

Action Guide for PAYERS AND PURCHASERS



As the end-users of health technology assessment (HTA), payers and purchasers play a critical role in ensuring that how they act on assessments reduces health disparities and works toward more equitable health outcomes. In considering findings from an HTA as part of designing health plans, determining benefits, making formulary decisions, or setting reimbursement rates, payers and purchasers must consider how well the HTA integrates equity considerations. Questions for employer purchasers, and commercial and public payers to consider when assessing appropriateness of HTA findings for decision-making include:

- How did patients and caregivers contribute to the HTA process? To what extent did they shape the scope and research questions, analysis, interpretation, and reporting? To what extent did they have decision-making authority (e.g., co-leadership, approval of final report), and at what stages?
- How representative were patient and caregiver partners of communities that may be impacted by decisions based on these HTA findings? Which perspectives may be missing?
- How diverse is the team that conducted the HTA in terms of culture, language, race/ethnicity, professional training, gender, socioeconomic status, or geography? What expertise did the team bring in equity, community engagement, or lived experience within marginalized communities?

When taken by chief medical officers, medical or pharmacy directors, members of pharmacy and therapeutics (P&T) committees, and leaders within pharmacy benefit managers (PBMs), the actions below will base coverage decisions on equity-centered HTA.

Payer and purchaser actions to center equity in HTA:

- Request that evidence submissions include details of partnerships with patients and caregivers, including their roles and contributions.
- Consider adequacy of representation for marginalized communities, including their role in HTA conduct, when evaluating appropriateness of an HTA for decision-making.
- Collect self-reported demographic data from members of the P&T committee reviewing HTA in decision-making. Publicly report diversity of committee membership.
- When evaluating appropriateness of an HTA for decision-making, assess patient and caregiver engagement as a criterion of evaluating appropriateness.
- Invest in fellowships and other training initiatives to help underrepresented individuals enter and succeed in health economics and outcomes research (HEOR) careers.



Resource Spotlight: Guidance for Payers and Purchasers

- The Center for Health Care Strategies (CHCS) offers a [Checklist for Medicaid Decision-Makers](#) when developing payment and spending strategies to advance health equity. The guide includes eight key questions for state and other payers to consider, including what they pay for, who they contract with, and who is involved in decision-making.
- CHCS also provided recommendations to the California Department of Health Care Services on [designing a Medi-Cal Member Advisory Committee](#). Following this guidance will help public and commercial payers equitably engage marginalized communities in key decision-making.
- Proposed revisions to the [AMCP Format for Formulary Submissions: Guidance on Submission of Pre-Approval and Post-Approval Clinical and Economic Information and Evidence](#) includes information on representativeness in clinical trials that can also guide HTA practices.

