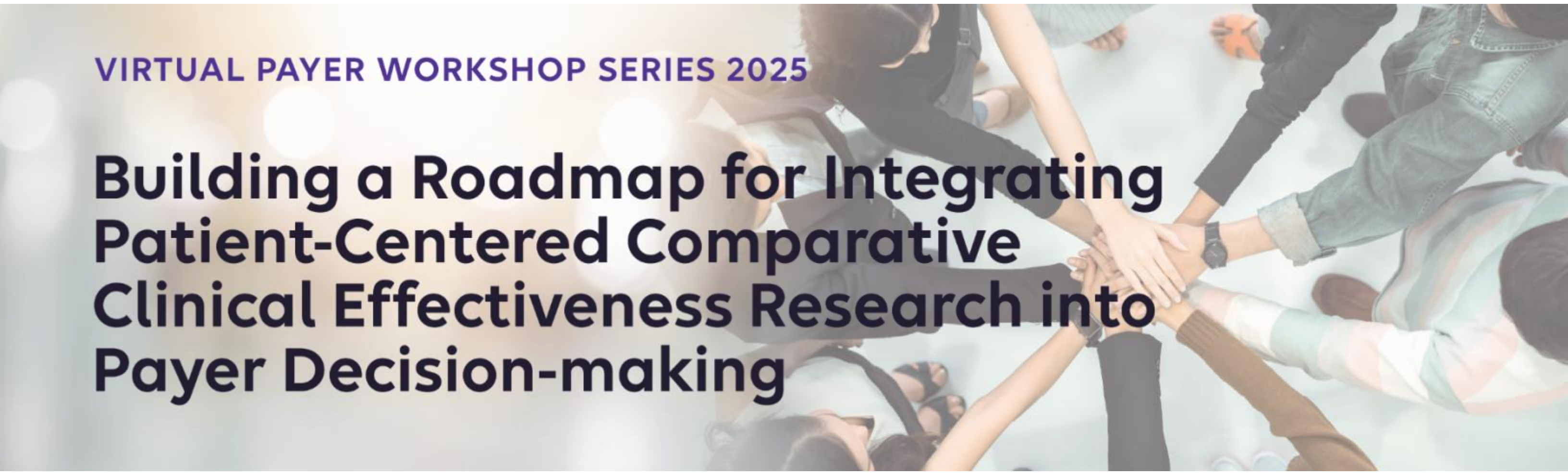

VIRTUAL PAYER WORKSHOP SERIES 2025

Building a Roadmap for Integrating Patient-Centered Comparative Clinical Effectiveness Research into Payer Decision-making

Workshop 2: Aligning Patient-Centered CER with Payer Evidentiary Needs

Summary Report

June 3rd, 2025

11:00 am – 1:00 pm EST

This project was conducted by Carelon Research, with funding through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EASCS-39048).

Background

Workshop 2 provided an opportunity for attendees to learn from a series of case studies demonstrating payers utilizing patient-centered CER successfully, defining patient-centered CER evidentiary needs, and identifying opportunities for patient-centered CER integration at pre-approval, initial clearance and post-market timepoints as well as during development and refinement of benefit design and care management. The learning objectives for Workshop 2 were to:

- Provide case studies using patient-centered CER and define impact on return on investment
- Address key use cases in peer-to-peer breakout discussions, including:
    - Developing and refining medical policy and formulary using patient-centered CER
    - Patient-centered CER and the accelerated approval pathway
    - Patient-centered CER evidentiary gaps and bi-directional resources needed to support care management
    - Patient-centered CER and the measurement of patient outcomes and preferences for benefit design and utilization management
- Identify payer unmet needs and evidentiary priorities across the decision-making pathway.

Conference Summary

Case Study 1: Louisiana Experiment Addressing Diabetes – $0 Drug Copay (LEAD-ZDC)

- Mixed methods CER study assessed the effectiveness of a $0 drug copay benefit for patients with type 2 diabetes to reduce cost-related non-adherence
- Multi-stakeholder research partnership included Louisiana Blue, patient advisors with Type 2 diabetes, Tulane Medical Center, Ochsner Health, and Tulane researchers
- Largest improvement in treatment adherence was seen among complex users (9.1%-pt increase in proportion of days covered)
- $0 drug copay was associated with a small reduction in A1C and $141.90 reduction in medical spending per member per month (PMPM)
- Additional factors that contributed to adherence included healthcare provider educating patient about medication, addressing side effects, reminders, family support, and routines.

Beth Nauman
Senior Director of Health Services Research
Louisiana Public Health Institute

Brice Mohundro
Clinical Pharmacist
Louisiana Blue

Catherine Glover
Patient Partner

Case Study 2: Including the Patient Perspective

Emily Tsaio
Medical Policies
Clinical Pharmacist
Premera Blue Cross

- Premera Blue Cross has incorporated several patient-centered strategies to support the integration of patient-centered CER into payer decision-making by:
    - Including a patient representative on their P&T committee
    - Providing support to the patient representative to ensure the clinical and technical content is accessible and easy to understand.
    - Partnering with patient advocacy organizations to provide written or verbal educational information for the P&T committee as well as live sessions for the care management team on patient’s lived experience and health disparities impacting their journey.
    - Utilizing the patient perspective information provided in ICER reports (e.g. sickle cell exemption to opioid utilization management requirements)
    - Creating summaries, when ICER reports are not available, from publicly available content on patient lived experience (not just from medical literature databases) and incorporate these summaries into formulary monographs
    - Reviewing accessibility and readability of information shared with members
    - Evaluating internal member data from care management notes and written member

feedback to inform formulary and coverage policy
- Having these summaries and understanding the patient perspective has been particularly useful for rare diseases and diseases with no prior effective treatments
- Summaries have influenced recommendations to self-funded employers about benefit coverage

