IQVIA INSTITUTE FOR HUMAN DATA SCIENCE

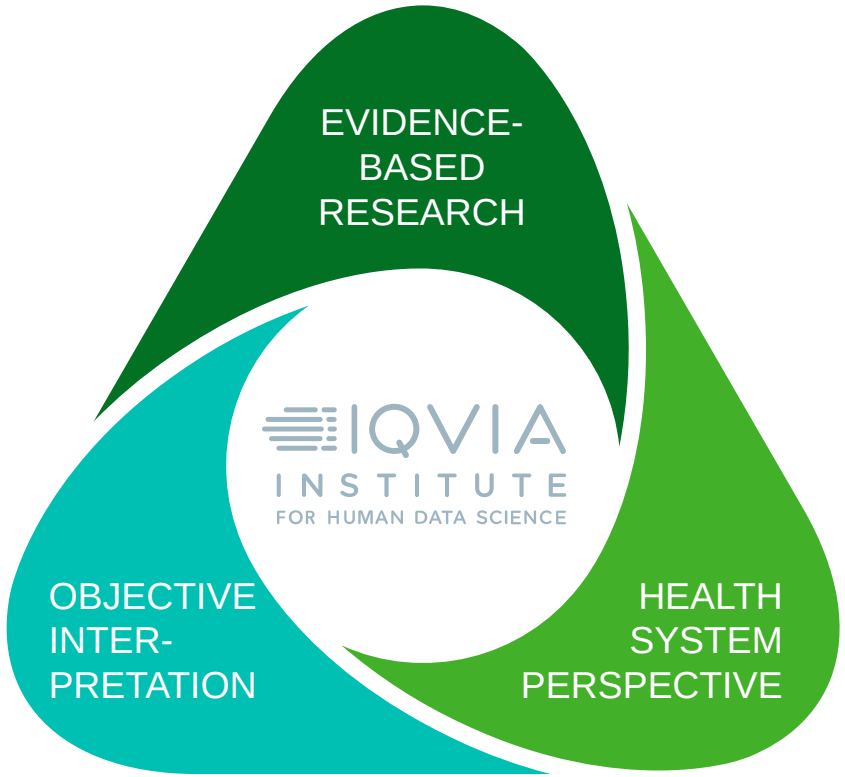
IQVIA Research Forum 2022

Pathways and Priorities for High Impact Health Research

October 2022

IQVIA Institute for Human Data Science contributes to advancing human health by generating rigorous, evidence-based research

- PROPRIETARY DATA SOURCES*
- SUBJECT MATTER EXPERTS
- ADVANCED ANALYTICAL SKILLS
- THIRD PARTY INFORMATION
- ACADEMIC PARTNERS
- EXTERNAL EXPERTS



- **LIBRARY** OF REPORTS
- **CONFERENCES** AND **FORUMS**
- PEER-REVIEWED **RESEARCH**
- **PRESS AND SOCIAL MEDIA** ENGAGEMENT

*No confidential sponsor or customer data is accessible or used

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Support for academic researchers

How researchers can benefit from IQVIA data

Through collaboration with the IQVIA Institute, researchers have access to a broad range of proprietary databases and tools to support independent research, discovery work, and requirement development for future funded studies.

Collaborating with the IQVIA Institute

Researchers interested in collaborating with the IQVIA Institute on specific research studies should contact us at **info@iqviainstitute.org.**

Detailed information is available on our web site at **iqviainstitute.org** under Research Support.

IQVIA data assets frequently used in academic research

1. **Formulary Impact Analyzer:** Pharmacy claims with insight into paid, rejected or reversed adjudication status.
2. **Longitudinal Prescription Claims (LRx):** Prescription claims from retail, mail and long-term care pharmacies.
3. **Medical and Institutional Claims (Dx and Hx):** Unadjudicated office and institutional medical claims.
4. **MIDAS:** Global pharmaceutical sales at a country and therapeutic level.
5. **National Prescription Audit (NPA):** Nationally projected prescription volume from retail, mail and long-term care pharmacies.
6. **National Sales Perspectives (NSP):** Nationally projected ship-to transaction volume and revenue to all retail and non-retail entities.
7. **OneKey:** Comprehensive healthcare organizational and professional affiliation data.
8. **Pharmetrics Plus for Academics:** Longitudinal health plan data for adjudicated claims.

Five key themes

Exploring the elusive nature of applied research in national health crises

How to improve the effectiveness of critical health research?

Monday, Oct 10
10 - 11 a.m.

Incorporating the impact of social determinants on outcomes in healthcare research

What are the considerations for the broader use of social determinants in research?

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11 a.m. - 12 p.m.

Navigating the complexity and heterogeneity of patient affordability and access

What do affordability and access mean in a diverse population?

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Elevating the value to patients of academic health research

What research strategies can achieve increased value to patients?

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Charting the future of high impact health research

How to raise the ongoing value of health research?

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Speakers

Session 1

Kao-Ping Chua, Ph.D., MD
Assistant Professor, Dept of Pediatrics; Assistant Professor Health Management and Policy, University of Michigan School of Public Health

Katie Suda, PharmD, MS
Professor of Medicine, University of Pittsburgh Department of Medicine; University of Pittsburgh Center for Pharmaceutical Policy and Prescribing

Brendan Saloner, Ph.D.
Associate Professor, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health

Moderator: Murray Aitken, Executive Director, IQVIA Institute

Session 2

Inmaculada Hernandez, PharmD, Ph.D.
Associate Professor, Division of Clinical Pharmacy, Skaggs School of Pharmacy and Pharmaceutical Science, University of California San Diego

Susan dosReis, Ph.D.
Professor, Department of Pharmaceutical Health Services Research, University of Maryland School of Pharmacy

Dima Qato, PharmD, MPH, Ph.D.
Senior Fellow, USC Schaeffer Center; Associate Professor, USC School of Pharmacy, University of Southern California

Moderator: Mui Van Zandt, VP&GM Real World Data & Tech

Session 1: Exploring the elusive nature of applied research in national health crises

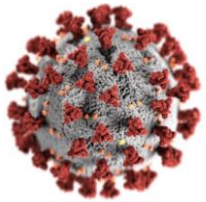
Day 1, Session 1: Exploring the Elusive Nature of Applied Research in National Health Crises

Operational Challenges – Data and Methodology

Integrating multiple data assets

Balancing speed with validation of evidence

Determining the type of data and insights needed in a national health crisis



COVID-19 Pandemic

Opioid Epidemic

Antimicrobial Resistance

Navigating the Landscape

Clarifying role of research with policymakers

Assessing impact of policies

Navigating multi-stakeholder collaborations

Managing public scrutiny

Learning from Research

Determining most effective research in national crises

Prioritizing areas for improvement

Using research to prepare for the next health crisis

Challenges of Conducting Timely, High-Quality Health Care Studies During the COVID-19 Pandemic

Kao-Ping Chua, MD, PhD
Assistant Professor of Pediatrics
Susan B. Meister Child Health Evaluation and Research Center
Assistant Professor of Health Management and Policy
University of Michigan School of Public Health

Two key research challenges during COVID-19

- **Data lag:** time between the date that data arose and the date that researchers could access them

- **Publication lag:** time between manuscript submission and publication

Many healthcare databases have long lag times

- Claims databases: 1-3 years

- National surveys (e.g., Medical Expenditure Panel Survey) and discharge databases (e.g., Nationwide Inpatient Sample) – 2 years

