

# Pharmaceutical Costs

## Resource Pack

2018

### Overview

This resource pack was curated by the Global Health Education and Learning Incubator at Harvard University (GHELI) to support an upcoming Forum at Harvard T.H. Chan School of Public Health, “U.S. Drug Prices: Why Are They So High?” The multidisciplinary materials are suitable for policy makers, educators, and students wanting to understand the drivers of high prescription drug costs in the U.S. and potential policy options for response, such as drug transparency laws. Materials cover conditions in the U.S. and other high-income countries, and situate the issue in broader conversations about value-based health care, access to essential medicines, and universal health coverage.

The Forum’s [“U.S. Drug Prices: Why Are They So High?”](#) event is described as follows:

*Americans pay more money – sometimes much more money – for prescriptions than consumers in many other wealthy countries. Why? The drivers are many and complicated. Pharmaceutical companies, employers, health care providers, patients, lawmakers, and pharmacy benefit managers all play a role. Calls to make prescriptions more affordable have prompted new efforts, including at the federal level. Last May, for example, President Trump introduced a plan intended to help reduce drug prices. This Forum event aims to demystify the prescription drug pricing process. Experts will weigh issues such as regulation, price negotiation and competitive market pressures, ultimately asking why prescription costs matter for public health.*

[The Forum at Harvard T.H. Chan School of Public Health](#) is a live webcasting series that provides decision-makers with a global platform to discuss policy choices and scientific controversies across the world. This resource pack includes:

- [Briefs and Primers](#)
- [Publications](#)
- [Fact Sheets](#)
- [Organizations, Portals, Data, and Profiles](#)
- [Graphics, Charts, and Slides](#)
- [Multimedia](#)
- News and Blogs

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## Selected Resources – At a Glance

BRIEFS, GUIDES, AND PRIMERS	
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Briefs. Prescription Drug Pricing: A Health Affairs Collection. Health Affairs 2018. [https://www.healthaffairs.org/pb-assets/documents/Collections/Collection\\_CMWF\\_Prescription\\_Drug\\_Pricing\\_May\\_2018.pdf](https://www.healthaffairs.org/pb-assets/documents/Collections/Collection_CMWF_Prescription_Drug_Pricing_May_2018.pdf).

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This case collection published by *Health Affairs* covers a broad range of topics related to prescription drug pricing. It briefs readers on specific health programs such as Medicare Part B and D, the Medicaid best price policy, the Veterans Health Administration model, and the 340B drug discount program. Of note, some cases highlight how the models of these programs can be applied to others, as well as how the Medicare Part B payment structure can influence private-sector prices, for example. Additionally, they discuss different aspects of policies and key issues, such as: the Orphan Drug Act of 1983, price competition with biosimilars, patient financial support, formulary selection – an assessment of products’ clinical performance and relative cost, and expedited approval pathways for drugs of particular clinical importance. Readers can also learn about the roles of important players in the health system, such as pharmacy benefit managers, who negotiate rebates from drug makers in exchange for preferred formulary placement, and generic drug companies.

This case collection is accompanied by three policy option papers:

- [Improving the Affordability of Specialty Drugs by Addressing Patients’ Out-Of-Pocket Spending](#)
- [Promoting Competition to Address Pharmaceutical Prices](#)
- [Policy Strategies for Aligning Price and Value for Brand-Name Pharmaceuticals](#)

#### **Understanding the Drivers of Drug Expenditure in the U.S.**

Brief/Report. Understanding the Drivers of Drug Expenditure in the U.S. QuintilesIMS Institute, IQVIA Institute for Human Data Science 2017. <https://www.iqvia.com/institute/reports/understanding-the-drivers-of-drug-expenditure-in-the-us>.

This brief from the IQVIA Institute for Human Data Science analyzes manufacturer net revenues in the pharmaceutical industry in the United States. It especially highlights the relationships between drug prices and volumes, also analyzing the impact of patent expiry and other factors that may impact costs. The brief contains a number of useful charts and tables that help the reader understand trends separately for drug types and industry segment. Data is also included on healthcare spending overall and how expenditure on drugs compares to other expenses.

#### **Medicines Use and Spending in the U.S.: A Review of 2016 and Outlook to 2021**

Brief/Report. Medicines Use and Spending in the U.S.: A Review of 2016 and Outlook to 2021. IQVIA Institute for Human Data Science 2017. <https://www.iqvia.com/institute/reports/medicines-use-and-spending-in-the-us-a-review-of-2016>.

This report from the IQVIA Institute for Human Data Science identifies relevant characteristics of the market for medicines in the United States that contextualize the complex factors driving spending. Some of its key findings for 2016 include that total spending on medicines was \$450 billion and that net spending on medicines was 4.8 percent higher than in 2015. It also reports that spending on medicines per capita has been quite stable over the ten year period from 2006 to 2016, though a minority of patients still face substantial out-of-pocket costs. Finally, the report also includes an “outlook” for spending on medicines in 2021, which are summarized towards the end of the report.

#### **Orphan Drugs in the United States**

Brief/Report. Orphan Drugs in the United States. Providing Context for Use and Cost. IQVIA Institute for Human Data Science 2017. <https://www.iqvia.com/institute/reports/orphan-drugs-in-the-united-states>.

This report from the IQVIA Institute for Human Data Science looks within the United States at trends in the expenditures, creation, and use of orphan drugs since the Orphan Drug Act of 1983. An orphan drug is one that treats a rare disease or medical condition. The report highlights that as of 2016, the median annual cost for the top ten orphan drugs or therapies was \$14,909, 449 orphan drugs had been approved, and the share of total volume of pharmaceutical

use of orphan drugs in the U.S. was at 0.3 percent. The report also includes characteristics of rare diseases, the history and context of orphan drug use and development, and many graphs on the evolution of the use of orphan drugs.

## **Pharmaceutical Reference Pricing: Does It Have a Future in the U.S.?**

Brief. Robinson J. Pharmaceutical Reference Pricing: Does It Have a Future in the U.S.? The Commonwealth Fund 2018. <https://www.commonwealthfund.org/publications/issue-briefs/2018/sep/pharmaceutical-reference-pricing-future>. This brief from the Commonwealth Fund reviews research on how reference pricing affects the behavior of medicine consumers in the United States. Reference pricing is a strategy used by health insurers in which they declare a maximum amount they are willing to pay for a particular drug, encouraging their customers to find cheaper alternatives to certain drugs or treatments. Based on a review of peer-reviewed research, the article concludes that reference pricing must include updated information, provide prices charged at various distribution sites, and inform consumers about drug quality in order to be effective. The author recommends making these and other changes in order for reference pricing to work correctly.

## **Why Prescription Drug Price Transparency Matters**

Brief/Report. Why Prescription Drug Price Transparency Matters. American Health Insurance Plans 2018. <https://www.ahip.org/why-prescription-drug-price-transparency-matters>.

This report from America's Health Insurance Plans (AHIP) analyses the potential impact of proposed drug cost transparency policies on drug companies, state governments, and consumers in the United States. This approach is in response to soaring drug costs in the U.S., where approximately 95 percent of specialty drugs and approximately 85 percent of orphan drugs cost over \$10,000 per patient each year. The drug transparency policies build on existing economic literature that shows that providing consumers (and organizations) with better information about quality and cost of products empowers them to seek and negotiate better prices. The report concludes that forcing drug companies—via legislation—to behave more transparently about drug pricing would be highly feasible and reduce prices. It points to the example of California, where a version of this law appears to already be working.

## **Prescription Drug Prices in the US**

Brief/Article. Prescription Drug Prices in the US. JAMA 2018; 319(10): 1042–1043. DOI: <https://doi.org/10.1001/jama.2018.1844>.

This brief in JAMA examines why the U.S. spends more on prescription drugs than other industrialized countries and defines common terminology regarding the subject area. In general, the uninsured and individuals with high deductibles pay the highest prices. The authors especially focus on Canada as a point of comparison, where a number of drugs given as examples are merely 25 percent the cost of their American counterparts. Additionally, the brief addresses discrepancies between listed and negotiated prices, out-of-pocket costs of prescription drugs, generic versus brand name drugs, and internet pharmacies. It ends by reminding the reader that generic drugs, patient assistance programs, and comparing prices while shopping can help reduce costs borne by patients.

## **Getting to the Root of High-Prescription Drug Prices**

Brief/Report. Waxman H et al. Getting to the Root of High-Prescription Drug Prices. The Commonwealth Fund 2017. <https://www.commonwealthfund.org/publications/issue-briefs/2017/jul/getting-root-high-prescription-drug-prices>. GHELI repository link: <http://repository.gheli.harvard.edu/repository/12635>

This issue brief from the Commonwealth Fund, was adapted from the report, [Getting to the Root of High Prescription Drug Prices: Drivers and Potential Solutions](#), describes drivers of high U.S. prescription drug prices and feasible policy responses. Based on interviews with and in-depth review of policy documents from experts and organizations across disciplines, the brief illuminates the wide range of options that policymakers and other stakeholders can undertake to rebalance on innovation incentives, focus on patient access and affordability, and amplify information available to patients, provider, and payers.

## Quicktake: Drug Prices

Brief/Video. Langreth R. Quicktaker: Drug Prices. Bloomberg 2018; May 11. <https://www.bloomberg.com/quicktaker/drug-prices>.

This brief from Bloomberg, accompanied by a video, gives a brief introduction to the problem of U.S. prescription drug prices. The author describes the U.S. political and market forces that influence drug prices and contrasts the American situation to other high-income countries, highlighting potential avenues to decrease costs in the U.S.

## PUBLICATIONS (REPORTS, ARTICLES, REPORT/BRIEFS, PERSPECTIVES, EDITORIALS)

### U.S. FOCUS AND/OR HIGH-INCOME COUNTRIES

#### Making Medicines Affordable: A National Imperative

Report. Making Medicines Affordable: A National Imperative. The National Academies Press 2018.

<https://www.nap.edu/catalog/24946/making-medicines-affordable-a-national-imperative>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12629>

This report published by the National Academies Press (NAP) examines patient access to affordable and effective therapies, with emphasis on drug pricing, inflation in the cost of drugs, and insurance design. Moreover, it explores structural and policy factors that are influencing drug pricing, drug access programs, the emerging role of comparative effectiveness assessments in payment policies, changing finances of medical practice, and measures to prevent drug shortages while continuing to foster innovation in drug development. The authors make [recommendations](#) for policy actions that could account for drug price trends, improve patient access to affordable and effective treatments, and encourage innovations that address needs in health care. The report discusses 32 findings on a variety of issues relating to the affordability of medicines, which determine that consumer access to effective and affordable medicines is an imperative for public health, social equity, and economic development.

