ICER's Version of HTA Is Positioned to Guide U.S. Health Care Reform

With the current COVID-19 pandemic, the timing of the article in this issue by Thokala et al.,¹ comparing health technology assessment (HTA) processes at the Institute for Clinical and Economic Review (ICER) with the National Institute for Health and Care Excellence (NICE) is fortuitous. Our health care system needs change. Americans may disagree on the ideal future, but we know that the status quo is not an option. Positive change will require rigorous HTA to inform evidence-based clinical decisions and health policy. ICER can provide it and, thus, play a pivotal role in moving us forward.

Crisis disrupts the status quo. The effects of World War II set the stage to launch the British National Health Service in 1948, which prewar efforts had failed to accomplish.² Similarly, the COVID-19 pandemic is highlighting flaws in our health care system, while economic disruption opens opportunities for innovative change. We begin to see some of this in the creative ways Americans are coping with extensive quarantine restrictions, such as expanding the use of telemedicine for routine primary care. Such changes are likely to persist after the pandemic.

ICER was intended to serve the need that every health system has for objective evidence review with stakeholder involvement and honest effort to align prices with clinical value. Directly copying NICE would not have succeeded in our sociocultural milieu, with its emphasis on individual autonomy. Americans want both choice and access to health care options, but we lack the resources to provide both at today's prices. A more realistic goal is autonomy within a value-based system that maximizes net clinical benefit for the money spent and ensures access to care for vulnerable and underserved populations. Most Americans are not fully aware of the constraints on health care spending, and they expect unlimited choice. The current system structure reflects this.

Americans value individualism and self-reliance and tend to distrust centralized government control when it limits personal

freedom, so they may more readily accept a nongovernmental organization such as ICER. We are a culturally diverse and pluralistic society, which makes it more difficult to achieve the consensus needed to reform health care. If the COVID-19 crisis has not united all of us, it has at least convinced us to accept a new normal for the future.

The economy will change after this pandemic. We must learn to care for patients while keeping the health system and economy functioning, ensuring that spending on drugs and other care aligns fairly with their net benefits, allowing us to provide routine care for patients while responding to the long-term health effects of the pandemic.

COVID-19 will test our resolve. It will test whether we can talk honestly about evidence, prices, and priorities. To improve the health of our population will require high quality evidence-based HTA support that incorporates consideration of the multiple dimensions of value that matter to patients, their families, and the public. With its robust process and comprehensive value framework, ICER is uniquely positioned to provide just that!

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