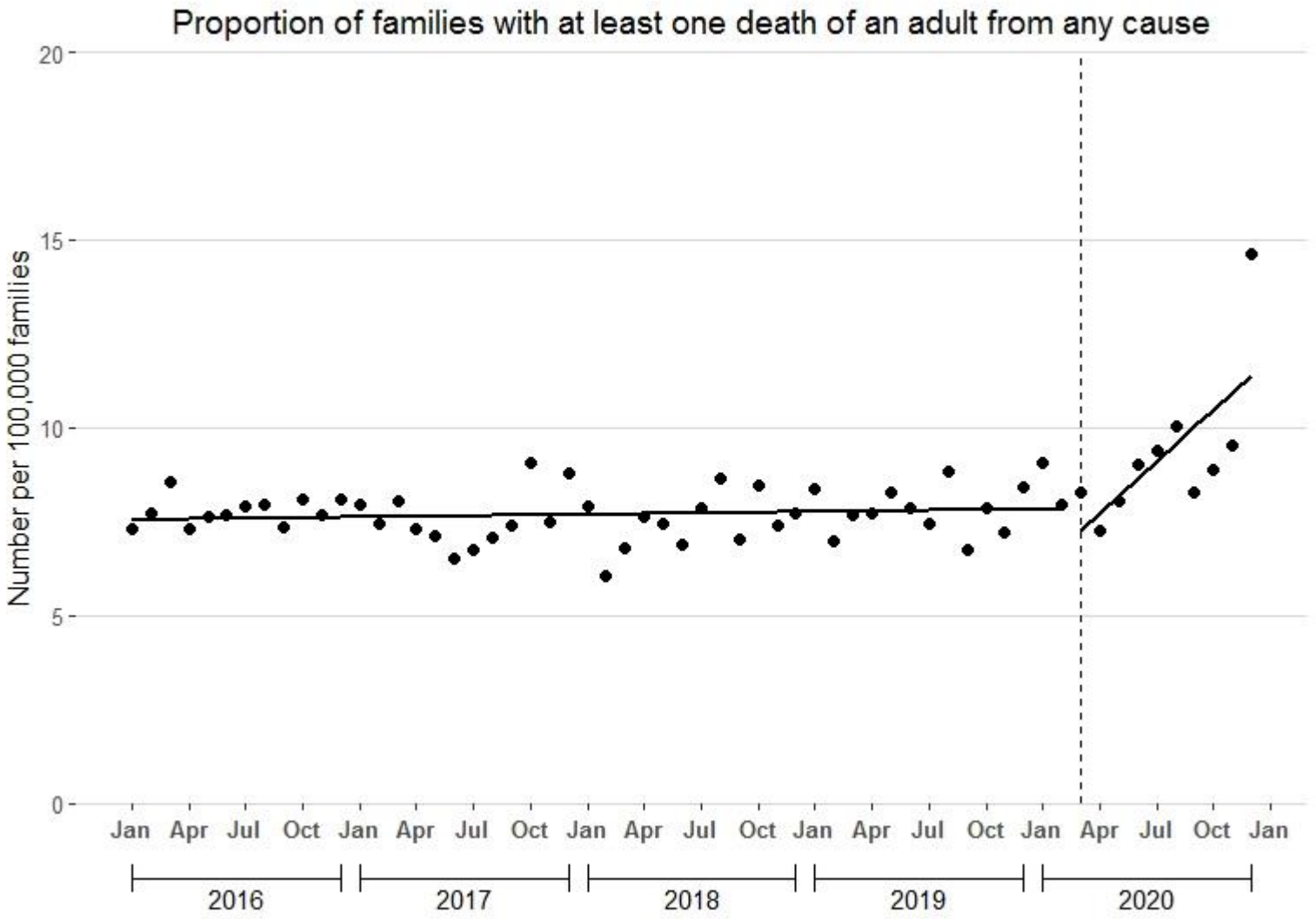
Implications of data lag

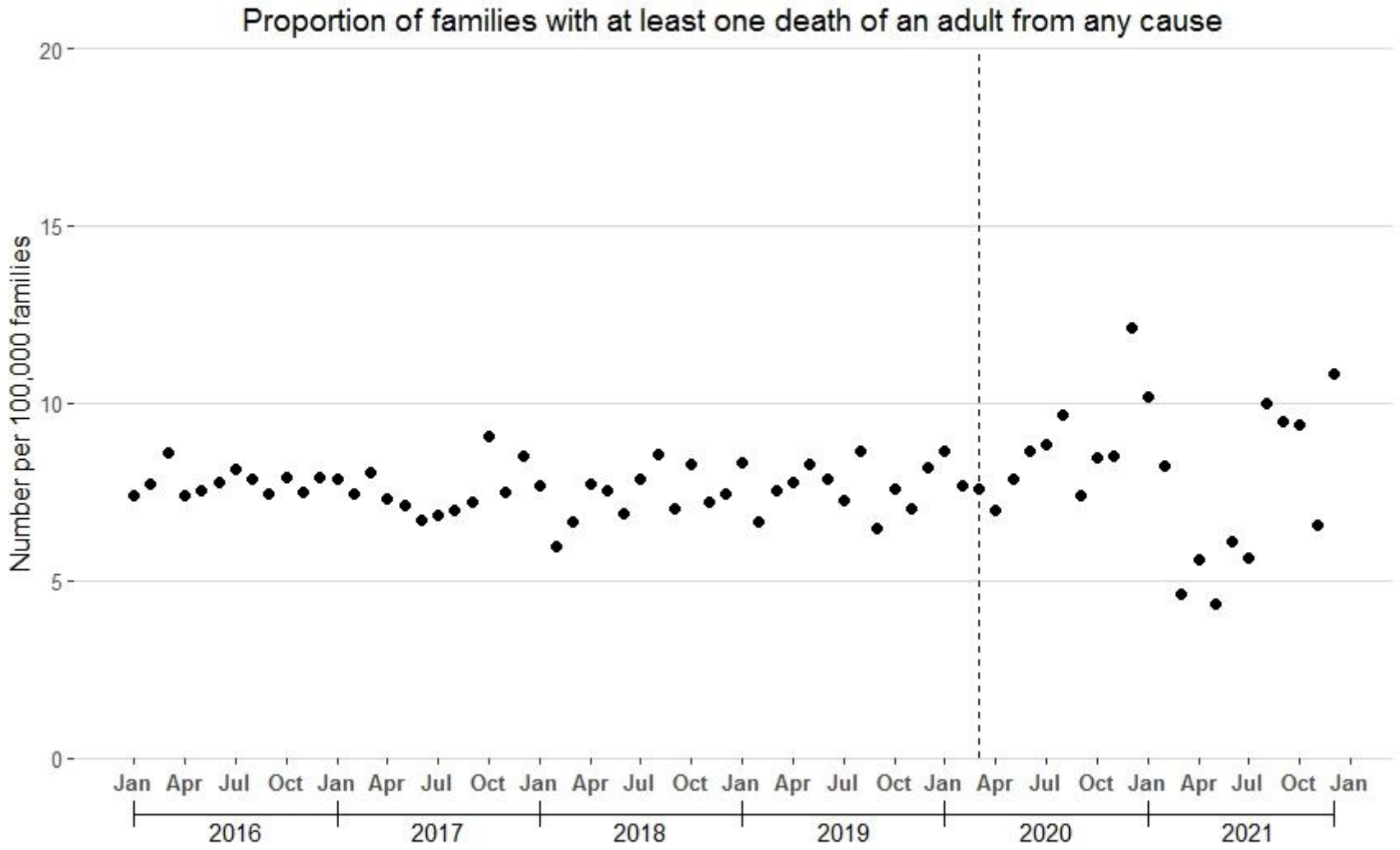
- Many early studies of healthcare during the pandemic were single-center
  - Tradeoff between timeliness and quality

Implications of data lag

- Many early studies of healthcare during the pandemic were single-center
  - Tradeoff between timeliness and quality

- Temptation to publish preliminary data on COVID-19-related changes, rather than wait for more data


Proportion of families with at least one death of an adult from any cause
Number per 100,000 families
20
15
10
5
0
Jan Apr Jul Oct Jan Apr Jul Oct Jan Apr Jul Oct Jan Apr Jul Oct Jan Apr Jul Oct Jan
2016
2017
2018
2019
2020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2016
2017
2018
2019
2020
2021

Initiatives to increase access to timely data faced implementation challenges

- COVID-19 Research Database
  - Consortium of major health data companies deposited data into enclave and allowed free access
  - Delays associated with gaining access to data and exporting results

- IQVIA Human Data Science Research Collaborative
  - Free access to IQVIA pharmacy and medical claims from Jan 2018-August 2020
  - Data delivery delayed by several months

Summary

- Many traditional data sources had too long of a lag to be useful during the pandemic
- Real-time data were difficult to access despite stakeholder efforts
- Need a nimbler method to get these data in the hands of researchers

Publication lag

- Typical time between submission and publication if manuscript isn't rejected by the first journal: 4-6 months

- Much longer if manuscript is rejected

Implications of publication lag

- Increased use of pre-print servers

- Tradeoff between timeliness and quality
  - Errors resulted in false narratives in the media

- Tradeoff between immediate impact and academic advancement
  - Pre-prints don’t count towards promotion
  - Many journals do not publish manuscripts posted on pre-print servers

Out-of-pocket costs for COVID-19 hospitalization

- In 2020, almost all insurers waived cost-sharing for COVID-19 hospitalization, but many started abandoning waivers in early 2021
- Question: how much would patients pay for COVID-19 hospitalizations without cost-sharing waivers?
- Analysis of IQVIA PharMetrics Plus for Academics Database
  - Identified COVID-19 hospitalizations in 2020 that were not covered by a waiver
  - Average out-of-pocket spending: $3,800 for privately insured, $1,500 for Medicare Advantage
- Finished analysis in May 2021
  - Post pre-print before submitting?

medRxiv
THE PREPRINT SERVER FOR HEALTH SCIENCES

CSH Cold Spring Harbor Laboratory BMJ Yale

Out-of-Pocket Spending for COVID-19 Hospitalizations in 2020

Kao-Ping Chua, Rena M. Conti, Nora V. Becker

doi: https://doi.org/10.1101/2021.05.26.21257879

Article usage: May 2021 to September 2022

Show by month	Abstract	Full-text HTML	PDF
Total	7,047	88	729

Picked up by **86** news outlets
Blogged by **2**
Tweeted by **37**

See more details

Original Investigation | Health Policy

October 18, 2021

Assessment of Out-of-Pocket Spending for COVID-19 Hospitalizations in the US in 2020

Kao-Ping Chua, MD, PhD[1,2]; Rena M. Conti, PhD[3]; Nora V. Becker, MD, PhD[4]

» Author Affiliations | Article Information

JAMA Netw Open. 2021;4(10):e2129894. doi:10.1001/jamanetworkopen.2021.29894

Summary

- Need to align academic incentives with the timely dissemination of data
- Academic promotions committees could consider high-impact, non-peer-reviewed products
- Journals could adopt a policy that doesn't penalize pre-prints (despite possibly decreased media attention)

Thank you

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The Elusive Nature of Applied Research in National Health Crises: Antibiotics, Opioids, and COVID-19.

Katie J. Suda, PharmD, M.S.

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University of Pittsburgh School of Medicine

Director, Transition to Independence Program (TIPs)

Research Health Scientist

Associate Director of Clinical Therapeutics

VA Center for Health Equity Research and Promotion

University of Pittsburgh

Disclosures

- I have no actual or potential conflicts of interest in relation to this presentation.
- I have received or am currently receiving research funding from AHRQ, CDC, FDA, NIH, and VA HSR&D, VA RR&D, and VA QUERI programs.

- *Opinions expressed today are those of the presenter and do not represent positions or views of the Department of Veterans Affairs or the U.S. Government.*

University of Pittsburgh

Every hour of every day.....

3 US persons die of an infection caused by an antibiotic-resistant pathogen.

3 US persons die of *Clostridioides difficile* infection (CDI).

5 US persons die of an opioid-related overdose.

How can national data inform these public health challenges?