The chapters in this report include:

- [Summary](#)
- [Chapter 1: The Affordability Conundrum](#)
- [Chapter 2: Complexity in Action](#)
- [Chapter 3: Factors Influencing Affordability](#)
- [Chapter 4: Strategies to Improve Affordability and Availability](#)
- [References](#)
- [Appendix C: Glossary](#)

#### State Efforts to Lower Consumer Cost-Sharing for High-Cost Prescription Drugs

Report. Ahn S, Corlette S. State Efforts to Lower Consumer Cost-Sharing for High-Cost Prescription Drugs. Urban Institute 2017. <https://www.urban.org/research/publication/state-efforts-lower-consumer-cost-sharing-high-cost-prescription-drugs>.

This report from the Urban Institute outlines ways in which 8 states – California, Colorado, Delaware, Louisiana, Maryland, Montana, New York, and Vermont – have been able to place limits on consumers' out-of-pocket costs for prescription or specialty drugs. Federal action to lower the cost of prescription drugs has significant bipartisan support, but there has been little action to date to change federal policy on drug pricing and costs. In the absence of a federal effort to reduce drug costs, several states have leveraged their authority over health insurance products to protect consumers from high out-of-pocket costs for prescription or specialty drugs. This report outlines ways in which 8 states – California, Colorado, Delaware, Louisiana, Maryland, Montana, New York, and Vermont – have been able to place limits on consumers' out-of-pocket costs for prescription or specialty drugs. The impact of these cost-sharing limits is unclear, but ultimately, states have developed policies that relieve high-risk patients from extremely high drug costs by spreading those costs across a broader risk pool. The report further outlines the experiences of patient advocacy groups and drug manufacturers in various state policy development processes. This report emphasizes that state policymakers have the power to reduce financial barriers for consumers and presents what the market could look like moving forward.

**Getting to the Root of High Prescription Drug Prices: Drivers and Potential Solutions**

Report. Waxman H et al. Getting to the Root of High Prescription Drug Prices: Drivers and Potential Solutions. The Commonwealth Fund 2017. <https://www.commonwealthfund.org/publications/fund-reports/2017/jul/getting-root-high-prescription-drug-prices-drivers-and-potential>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12635>

This report from the Commonwealth Fund examines the causes of high prescription drug prices in the U.S. and outlines feasible responses. There are complexities in the health system for both consumers and pharmaceutical companies – while patients often must decide between taking life-saving drugs and other everyday costs, pharmaceutical companies must strike a balance in reducing costs while still encouraging drug innovation. This report identifies that finding a solution may be challenging, but is certainly possible. The report documents major problems that play a role in high U.S. prescription drug prices including: the creation of monopolies for drugs, lack of robust competition among manufacturers of generic drugs, scarcity of information to patients, providers and payers about pricing – critical when deciding on the best course of treatment, and limitations on state authority to negotiate prices for Medicaid and implement measures to reduce high drug prices. The authors recommend a broad range of feasible policy actions that have been proposed by various stakeholders, experts, and researchers to indirectly or directly address high drug prices. This resource has been made so that policymakers and stakeholders can reach a consensus on the most significant problems affecting patients, gain a greater understanding of the issue, and create a bipartisan solution that is well-informed.

**Biosimilar Cost Savings in the United States: Initial Experience and Future Potential**

Perspective. Mulcahy AW et al. Biosimilar Cost Savings in the United States: Initial Experience and Future Potential. RAND Corporation 2017. <https://www.rand.org/pubs/perspectives/PE264.html>.

This perspective article from RAND combines prior research and recent data to estimate the potential future cost savings from biosimilars – biological drugs designed to have active properties similar to ones that have previously been licensed, but are manufactured by different companies – in the United States. Biologics are complex, protein-based drugs which accounted for 38 percent of U.S. prescription drug spending in 2015 due to their high cost per dose, and for 70 percent of drug spending growth between 2010 and 2015. The Biologics Price Competition and Innovation Act (BPCIA) authorized the U.S. Food and Drug Administration (FDA) to create a new regulatory approval pathway for biosimilars in order to introduce competition among biologic manufacturers, which would ultimately reduce drug prices. This document also summarizes the experience to date with the first marketed biosimilar in the U.S., the potential future of the market, and policy recommendations that could strengthen the biosimilar market and drive down health spending.

**Health Care Spending in the United States and Other High-Income Countries**

Article. Papanicolaou I et al. Health Care Spending in the United States and Other High-Income Countries. *JAMA* 2018; 319(10): 1024-1039. DOI: <https://doi.org/10.1001/jama.2018.1150>.

This article in *JAMA* seeks to explain why health care spending in the U.S. is so much greater than in other high-income countries. The U.S. spends more per capita on health care than any other nation, substantially outpacing other high-income countries. In 2016, it spent nearly twice as much as 10 high-income countries on medical care, but still performed poorly in areas such as health care coverage and health outcomes, despite high levels of spending. The authors studied 10 selected countries—including the U.S.—that were among the highest-income countries in the world, had relatively high health care spending, represented different geographic areas, and demonstrated diverse health system structures. Of note, the authors researched insurance system characteristics, overall population health, workforce and structural capacity, utilization of services, pharmaceutical spending, access and quality of health care services, and equity. Their analysis determined that prices of labor and goods—including pharmaceuticals—and administrative costs were the major drivers of difference between the U.S. and other countries.

**California's Drug Transparency Law: Navigating the Boundaries of State Authority on Drug Pricing**

Article. Gudixsen KJ et al. California's Drug Transparency Law: Navigating the Boundaries of State Authority on Drug Pricing. *Health Affairs* 2018; 37(9): 1503-1508. DOI: <https://doi.org/10.1377/hlthaff.2018.0424>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12634>

This article in *Health Affairs* details ways in which the pharmaceutical industry has consistently challenged states across the United States in their attempts to promote price transparency and regulate price increases, using a recent drug

transparency law in California as a case example. In October 2017, Governor Jerry Brown signed a Senate Bill 17 (SB-17), which sought to improve drug price transparency and improve price negotiations by requiring specific disclosures from pharmaceutical manufacturers and health insurers. SB-17 was designed to avoid the pitfalls—legal or otherwise—that many other states have faced in their attempts to lower drug prices for consumers. Nonetheless, SB-17 has faced its own pushback initiated by pharmaceutical companies. It is difficult for this law to have a significant impact on drug spending without additional policies that create incentives for consumers to use lower-priced drugs. The law remains a critical step in defining state authority, and will hopefully influence states to take necessary steps to protect their consumers.

### **Measuring the Value of Prescription Drugs**

Article. Neumann PJ, Cohen JT. Measuring the Value of Prescription Drugs. *The New England Journal of Medicine* 2015; 373: 2595-2597. DOI: <http://doi.org/10.1056/NEJMp1512009>.

This article published in *The New England Journal of Medicine* elucidates new private-sector initiatives which are an important innovation, along with lessons learned from their frameworks, which have revealed numerous analytic and implementation challenges regarding new therapies. While escalating drug prices have led to calls for government price controls, they have also sparked the onset of these initiatives, which are designed to help physicians, payers, and patients understand the value of new therapies and make better choices about their use. Each organization's framework accounts for underlying value, including: the quality of clinical data supporting the therapy's use, the magnitude of its treatment effects, the likelihood of severe adverse events, and the product's costs, ancillary benefits, cost-effectiveness, and effects on the health system budget. The lessons learned from these frameworks underscore the importance of value-based frameworks, private-sector solutions, recognizing value as an elusive target, and being cognizant of a drug's overall budget impact and handling it adequately, all of which are needed to comprehensively assess drug value beyond cost-effectiveness.

### **The High Cost of Prescription Drugs in the United States: Origins and Prospects for Reform**

Article. Kesselheim AS et al. The High Cost of Prescription Drugs in the United States: Origins and Prospects for Reform. *JAMA* 2016; 316(8): 858-871. DOI: <https://doi.org/10.1001/jama.2016.11237>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12630>

This article from *JAMA* examines what factors have contributed to recent medication price increases, in order to lay the groundwork necessary for considering options which ensure that prescription drug expenditures are commensurate with their value, affordable within health budgets, and equitable for all people involved in their transactions. The authors reviewed literature published in peer-reviewed medical and health policy journals, searching for empirical articles addressing the determinants of drug prices in the U.S., the justifications and consequences of the prices, and feasible policy options. The authors concluded that high drug prices are not only attributable to the increasing cost and complexity of drug development, but also the granting of U.S. government-protected monopolies to drug manufacturers and a restriction of price negotiation at a level that is absent in other industrialized nations. Some policy recommendations include paying greater attention to potentially unjustified granting and extension of patent exclusivity, enhancing competition by ensuring timely generic drug availability, providing greater opportunities for price negotiation by governmental payers, generating more evidence about comparative cost-effectiveness of therapeutic alternatives, and actively educating physicians and patients about these choices to promote more value-based decision making. The authors found little evidence that such policies would hamper innovation – they may even promote innovation of more valuable therapies than the ones that currently exist.

### **Drivers of Expenditure on Primary Care Prescription Drugs in 10 High-Income Countries with Universal Health Coverage**

Article. Morgan SG et al. Drivers of Expenditure on Primary Care Prescription Drugs in 10 High-Income Countries with Universal Health Coverage. *Canadian Medical Association Journal* 2017; 189(23): E794-E799.

DOI: <https://doi.org/10.1503/cmaj.161481>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12631>

This article in the *Canadian Medical Association Journal* explores the factors that contribute to the average daily cost of prescription drug expenditures in 10 high-income countries with universal health coverage (UHC). The study quantifies the levels and drivers of international differences in spending per capita on primary care pharmaceuticals. The authors estimate the effects of five sources of difference in expenditure – volume of therapy, broad mix of therapies, narrow

mix of therapies, generic use, and prices. Across the countries studied, the average annual per capita expenditure varied by more than 600 percent, and this was primarily connected to factors related to costs of drug therapies rather than the *volume* of therapy. Understanding the differences in spending on pharmaceuticals will allow for efficient management of expenditure so that health systems can sustain universal access to necessary medicines.

