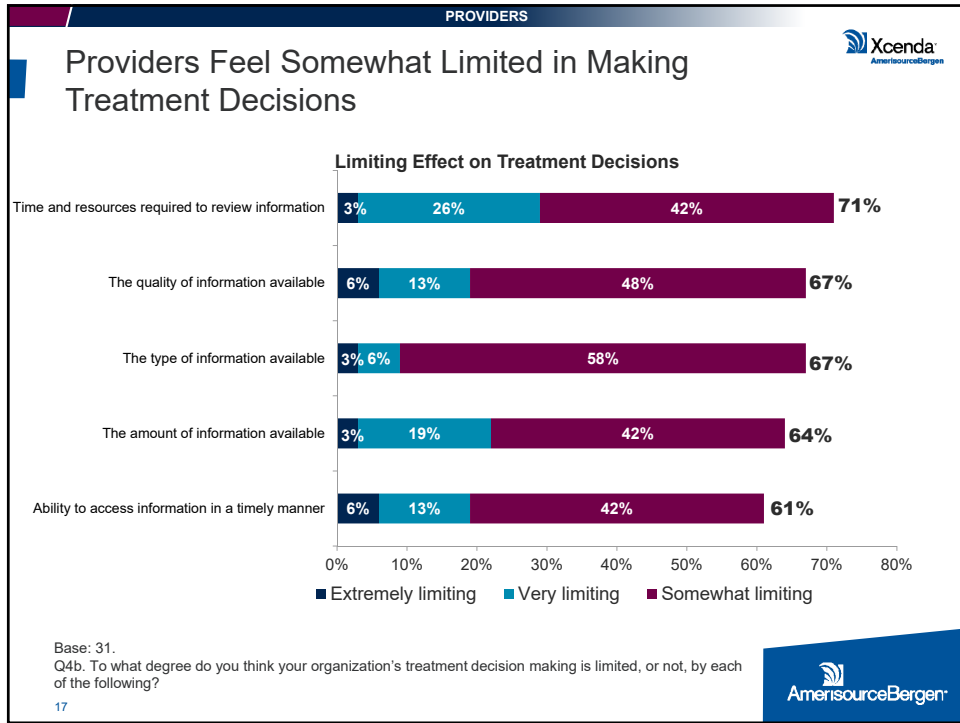






Section 2: Availability of Information

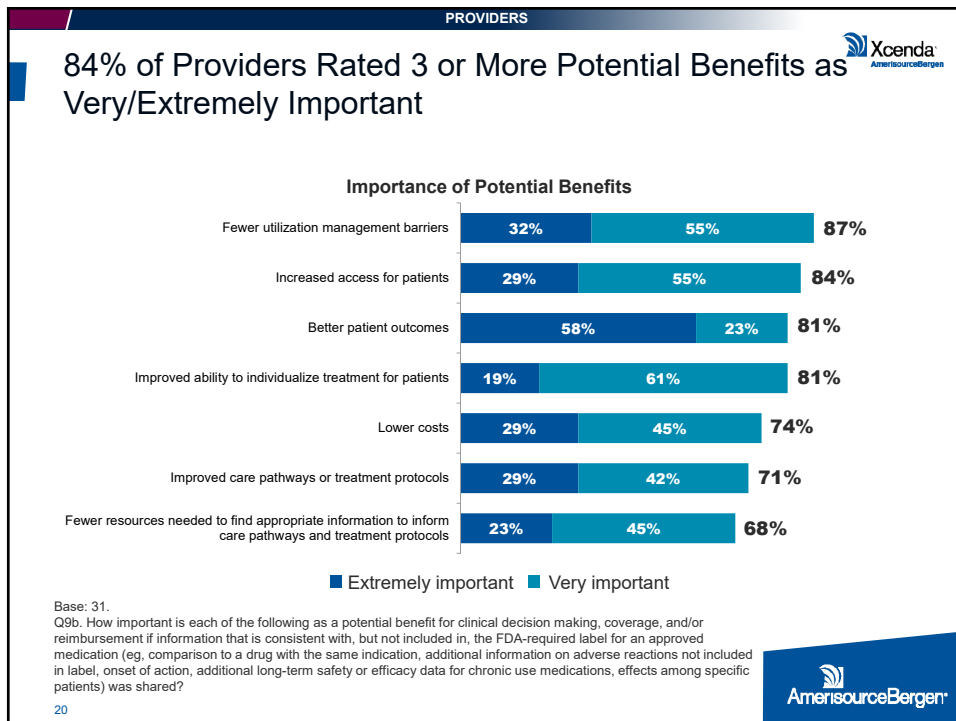
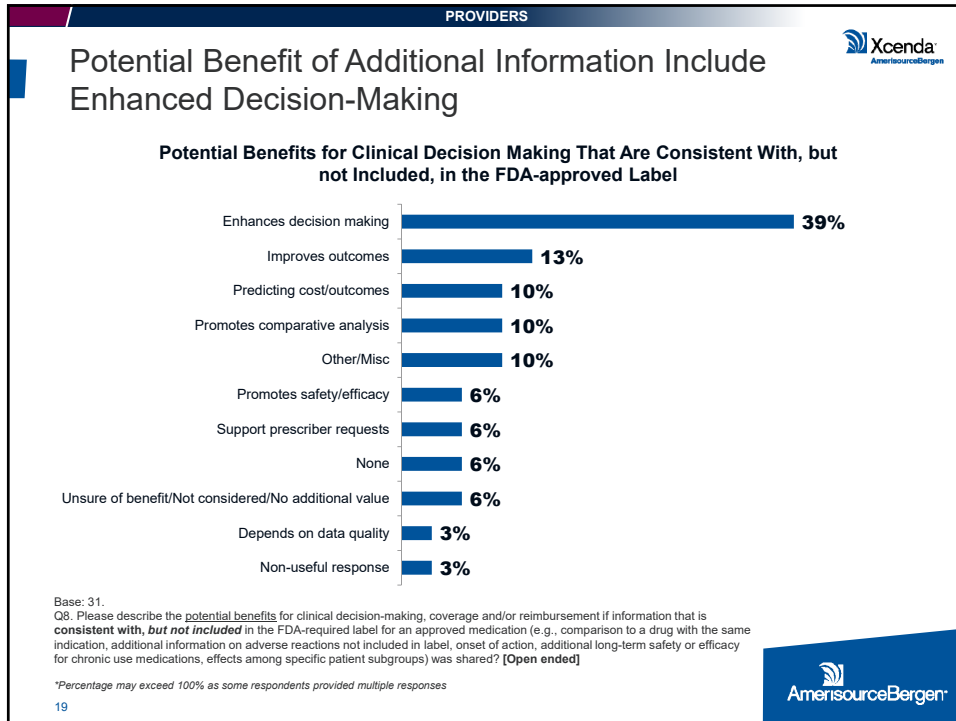