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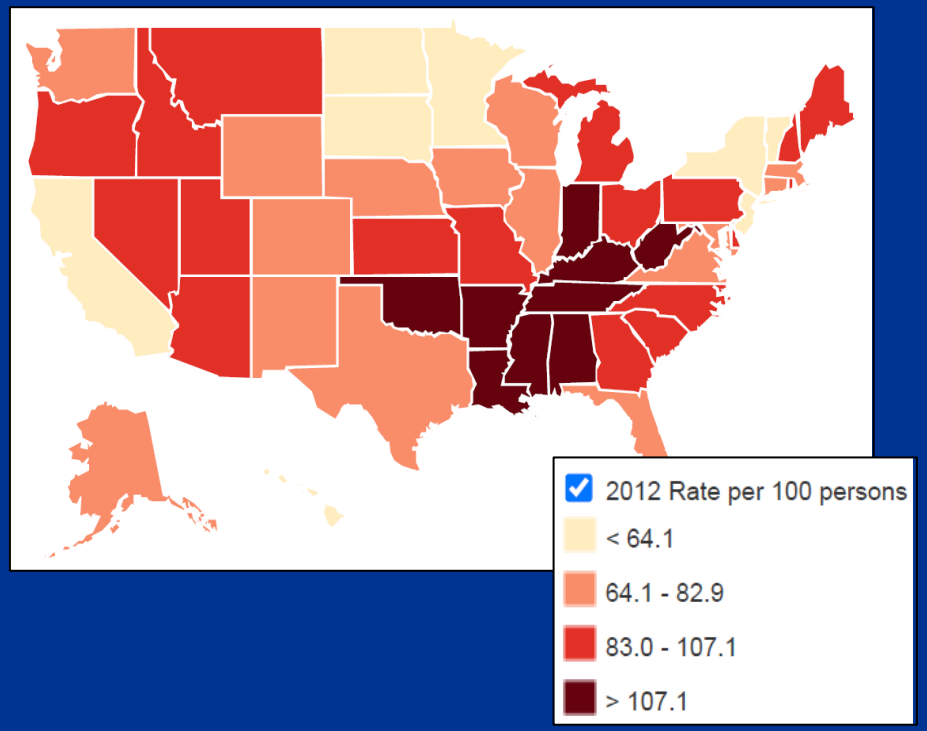
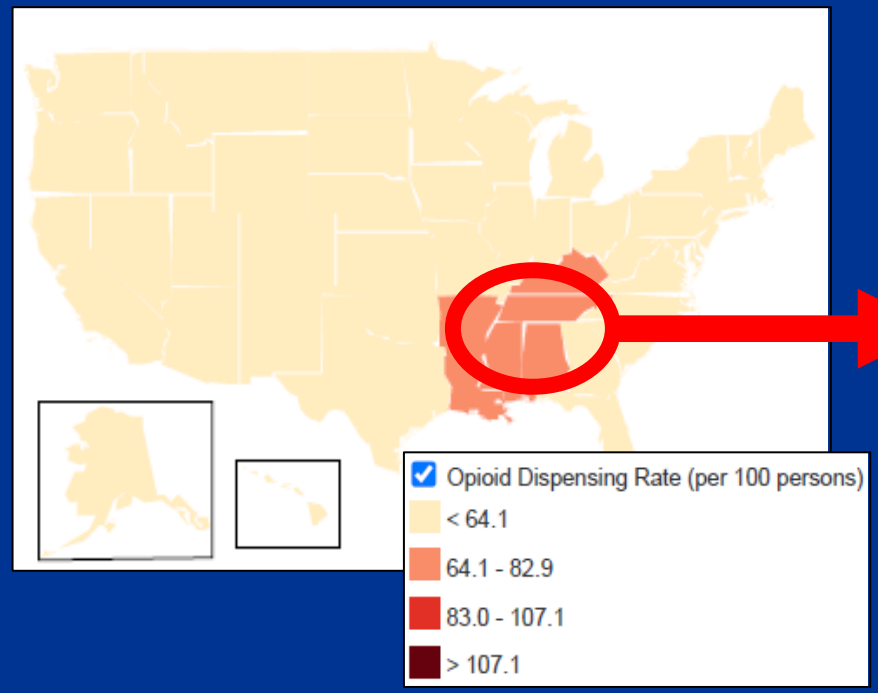
CDC: Monitor trends in opioid Rx.

IQVIA Xponent.

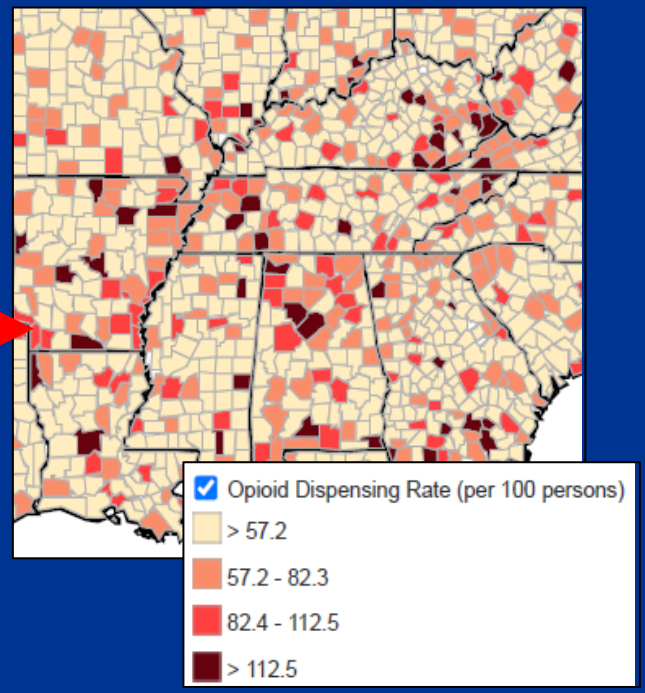
2012



2020



High Rx



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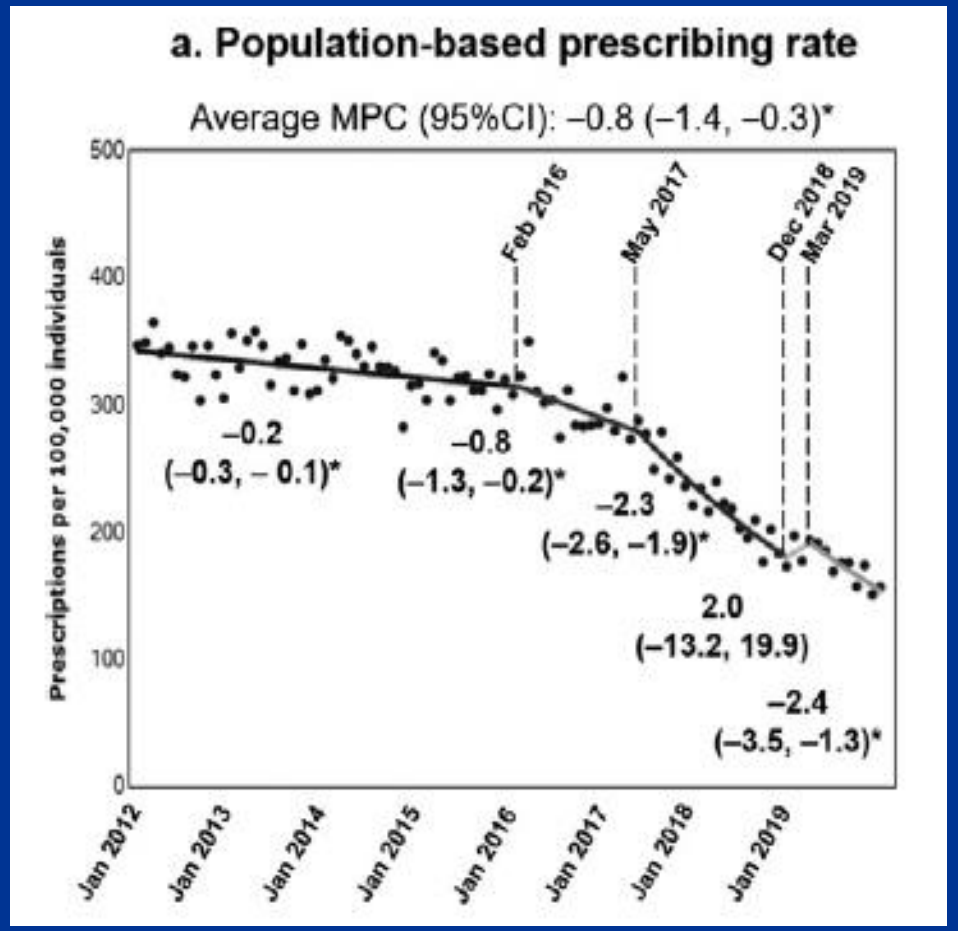
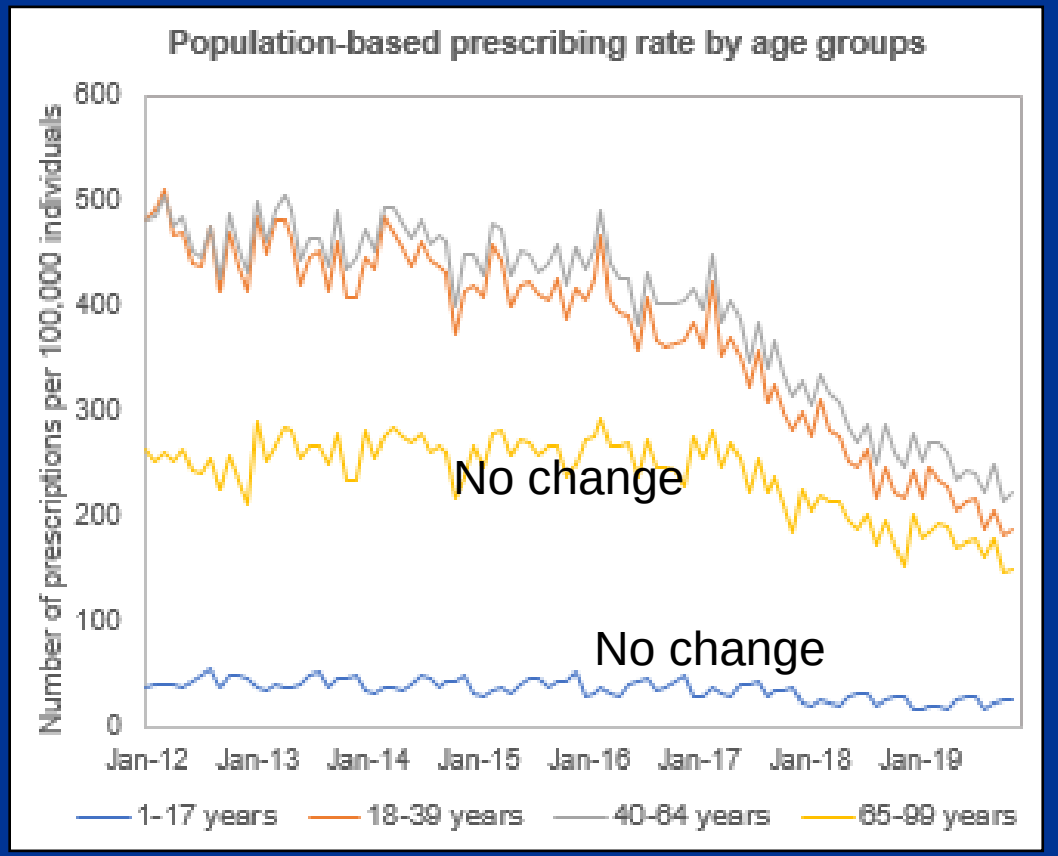
Injury Center. CDC. Available at: https://www.cdc.gov/drugoverdose/rxrate-maps/index.html#print. Accessed October 2, 2022.