### **Prices for Common Cardiovascular Drugs in the US Are Not Consistently Aligned with Value**

Article. Campbell JD et al. Prices for Common Cardiovascular Drugs in the US Are Not Consistently Aligned with Value. *Health Affairs* 2018; 37(8): 1298-1305. DOI: <https://doi.org/10.1377/hlthaff.2018.0221>.

This article published in *Health Affairs* aims to see whether drug prices in the U.S. are influenced by value and estimates the range of cost-effectiveness for 30 frequently prescribed cardiovascular drugs. Health care reimbursement agencies in countries other than the U.S. often rely on cost-effectiveness evidence for drug coverage decisions, which signals to drug manufacturers their expectations for value-based pricing. The authors determined that drug pricing is not consistently influenced by value, or that the influence is masked by inaccessible factors, such as price discount. The article emphasizes the need to debate how to define and use value-based evidence to inform U.S. coverage and reimbursement decision making.

### **Determinants of Market Exclusivity for Prescription Drugs in the United States**

Article. Kesselheim AS et al. Determinants of Market Exclusivity for Prescription Drugs in the United States. *JAMA Internal Medicine* 2017; 177(11): 1658-1664. DOI: <http://doi.org/10.1001/jamainternmed.2017.4329>.

This article from *JAMA* reviews the laws and regulations that protect brand-name manufacturers from competition, therefore sustaining high drug prices. The high prices of brand-name prescription drugs are a growing source of controversy in the U.S. Manufacturers of brand-name drugs can demand high prices because they are protected from generic competition by government-granted monopoly rights. The article contributors suggest potential policy reforms intended to modify exclusivity periods—this can mitigate the issue by balancing drug affordability and industry revenue. It is essential for policy makers to find a balance between rewarding innovations in prescription drugs, while also ensuring their affordability.

### **Understanding the Drivers of Drug Expenditure in the U.S.**

Brief/Report. Understanding the Drivers of Drug Expenditure in the U.S. QuintilesIMS Institute, IQVIA Institute for Human Data Science 2017. <https://www.iqvia.com/institute/reports/understanding-the-drivers-of-drug-expenditure-in-the-us>.

This brief from the IQVIA Institute for Human Data Science analyzes manufacturer net revenues in the pharmaceutical industry in the United States. It especially highlights the relationships between drug prices and volumes, also analyzing the impact of patent expiry and other factors that may impact costs. The brief contains a number of useful charts and tables that help the reader understand trends separately for drug types and industry segment. Data is also included on healthcare spending overall and how expenditure on drugs compares to other expenses.

### **Medicines Use and Spending in the U.S.: A Review of 2016 and Outlook to 2021**

Brief/Report. Medicines Use and Spending in the U.S.: A Review of 2016 and Outlook to 2021. IQVIA Institute for Human Data Science 2017. <https://www.iqvia.com/institute/reports/medicines-use-and-spending-in-the-us-a-review-of-2016>.

This report from the IQVIA Institute for Human Data Science identifies relevant characteristics of the market for medicines in the United States that contextualize the complex factors driving spending. Some of its key findings for 2016 include that total spending on medicines was \$450 billion and that net spending on medicines was 4.8 percent higher than in 2015. It also reports that spending on medicines per capita has been quite stable over the ten year period from 2006 to 2016, though a minority of patients still face substantial out-of-pocket costs. Finally, the report also includes an “outlook” for spending on medicines in 2021, which are summarized towards the end of the report.

### **Orphan Drugs in the United States**

Brief/Report. Orphan Drugs in the United States. Providing Context for Use and Cost. IQVIA Institute for Human Data Science 2017. <https://www.iqvia.com/institute/reports/orphan-drugs-in-the-united-states>.

This report from the IQVIA Institute for Human Data Science looks within the United States at trends in the expenditures, creation, and use of orphan drugs since the Orphan Drug Act of 1983. An orphan drug is one that treats a rare disease or medical condition. The report highlights that as of 2016, the median annual cost for the top ten orphan

drugs or therapies was \$14,909, 449 orphan drugs had been approved, and the share of total volume of pharmaceutical use of orphan drugs in the U.S. was at 0.3 percent. The report also includes characteristics of rare diseases, the history and context of orphan drug use and development, and many graphs on the evolution of the use of orphan drugs.

### **Prescription Drug Prices in the US**

Brief/Article. Prescription Drug Prices in the US. *JAMA* 2018; 319(10): 1042–1043.

DOI: <http://doi.org/10.1001/jama.2018.1844>.

This brief in *JAMA* examines why the U.S. spends more on prescription drugs than other industrialized countries and defines common terminology regarding the subject area. In general, the uninsured and individuals with high deductibles pay the highest prices. The authors especially focus on Canada as a point of comparison, where a number of drugs given as examples are merely 25 percent the cost of their American counterparts. Additionally, the brief addresses discrepancies between listed and negotiated prices, out-of-pocket costs of prescription drugs, generic versus brand name drugs, and internet pharmacies. It ends by reminding the reader that generic drugs, patient assistance programs, and comparing prices while shopping can help reduce costs borne by patients.

### **Value-Based Pricing for Drugs Theme and Variations**

Perspective/Editorial. Kaltenboeck A, Bach PB. Value-Based Pricing for Drugs Theme and Variations. *JAMA* 2018; 319(21): 2165–2166. DOI: <http://doi.org/10.1001/jama.2018.4871>.

Value-based pricing describes the process of assigning drug prices using data on associated benefits and harms. In this editorial in *JAMA*, the authors describe how this approach is increasingly recommended in the United States, where drug prices are commonly assigned without consideration of their broader benefits, often resulting in substantial price hikes. A number of similar concepts are also discussed as potential alternatives, including indication based pricing (which also includes aligning drug prices with drug benefits), changing mechanisms for drug payments, and aligning patient demand for drugs with their respective value. Ultimately, the authors conclude that these various approaches to improving the alignment between drug prices with their value should be considered as worthwhile policy solutions.

### **Three Essentials for Negotiating Lower Drug Prices**

Blog/Article. Blumenthal D et al. Three Essentials for Negotiating Lower Drug Prices. *The Commonwealth Fund* 2018; Aug 22. <https://www.commonwealthfund.org/blog/2018/three-essentials-negotiating-lower-drug-prices>.

This blog article from the Commonwealth Fund describes how high-income countries negotiate for lower drug prices than what is seen in the United States despite having roughly comparable usage rates. Three key actions are identified as particularly critical: 1) improving negotiations with drug companies by aggregating drug purchases; 2) performing evidence-based evaluations of drugs (also referred to as technology assessments) based on the most comprehensive data available on associated health benefits and expenses; and 3) standing by offers during drug negotiations rather than being easily influenced by politician or public lobbying efforts. Based on global evidence, the authors conclude that competition from generic drugs is not sufficient to reduce costs in the U.S., and rather, all three actions should be adopted to effectively reduce prices. The authors conclude by highlighting health organizations that have adopted these approaches successfully, including the Veterans Administration and the Kaiser Permanente Health Plans.

### **Will Courts Allow States to Regulate Drug Prices?**

Perspective/Editorial. Robertson C. Will Courts Allow States to Regulate Drug Prices? *The New England Journal of Medicine* 2018; 379: 1000-1002. DOI: <http://doi.org/10.1056/NEJMp1805432>.

This editorial in *The New England Journal of Medicine* describes how courts have thwarted state-level efforts to restrict drug price gouging. Specifically, recent legislation passed in Maryland prohibiting excessive, “unconscionable” price increases on drugs that do not have generic alternatives are discussed. In addition to regulating prices of essential drugs, the act also authorized the Attorney General to issue civil penalties to manufacturers and allowed for petitions to reimburse consumers for drug costs. Ultimately, the act was overturned by the federal Fourth Circuit Court of Appeals in April 2018, which cited a legal doctrine that prevents states from disrupting interstate commerce. The author discusses the historical precedent for recent actions by the courts curb regulation, and their implications for states.

**Limiting State Flexibility in Drug Pricing**

Perspective/Editorial. Bagley N, Sachs R. Limiting State Flexibility in Drug Pricing. *The New England Journal of Medicine* 2018; 379: 1002-1004. DOI: <http://doi.org/10.1056/NEJMp1809358>.

This editorial in *The New England Journal of Medicine* addresses the request made by the state of Massachusetts to stop covering expensive drugs for which evidence of effectiveness is limited. The state's motivation for making this request for a "closed formulary"—which was ultimately denied by the Centers for Medicare and Medicaid Services (CMS)—was to reduce its health spending budget, which is suffering due to increasing drug prices. The authors argue that CMS's reply did not include adequate explanation as to why the request was rejected. They continue by giving examples of exceptions to the Omnibus Budget Reconciliation Act of 1990 in the past, before concluding that the Trump administration appears to have favored drug companies over what is best for the states.

**Antitrust, Market Exclusivity, and Transparency in the Pharmaceutical Industry**

Perspective/Editorial. Sinha MS et al. Antitrust, Market Exclusivity, and Transparency in the Pharmaceutical Industry. *JAMA* 2018; 319(22): 2271–2272. DOI: <http://doi.org/10.1001/jama.2018.3478>.

This editorial in *JAMA* addresses expensive prescription drug prices by examining the role that antitrust law could play in price and market regulation. Citing the practices of exclusive dealing and bundling of prescription drugs, the authors point out that many companies are unable to compete in the market, keeping drug prices unreasonably high and allowing companies with "substantial market power" to dominate. They summarize multiple lawsuits that stand to have an impact on this situation and the lessons that can be learned from them. They conclude by pointing out the potential that antitrust lawsuits have to uncover opaque aspects of pharmaceutical pricing and help reduce prices by increasing competition.

**An Incomplete Prescription: President Trump's Plan to Address High Drug Prices**

Perspective/Editorial. Sarpatwari A et al. An Incomplete Prescription: President Trump's Plan to Address High Drug Prices. *JAMA* 2018; 319(23): 2373-2374. DOI: <https://doi.org/10.1001/jama.2018.7424>.

This *JAMA* editorial responds to President Donald Trump's "blueprint" to address high prescription drug prices in the United States, which proposes market-based strategies to drive prices down. The editorial responds to specific aspects of the blueprint that are potentially inadequate. The authors first address the issue of drug price negotiation and describe solutions that were left out of the blueprint, such as increased negotiating power of the Centers for Medicare & Medicaid Services and price conditions placed on drugs that emerge from publicly-funded research. They then address the issue of price competition, recommending stronger support of generic drugs and giving the Food and Drug Administration greater control to designate therapeutically equivalent drugs.

