The Institute for Clinical and Economic Review

“The nation’s drug price watchdog”
Institute for Clinical and Economic Review (ICER)

• Vision
  
  • A health system that engages with all stakeholders to use evidence to guide the pricing and delivery of care such that innovation is sustained while all patients are guaranteed access to affordable high-value care.
Institute for Clinical and Economic Review (ICER)

- **Independent** health technology assessment group founded in 2006 whose reviews are funded by non-profit foundations

- Develop **publicly available value assessment reports** on medical tests, treatments, and delivery system innovations

- Use cost-effectiveness analysis to determine **value-based price benchmarks**

- Convene regional independent **appraisal committees** for public hearings on each report
Independent Appraisal Committees
Institute for Clinical and Economic Review (ICER)

• Who we are and what makes us unique
  • Independent
  • Non-conflicted
  • Rigorous
  • Inclusive
  • Transparent
  • Action-oriented

• What is the problem we seek to solve?
  • Every mature society needs a structure and process for using evidence as the foundation to manage tensions between innovation, cost, and access
  • Every health system has to set goals – and limits -- fairly
Use of ICER Assessments

• **Payers and Providers**
  • Medicaid programs, e.g. New York
  • VA using ICER reports to negotiate prices
  • Private payers and PBMs
  • CVS new benefit design:
    • Non-breakthrough drugs that fail to reach a cost-effectiveness level of $100K/QALY as per ICER reports are a non-covered benefit

• **Drug makers**
  • Dupixent and Praluent prices set in advance to ICER benchmarks to achieve improved access from insurers

• **Policymakers**
Funding Follows the Mission: Sources of Funding, 2018

- **Non-profit foundations**: 78%
- **Manufacturer grants, contracts and contributions**: 10%
- **Contributions from health plans and provider groups**: 9%
- **Government grants and contracts**: 3%

ICER Policy Summit only
Tips and traps learned from 12 years seeking funding as a “public good”

• Funders wonder whether they can make a difference in a complicated area like drug pricing
  • Tip: Look for an ecosystem ready for change

• Funders wonder why work that could be beneficial to some stakeholders can’t be funded by those interests
  • Tip: Don’t underestimate the distinctive power of unconflicted sources of evidence to catalyze collaborative solutions

• Funders worry about the controversy involved in work that disappoints powerful interests
  • Tip: View successful management of disappointment as central to an ethical health care system
Tips and traps learned from 12 years seeking funding as a “public good”

• Funders seek to support “new” initiatives instead of complementing other funders in keeping the engines going
  • Tip: View unrestricted operational support as an important tool, and smaller amounts can still make a big difference

• Funders seek programs that offer tangible examples of local or regional impact rather than national impact
  • Tip: Look for ways that the local can be empowered in a national program in a reciprocal fashion

• Grantees don’t know what they don’t know
  • Tip: Give them money and guidance to get the help they don’t even know they need yet
Thank you