Specific specialty: Dental opioids.

IQVIA LRx.





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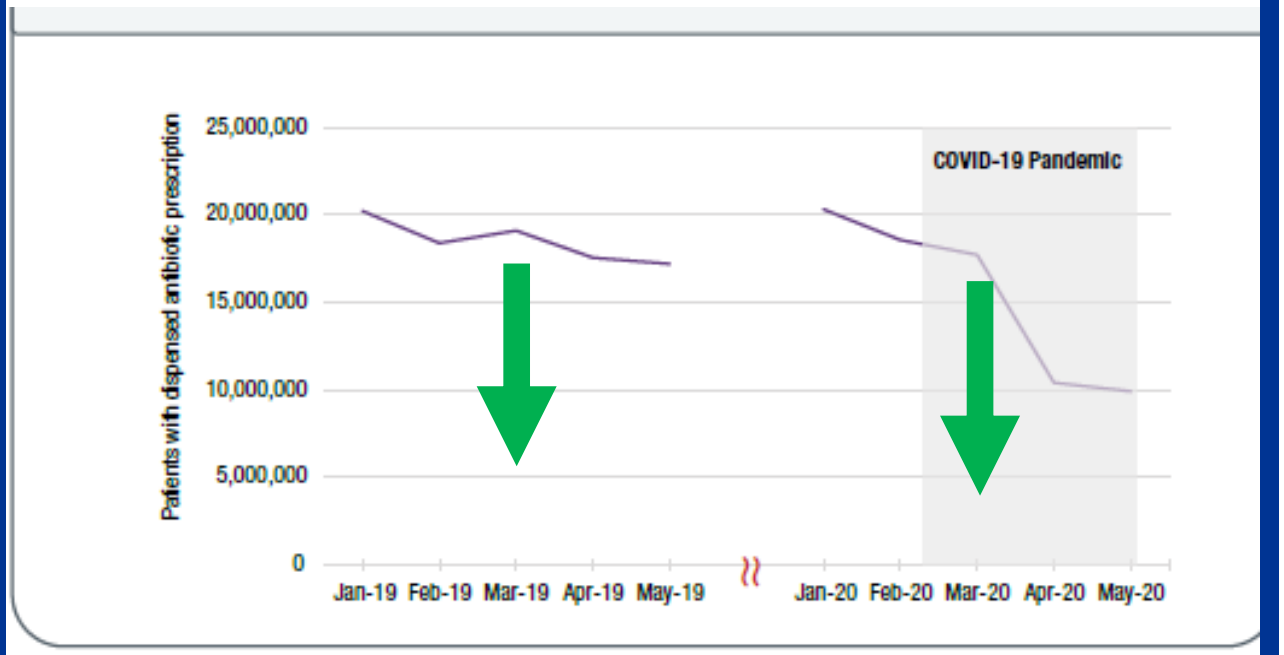
Yan CH, et al. *Am J Prev Med.* 2022;63(1):3-12.

CDC: COVID-19 and antibiotic use.

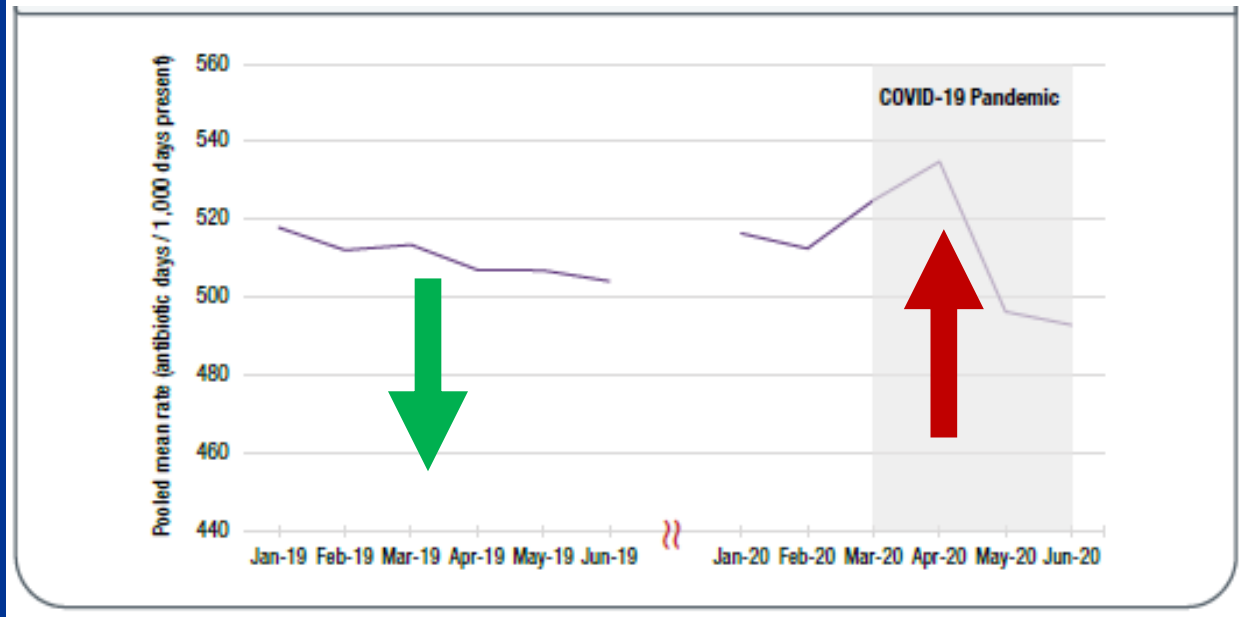
IQVIA Total Patient Tracker, CDC NHSN AU option.

Retail



Data Source: IQVIA Total Patient Tracker

Acute Care



Data Source: CDC National Healthcare Safety Network Antimicrobial Use Option

CDC. Antibiotic Use in the United States, 2020 Update: Progress and Opportunities. Atlanta, GA: US DHS, CDC; 2021. King LM, et al. *Clin Infect Dis.* 2021;73:e652-e660. Suda KJ, et al. *Antimicrob Agents Chemother.* 2014;58:2763-2766. King LM, et al. *Clin Infect Dis.* 2020;70:370-377.

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Assess Overprescribing

- 1 in 3 antibiotics prescribed in primary care are unnecessary (NAMCS, Marketscan)
  - RTI antibiotic: Urgent care > ED > ambulatory care clinics > retail clinics
- 1 in 3 dental opioids are overprescribed (Marketscan)
- Within health-systems, Black Medicare beneficiaries received lower doses of opioids than White Medicare beneficiaries
  - Race based on a *name algorithm*

Where is the patient perspective?
Patient reported measures & outcomes?

