

Chairman's Corner: ICER Should Join Others in Moving Beyond QALYs

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The Partnership to Improve Patient Care (PIPC) has a long history advocating for the perspectives of patients and people with disabilities to be considered in the value assessment of treatment options. It is a step in the right direction for the Institute for Clinical and Economic Review ([ICER](#)) to advance [a new project](#) to develop and test alternative methods for the evaluation of potentially curative treatments. As part of this work, we encourage ICER to consider innovative methodologies beyond flawed cost effectiveness methodologies that use a quality-adjusted-life-year (QALY) or similar metric. This process could be an opportunity to learn from the [mistakes of other countries](#) that have embraced the use of a cost-per-QALY metric to determine treatment value with serious implications for access to care by people with disabilities and serious chronic conditions.

We know that applying a single [cost-per-QALY threshold](#) fails on all patient-centeredness domains. While there is no single alternative method that succeeds on all domains at present, I am encouraged that several other organizations and approaches are underway in developing value assessment models that better reflect principles of patient-centeredness. I applaud ICER for recognizing the need to improve affordability for patients, and hope they will learn from the ongoing efforts of others to develop patient-centered methods for value assessment that incorporate a range of evidence to determine coverage and care decisions, and reject a single, one-size-fits-all measure of value. By following their lead, ICER has an opportunity to be part of the solution for patients and people with disabilities to access innovation.