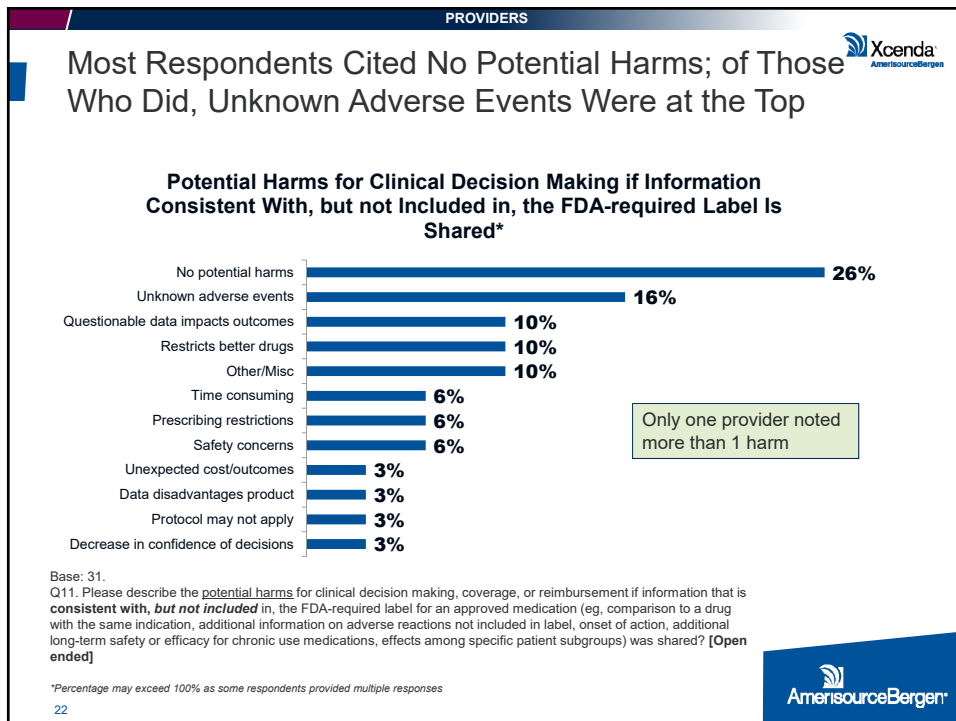
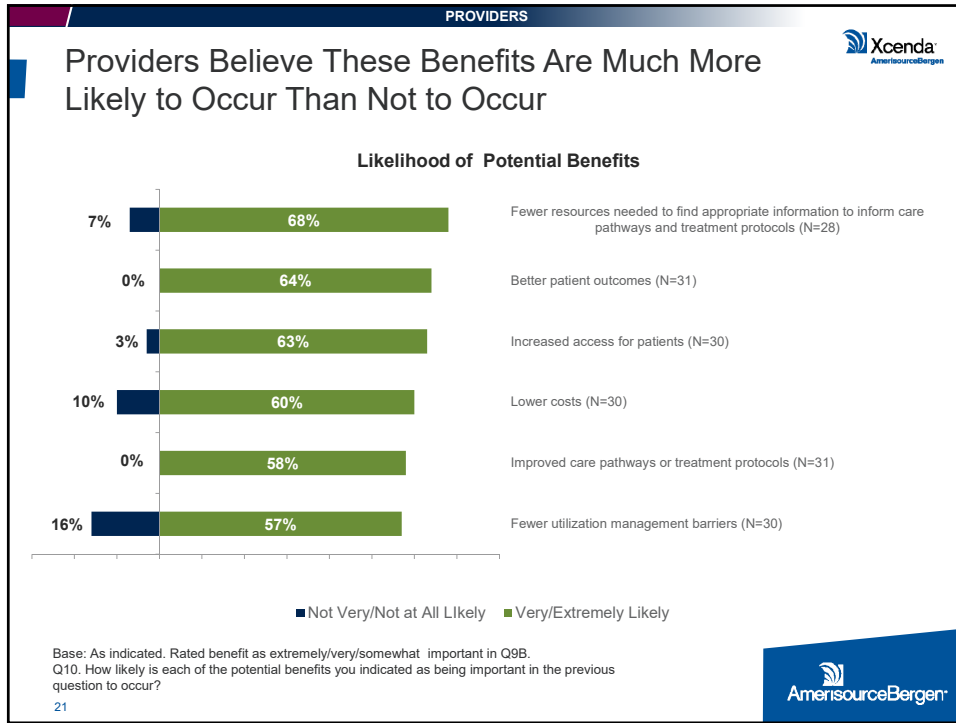