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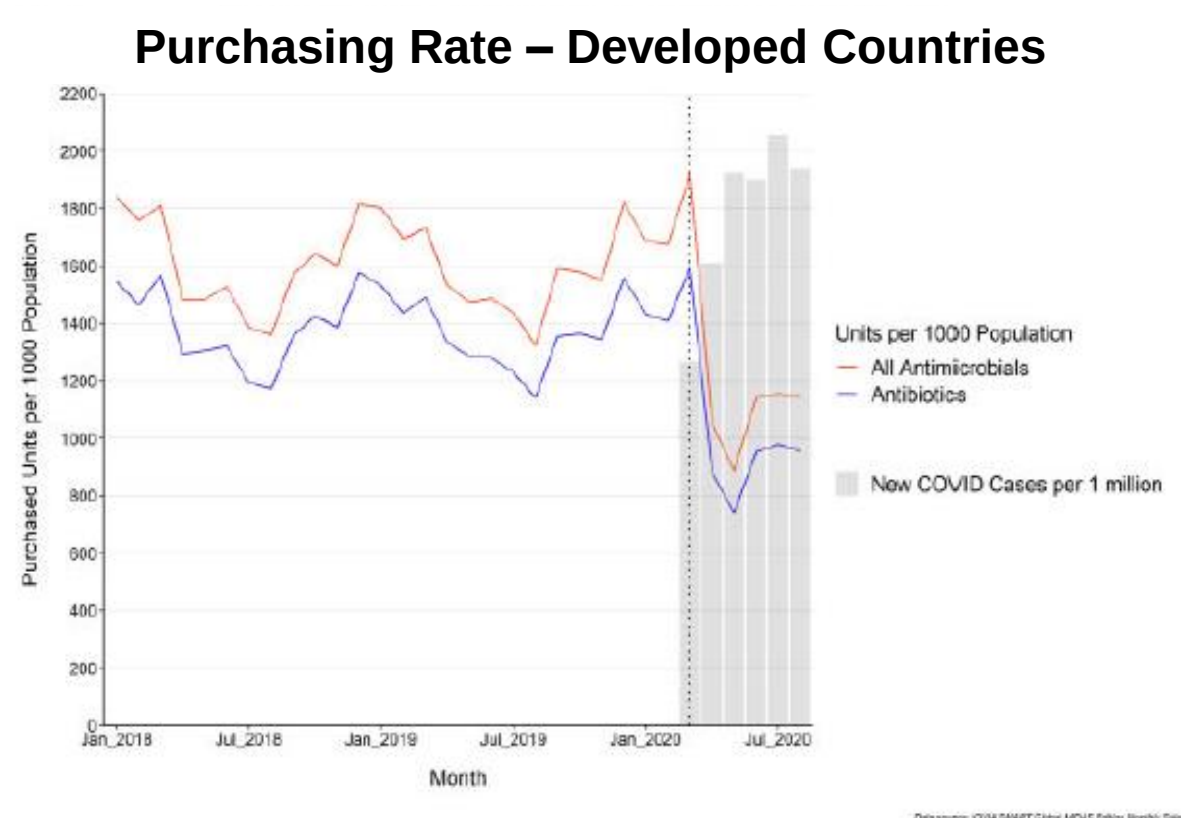
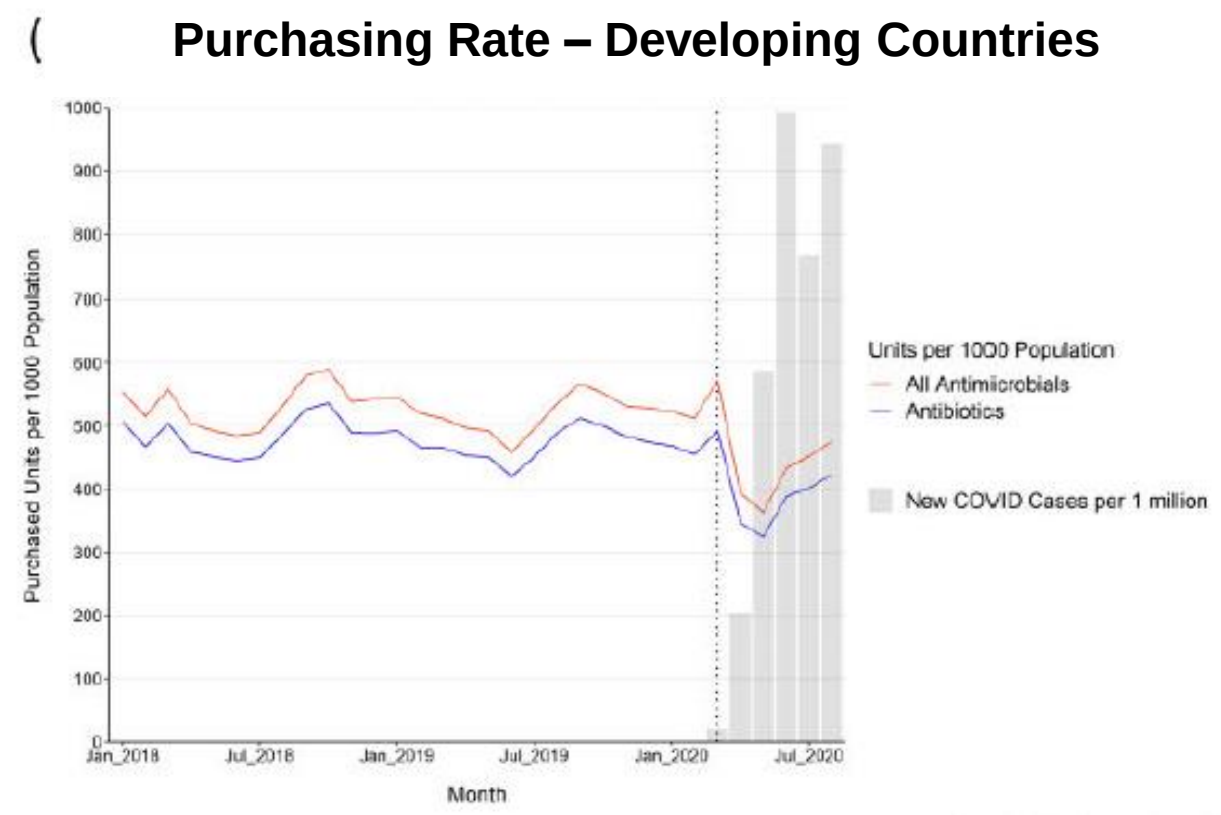
Chua KP, et al. *BMJ.* 2019;364:k5092. Fleming-Dutra KE, et al. *JAMA.* 2016;315(17):1864-1873. Palms DL, et al. *JAMA Intern Med.* 2018;178(9):1267-1269. Suda KJ, et al. *Am J Prev Med.* 2020;58(4):473-486. Modern NE, et al. *N Engl J Med.* 2021;385(4):342-351.

Equitable distribution: Anti-infectives.

IQVIA MIDAS.

Suda KJ, et al. *J Am Pharm Assoc.* 2022;62:766.744.
Khouja T, et al. *J Antimicrob Chemother.* 2022;77:1491-1499.





Purchases for anti-infectives increased in developed countries during COVID-19, but decreased in developing countries.

University of Pittsburgh

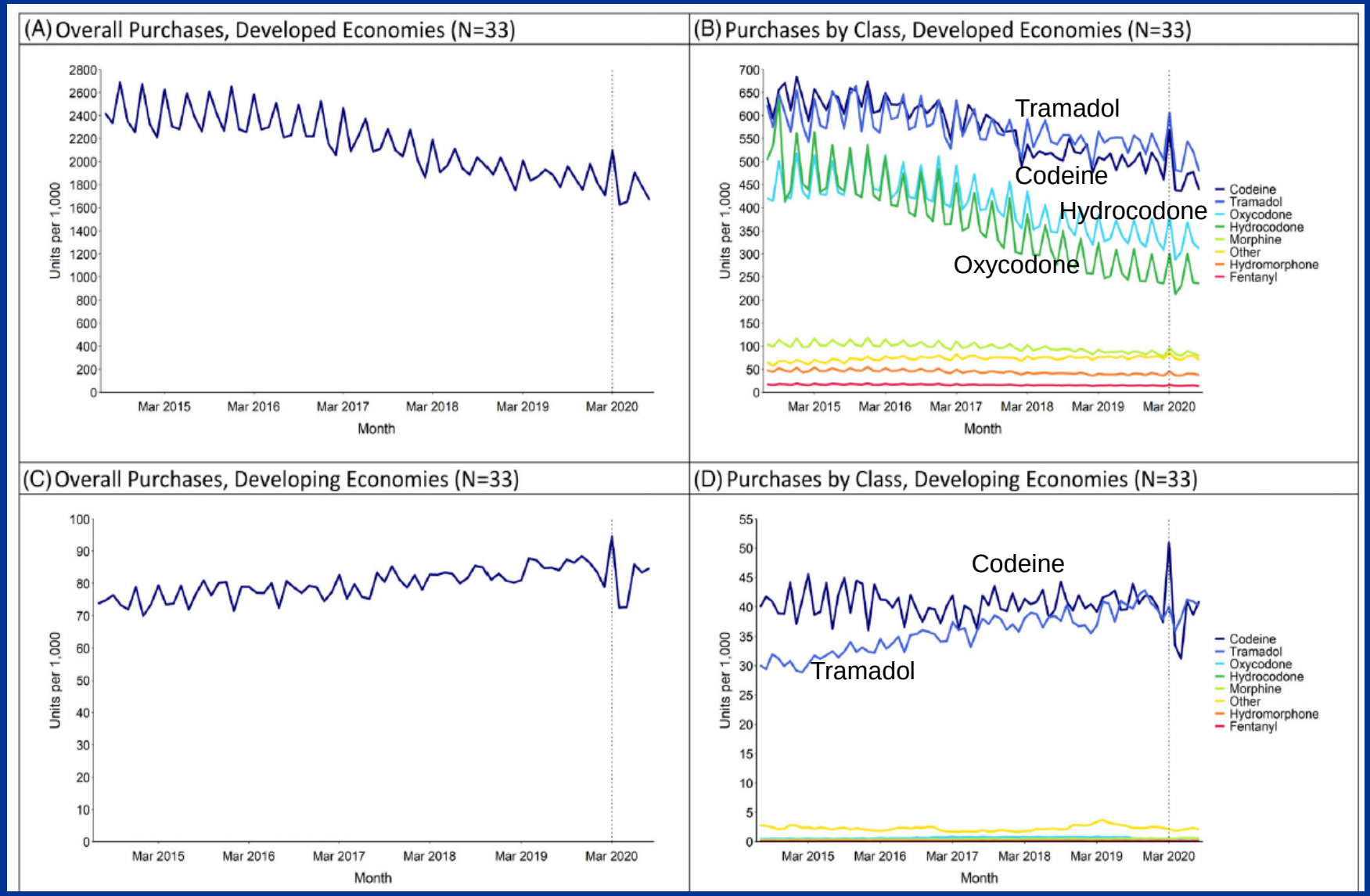
Equitable distribution: Opioids.

