

**Why Do We Need a More  
Patient-Centered Value Framework  
To Guide Shared Decision-Making in  
Oncology**

**Henry Glick, Ph.D.**

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**Five Recent US Value Frameworks**

“Social, Healthcare Sector, Health Plan Decision-Making”

- 1) American College of Cardiology/American Heart Association (ACC/AHA)
- 2) Institute for Clinical and Economic Research (ICER)
- 3) Memorial Sloan Kettering DrugAbacus

“Patient-Centered Shared decision-making”

- 4) American Society of Clinical Oncology (ASCO)
- 5) National Comprehensive Cancer Network Framework (NCCN)



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**Social, Health Sector, Health Plan Value Frameworks**

- Typically used for decisions about therapies that will be covered for/available to patients
  - Generally use population averages
    - Overall or within identifiable subgroups
  - Only limited ability to account for patient heterogeneity



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**Patient-Centered Value Frameworks**

- Typically used for decisions about which covered/available therapy is best for individual patients based on their histories, prognoses, and preferences
- Should consider patient-specific preferences about:
  - Cure
  - Health gains and losses
  - Quality of life
  - Specific side-effects
  - Out-of-pocket expenditures
  - Family burden
  - Reaching family milestones, etc.



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**FOCUSING ON US “PATIENT-CENTERED  
SHARED DECISION-MAKING” VALUE  
FRAMEWORKS FOR CANCER  
THERAPIES**



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**THE ASCO VALUE FRAMEWORK**



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### ASCO Value Framework (Version 2) \*

- Yields an (incremental) net health benefit (NHB) score and costs for pairwise comparisons of therapy options
- NHB score sums ratings for 3 sets of outcomes
  - Clinical benefit
  - Toxicity
  - Composite of effects on tail of survival curve, palliation, QOL, and length of treatment-free interval
- Scores assigned formulaically with weights that eventually are supposed to be derived from patients

\* Schnipper et al., Updating the American Society of Clinical Oncology Value Framework. J Clin Onc. 2016; 34: 2925-34.




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### ASCO Framework

- Quality of evidence reflected in scoring of clinical benefit
- Toxicity score based on toxicity
  - Number
  - Frequency
  - Severity of all toxicities
- Costs reflect drug and supportive therapy acquisition costs (overall and to patient)
- NHB Score is relative, but "critically important to interpret it in context of actual magnitude of difference between 2 treatments"
  - "Software tool...will demonstrate the absolute difference in outcome...."




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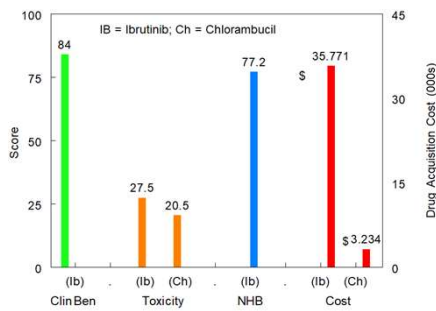
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### ASCO NHB Example: Ibrutinib vs Chlorambucil



Schnipper et al., Updating..., 2016




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**THE NCCN EVIDENCE BLOCKS**



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- NCCN Evidence Blocks**
- Rate individual drugs across 5 categories
    - E = Efficacy
    - S = Safety
    - Q = Quality of Evidence
    - C = Consistency of Evidence
    - A = Affordability
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- NCCN EVIDENCE BLOCK SCORING**
- Category ratings made on a 1 (worst) to 5 (best) scale:
    - Efficacy      1) Palliative,...., 5) Highly Effective
    - Safety        1) Highly toxic,...., 5) Usually no meaningful toxicity
    - Quality       1) Poor quality,...., 5) High quality
    - Consistency 1) Anecdotal,...., 5) highly consistent
    - Affordability 1) Very expensive,...., 5) very inexpensive
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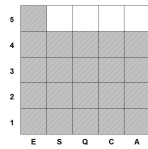
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### NCCN Evidence Blocks

- Scores based on ratings of expert panel members
- Results reported in an evidence block: horizontal axis represents categories; vertical axis represents scores



- Decisions made by inspecting heights of evidence blocks for several relevant therapies



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### The National Health Council and FasterCures/Avalere Recommendations For Patient-Centered Value Frameworks



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### National Health Council: Integrating Patient Voice \*

- **Partnership:** Ensure patient involvement in all steps of value framework development and dissemination
- **Transparency:** Disclose framework assumptions and inputs to patients
- **Inclusiveness:** Reflect a broad range of stakeholders' perspectives including patients
- **Diversity:** Account for differences among patient subpopulations
- **Outcomes:** Include outcomes identified by patients as important
- **Data sources:** Incorporate data from a variety of credible sources that account for diversity of patient populations and patient-centered outcomes

"The Patient Voice in Value," March 2016



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FasterCures/Avalere “Patient Perspectives On Value” \*

- **Value of treatment:** Therapy effects on symptom alleviation, side effects, and method of administration
- **Cost of treatment:** Most current prices; Broad set of treatment costs such as imaging, rehabilitation, and supportive care; Lost wages, time off work, child care, and transportation costs
- **Strength of evidence:** Different disease experiences and patient variability in treatment response
- **Shared decision-making:** Patient and family member values into decision-making process
- **Usability of information:** Cost and quality information accessible, understandable, and usable to patients.

"Integrating the Patient Perspective into the Development...." March 2016




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NHC/FasterCures and ASCO/NCCN

- ASCO and NCCN “patient-centered” frameworks satisfy few National Health Council and FasterCures/ Avalere recommendations
- Patient-centered methods generally weren’t used in developing frameworks
- Frameworks generally don’t allow outcomes assessed to reflect individual patient concerns
  - In Ellen’s talk she’ll discuss topics that should be candidates for inclusion in a value framework




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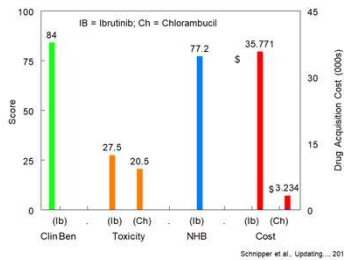
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Decision-Making Using ASCO Scores?



- If making tradeoffs, need to know value of what is being traded off: (what’s an NHB point worth?)
- Do patients have any idea if \$421/point (32,437/77.2) is good value?




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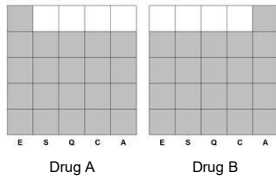
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### Decision-Making Using NCCN Evidence Blocks?



- Similar value problems exist for NCCN
- Do patient's know if gaining a block of effectiveness (5 vs 4) is worth losing a block of affordability (4 vs 5)?
- How about if more effective therapy has only 2 or 3 affordability blocks?



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### CONCLUSION



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### REFERENCES

- 1) Schnipper et al., Updating the American Society of Clinical Oncology Value Framework. J Clin Onc. 2016; 34: 2925-34.
- 2) Schnipper et al., American Society of Clinical Oncology Statement: A Conceptual Framework to Assess the Value of Cancer Treatment Options. J Clin Onc. 2015; 33: 2563-2577.
- 3) National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology (NCCN Guidelines) with NCCN evidence blocks. <https://www.nccn.org/evidenceblocks>
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- 5) FasterCures/Avalere. "Integrating the Patient Perspective into the Development.....," March 2016. [www.fastercures.org/assets/Uploads/value-coverage-framework-March-2016.pdf](http://www.fastercures.org/assets/Uploads/value-coverage-framework-March-2016.pdf)



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