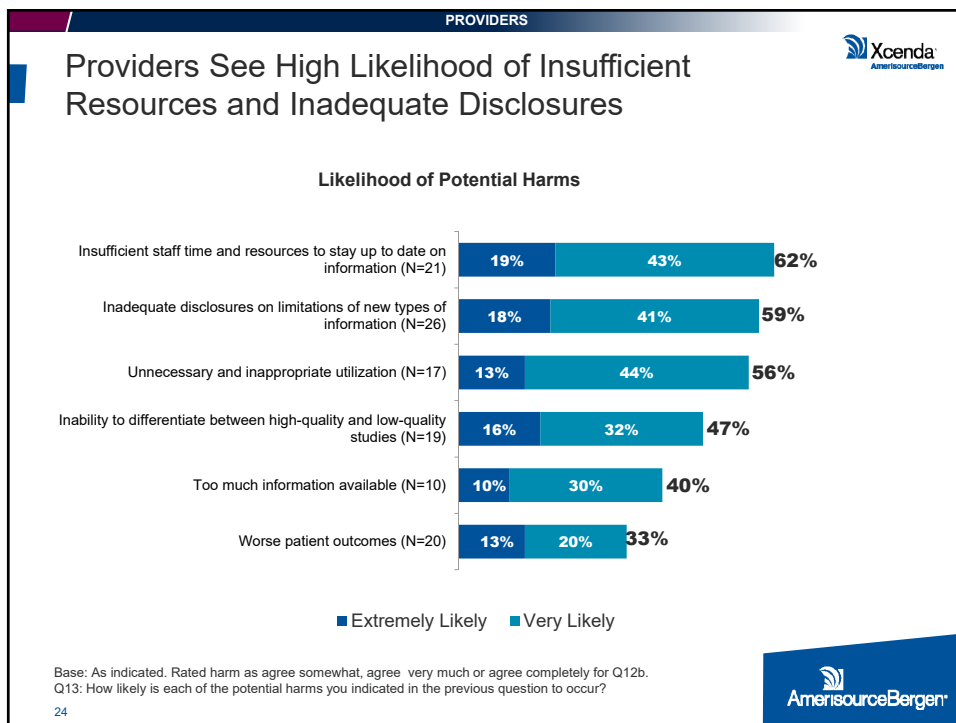
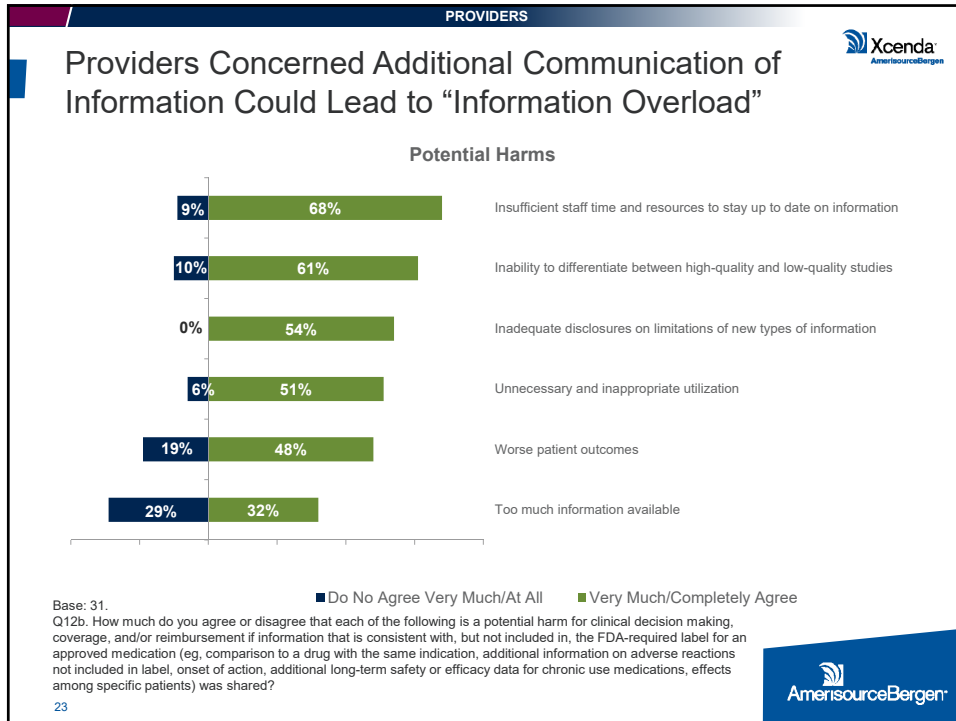
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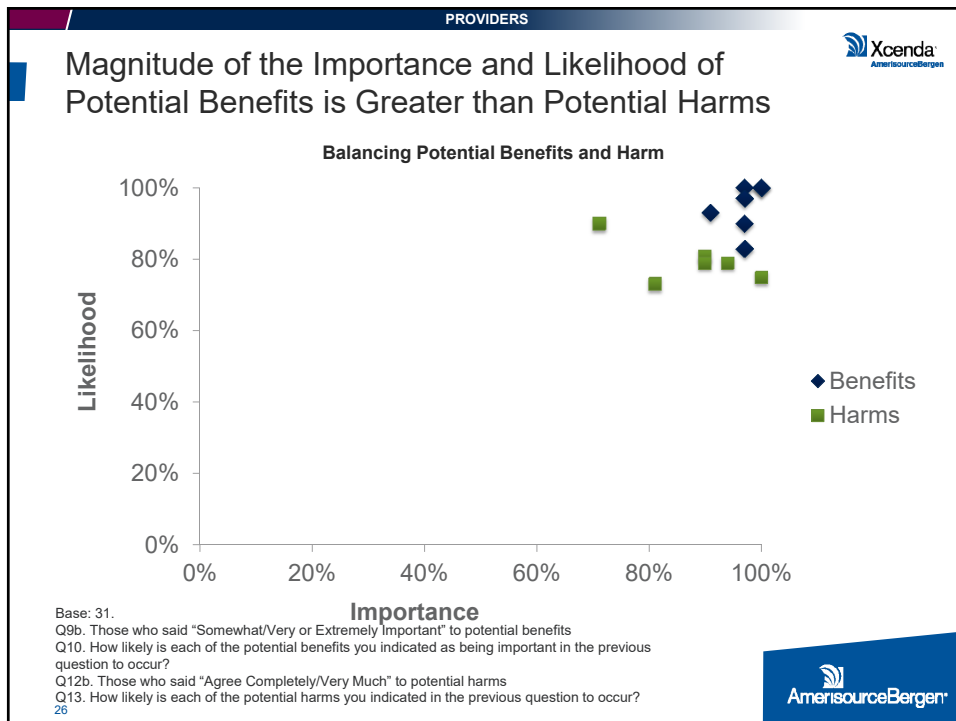
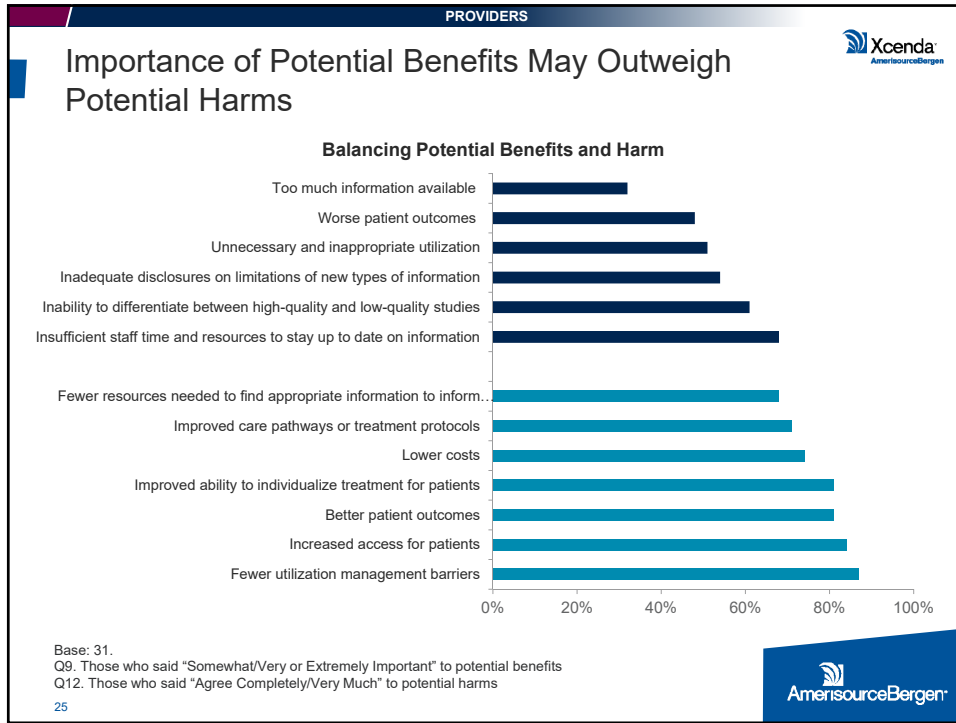
Section 3: Potential Benefits and Harms of Broader Information Exchange

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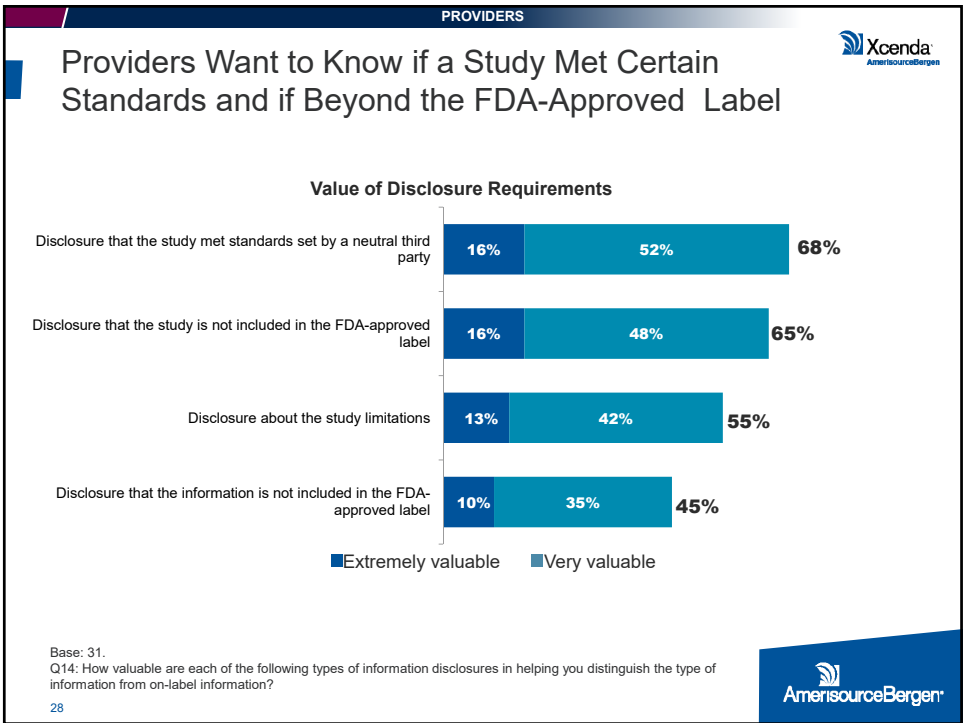