IQVIA MIDAS.

Gomes T, et al. *Pharmacoepi Drug Saf*. 2022;31:779-787.

Developed countries – 24% decrease

Developing countries – 15% increase



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Key messages

- Data is critical to address public health crises, target messaging to key groups, and inform interventions locally and nationally.

- The ideal data source is at the population-level with ability for granular geographic areas, near real-time, with prescriber, patient, and visit-level characteristics.

THANK YOU.

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University of Pittsburgh

Buprenorphine for Opioid Use Disorder in the Pandemic: *The Dog that Didn't Bark?*

Brendan Saloner, Ph.D.

Johns Hopkins Bloomberg School of Public Health

***Detective Gregory**: "Is there any other point to which you would wish to draw my attention?"*

***Holmes:** "To the curious incident of the dog in the night-time."*

***Gregory:** "The dog did nothing in the night-time."*

***Holmes:** "That was the curious incident."*

Buprenorphine for Opioid Use Disorder (OUD)

- Most commonly used among the three major medications for opioid use disorder (methadone, buprenorphine, naltrexone)
- Highly regulated under federal controlled substance laws (e.g., can only be prescribed by clinicians with a special license)
- Optimally taken as a long-term maintenance treatment

What we expected to happen…

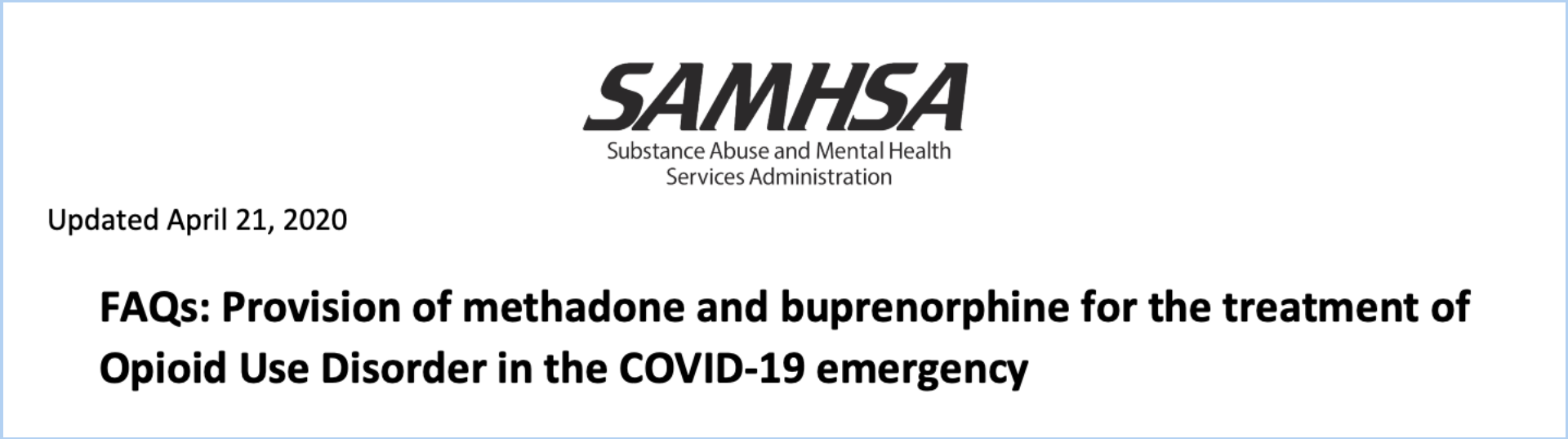
- In March 2020, rapid onset of stay at home orders were seen as an imminent threat to people with chronic disease

- Pre-pandemic most patients on buprenorphine for OUD were dependent on monthly visits to their prescriber + counseling sessions

- Discontinuation of buprenorphine is known to be a major risk factor for relapse and overdose

…but there was a rapid federal response

- Flexibility around telehealth for prescribers, shift to virtual counseling, decreased required urine testing

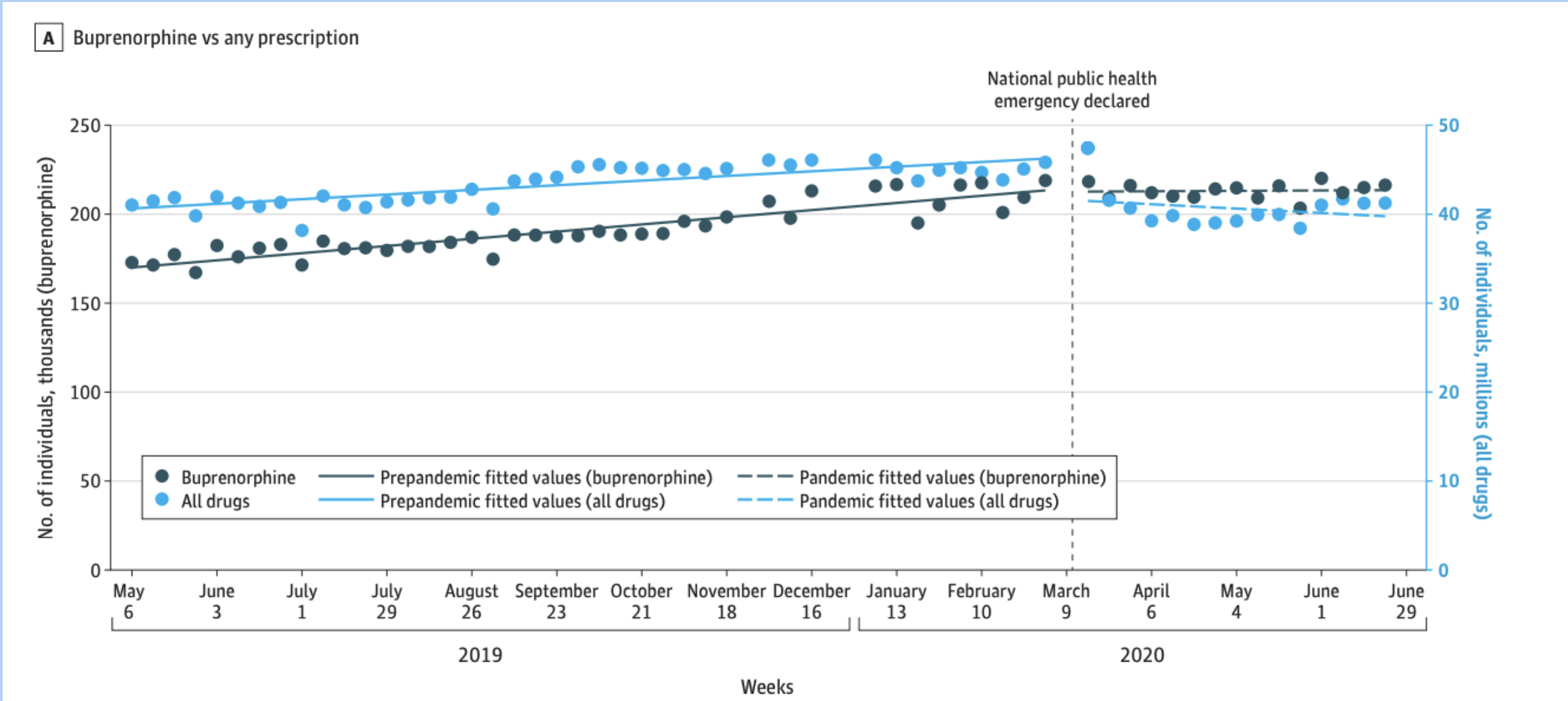

SAMHSA
Substance Abuse and Mental Health Services Administration

Updated April 21, 2020

FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency

Aggregate Analysis of Buprenorphine During the Early Pandemic Months

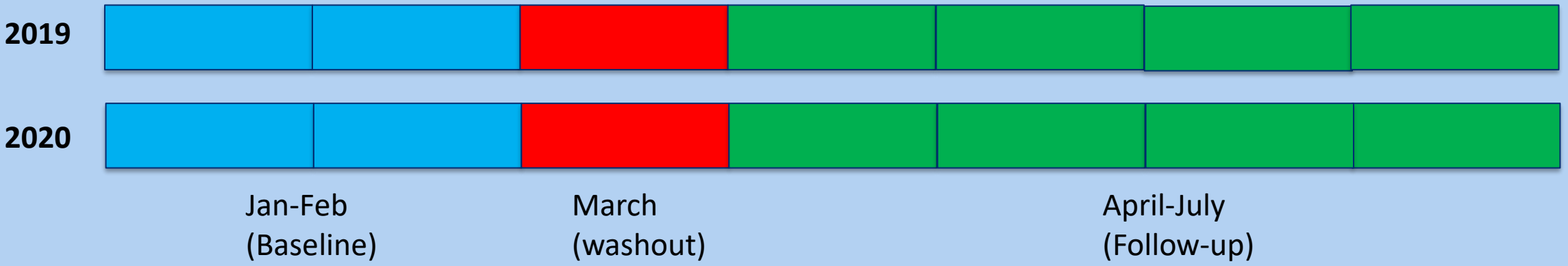
- Aggregate analysis of trends using Symphony Health data from May 1, 2019 to June 28, 2020
- Comparison of buprenorphine fill quantities versus all filled prescriptions
- Test for differences in trends pre- versus post-pandemic



Nguyen, T. D., Gupta, S., Ziedan, E., Simon, K. I., Alexander, G. C., Saloner, B., & Stein, B. D. (2021). Assessment of filled buprenorphine prescriptions for opioid use disorder during the coronavirus disease 2019 pandemic. *JAMA internal medicine*, *181*(4), 562-565.

Was the Stability in Buprenorphine Fills Experienced by All Groups?

