AIMED ALLIANCE
Alliance for the Adoption of Innovations in Medicine

Aimed Alliance Comments
on
ICER's Evidence Report on Treatments for Multiple Myeloma

May 26, 2016

Good afternoon. I am Stacey Worthy. I am the Director of Public Policy for the not-for-profit Alliance for the Adoption of Innovations in Medicine (Aimed Alliance). I have no conflicts to disclose. We promote the improvement of health care in the United States through the utilization of and access to novel, evidence-based treatments and technologies.

Thank you for the opportunity to offer comments on behalf of Aimed Alliance regarding the value of several new multiple myeloma treatments.

Aimed Alliance strongly supports the tenets of the Affordable Care Act, including improving access to high quality health care. Yet, ICER's value assessment framework used in the multiple myeloma report are inconsistent with those tenets.

QALYs Are Inconsistent with ACA and Ignore Value as Determined by Patient

In particular, the use of quality-adjusted life-years or "QALYs" is inconsistent with the principles of the ACA. Recognizing that value-based frameworks can result in an inappropriate rationing of care, Congress added language to the ACA that prohibited the Patient-Centered Outcomes Research Institute (PCORI) from using QALYs as a threshold for determining coverage, reimbursement, or incentives in the Medicare program. The ban reflected a long-standing concern that the approach would lead to discrimination on the basis of age and health status, unfairly favoring younger and healthier populations.

QALYs put a price tag on the value of a human life that merely reflects the individual's diagnosis and deems those with chronic, debilitating, and rare conditions, such as multiple myeloma—a deadly disease that disproportionately affects the elderly and African American populations—as being worth less than the rest of us. They treat individuals' lives and health as a commodity and ignore the patients' and practitioners' individualized concept of the value of treatment.

Premature data

Moreover, Aimed Alliance is concerned that the data used in the calculations is premature. ICER's formulas are based on short-term cost calculations of direct medical expenses, ignoring long-term benefits of treatment. This interferes with the ACA's goal to realign the health care system for long-term improvements in the quality of care.

The drugs analyzed in the report are new and, therefore, have not been used extensively in clinical practice. Over time, their long-term benefits will fully emerge. However, if they are

deemed not cost-effective now, then their likelihood of being covered by insurers diminishes, creating barriers to access, and preventing them from reaching their full potential.

Need for Multiple Treatment Options

Another goal of the ACA is to improve access to quality, patient-centered care for all consumers, especially vulnerable populations. As ICER acknowledges, there is no cure for multiple myeloma, but its progression can be fairly slow, often involving multiple rounds of remission after treatment followed by subsequent recurrences. Given the number of recurrences and the tendency for the body to build a resistance to previous treatments, patients must have access to all treatments available to them. Yet, the health care rationing that can result from insurers implementing the frameworks preclude prescriber discretion and consumer choice among medically necessary treatments.

Comparative Analysis

One only needs to look to the UK to see how these consequences have been actualized. In the UK, the National Institute for Health and Clinical Excellence or NICE uses QALYs to determine whether the government should or should not cover a medication. As a result of such calculations, cancer is the number one cause of death in England, and the country has not seen a new breast cancer medication approved for coverage in over seven years. Currently, cancer survival rates in the UK are 15 percent lower than in the US. Therefore, we should not use the same flawed methods in here.

Conclusion

The individualized benefits of health care are best assessed, and costs are appropriately managed, when consumers, in consultation with their health care providers, take responsibility for health care decision-making. Aimed Alliance respectfully requests that ICER refrain from calculating the value of medications using QALYs. We urge you to adjust your recommendations to reflect the important principles of reducing discrimination based on health condition, providing access to individualized care, and allowing for long-term improvements in the quality of care, as set forth in the ACA.

Thank you for your consideration.