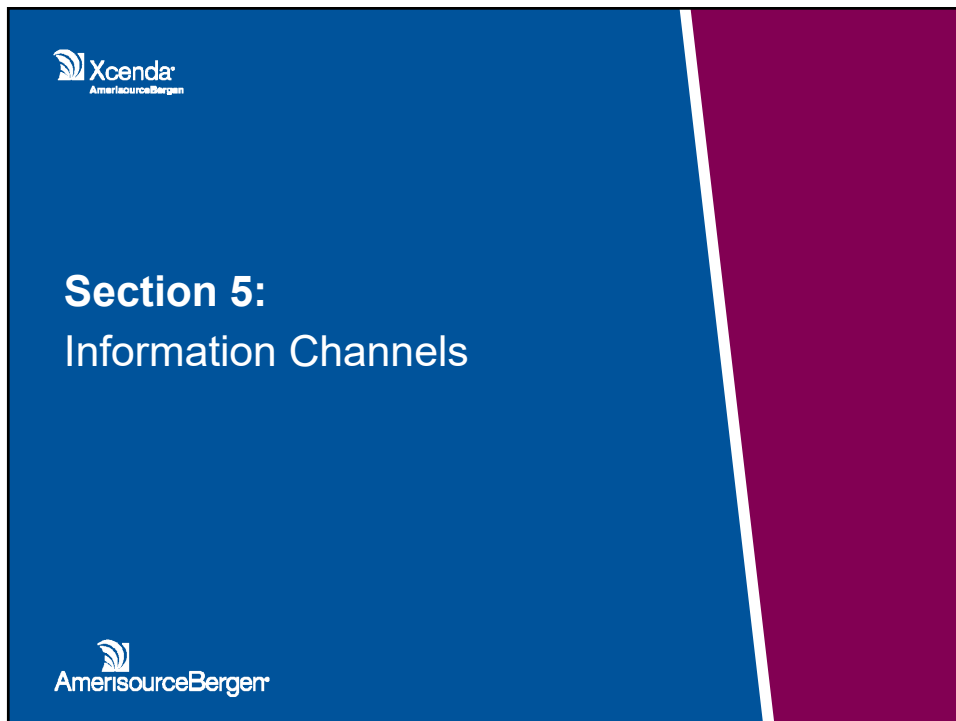
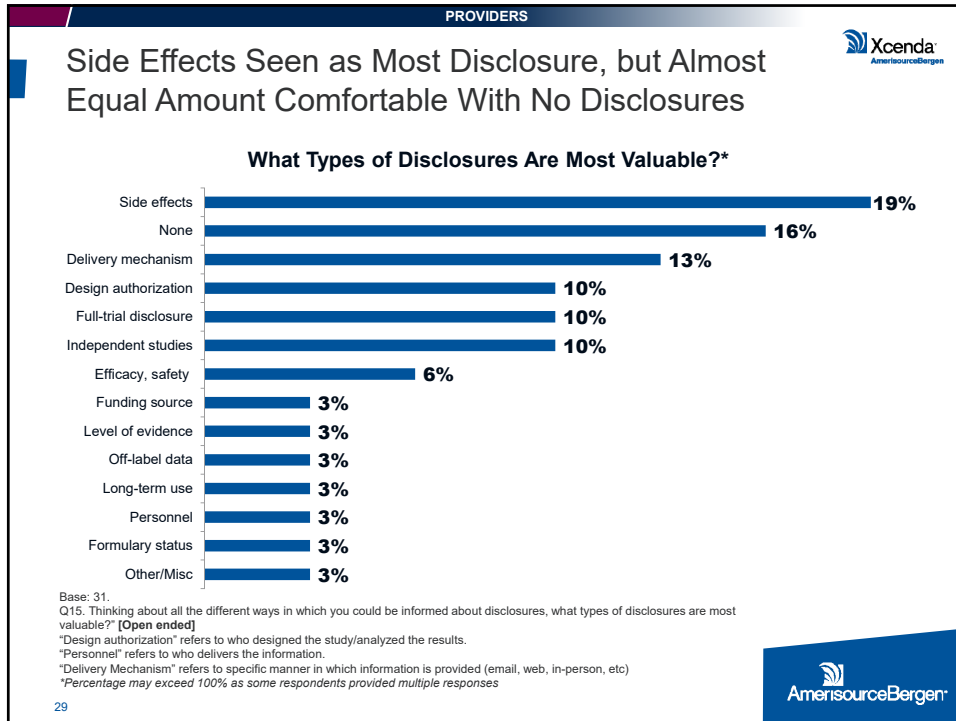


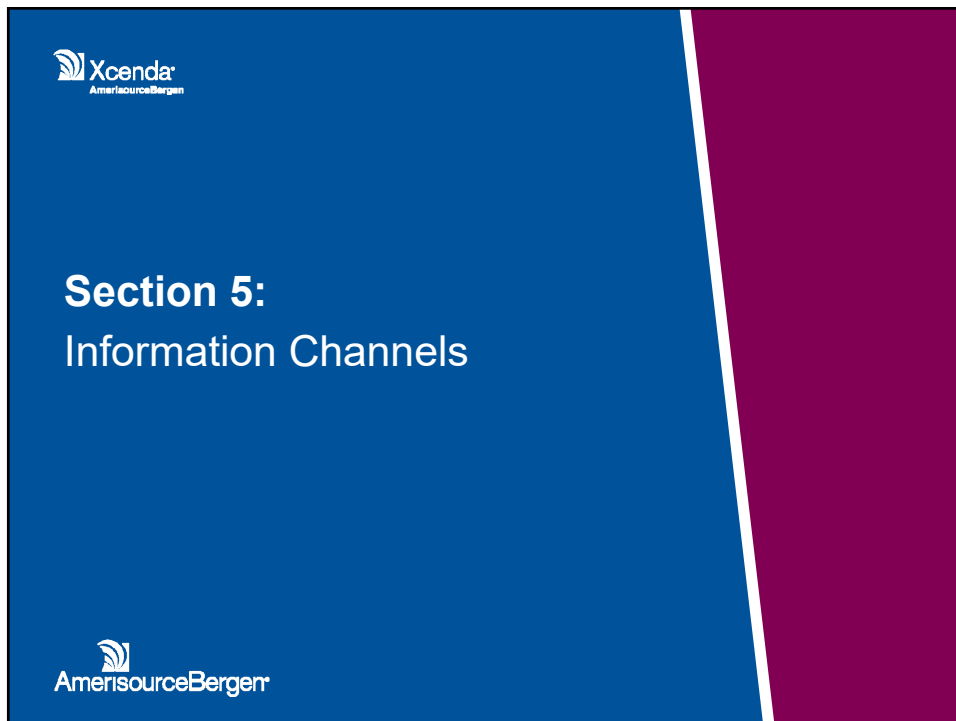
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Section 4: Disclosure Requirements