**Rising Medical Costs Mean More Rough Times Ahead**

Perspective/Editorial. Cutler DM. Rising Medical Costs Mean More Rough Times Ahead. *JAMA* 2017; 318 (6): 508-509. DOI: <http://doi.org/10.1001/jama.2017.8931>.

This *JAMA* editorial addresses recent rising medical costs in the U.S., pointing out that the growth rate of medical spending is currently higher than the growth rate of the economy overall. The author argues that this will lead to increasing difficulties in the near future in paying for health care. After pointing out that a perfect policy is not possible, he argues that focusing attention towards prevention of diseases may be the best approach. After citing examples of successes in preventive measures, he assesses the benefits and detriments of three approaches to policy makers: 1) Cutting prices for services that can still be profitable if sold at lower costs, especially pharmaceuticals; 2) Using price sharing to shift costs onto consumers, which will cause them to seek less necessary and unnecessary care; and 3) shifting from volume-based to value-based payments, which could incentivize doctors to spend less on care for patients in both good and bad ways.

**Legal Challenges to State Drug Pricing Laws**

Perspective/Editorial. Lee TT et al. Legal Challenges to State Drug Pricing Laws. *JAMA* 2018; 319(9): 865–866. DOI: <http://doi.org/10.1001/jama.2017.20952>.

This *JAMA* editorial analyzes the pharmaceutical industry's legal challenges to new laws in Maryland and Nevada aimed at reducing drug prices. It explains that these laws require companies to report to the state government any price increases in certain drug categories that exceed a pre-determined threshold. The authors then summarize and respond to three types of industry challenges to the new laws: 1) The laws allow states to regulate inter-state trade, a claim the

authors refute by saying that the laws do not set prices in other states; 2) The laws violate federal patent law, a contention the authors refute by pointing out that the new laws only require disclosure of information and not an actual price limit; and 3) The laws unfairly require drug companies to disclose trade secrets, but the authors argue that the information required to be disclosed by the new laws do not truly constitute trade secrets.

### **VALUE-BASED HEALTH CARE**

#### **A Health Economics Approach to US Value Assessment Frameworks-Introduction: An ISPOR Special Task Force Report**

Article. Neumann PJ et al. A Health Economics Approach to US Value Assessment Frameworks-Introduction: An ISPOR Special Task Force Report. *Value in Health* 2018; 21 (2): 119-123. DOI: <https://doi.org/10.1016/j.jval.2017.12.012>.

This article describes five different frameworks currently used by major health associations in the United States to describe the economic value afforded by health care. A Special Task Force within the International Society for Pharmacoeconomics and Outcomes Research assessed frameworks created by the American College of Cardiology/American Heart Association, the American Society of Clinical Oncology, the Institute for Clinical and Economic Review, the Memorial Sloan Kettering Cancer Center, and the National Comprehensive Cancer Network to examine whether the methodological approaches used to assess value were both transparent and valid. In addition to describing and analyzing the various frameworks, the authors describe how value assessments are used in decision making processes and key aspects of value that are particularly important in different contexts. Taken together, this synthesis of frameworks represents recent efforts in the United States to provide comprehensive, publicly available information about the value prescription drugs and health technologies (including devices, procedures, and diagnostics) offer to payers, providers, and patients.

#### **Advancing Value Assessment in the United States: A Multistakeholder Perspective**

Article. Sorenson C et al. Advancing Value Assessment in the United States: A Multistakeholder Perspective. *Value in Health* 2017; 20(2): 299-307. DOI: <http://doi.org/10.1016/j.jval.2016.11.030>.

This article describes frameworks that are currently used by providers, patients, and payers to better understand the value associated with health treatments and services, gaps in their scope, and key factors that should be taken into account when assessing value in the future. After consulting with stakeholders representing patients, drug manufacturers, payers, and academia, the authors highlighted ten principles as essential for future work in value assessment: 1) transparent engagement of stakeholders, 2) explicitly defined priorities, 3) incorporating patients' perspectives, 4) adopting an expansive, system-wide view of interventions and practice, 5) using transparent methods, 6) capturing evidence from existing research, 7) addressing long-term outcomes, 8) using methodologically-sound approaches to measure cost and cost-effectiveness, 9) using adaptable frameworks, and 10) feasible implementation. These key points were common to various stakeholders, emphasizing the importance of address them in future work in this area.

#### **Adding Cost-Effectiveness to Define Low-Value Care**

Editorial. Pandya A. Adding Cost-Effectiveness to Define Low-Value Care. *JAMA* 2018; 319(19): 1977-1978.

DOI: <http://doi.org/10.1001/jama.2018.2856>.

This editorial in *JAMA* describes the challenges around defining value when advising approaches to provide low-value health care. The author specifically discusses the difference between cost effectiveness and clinical effectiveness, and discuss the implications of addressing low value health care without taking costs into account, and suggest using both to define low-value health care in economic terms. A proposed definition for low-value care as care with an incremental cost-effectiveness ratio greater than \$100,000 to \$150,000 per quality-adjusted life-year is proposed to identify services that may not be addressed in current debates. The authors conclude by citing political will as the greatest challenge in shifting thinking around low-value care to include both cost and clinical effectiveness, since reducing the use of services that incrementally improve patients' health but improve it nonetheless is a challenging decision to make.

**GLOBAL FOCUS, ACCESS ISSUES, UNIVERSAL HEALTH COVERAGE****Essential Medicines for Universal Health Coverage**

Report. Essential Medicines for Universal Health Coverage. The Lancet 2017; 389(10067): 403–476.

DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)31599-9](http://dx.doi.org/10.1016/S0140-6736(16)31599-9).

GHELI URL: <http://repository.gheli.harvard.edu/repository/11070>

This Lancet Commission report addresses the importance of essential medicines and their place in global health policy. Shifting the discussion from a focus on low- and middle-income countries to a worldwide approach, the commission explores what progress has been made by governments to promote access to essential medicines, what challenges remain ahead, what lessons have been learned and can inform future approaches, and how essential medicines policies can be leveraged to promote universal health coverage and contribute to the global sustainable development agenda. Arguing for essential medicines as a central pillar of global health, the commission examines medicine affordability, quality, and development, making cases for policies promoting sustainable gains in these fields.

**Chapter 7 – Achieving Universal Access to Quality Health Services**

Report Chapter. Chapter 7 – Achieving Universal Access to Quality Health Services. Advancing the Right to Health: The Vital Role of Law. World Health Organization 2017. <http://www.who.int/entity/healthsystems/topics/health-law/chapter7.pdf>.

GHELI URL: <http://repository.gheli.harvard.edu/repository/11828>

This chapter, from the World Health Organization report *Advancing the Right to Health: The Vital Role of Law*, explores the ways that governments can strengthen health systems in order to deliver high-quality health services and achieve the overarching goal of universal health coverage. It outlines the importance of health financing as essential to the effective functioning of all aspects of the health system; other important components include the training, development, and retention of the health workforce; ensuring universal access to essential medicines, vaccines, and technologies; developing an effective health information system; managing infrastructure; adopting mechanisms for governance and accountability; and maintaining effective leadership. It also describes the strategies and legal reforms that countries can take to ensure that systems are effectively structured, regulated, and financed; protect vulnerable populations; mitigate risk; and establish effective national authorities to govern health insurance and medicines regulation.

**Chapter 15 – Access to Essential Medicines, TRIPS and the Patent System**

Report Chapter. Chapter 15 – Access to Essential Medicines, TRIPS and the Patent System. Advancing the Right to Health: The Vital Role of Law. World Health Organization 2017. <http://www.who.int/healthsystems/topics/health-law/chapter15.pdf>.

This chapter, from the World Health Organization report *Advancing the Right to Health: The Vital Role of Law*, examines how governments can ensure universal access to affordable essential medicines, a core obligation in fulfilling the right to health. It outlines the importance of developing a national medicines policy including essential medicines; creating a national procurement strategy for medications that addresses corruption and eliminates tariffs; focusing on the production of essential medicines; and leveraging flexibilities within the Agreement on Trade-Related Aspects of International Property Rights (TRIPS) to reduce prices of essential medicines that are under patent.

**COUNTRY CASES****Reforms for Improving the Efficiency of Health Systems: Lessons From 10 Country Cases: Synthesis Report**

Country Cases. Yip W, Hafez R. Reforms for Improving the Efficiency of Health Systems: Lessons From 10 Country Cases: Synthesis Report. World Health Organization 2015.

[http://www.who.int/health\\_financing/documents/synthesis\\_report/en](http://www.who.int/health_financing/documents/synthesis_report/en).

GHELI URL: <http://repository.gheli.harvard.edu/repository/11852>

This report synthesizes 10 case studies of various health system reforms in Asian, African, and Latin American countries. The authors apply a causal framework to synthesize lessons from health system reforms in Burundi, Chile, China, the Democratic Republic of the Congo, El Salvador, Ethiopia Mexico, the Republic of Korea, South Africa and Uruguay. Issues discussed include the main forms of inefficiency, policy reforms undertaken to address these, and the results in each country. In this report, the authors derive key lessons learned from these experiences and suggest future directions for improving efficiency in health systems.

The individual case reports include:

- [Performance Based Financing of Priority Health Services: Burundi Case Study](#)
- [Zero Mark-Up Policy for Essential Medicines at Primary Facilities: China Case](#)
- [Universal Access with Explicit Guarantees \(AUGE\) Reform: Chile Case Study](#)
- [Improving Aid Coordination in the Health Sector: Congo Case Study](#)
- [The New Law on Medicines and its Implementation: El Salvador Case Study](#)
- [Human Resources for Health Reforms: Ethiopia Case Study](#)
- [Catastrophic Health Expenditure Fund: Mexico Case Study](#)
- [Merger of Statutory Health Insurance Funds: Republic of Korea Case Study](#)
- [Implementation of Reforms Under National Drug Policy: South Africa Case](#)
- [Building up the National Integrated Health System: Uruguay Case Study](#)

### **Improving Health System Efficiency: China: The Zero Mark-up Policy for Essential Medicines at Primary Level Facilities**

Country Case. Wenhui C, Wen C. Improving Health System Efficiency: China: The Zero Mark-up Policy for Essential Medicines at Primary Level Facilities. World Health Organization 2015.