Case Study 3: Measurement-based Matching of Patients to Psychotherapists' Strengths

- Double masked RCT evaluating TOP-MATCH selection of therapist based on performance versus case assignment as usual to improve mental health outcomes
- TOP-MATCH provides patients a choice for optimizing mental health care by matching patient need with therapist strengths
- Larger improvements in general impairment severity were demonstrated among those matched to therapist strengths compared to case assignment as usual.
- As part of implementation project, provider satisfaction and attitudes were assessed and were reportedly positive with matching helping patients and improving job satisfaction.
- Payers were giving higher reimbursement rates to therapists who were willing to have strengths and weaknesses measured and patients matched based on that data.

Michael J. Constantino
Professor of Clinical Psychology and Director of the Psychotherapy Research Lab
University of Massachusetts Amherst

Case Study 4: Aligning Patient Centered CER with Payer Evidentiary Needs

Maxwell Isaacoff
Director of External Affairs
Elevance Health

Jason Harris
Vice President, Government Relations and Advocacy
National Psoriasis Foundation

- Described a patient-centered pragmatic multi-center RCT collaboration between the National Psoriasis Foundation, University of Pennsylvania and University of Utah researchers, and patient, clinical, and payer representatives intended to fill an evidentiary gap on at-home versus office-based narrowband UV-B phototherapy for psoriasis.
- CER results demonstrated home administration was as effective as office -based phototherapy at increasing the proportion of individuals with clear skin, reported better treatment adherence, lowered indirect costs for the patient and resulted in a higher proportion of individuals reporting improved quality of life.
- Medical coverage policy was amended to include at-home phototherapy after results were published.
- Communication between patient advocacy organization and payer facilitated the initiation of high quality evidence generation to fill evidentiary gaps on a patient-centered need that was not yet covered.

Appendix A: Breakout Session Summary

Three breakout sessions were held immediately following the main session of Workshop 2. The objectives of the breakout sessions were:

- To engage in an open dialogue with industry peers about the current and future utility of patient-centered CER in payer decision-making;
- To consider knowledge gaps, current and future use, resource limitations, process improvements and evidentiary gaps that may interfere with uptake; and
- To prioritize unmet needs for additional discussion and action.

All breakout sessions were asked to focus on the same five core questions, which were as follows:

1. How is patient-centered CER currently utilized in payer decision-making?
2. What knowledge gaps in interpreting or applying results of patient-centered CER do you think exist among payers? How can we address these gaps?
3. What patient-centered CER evidentiary gaps exist?
4. What process improvements could be added to support the uptake of patient-centered CER?
5. What are the top priorities we should focus on to advance the integration of patient-centered CER into payer decision-making?

Below is a summary of some of the key points raised during the breakout discussions.

Payers often do not recognize patient-centered CER separate from other types of information they review as the patient involvement and contributions are not identified formally in the dossiers or other materials presented to payers to inform their decisions.

Payers would like to see specific guidelines or standards from researchers about the type of patient-centered data they should be expecting and would like a way to assess the patient-centeredness of the data they already have (particularly relevant when considering surrogate outcomes). Patient-reported outcomes are recognized as important outcomes, particularly disease-specific metrics related to quality of life but are often not integrated early enough by manufacturers to be part of a comparative study design. Payers noted several existing mechanisms they can and do leverage to enhance their understanding of patient unmet needs including formulary addition requests which are reviewed in quarterly policy review meetings.

A variety of opportunities to incorporate the patient perspective during the payer decision-making process was discussed.

1) Payers expressed interest in being more proactive (and systematic) in reaching out to patient advocacy organizations to better inform themselves (and the review committees) about the patient journey so the medical and formulary policies can reflect the needs and lived experience of the patients/members. While payers work closely with clinicians and medical societies as subject matter experts during policy development, payers stated they lack a formalized process to incorporate patient consultant input on clinical criteria and review policy for clinical appropriateness. Payers reported a lack of knowledge about who to contact to operationalize such an exchange and expressed a desire for an official repository of legitimate patient organizations that would be available to engage in policy review.

2) Payers stated interest in including patient representatives as part of the P&T committee to help contextualize evidence review. This convening was identified as a good place to incorporate patient perspective because of the pace of the meeting and the existing dossier of information that is used by committee members during the meeting to support the discussion. The lack of established infrastructure and processes to onboard and train patient advisors, however, was identified as a barrier by some payers.

3) Payer representatives also commented on a desire to review their public policies and evaluate whether the policies were accessible, understandable, and useful to members. One payer commented on the need to create user-friendly tools to support searching for relevant policies as well as a need to consider member policies in plain language form.

4) Payer representatives expressed a desire for a REMS program to support communication with patients and members about products approved and covered as part of the accelerated approval pathway.

Other stakeholders expressed a desire for increased transparency of evidentiary gaps among payers and provided several suggestions for ways to publicly state unmet needs to help direct future evidence development.