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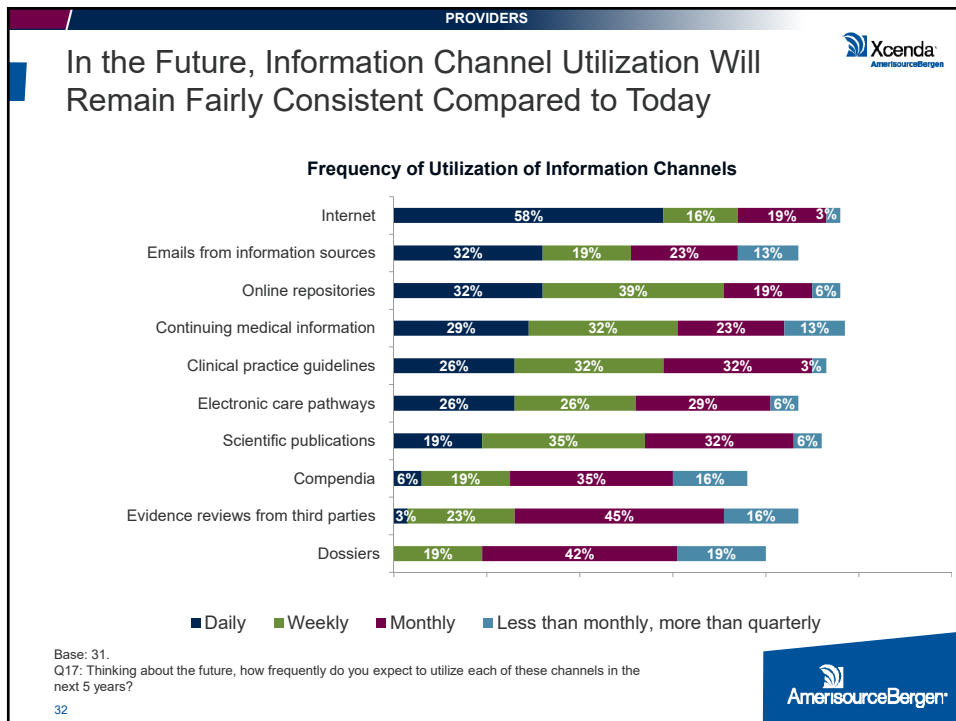
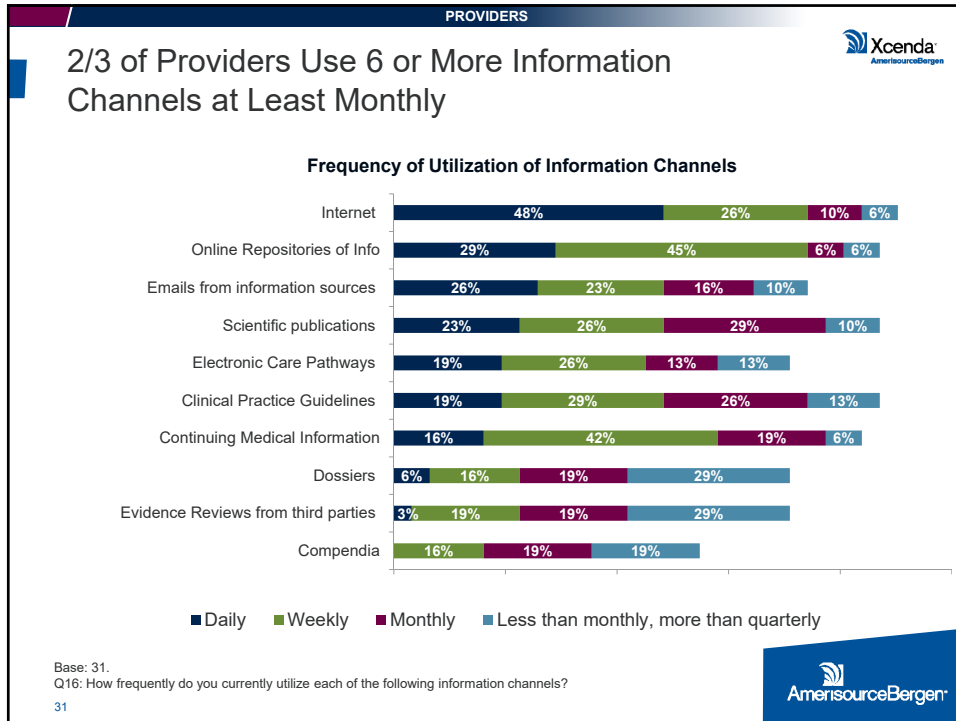


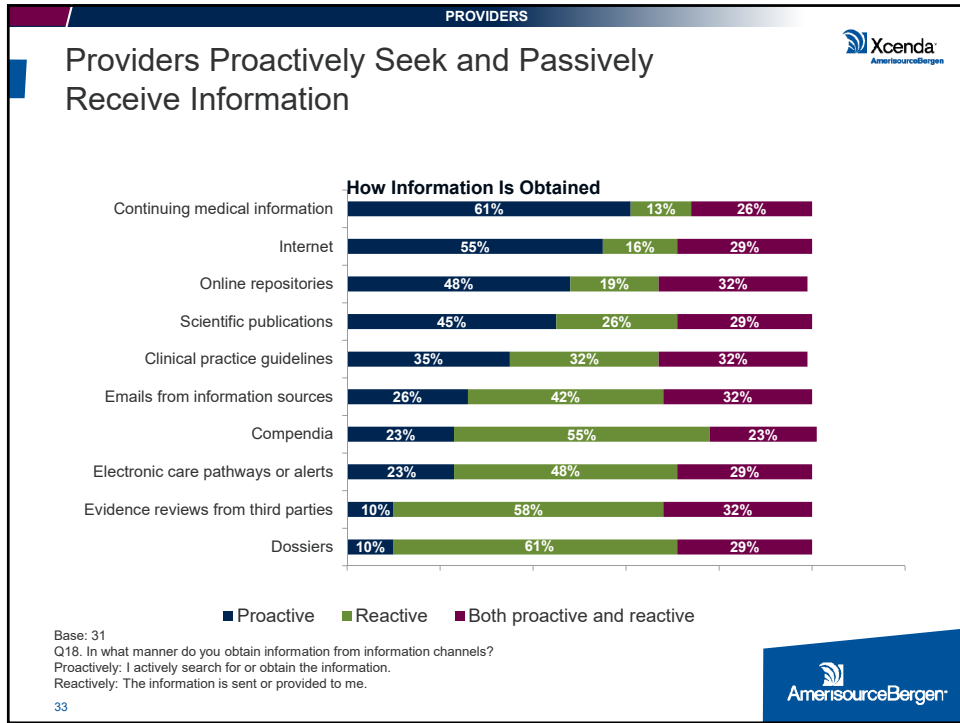




Section 5: Information Channels










Conclusions




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Conclusions

- Despite the continually added pressures placed on them by payers and the financial necessities of operating a modern practice, providers continue to consider the patient experience first when making therapy decisions, although they do consider a broad array of other factors as well
 - Providers place their greatest emphasis on clinical performance, side effects, and whether or not a medication is associated with any other changes in healthcare
 - These factors are emphasized over budget, adherence, and number of eligible patients, although this second tier, as well as most others factors measured, also play a role