[http://www.who.int/health\\_financing/documents/Efficiency\\_health\\_systems\\_China/en](http://www.who.int/health_financing/documents/Efficiency_health_systems_China/en).

GHELI URL: <http://repository.gheli.harvard.edu/repository/10820>

This case study describes China's essential medicines program and "zero mark-up" policy for drugs and intravenous injections. These initiatives, introduced in 2009, sought to reduce the inappropriate use of drugs and ensure access to safe, affordable medications. The case explores the impact of these policies on service quality, resource usage, and performance-based compensation of primary healthcare institutions.

### **Improving Health System Efficiency: The New Law on Medicines and its Implementation: El Salvador Case Study**

Country Case. Yamagiwa TJ. Improving Health System Efficiency: El Salvador: The New Law on Medicines and its Implementation. World Health Organization 2015.

[http://www.who.int/health\\_financing/documents/Efficiency\\_health\\_systems\\_El\\_Salvador/en](http://www.who.int/health_financing/documents/Efficiency_health_systems_El_Salvador/en).

GHELI URL: <http://repository.gheli.harvard.edu/repository/10825>

This case study describes El Salvador's medicine law, introduced in 2012, which created an independent national regulatory agency to modernize and improve inefficient practices in the country's drug and medical product market. The implementation of this law, which served to regulate prices, access, quality, procurement, prescription, and use of essential medicines, resulted in substantial price reductions and cost savings.

### **Health System Efficiency: South Africa: Implementation of Reforms Under the National Drug Policy**

Country Case. Gray A et al. Health System Efficiency: South Africa: Implementation of Reforms Under the National Drug Policy. World Health Organization 2015.

[http://www.who.int/health\\_financing/documents/Efficiency\\_health\\_systems\\_South\\_Africa/en](http://www.who.int/health_financing/documents/Efficiency_health_systems_South_Africa/en).

GHELI URL: <http://repository.gheli.harvard.edu/repository/10819>

This case study describes South Africa's essential drugs program, introduced in 1995, which served to improve medicine selection and procurement, and expand the availability, accessibility, and affordability of essential medicines to all citizens. The success of these reforms relied on the integration of evidence-based, standardized treatment guidelines as well as on the efficiencies achieved through using generic drugs and local suppliers.

## FACT SHEETS

### **A Look at Drug Spending in the U.S.: Estimates and Projections from Various Stakeholders**

Fact Sheet. A Look at Drug Spending in the U.S.: Estimates and Projections from Various Stakeholders. The Pew Charitable Trusts 2018. <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2018/02/a-look-at-drug-spending-in-the-us>.

This Pew fact sheet displays drug spending estimates over the past several years, published as a collaborative effort between multiple public and private organizations. Spending on prescription drugs in the U.S. is on the rise and is projected to outpace growth in other parts of the health care sector in 2018. Since public data on how much various

payers and supply chain intermediaries pay for prescription drugs is limited, this resource seeks to present information in order to reduce methodological challenges in measuring drug spending.

### **Better Data Could Help Medicaid Programs Cut Drug Spending**

Fact Sheet. Better Data Could Help Medicaid Programs Cut Drug Spending. The Pew Charitable Trusts 2018.

<https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2018/07/better-data-could-help-medicaid-programs-cut-drug-spending>.

This Pew fact sheet examines the intersection of data, Medicaid programs, and drug spending. Medicaid spending on prescription drugs is offset by manufacturer rebates required by federal law and supplemental rebates that states negotiate with manufacturers. Mandatory federal rebates are calculated as a percentage of a drug's average manufacturer price, also known as the "federal AMP." This fact sheet explains how each state could create its own version of federal AMP to include additional discounts and rebates for consumers.

### **A Tax on Drug Price Increases Can Offset Costs**

Fact Sheet. A Tax on Drug Price Increases Can Offset Costs. The Pew Charitable Trusts 2018.

<https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2018/07/a-tax-on-drug-price-increases-can-offset-costs>.

The federal government does not regulate the prices of drugs set by manufacturers before discounts and rebates, and states are generally prohibited from regulating drug prices. List prices of drugs have increased faster than the rate of inflation, and this leads to consumers having to increase their out-of-pocket spending, as well as rising health care costs. This fact sheet discusses how states can tax price increases above inflation in order to discourage such large increases in list prices while also generating revenue to offset the rising costs.

### **Use of State Medicaid Inflation Rebates Could Discourage Drug Price Increases**

Fact Sheet. Use of State Medicaid Inflation Rebates Could Discourage Drug Price Increases. The Pew Charitable Trusts 2018.

<https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2018/06/use-of-state-medicaid-inflation-rebates-could-discourage-drug-price-increases>.

Currently, there is an inflation adjustment in the Medicaid Drug Rebate Program which reduces the impact of price increases on Medicaid spending. However, since there is a ceiling on this adjustment, it may not discourage manufacturers enough from drastically raising prices. This Pew fact sheet examines how increasing the size of the inflation adjustment can drive manufacturers to lessen price hikes overall.

### **How Correctional Facilities Could Lower Drug Prices**

Fact Sheet. How Correctional Facilities Could Lower Drug Prices. The Pew Charitable Trusts 2018.

<https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2018/06/how-correctional-facilities-could-lower-drug-prices>.

This fact sheet from the Pew Charitable Trusts examines how drug prices could be lowered within correctional facilities. State and local correctional facilities, including prisons and jails, are required to provide health care to incarcerated adults. Usually, correctional facilities must transport adults to 340B drug discounted hospitals to receive savings on their medical treatment, however, if drug manufacturers provided a voluntary discount to designated 340B academic hospitals for incarcerated adults, they could be diagnosed and treated at a correctional facility. This fact sheet presents ways in which lower health care prices for incarcerated adults can be made feasible, through significant administrative collaboration between correctional facilities, designated 340B hospitals, drug manufacturers, and potentially the state Medicaid program.

### **10 Essential Facts About Medicare and Prescription Drug Spending**

Fact Sheet/Infographic. 10 Essential Facts About Medicare and Prescription Drug Spending. Henry J Kaiser Family

Foundation 2017. <https://www.kff.org/infographic/10-essential-facts-about-medicare-and-prescription-drug-spending>.

This fact sheet from the Henry J Kaiser Family Foundation summarizes key facts about Medicare and prescription drug spending. Even with Medicare's prescription use coverage, beneficiaries can face significant out-of-pocket costs. This online fact sheet displays trends in Medicare spending on prescription drugs, beneficiary out-of-pocket drug spending, and the public opinion on methods to drive down costs.

## ORGANIZATIONS AND TOPIC PORTALS

### ORGANIZATIONS- GENERAL

#### The Commonwealth Fund

Organization. The Commonwealth Fund. <https://www.commonwealthfund.org>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12614>

The Commonwealth Fund is a private foundation dedicated to promoting a high-performing health care system in the United States that increases access, improves quality, and works more efficiently—particularly for the country’s more vulnerable populations. The organization’s primary areas of focus are [health care coverage and access](#), [health care delivery reform](#), and [international health policy](#), regularly disseminating findings through freely available [publications and data](#). In addition to [case studies](#) that illuminate health care innovation or progress, the Commonwealth Fund publishes numerous [issue briefs and reports](#), [data interactives](#), and benchmarking [scorecards](#).

#### Kaiser Family Foundation

Organization. Henry J Kaiser Family Foundation. <http://kff.org>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11331>

The Henry J Kaiser Family Foundation is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. Kaiser develops and runs its own policy analysis, journalism and communications programs. They are a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. Their product is information, always provided free of charge — from the most sophisticated policy research, to basic facts and numbers, to in depth health policy news coverage provided by their news service, to information young people can use to improve their health or the general public can use to understand the health reform law. Topics cover: disparities policy; [global health policy](#); [health costs](#); [health reform](#); [HIV/AIDS](#); [Medicaid](#) and [Medicare](#); [private insurance](#); [uninsured](#); and [women’s health policy](#). Gain additional information through the “facts” tab, including: global health facts, state health facts, Kaiser slides, and graphics and interactives. This is an excellent source of materials for instructional materials.

#### Pew Research Center

Organization. Pew Research Center. <http://www.pewresearch.org>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12615>

The Pew Research Center is a nonpartisan think tank that provides current information about pressing world issues, attitudes, and trends through public opinion polling, demographic research, and social science research. A subsidiary of Pew Charitable Trusts, the Pew Research Center’s primary research areas include [U.S. politics and policy](#), [science & society](#), [global attitudes & trends](#), and [social & demographic trends](#), among others. In addition to its [methods](#), the organization makes many of its [data sets](#) available to the public for secondary analysis. Numerous [data interactives](#) and [publications](#) summarize the key insights from Pew’s ongoing research and analysis.

#### RAND Corporation

Organization. RAND Corporation. <https://www.rand.org>.

The RAND Corporation is a nonprofit, nonpartisan research organization dedicated to developing solutions to public policy challenges across the world. Their research spans multiple disciplines, including timely issues such as energy, education, health care, justice, the environment, international affairs, and national security.

[RAND Health](#), the organization’s health policy arm, shares analytical insight on multiple dimensions of public health and health care—from [quality of care](#) and [health information technology](#), to [mental health](#) and [healthy populations](#). In addition, RAND’s multiple regional, [international centers](#) provides cutting-edge research on the political, social, and economic challenges facing different parts of the world today. The organization’s numerous [research reports](#) are freely accessible, as are their [short-form multimedia](#).

**America's Health Insurance Plans**

Organization. America's Health Insurance Plans. <https://www.ahip.org>.

America's Health Insurance Plans (AHIP) is a national organization that is committed to providing health care coverage to all people and improving affordability, value, access, and well-being. AHIP drives market-based solutions in a myriad of ways: promoting consumer choice, simplifying health care experiences for individuals, supporting partnerships, addressing burdens and harnessing data. It focuses on a range of important national issues such as Medicare, Medicaid, individual coverage, employer-provided coverage, high price drugs, and opioids. The scope of AHIP reaches beyond health care professionals through conferences and promoting education, advocacy, public affairs work, and supporting policy research.

**International Health Policy Center**

Organization. International Health Policy Center. <https://www.commonwealthfund.org/international-health-policy-center>.