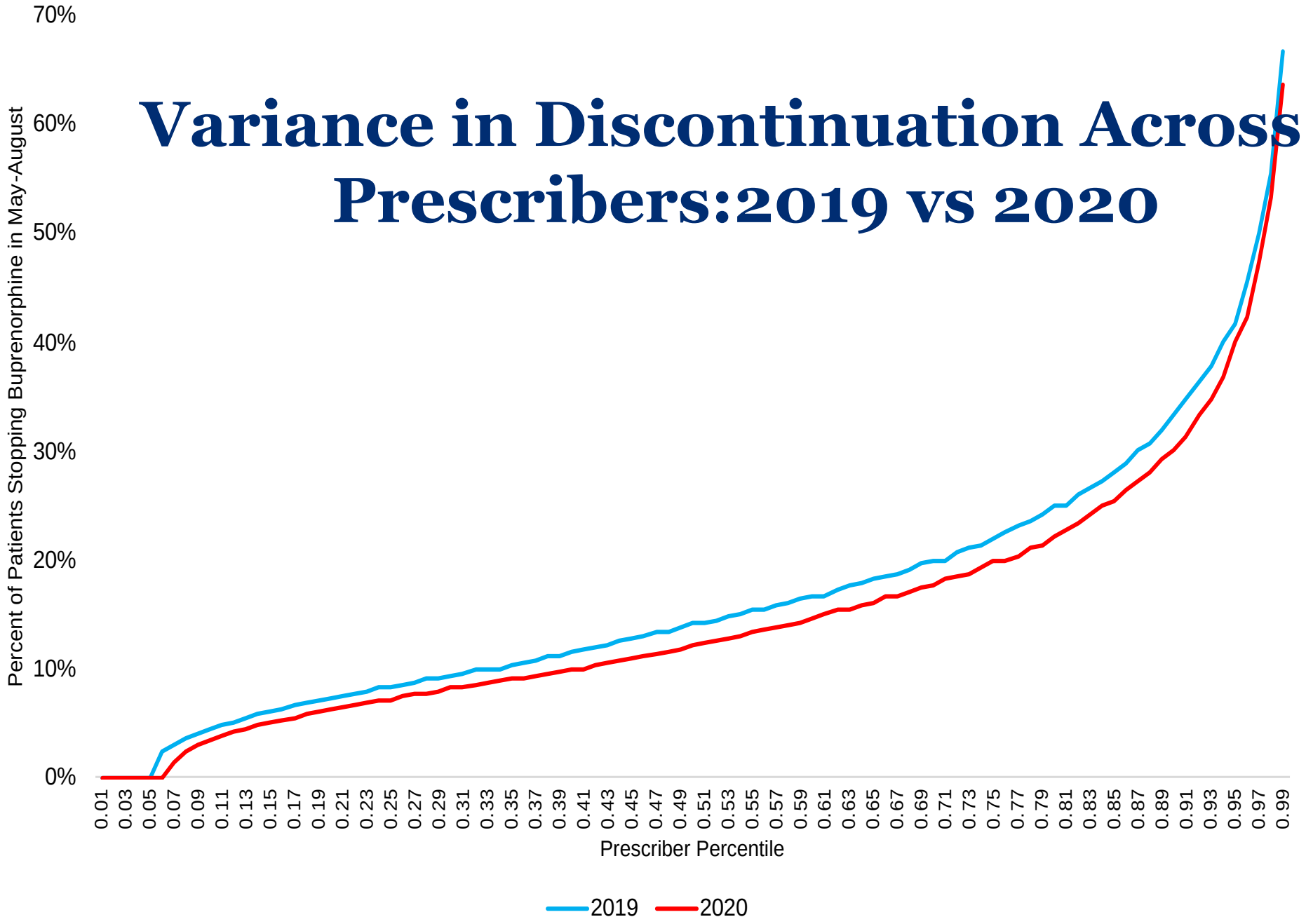
- Follow-up analysis using fill-level data from IQVIA provided through Human Data Science Research Collaborative
- We estimate multilevel models (patient, prescriber, ZIP, region) for risk of discontinuation in each of two time periods:



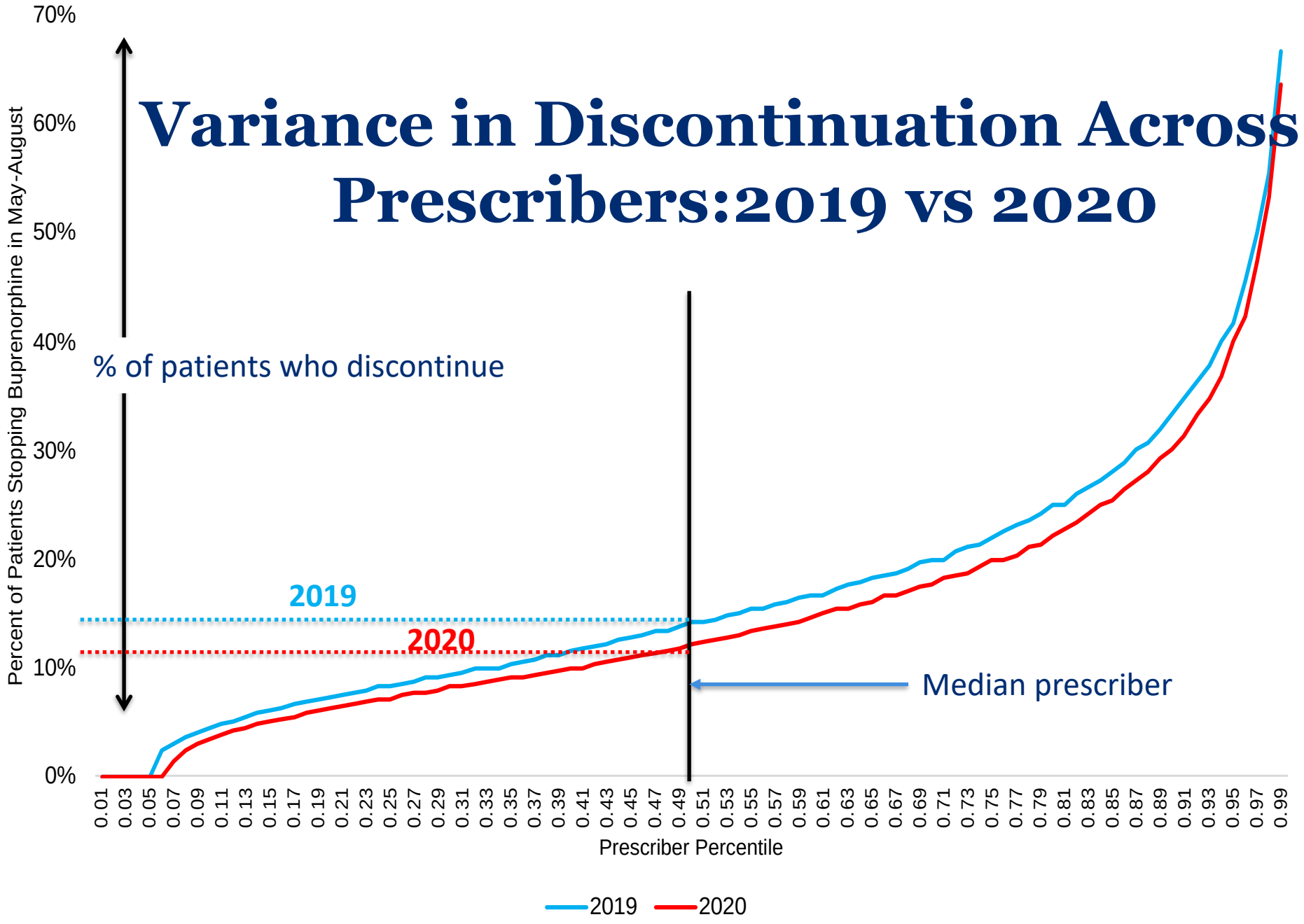
Discontinuation rate decreased from 2019 to 2020, and predictors were very similar

- **15.7%** discontinued in 2019 versus **14.0%** in 2020
- Strongest predictors of discontinuation in both time periods: younger age (versus older), lower volume prescribers and PA/NP
- New England states had notably lower discontinuation rates
- One of the few changes: Medicaid “disadvantage” (i.e., higher discontinuation) relative to other payers decreased in 2020