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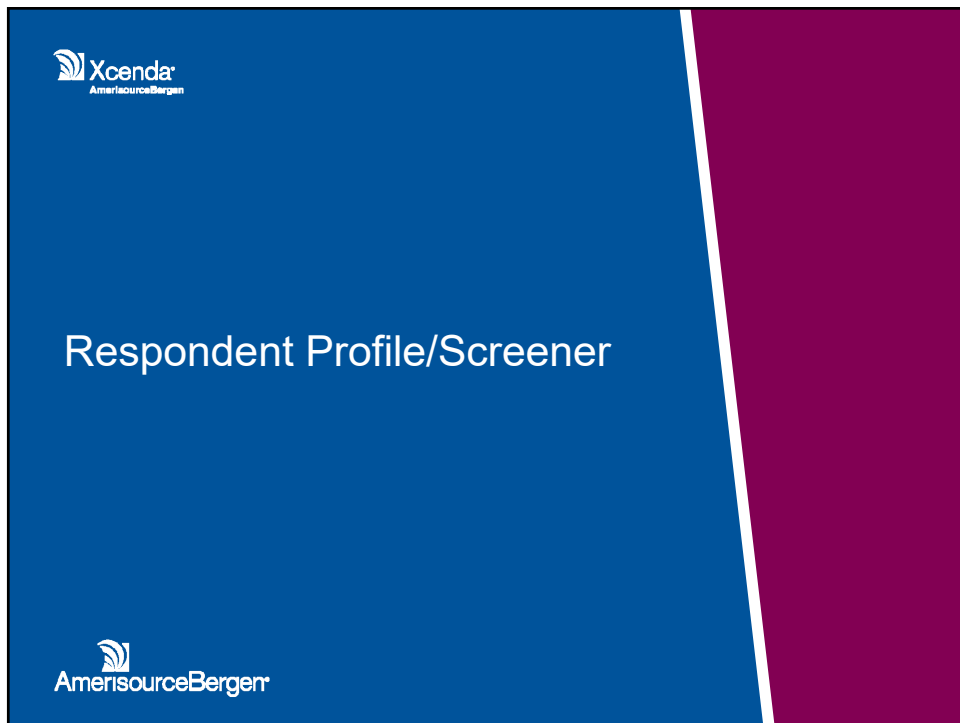


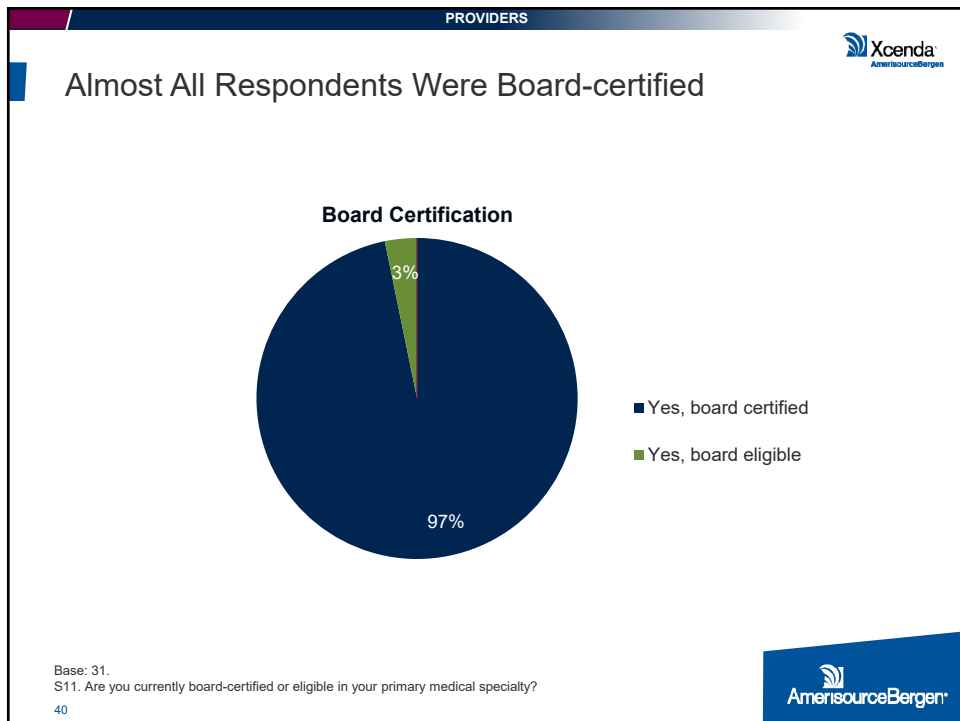
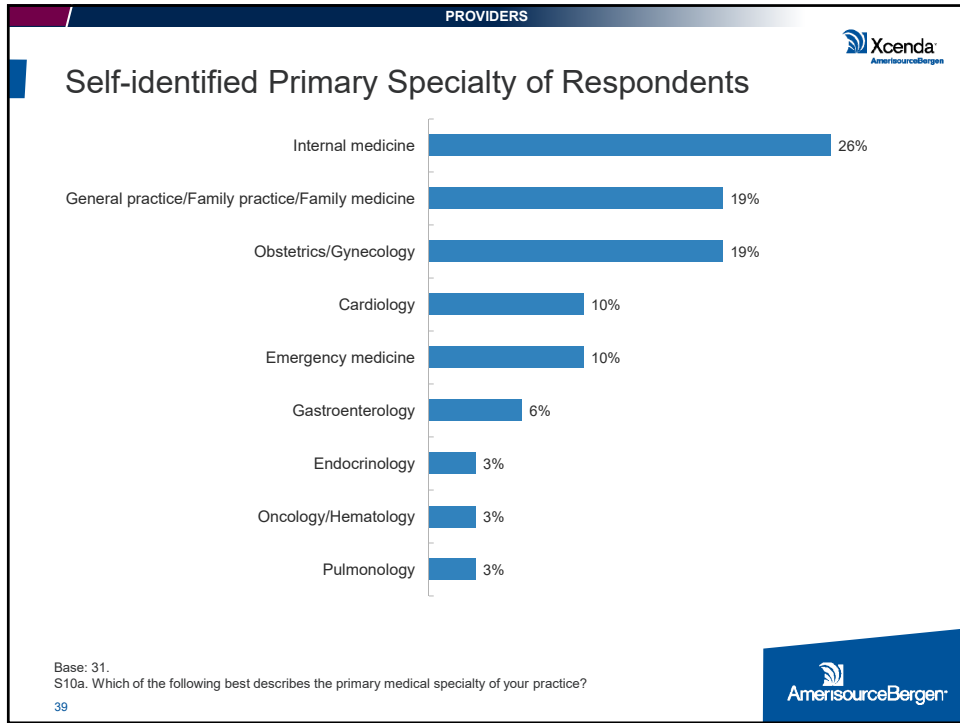
Conclusions

