



***The Lausanne Dialogue:
A Virtual Payers Roundtable to Build a Response to the Alzheimer's Disease Challenge***

**Friday, June 24, 2016
Meeting Summary**

Thank you for joining The Global CEO Initiative on Alzheimer's Disease (CEOi) virtual roundtable hosted by America's Health Insurance Plans (AHIP). The discussion between industry and payers is critical for establishing a shared approach to the challenges of Alzheimer's disease both now and in the future. This conversation builds on the multi-stakeholder roundtable at ISPOR on May 23, 2016 in Washington, DC and sets our course towards a global action plan to be established at the annual meeting in Lausanne, Switzerland on October 27-28, 2016.

The following outlines the key themes we heard and the opportunity to drive action.

KEY THEMES:

- **A robust engagement strategy will help encourage collaborative solutions** – The size, scope and scale of the issues caused by Alzheimer's disease demand collaboration, shared solutions and bringing payers, drug developers and healthcare systems together. This sentiment reinforces what emerged from the ISPOR roundtable. However, the AHIP discussion expanded the definition of "payers" to include long-term care insurance providers and Medicaid managed care experts.
- **Patient and caregiver insights are needed to determine treatment value** – During the ISPOR roundtable, there was interest in involving patients and families in creating data and insights, and establishing the evidence needed to define value. Building on this idea, during the AHIP roundtable, AHIP members shared insights from their interviews and surveys with patients and caregivers. These insights and best practices/mechanisms (e.g. Kaiser Permanente's Walnut Creek model) could also be mined to help determine value.
- **Maintaining the health of caregivers helps patients remain independent and supports caregivers** – Caregivers are impacted both physically and emotionally by their caregiving duties, and they often neglect their own healthcare needs. Maintaining the health of a caregiver will have a positive impact on maintaining a patient in home settings – a shared goal by all stakeholders.

OPPORTUNITY TO DRIVE ACTION:

Structuring a Working Group

During the conversation, the group discussed the potential benefits of forming a working group to bring together a diverse set of stakeholders who could identify ways to improve evidence development and, ultimately, Alzheimer's care delivery and improved health outcomes.

Working Group Key Questions

The following are intended as a representative set of questions the working group could address. This is a draft list that can be amended during the first working group meeting:

- **Clinical trial data that better supports payer decisions** – What could the working group suggest for new paradigms for clinical research, including pragmatic clinical trials, methodological guidance, and coverage with evidence development? How can the design of clinical research be more informative for post-regulatory decision makers?
- **Cost-sharing** – What is the willingness of patients to share in the cost of drugs? And what is the effectiveness of patient cost-sharing? We have heard this in our conversations with former Medicare administrators. From a patient's perspective, unaffordable cost sharing for patients will not be palatable, but it is unclear whether we've come to agreement on what level of cost sharing is possible. The oncology market is characterized as having largely price-insensitive consumers. Will the same be true in Alzheimer's?
- **Insights from real-world data** – Published evidence from pre-approval clinical trials may be incongruent with real-world patient care. What evidence is missing and how can this be augmented by the collection and analysis of real-world data in independent studies or pre- and post-approval trials? If successful, would this reduce uncertainty and provide greater confidence in conclusions about the value of these treatments?
- **Delivering care as the disease progresses** – From the Medicaid perspective, how can innovative medicines coupled with improved delivery of long-term care and produce enhanced health outcomes that would reduce the utilization of institutional care and health system utilization?

Proposed Meeting Frequency

Below is a proposed meeting schedule. It is designed to request a realistic time-commitment, minimize travel and build input for the global stakeholder community in Lausanne.

Date	Purpose
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August	Align on key questions (1 hour teleconference)
September	Review evidence, align on gaps and discuss how to fill the gaps (2 hour in-person/webinar)
October	Provide final recommendations to Lausanne meeting organizers (1 hour teleconference)

Key Participants Could Include:

- Payers
- Biopharma
- Healthcare systems
- Community-based services
- Advocacy, patients and caregivers
- Technology representatives

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