The International Health Policy Center functions as a division of [The Commonwealth Fund](#), which was established in 1918 to promote quality health care systems for minorities. The International Health Policy Center provides current news, country profiles, health system features, and selected statistics in order to benchmark national health system performance against other countries. Showcasing best practices from around the world, the International Health Policy Center promotes improvement of quality and safety in health care.

**ORGANIZATIONS - ECONOMIC EVALUATION AND VALUE****Institute for Clinical and Economic Review**

Organization. Institute for Clinical and Economic Review. <https://icer-review.org>.

CHDS repository link: <http://repository.chds.hsph.harvard.edu/repository/2691>

ICER is a non-profit organization that evaluates evidence on a range of [topics](#) including the value of medical tests, treatments and delivery system innovations and moves that evidence into action to improve the health care system. To accomplish this goal ICER performs analyses on effectiveness and costs, supports specific programs, and develops [reports](#) using innovative methods that make it easier to translate evidence into decisions that can align efforts to use evidence to drive improvements in both practice and policy.

ICER has established transparent methods for development of their work, including principles of health technology assessment, topic selection criteria, topic suggestion, evidence rating matrix, and value assessment framework. They involve patients, manufacturers, and other health care stakeholders to create opportunities for engagement and input into the report development process. [Read more](#) about their approach or view a [short video](#) about ICER.

**International Society for Pharmacoeconomics and Outcomes Research**

Organization. International Society for Pharmacoeconomics and Outcomes Research. <https://www.ispor.org>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12636>

Founded in 1995 as an international multidisciplinary professional membership society, the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) exists to advance the policy, science, and practice of pharmacoeconomics (health economics) and health outcomes research. ISPOR publishes [Value in Health](#), the Official Journal Of The International Society For Pharmacoeconomics And Outcomes Research, which contains original research articles in the areas of economic evaluation, outcomes research, and conceptual, methodological, and health policy articles.

Available resources include [publications](#), [research tools](#), [decision maker tools](#), [patient tools](#) and a scientific presentations [database](#). Either alone or in conjunction with other groups and societies produces consensus guidelines and best practices reports for all facets of outcomes research. With a commitment to education, collaboration, and leadership, ISPOR hosts meetings, publishes resources, and facilitates discussions and is a resource for health economics and outcomes research. Their [education portal](#) lists short-courses on economic, modeling, observational data, pharmacoeconomics, patient-reported outcomes, patient preferences, and outcomes research methods, as well as webinars, distance learning and HTA training. With 9,500 individual and student members from 114 countries, and over 8,700 affiliate members from Regional Chapters, ISPOR members represent the entire field including research, academia, decision and policy makers, consultants, payers, patient representative groups, and others.

## Health Technology Assessment International

Organization. Health Technology Assessment International. <http://www.htai.org>.

CHDS repository link: <http://repository.chds.hsph.harvard.edu/repository/2461>

Health Technology Assessment international (HTAi) is a global scientific and professional society for all those who produce, use, or encounter HTA. Their mission is to promote the development, communication, understanding and use of HTA around the world as a scientifically-based and multidisciplinary means of informing decision making on the use of effective technologies and the efficient use of resources in health care. HTAi has members from over 65 countries and embraces all stakeholders, including researchers, agencies, policy makers, industry, academia, health service providers, and patients/consumers. Members regularly participate in [Meetings](#), [Policy Fora](#) and Interest Groups. HTAi provides open access to a [vortal](#) that aims to present in one place information of interest about Health Technology Assessment that is composed to five sections providing links to HTA producers and networks, resources, SuRe info (research-based information relating to the information retrieval aspects of producing systematic reviews and health technology assessments), career development and a bibliography. HTAi provides its members with access to a variety of Resources including the [International Journal of Technology Assessment in Health Care \(IJTAHC\)](#), a quarterly journal published by Cambridge University Press that includes general essays, research reports, technology assessment reports and thematic sections on the economic, social, ethical, medical and public health implications of health technology.

## International Health Economics Association

Organization. International Health Economics Association. <https://www.healtheconomics.org>.

CHDS repository link: <http://repository.chds.hsph.harvard.edu/repository/2435>

The International Health Economics Association (iHEA), founded in 1994, works to increase communication between health economists, instill higher standards for applying economics to health and health care systems, and assist health economists with career growth. iHEA facilitates [biennial congresses](#) attended by more than 1,500 individuals, disseminates information on health economics [events](#), [job opportunities](#) and other news. Members include over 2,000 professionals from more than 80 countries who work on a broad range of methodological and empirical aspects of health economics.

iHEA's website provides public access to [research papers](#) in health economics, information about previous and upcoming world Congresses, and a career center to search for health economic jobs. Additional member only content includes a membership directory, preferential registration to iHEA webinars, online access to previous webinars, and additional [educational](#) and economic resources.

## Society for Medical Decision Making

Organization. Society for Medical Decision Making. <http://smdm.org>.

CHDS repository link: <http://repository.chds.hsph.harvard.edu/repository/2434>

The Society for Medical Decision Making (SMDM), founded in 1979, works to improve health and clinical care of individuals and populations through the advancement of systematic methods to address decision-making under conditions of uncertainty, and to provide a training ground for scholars in the field of medical decision making. Members include researchers, clinicians, educators, managers and policy makers from varied backgrounds and academic disciplines. SMDM provides opportunities for collaboration, networking and mentorship to professionals and trainees in varied settings, such as hospitals, universities, foundations, industry or government. The SMDM website includes public access to information about [upcoming](#) and past meetings, news, [networking opportunities](#), [education and career tools](#), and links to both their subscription journal ([Medical Decision Making](#)) and their open access journal ([Medical Decision Making Policy & Practice](#)). SMDM offers [short courses](#) in topics such as cost-effectiveness analysis, shared decision making, decision-analytic modeling, and the psychology of medical decision making at each meeting in North America, Europe and Asia. Additional member only benefits include access to educational modules, tools such as an EQ-5D index score calculator, the ability to post your CV and syllabi sharing for courses taught by SMDM members.

**TOPIC PORTALS****Commonwealth Fund: Prescription Drugs**

Topic Portal. Prescription Drugs. The Commonwealth Fund.

<https://www.commonwealthfund.org/trending/prescription-drugs>.

This topic portal from the Commonwealth Fund focuses on national health care spending on prescription drugs. As of 2015, prescription drugs accounted for 17 percent of total U.S. health care spending, and is expected to rise. This portal provides latest publications and unbiased information that can help drive effective policy solutions for the increasing pharmaceutical prices.

The Commonwealth Fund is a private foundation dedicated to promoting a high-performing health care system in the United States that increases access, improves quality, and works more efficiently—particularly for the country’s more vulnerable populations. The organization’s primary areas of focus are [health care coverage and access](#), [health care delivery reform](#), and [international health policy](#), regularly disseminating findings through freely available [publications and data](#). In addition to [case studies](#) that illuminate health care innovation or progress, the Commonwealth Fund publishes numerous [issue briefs and reports](#), [data interactives](#), and benchmarking [scorecards](#).

**Prescription Drugs**

Topic Portal. Prescription Drugs. Henry J Kaiser Family Foundation. <https://www.kff.org/tag/prescription-drugs>.

This topic portal from the Kaiser Family Foundation (KFF) provides a collection of over 400 resources, including research, analysis, and public opinion data, on prescription drug costs. These resources are intended to inform consumers and policymakers on trends and changes in prescription drug pricing.

The Henry J Kaiser Family Foundation is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. Kaiser develops and runs its own policy analysis, journalism and communications programs. They are a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. Their product is information, always provided free of charge — from the most sophisticated policy research, to basic facts and numbers, to in depth health policy news coverage provided by their news service, to information young people can use to improve their health or the general public can use to understand the health reform law.

**Drug Spending Research Initiative**

Topic Portal. Drug Spending Research Initiative. The Pew Charitable Trusts 2018.

<https://www.pewtrusts.org/en/projects/drug-spending-research-initiative>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12637>

This topic portal from the Pew Charitable Trusts provides resources that examine drivers of rising prescription drug costs through the drug spending research initiative, including specialty and brand name drugs. This initiative works to identify policy options to better manage drug spending in the United States.

The Pew Research Center is a nonpartisan think tank that provides current information about pressing world issues, attitudes, and trends through public opinion polling, demographic research, and social science research. A subsidiary of Pew Charitable Trusts, the Pew Research Center’s primary research areas include [U.S. politics and policy](#), [science & society](#), [global attitudes & trends](#), and [social & demographic trends](#), among others. In addition to its [methods](#), the organization makes many of its [data sets](#) available to the public for secondary analysis. Numerous [data interactives](#) and [publications](#) summarize the key insights from Pew’s ongoing research and analysis.

**High Price Drugs**

Topic Portal. High Price Drugs. America’s Health Insurance Plans. <https://www.ahip.org/issues/high-cost-drugs>.

This topic portal from America’s Health Insurance Plans (AHIP) explores the high prices of prescription drugs in the United States. Prescription drug prices have soared over recent years, placing a burden on consumers and employers. Through providing resources related to high costs of pharmaceuticals, this portal shares background information, blogs, news articles, and other papers to promote policy change to combat rising drug prices.

America’s Health Insurance Plans (AHIP) is a national organization that is committed to providing health care coverage to all people and improving affordability, value, access, and well-being. AHIP drives market-based solutions in a myriad

of ways: promoting consumer choice, simplifying health care experiences for individuals, supporting partnerships, addressing burdens and harnessing data. It focuses on a range of important national issues such as Medicare, Medicaid, individual coverage, employer-provided coverage, high price drugs, and opioids. The scope of AHIP reaches beyond health care professionals through conferences and promoting education, advocacy, public affairs work, and supporting policy research.

## **Health System Performance and Costs**

Topic Portal. Health System Performance and Costs. The Commonwealth Fund.

<https://www.commonwealthfund.org/health-system-performance-and-costs>.

This topic portal from the Commonwealth Fund explores health system performance and costs across the United States, which are measured by access, quality, efficiency, outcomes, and equity. The United States spends the most on health care but does not see better outcome for many of these measures. This portal shares a wide range of resources to promote innovative approaches and solutions to this gap in health system performance and costs.

The Commonwealth Fund is a private foundation dedicated to promoting a high-performing health care system in the United States that increases access, improves quality, and works more efficiently—particularly for the country’s more vulnerable populations. The organization’s primary areas of focus are [health care coverage and access](#), [health care delivery reform](#), and [international health policy](#), regularly disseminating findings through freely available [publications and data](#). In addition to [case studies](#) that illuminate health care innovation or progress, the Commonwealth Fund publishes numerous [issue briefs and reports](#), [data interactives](#), and benchmarking [scorecards](#).