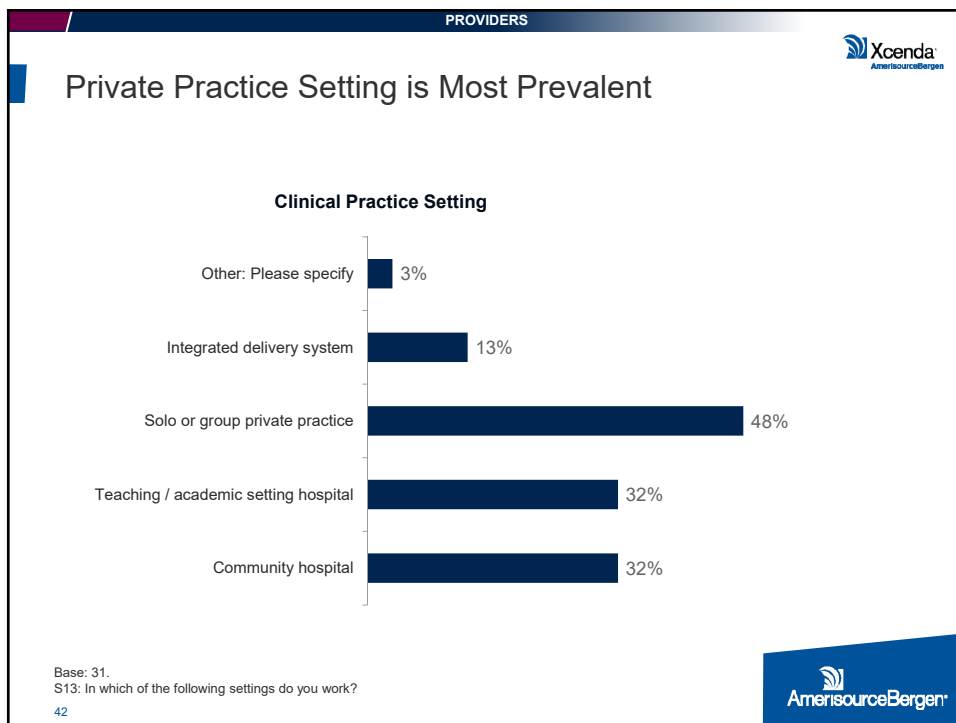
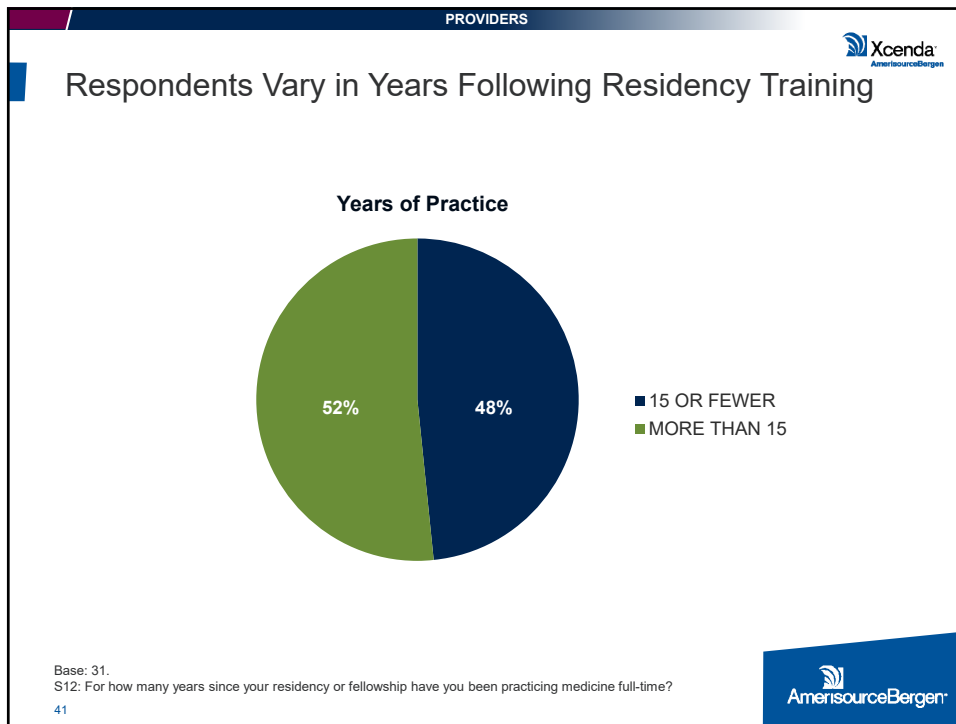
- Quality metrics are expected to have an increasing impact on healthcare decisions
 - While roughly one-half of the providers surveyed currently take quality metrics into account, three-quarters expect that quality measures will influence decisions in 3 to 5 years
- The sharing of information beyond the FDA label is expected to have net positive effect on patient care
 - Currently, most providers do not feel limits on their formulary decision making due to lack of time or having too much information
 - Although providers readily recognize potential harms associated with the sharing of information beyond the FDA label, they react more strongly to the potential benefits, including better patient outcomes and fewer utilization barriers
 - Any introduction of information beyond the FDA label should include assurances that the information is valid and non-biased, as these appear to be the greatest concerns associated with this type of information

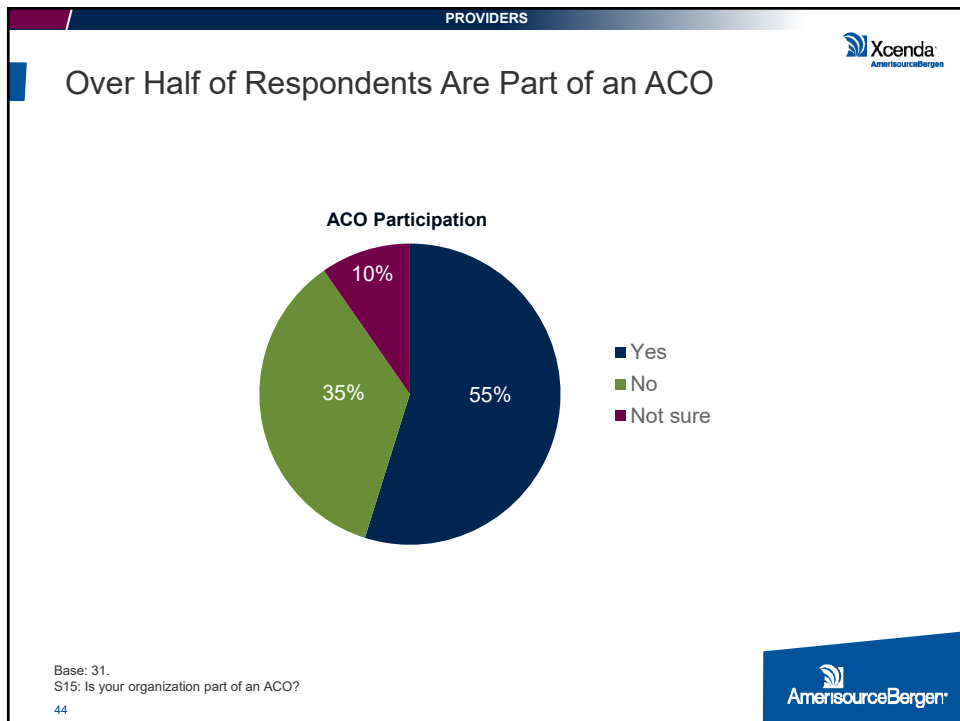
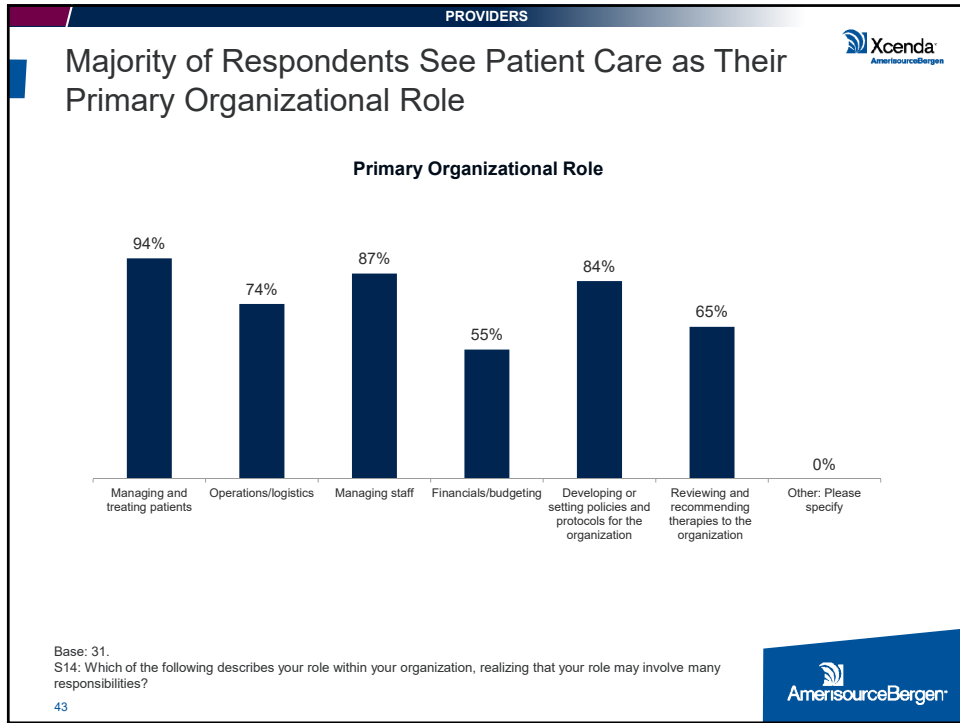


