



National Health Council

1730 M Street NW, Suite 500, Washington, DC 20036-4561 • 202-785-3910 • www.nationalhealthcouncil.org • info@nhcouncil.org

National Health Council Urges ICER to Expand Opportunities for Patients to Engage in an “Open and Collaborative Process”

Washington, DC (September 12, 2016) – In response to a call for comments, the National Health Council (NHC) [submitted a letter](#) today to the Institute for Clinical and Economic Review (ICER) acknowledging the Institute’s recent efforts to engage the patient community in defining the “value” of health care treatments and interventions. The NHC also recommended specific steps to develop a more collaborative process for creating opportunities for patient engagement in the value dialog.

“Understanding and defining the value of health care treatments and interventions has become a national priority. The patient community is eager to take part in the value discussion. Patient perspectives on value can differ significantly from other groups such as clinicians and payers. These perspectives often integrate considerations beyond clinical outcomes and cost, such as a treatment’s ability to help patients achieve personal goals,” the letter states.

The NHC offered comments on four high-priority areas identified by ICER.

- **Methods to integrate patient and clinician perspectives on the value of interventions:** The NHC recommends that ICER explicitly describe how patient input and preferences were considered and incorporated in its assessments to help ensure accountability to patients, demonstrate responsiveness to patient input, and help patients better understand the information ICER finds useful.
- **Cost-effectiveness ratios:** The NHC recognizes the importance of evaluating treatments and services to understand their comparative clinical and cost effectiveness. ICER should aim to gain a better understanding of whether a measure of disease burden or the data on which it is based are from relevant patients and are meaningful to patients.
- **Methods to estimate the market uptake and “potential” short-term budget impact of new interventions:** While many interventions may have high short-term budget impacts, they may greatly improve patient outcomes and reduce costs for a patient and the health care system over a longer period of time by reducing the likelihood of more costly interventions and or poorer outcomes such as frequent hospitalizations and/or surgeries. The NHC urges ICER to, at minimum, consider long-term outcomes and impacts from the patient and payer perspective.
- **Methods to set a threshold for potential short-term budget impact:** The NHC urges ICER to acknowledge through its value assessment process that the measure of value to patients inherently extends beyond the short-term perspective that payers often adopt.

The NHC is eager to continue working with ICER and other value framework developers to ensure that the patient perspective is adequately represented in their processes. To assist in

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evaluating the patient centeredness of value frameworks and to guide developers on the meaningful incorporation of patient engagement in value discussions, the NHC created a [Patient-Centered Value Model Rubric](#) and strongly recommended that ICER address six domains outlined in the Rubric as it updates its processes.

Resources:

NHC Comment Letter to ICER:

http://www.nationalhealthcouncil.org/sites/default/files/NHC_ICER_Comment_Letter.pdf

NHC's Patient-Centered Value Model Rubric:

www.nationalhealthcouncil.org/sites/default/files/Value-Rubric.pdf

About the NHC: www.nationalhealthcouncil.org/about-nhc

Contact:

Nancy Hughes

nhughes@nhcouncil.org

Cell: 703-608-9709