## **DATA**

### **DATA PORTAL**

#### **Health System Tracker**

Data Portal. Health System Tracker. Peterson Center on Healthcare, Henry J Kaiser Family Foundation.

<https://www.healthsystemtracker.org>.

This data portal from Peterson Center on Healthcare and the Kaiser Family Foundation tracks trends in the United States health system. It showcases a health systems dashboard to provide fast facts on health spending, access and affordability, health and wellbeing, and quality of care. It provides a wide range of resources, including videos and interactives, to illustrate U.S. health system performance in terms of quality and cost. The Health System Tracker is intended to showcase performance and promote discussion on national health systems improvement.

#### **International Health Policy Center Statistics**

Data Portal. International Health Policy Center Statistics. The Commonwealth Fund.

<http://international.commonwealthfund.org/stats>.

This data portal from the Commonwealth Fund provides comparative data on key health system characteristics and performance indicators. This includes but is not limited to overall health care spending, hospital spending and utilization, and health care access.

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#### **State Health Facts**

Data Portal. State Health Facts. Henry J Kaiser Family Foundation. <https://www.kff.org/statedata>.

This data portal from the Henry J Kaiser Family Foundation presents health facts by state. Categories include demographics and the economy, health costs and budgets, health coverage and uninsured, health insurance and managed care, health reform, health status, HIV/AIDS, Medicaid and CHIP, Medicare, minority health, providers and service use, and women’s health.

The Henry J Kaiser Family Foundation is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. Kaiser develops and runs its own policy analysis, journalism and communications programs. They are a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. Their product is information, always provided free of charge — from the most sophisticated policy research, to basic facts and numbers, to in depth health policy news coverage provided by their news service, to information young people can use to improve their health or the general public can use to understand the health reform law.

## **CMS Drug Spending**

Data Portal. CMS Drug Spending. Centers for Medicare & Medicaid Services. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Information-on-Prescription-Drugs>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12638>

This data portal from the Centers for Medicare and Medicaid Services (CMS) provides information on average spending per dosage unit as well as average dosing in average spending for time. It includes interactive tools that provide drug spending information and description on drug uses and clinical indications. This data portal aims to provide transparency in drug spending in the Medicare and Medicaid programs.

## **Medicare Health and Prescription Drug Plans**

Data Portal. Medicare Health and Prescription Drug Plans. Henry J Kaiser Family Foundation. <https://www.kff.org/data-collection/medicare-health-and-prescription-drug-plans>.

This data Portal from the Henry J Kaiser Family Foundation covers private plans that participate in the Medicare Advantage program and the Medicare prescription drug program. It disaggregates enrollment, plan availability, and plan payment rate data for the Medicare Advantage program and enrollment, low-income subsidies, plan availability, and premium data for the Medicare prescription drug program.

The Henry J Kaiser Family Foundation is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. Kaiser develops and runs its own policy analysis, journalism and communications programs. They are a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. Their product is information, always provided free of charge — from the most sophisticated policy research, to basic facts and numbers, to in depth health policy news coverage provided by their news service, to information young people can use to improve their health or the general public can use to understand the health reform law.

## **The International Medical Products Price Guide - Portal**

Data Portal. The International Medical Products Price Guide - Portal. Management Sciences for Health. <http://mshpriceguide.org/en/home>.

This data publication from the Management Sciences for Health is an international medical products price guide. Using data from 1996 to present, it provides comparative price information on medical products, to help inform medical decision makers on purchasing quality medicines at a low price. This guide can be used to determine costs of medical products, compare prices on the international market, plan budgets and programs, assess financial impacts, and support rational medicines use education.

## **Essential Medicines**

Data Portal. Essential Medicines. World Health Organization. <http://www.who.int/gho/mdg/medicines/en>.

This data portal from the World Health Organization (WHO) provides data on availability and price of essential medicines. It illustrates sub-optimal availability of essential medicines at public health facilities and compares prices of generic medications to their international reference price. Data shows low availability of essential medicines in low and middle income countries, at 37.7 percent and 46.0 percent in the public sector and 70.0 and 71.7 percent in the private sector. This data is shared through interactive graphs.

## DATA PUBLICATIONS

### CHAPTER 10: PHARMACEUTICAL SECTOR. HEALTH AT A GLANCE 2017

Data Publication. Chapter 10: Pharmaceutical Sector. Health at a Glance 2017. Organisation for Economic Co-operation and Development 2017. [https://read.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017\\_health\\_glance-2017-en#page187](https://read.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017_health_glance-2017-en#page187).

This chapter from [Health at a Glance 2017](#) explores important topics within the pharmaceutical sector, including pharmaceutical expenditure, pharmacists and pharmacies, pharmaceutical consumption, share of generic market, and research and development. It defines each of these categories and disaggregates international data to graphically illustrate comparisons between countries.

## DATA INTERACTIVES

### Prescribed Drugs Summary Tables

Data Interactive. Prescribed Drugs Summary Tables. Medical Expenditure Panel Survey. Agency for Healthcare Research and Quality. [https://meps.ahrq.gov/mepstrends/hc\\_pmed](https://meps.ahrq.gov/mepstrends/hc_pmed).

This data interactive from the Agency for Healthcare Research and Quality (AHRQ) provides yearly data from 1996 to 2016 on total expenditures, total purchases, and number of people with purchases for prescription medicines or therapeutic class groups in the U.S. Data can be selected by statistic of interest, year, or grouping variable and be presented in either table or plot format.

### Average Annual Out-of-Pocket Costs for Medical Care by Coverage and Health

Data Visualization. Average Annual Out-of-Pocket Costs for Medical Care by Coverage and Health. The Commonwealth Fund. 2018. <https://www.commonwealthfund.org/chart/2018/average-annual-out-pocket-costs-medical-care-coverage-and-health-beneficiaries-incomes>.

This data visualization from the Commonwealth Fund illustrates average annual out-of-pocket costs for medical care by coverage and health. The bar chart shows that sicker, medicare only beneficiaries have the highest out-of-pocket spending, with an average cost of \$6,737.

The Commonwealth Fund is a private foundation dedicated to promoting a high-performing health care system in the United States that increases access, improves quality, and works more efficiently—particularly for the country's more vulnerable populations. The organization's primary areas of focus are [health care coverage and access](#), [health care delivery reform](#), and [international health policy](#), regularly disseminating findings through freely available [publications and data](#). In addition to [case studies](#) that illuminate health care innovation or progress, the Commonwealth Fund publishes numerous [issue briefs and reports](#), [data interactives](#), and benchmarking [scorecards](#).

### Pew Research Center: Data Interactives

Data Interactive. Pew Research Center. <http://www.pewresearch.org/category/interactives>.

These data interactives provided by the Pew Research Center examine a wide range of current topics in global trends and social trends, including health policy. The Pew Research Center is a nonpartisan think tank that provides current information about pressing world issues, attitudes, and trends through public opinion polling, demographic research, and social science research. A subsidiary of Pew Charitable Trusts, the Pew Research Center's primary research areas include [U.S. politics and policy](#), [science & society](#), [global attitudes & trends](#), and [social & demographic trends](#), among others. In addition to its [methods](#), the organization makes many of its [data sets](#) available to the public for secondary analysis. Numerous [data interactives](#) and [publications](#) summarize the key insights from Pew's ongoing research and analysis.

## POLLS AND SURVEYS

### Kaiser Health Tracking Poll: Health Care Priorities for 2017

Poll. Kaiser Health Tracking Poll: Health Care Priorities for 2017. Henry J Kaiser Family Foundation.

<https://www.kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-health-care-priorities-for-2017>.

These findings from the Kaiser Health Tracking Poll illustrate health care priorities, opinions on the Affordable Care Act, individuals with pre-existing conditions, and other current topics. The poll, conducted in December 2016, indicates that

two-thirds of the American public believe President Trump should focus on lowering out-of-pocket health care costs—6 in 10 say lowering prescription drug costs is particularly important.

The Henry J Kaiser Family Foundation is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. Kaiser develops and runs its own policy analysis, journalism and communications programs. They are a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. Their product is information, always provided free of charge — from the most sophisticated policy research, to basic facts and numbers, to in depth health policy news coverage provided by their news service, to information young people can use to improve their health or the general public can use to understand the health reform law.

### **Public Opinion on Prescription Drugs and Their Prices**

Slides/Poll. Public Opinion on Prescription Drugs and Their Prices. Henry J Kaiser Family Foundation 2018.

<https://www.kff.org/slideshow/public-opinion-on-prescription-drugs-and-their-prices>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12633>

These charts and slides from the Henry J Kaiser Family Foundation provide 2018 data regarding national public opinion on prescription drug costs. It highlights prescription drug usage, opinions on costs and affordability, skipping or not filling a prescription due to cost, opinions on pharmaceutical companies, pharmaceutical profits and other contributors of high costs, and prescription drugs overall. Of note, the 2018 poll shows that 77 percent of Americans believe pharmaceutical companies are a major contributor to soaring drug prices. In fact, 76 percent surveyed want drug ads to include information about the costs.

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## **COUNTRY AND STATE PROFILES**

### **The Commonwealth Fund Country Profiles**

Country Profiles. The Commonwealth Fund Country Profiles. The Commonwealth Fund.

<http://international.commonwealthfund.org/countries>.

The Commonwealth Fund provides full country profiles on 19 international health systems. These country profiles describe the role of government, how systems are organized and financed, and who and what is covered. It also examines what each country is doing to ensure quality of care, reduce disparities, and promote coordinated care. Countries included are: Australia, Canada, China, Denmark, England, France, Germany, India, Israel, Italy, Japan, Netherlands, New Zealand, Norway, Singapore, Sweden, Switzerland, Taiwan, and the United States.

The Commonwealth Fund is a private foundation dedicated to promoting a high-performing health care system in the United States that increases access, improves quality, and works more efficiently—particularly for the country's more vulnerable populations. The organization's primary areas of focus are [health care coverage and access](#), [health care delivery reform](#), and [international health policy](#), regularly disseminating findings through freely available [publications and data](#). In addition to [case studies](#) that illuminate health care innovation or progress, the Commonwealth Fund publishes numerous [issue briefs and reports](#), [data interactives](#), and benchmarking [scorecards](#).

