Who Decides?

How ICER Impacts Patient Access

The Institute for Clinical and Economic Review is a health economics organization that assesses the value of new drugs, medical devices and diagnostics.

Though ICER is not a government entity, its decisions often impact medication coverage by public and private health plans. Nevertheless, patients, clinicians and caregivers lack meaningful opportunities to provide input on ICER's value assessments.



Calculating Treatment Value

ICER's economists produce reports, known as value assessments, on the benefits that new drugs offer patients. They attempt to calculate the price at which a new drug would be considered valuable.

ICER reviews ask:



How well does the drug work?



How much better is it than drugs that already exist?



How much money could the new drug save the health care system?



How much would it cost to treat everyone who needs the drug?



Overlooking Patients' Values

ICER assessments use clinical trials data and take a health system perspective, focusing on the expense and benefits to the larger health care system.

These assessments typically exclude quality-of-life factors, benefits beyond health outcomes that could improve patients' lives. ICER assessments are also not designed to be flexible to the individualized benefits that specific patients might experience.



Effect on Access Barriers

Health plans can use ICER's value assessment to decide whether to cover a given treatment or test. In some cases, health plans will use an ICER report to justify instituting a prior authorization or step therapy requirement, shifting much of a new drug's cost onto patients, or simply refusing the cover the drug at all.

It's possible that an ICER analysis is flawed, or that the value to an individual patient is higher than the health system value reported by ICER. Nevertheless, ICER's impact on coverage can make it nearly impossible for patients to access the medication they need.



Few Opportunities for Meaningful Input

Given ICER's impact on patient access, it's important for patients and providers to have meaningful involvement in value discussions.

While ICER typically provides opportunities for outside input on its assessments, it can sometimes be difficult for patients and providers to participate. In some cases, deadlines for input are moved repeatedly or scheduled around a major holiday, when patients and providers may be busy.

The input that ICER does receive seldom results in substantive changes to the final report, though it's important for patients and providers to participate so that their input is captured publicly. More meaningful opportunities to participate in the process would be valuable.



Keeping the Focus on Patients

Regardless of who's gauging value, and at what level of the decisionmaking process, the focus should remain on patients. Value conversations, like new treatments themselves, should empower patients and providers to work together toward achieving the best possible health and quality of life.



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