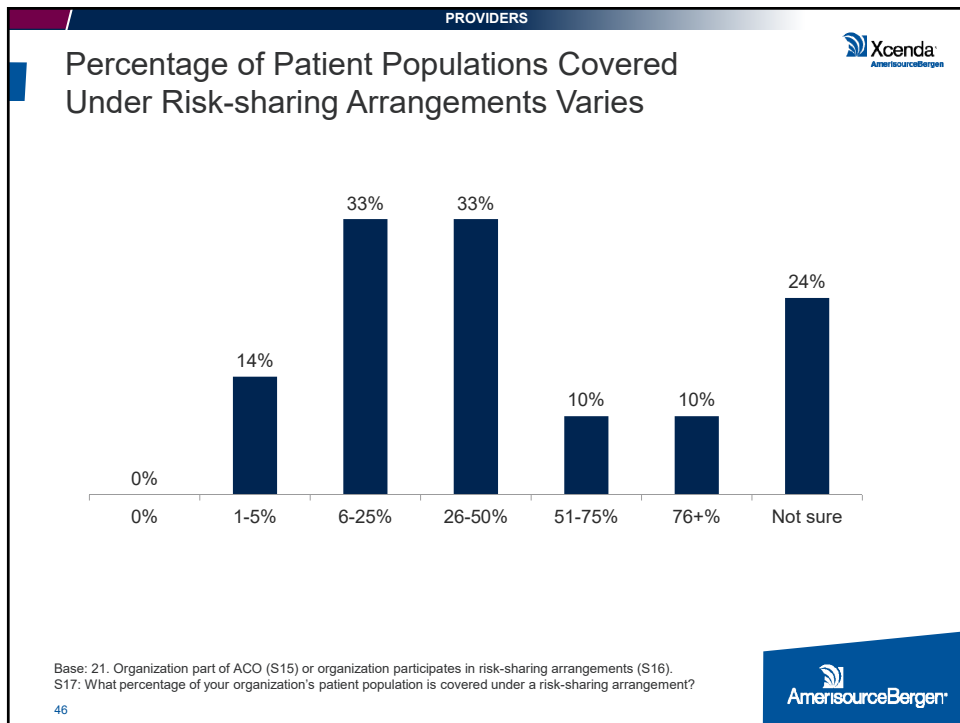
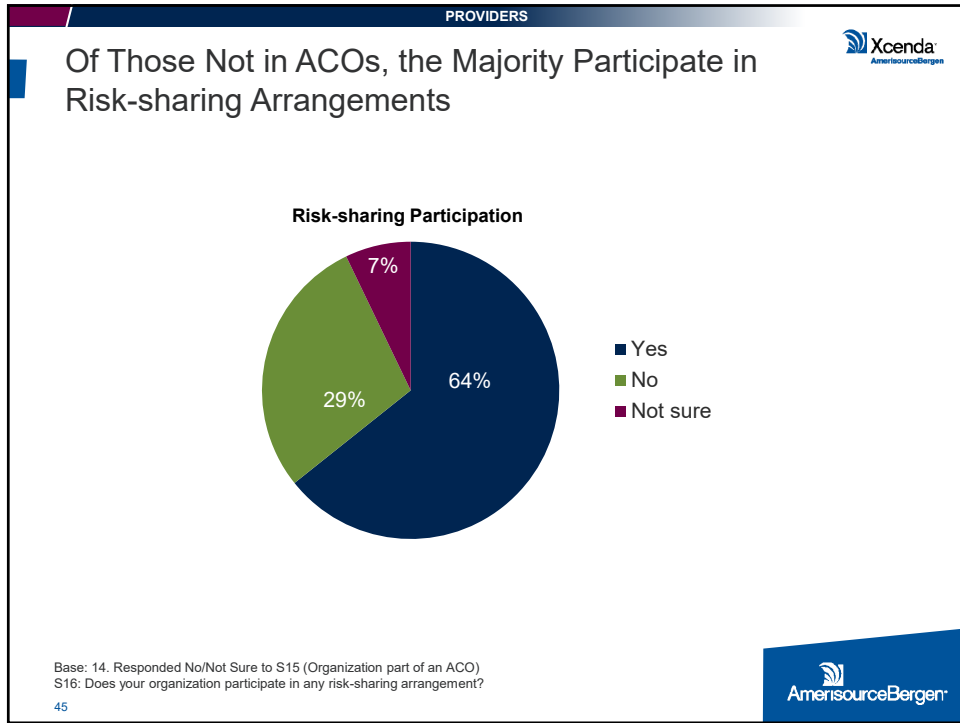
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Most Respondents Involved in Different Payment Arrangements

- 68% did bundled payment, global payment, or episode payment
- 45% did capitated payment (lump sum per patient)
- 65% did value-based payment
- Only 1 respondent did only fee-for-service
- 6% (2 respondents) said they weren't sure

Base: 31.
S18: Which of the following payment arrangements is your organization currently involved in?

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Mix of Financial Arrangement; Majority Participate in Risk-sharing Arrangements

Organizational Financial Arrangements

Arrangement Type	Percentage
ACO	55%
No ACO but risk-sharing arrangements	23%
No ACO, no risk-sharing payment other than fee-for-service	23%

Base: 31.
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