### **2018 Scorecard on State Health System Performance**

State Profiles. 2018 Scorecard on State Health System Performance. The Commonwealth Fund 2018.

<https://interactives.commonwealthfund.org/2018/state-scorecard/highlights>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12427>

This data publication from the Commonwealth Fund measures access to care, health care quality, efficiency in care delivery, health outcomes, and health disparities across the United States. In addition to ranking states on more than 40

measures, the report highlights four key trends from the analysis: states are grappling with rising death rates, high levels of obesity, and gaps in mental health care; regional and within-state disparities persist; many states are not getting good value for their health care dollars; and states progressed in areas that were prioritized as targets for improvement (e.g., insurance coverage). The authors indicate that there are multitude of approaches that states can leverage for health system improvement, ranging from expanding Medicaid eligibility to promoting secure ways to share electronic health information. The analysis emphasizes that all states can improve their health care performance, and that even lower-ranking states have positive lessons learned to share.

## INFOGRAPHICS

### **Visualizing Health Policy: Recent Trends in Prescription Drug Costs**

Infographic. Visualizing Health Policy: Recent Trends in Prescription Drug Costs. Henry J Kaiser Family Foundation 2016. <https://www.kff.org/infographic/visualizing-health-policy-recent-trends-in-prescription-drug-costs>.

This infographic from the Kaiser Family Foundation highlights national spending on prescription drugs and the public opinion on pharmaceutical prices. Visualizing Health Policy is a monthly infographic series produced in partnership with the *Journal of the American Medical Association (JAMA)*.

### **Out-of-Control Prices, the Side Effect Big Pharma Never Mentioned**

Infographic. Out-of-Control Prices, the Side Effect Big Pharma Never Mentioned. America's Health Insurance Plans 2018; Jul 17. [https://www.ahip.org/wp-content/uploads/2018/07/ThenvsNow\\_DrugPricing-080718.pdf](https://www.ahip.org/wp-content/uploads/2018/07/ThenvsNow_DrugPricing-080718.pdf).

This infographic from America's Health Insurance Plans (AHIP) spotlights certain drugs and their drastic increase in prices over the last few years. The pharmaceutical industry or "Big Pharma" is being accused of unethically spiking up prices or *price gouging*. This phenomenon has serious consequences for patients, who often must choose between daily expenses and taking life-saving medication.

### **Where Does Your Healthcare Dollar Go?**

Infographic. Where Does Your Healthcare Dollar Go? America's Health Insurance Plans 2018.

<https://www.ahip.org/health-care-dollar>.

This captivating graphic from America's Health Insurance Plans (AHIP) breaks down the different categories that requires spending in health care. Each dollar goes towards areas including care management, technology and analytics, and administration. This infographic can help learners understand different components of the health care system that need financing.

### **10 Essential Facts About Medicare and Prescription Drug Spending**

Fact Sheet/Infographic. 10 Essential Facts About Medicare and Prescription Drug Spending. Henry J Kaiser Family Foundation 2018. <https://www.kff.org/infographic/10-essential-facts-about-medicare-and-prescription-drug-spending>.

This fact sheet from the Kaiser Family Foundation summarizes key facts about Medicare and prescription drug spending. Even with Medicare's prescription use coverage, beneficiaries can face significant out-of-pocket costs. This online fact sheet displays trends in Medicare spending on prescription drugs, beneficiary out-of-pocket drug spending, and the public opinion on methods to drive down costs.

### **Health Care Spending in the United States and Other High-Income Countries**

Infogram. Health Care Spending in the United States and Other High-Income Countries. The Commonwealth Fund 2018. <https://infogram.com/bc20ff6f-1f6a-4772-9ffc-a6b4a71abeda>.

How does the United States compare with other high-income countries in health-adjusted life expectancy, physicians' compensation, total pharmaceutical spending per capita, and spending on administration? This informational chart produced by the Commonwealth Fund helps compare how several high-income countries spend their health care money.

**CHARTS****What Are the Recent and Forecasted Trends in Prescription Drug Spending?**

Infographic/Interactive. Chart Collections. What Are the Recent and Forecasted Trends in Prescription Drug Spending? Peterson-Kaiser Health System Tracker. Henry J Kaiser Family Foundation 2017.

<https://www.healthsystemtracker.org/chart-collection/recent-forecasted-trends-prescription-drug-spending>.

One in four people taking prescription drugs report difficulty affording their medication, and there is bipartisan support for government action to lower prescription drug costs. This chart collection from the Peterson-Kaiser Health System Tracker explores trends in spending on prescription drugs, a popular topic among consumers and policymakers alike.

**How Do Healthcare Prices and Use in the U.S. Compare to Other Countries?**

Infographic/Interactive. Chart Collections. How Do Healthcare Prices and Use in the U.S. Compare to Other Countries? Peterson-Kaiser Health System Tracker. Henry J Kaiser Family Foundation 2018.

<https://www.healthsystemtracker.org/chart-collection/how-do-healthcare-prices-and-use-in-the-u-s-compare-to-other-countries>.

Even with fewer office visits and shorter average hospital stays, the United States overall spends twice as much per person on health care than do other high-income countries. The contributors of this Kaiser Family Foundation chart collection found that high health spending relative to comparable countries can be attributed to higher prices in the United States more so than utilization of services.

**Pharmaceutical Spending**

Chart/Table. Pharmaceutical Spending. Organisation for Economic Co-operation and Development 2017.

<https://data.oecd.org/healthres/pharmaceutical-spending.htm#indicator-chart>.

This data table from the Organisation for Economic Co-operation and Development (OECD) shows total pharmaceutical spending as a share of total health spending, in USD per capita, or as a share of GDP. Both the graphic and raw data can be downloaded.

**Charts, Infographics, Interactives**

Chart/Graphic. Charts, Infographics, Interactives. The Commonwealth Fund.

<https://www.commonwealthfund.org/publications-data>.

The Commonwealth Fund has a listing of charts, infographics, and interactives under “Publications and Data”. This comprehensive set of information covers topics ranging from Medicaid expenditures to ways to achieve universal health coverage. The Commonwealth Fund is a private foundation dedicated to promoting a high-performing health care system in the United States that increases access, improves quality, and works more efficiently—particularly for the country’s more vulnerable populations.

**Growth in Health Spending as Share of Economy**

Chart/Graphic. Growth in Health Spending as Share of Economy. The Commonwealth Fund 2018.

[https://www.commonwealthfund.org/sites/default/files/2018-07/File\\_02.pptx](https://www.commonwealthfund.org/sites/default/files/2018-07/File_02.pptx).

This graphic from the Commonwealth Fund displays the different levels of growth in health spending for both the public and private sector, which has contributed to an overall increase in health spending in terms of GDP.

**SLIDES****Public Opinion on Prescription Drugs and Their Prices**

Slides/Poll. Public Opinion on Prescription Drugs and Their Prices. Henry J Kaiser Family Foundation 2018.

<https://www.kff.org/slideshow/public-opinion-on-prescription-drugs-and-their-prices>.

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of high costs, and prescription drugs overall. Of note, the 2018 poll shows that 77 percent of Americans believe pharmaceutical companies are a major contributor to soaring drug prices. In fact, 76 percent surveyed want drug ads to include information about the costs.

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### **Charts and Slides**

Chart/Graphic. Charts and Slides. Henry J Kaiser Family Foundation. <https://www.kff.org/charts-slides>.

The Henry J Kaiser Family Foundation has a collection of key slides, charts, and presentations that a user can browse by keyword or topic. The Henry J Kaiser Family Foundation is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. Kaiser develops and runs its own policy analysis, journalism and communications programs. They are a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. Their product is information, always provided free of charge — from the most sophisticated policy research, to basic facts and numbers, to in depth health policy news coverage provided by their news service, to information young people can use to improve their health or the general public can use to understand the health reform law.

## **MULTIMEDIA**

### **DRUG\$: The Price We Pay**

Film. DRUG\$: The Price We Pay. Foxhound Productions, AIDS Healthcare Foundation 2018. <https://drugsthefilm.com>. “DRUG\$: The Price We Pay,” is a film that unveils the U.S. drug pricing ecosystem that protects drug companies and their patents at the expense of patients. Through a series of in-depth interviews with patients, policymakers, pharmaceutical and insurance company employees, doctors, scientists, and economists, this film illuminates the conditions under which pharmaceutical companies ensure sustained profit increases, and others fight for affordable prescription drugs.

### **The True Story of America’s Sky-High Prescription Drug Prices**

Comic. Kliff S. The True Story of America’s Sky-High Prescription Drug Prices. Vox 2018; May 10. <https://www.vox.com/science-and-health/2016/11/30/12945756/prescription-drug-prices-explained>.

This comic from Vox examines the contrast in United States’ high drug pricing versus other developed nations’ lower drug prices, and detail’s the US pharmaceutical regulation policies.

### **Why Are U.S. Prescription Drug Prices So High?**

Podcast. Why Are U.S. Prescription Drug Prices So High? The Commonwealth Fund 2017; Oct 17. <https://www.commonwealthfund.org/publications/podcast/2017/oct/why-are-us-prescription-drug-prices-so-high>.

This podcast from the Commonwealth Fund addresses the root causes of high drug prices in the United States. Interviews include patients affected by high pharmaceutical pricing, key stakeholders in organizations seeking to address affordability issues, and members of Congress.

### **Skipping Drug She Can’t Afford**

Video. Skipping Drug She Can’t Afford. ProPublica 2018; Mar 5. <https://youtu.be/3b7IL1sSOoE>

This video from ProPublica’s 2018 series, [The Price They Pay](#), tells the story of Sandra Johnson, a 57-year-old woman suffering from congestive heart failure and diabetes. With an annual salary of \$20,000 she – like many others “in-between” income brackets– does not meet the low-income require to qualify her for assistance to cover the 12 medications she relies upon to manage her conditions.

**Treating a Common Children's Ailment Isn't Cheap**

Video. Treating a Common Children's Ailment Isn't Cheap. ProPublica 2018; Mar 5. [https://youtu.be/Dl5s\\_j7O8xU](https://youtu.be/Dl5s_j7O8xU).

This video from ProPublica's 2018 series, [The Price They Pay](#), tells the story of Aviva Williams, who after discovering her daughters' pinworm infection, struggles to afford the \$1,000 bill to treat her family with an anti-parasite medication that has been on the market for decades.