Variance in Discontinuation Across Prescribers:2019 vs 2020



Variance in Discontinuation Across Prescribers:2019 vs 2020



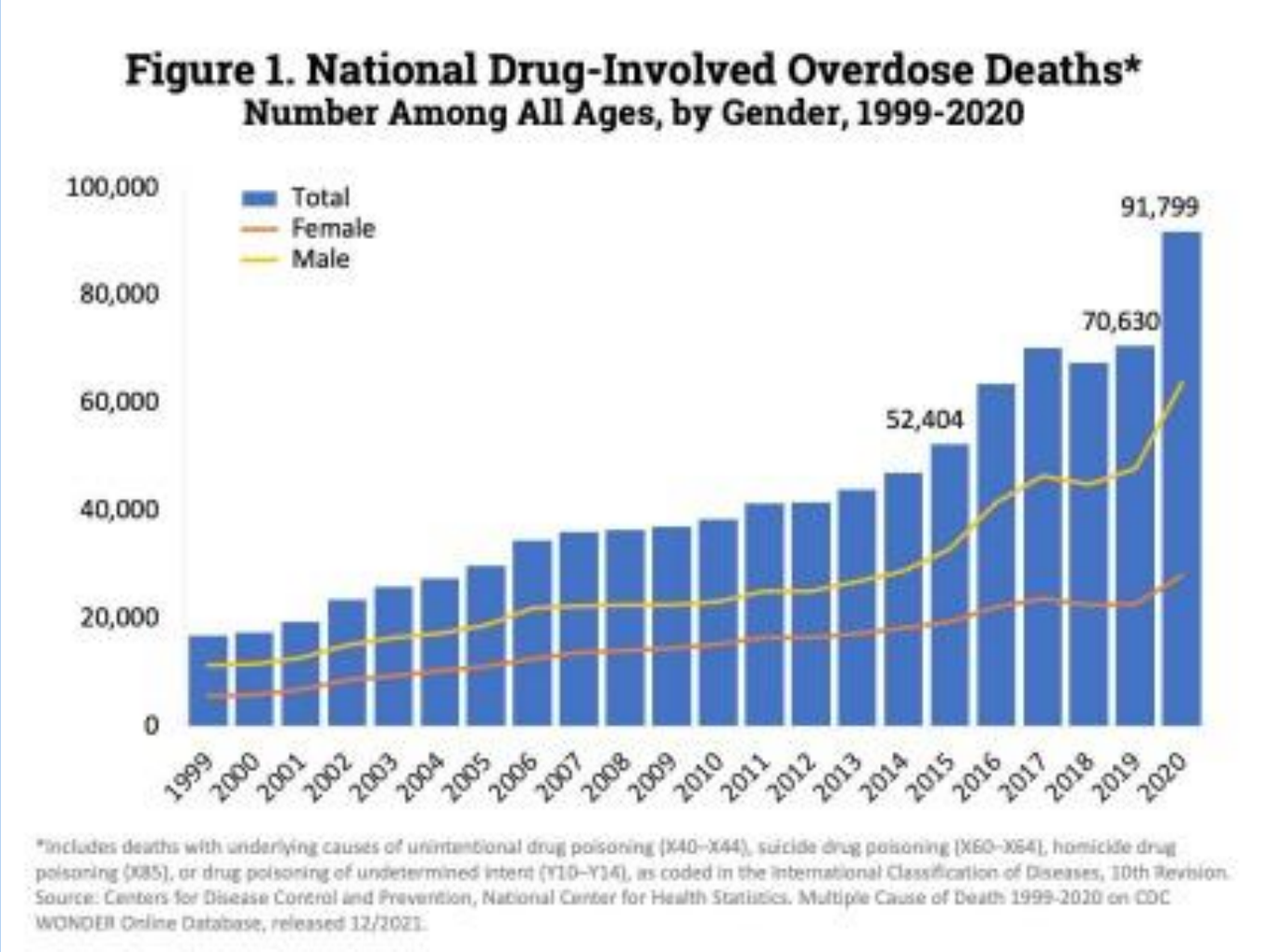
Was Buprenorphine Use the Dog that Didn't Bark in the Pandemic?

- The remarkable continuity of treatment for buprenorphine patients defied expectations that treatment would fall of rapidly
- Continuity likely due to the success of federal provisions
- A policy paradox: Stability during a time of stress can be a sign that a policy is actually working
- Pandemic-related buprenorphine provisions could end with the federal public health emergency

Some important caveats

- Stability for new patients may not be the full story – we still need to understand what happened to people who were not yet in the system

- Overall, access to buprenorphine is not meeting the urgency of the national overdose crisis



Thank you!

References:
Nguyen TD, Gupta S, Ziedan E, Simon KI, Alexander GC, Saloner B, Stein BD. Assessment of filled buprenorphine prescriptions for opioid use disorder during the coronavirus disease 2019 pandemic. JAMA internal medicine. 2021 Apr 1;181(4):562-5.

Saloner B, Chang HY, Alexander GC, Stein B. Discontinuation of Buprenorphine Treatment for Opioid Use Disorder During the COVID-19 Pandemic: A Multilevel Framework. Medical Care. In Press.

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Twitter: @BrendanSaloner

Panel Discussion

Presenters

Kao-Ping Chua
Assistant Professor
University of Michigan School of Public Health

Katie Suda
Professor of Medicine
University of Pittsburgh Department of Medicine

Brendan Saloner
Associate Professor
Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health

Q&A

Post your questions and comments in the Q&A box.

Session 2: Incorporating the impact of social determinants on outcomes in healthcare research

IQVIA Research Forum agenda

Exploring the elusive nature of applied research in national health crises

How to improve the effectiveness of critical health research?

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Incorporating the impact of social determinants on outcomes in healthcare research

Overview

The social determinants of health – income, education, housing, work, food, and other social and environmental conditions– is of growing importance in healthcare research when understanding the impact of non-clinical factors on individual health outcomes, population health and health equity. (See WHO's definition of SDOHs: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1). They are the conditions in which people are "born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, " including health, social and economic policies and systems.

Let's discuss the use of different types of social determinants in various aspects of healthcare research, the value and impact of such research particularly in the context of health and racial equity, associated methodological challenges, and what the future of healthcare research looks like if they continue to incorporate existing, largely acceptable measures of social determinants (e.g., neighborhood-level poverty) and fail to incorporate other measures (e.g., residential segregation, health policies and programs) of structural racism and discrimination.

Presenters

Susan dosReis
Professor
University of Maryland School of Pharmacy

Inmaculada Hernandez
Associate Professor
UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences

Dima Qato
Associate Professor
University of Southern California School of Pharmacy

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Integrating non-traditional data sources to study the impact of social determinants on health outcomes

Susan dosReis, PhD
Professor & Vice Chair for Research
University of Maryland School of Pharmacy

October 10, 2022

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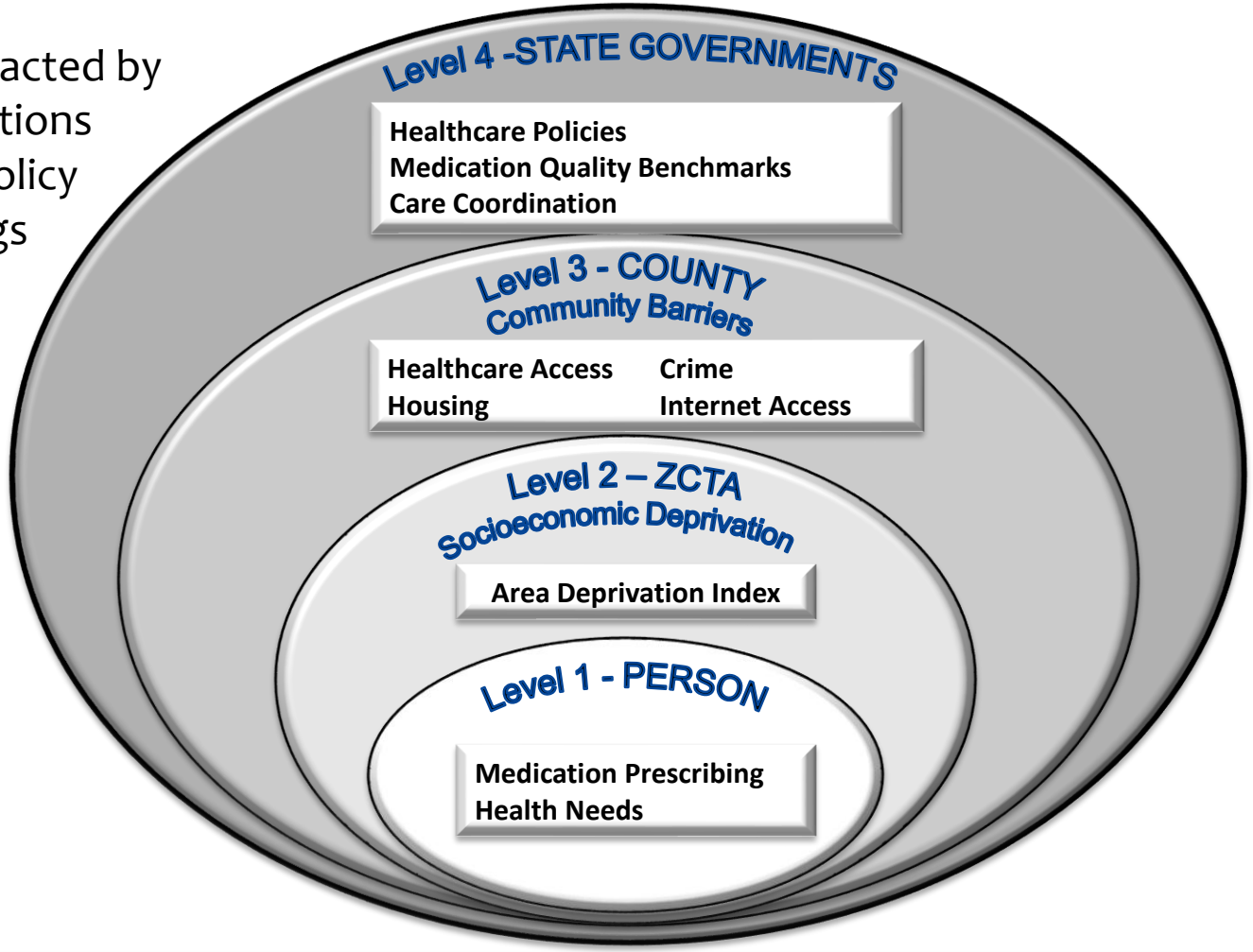
Impact of Diverse Social Determinants

Health outcomes are impacted by multi-stakeholder interactions (consumers, providers, policy makers) in diverse settings



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Measures of Social Determinants

Are all social determinants equally valid or is there a bias toward certain variables?

Area Deprivation Index Indicators of Socioeconomic Disadvantage	
Domain	Area Deprivation Measure
Poverty	Median family income Income disparity Percent of families below the poverty level Percent of the population <150% poverty threshold Percent single parent households with dependents age <18 Households without a vehicle Households without a telephone Percent of housing units without complete plumbing
Housing	Percent owner occupied housing units Percent of households with >1 person per room Median monthly mortgages Median gross rent Median home value
Employment	Percent of employed persons age 16+ in white collar occupation Percent of the civilian labor force unemployed, aged 16+
Education	Percent of population 25+ with <9 years of education Percent of population aged 25+ with at least a high school education

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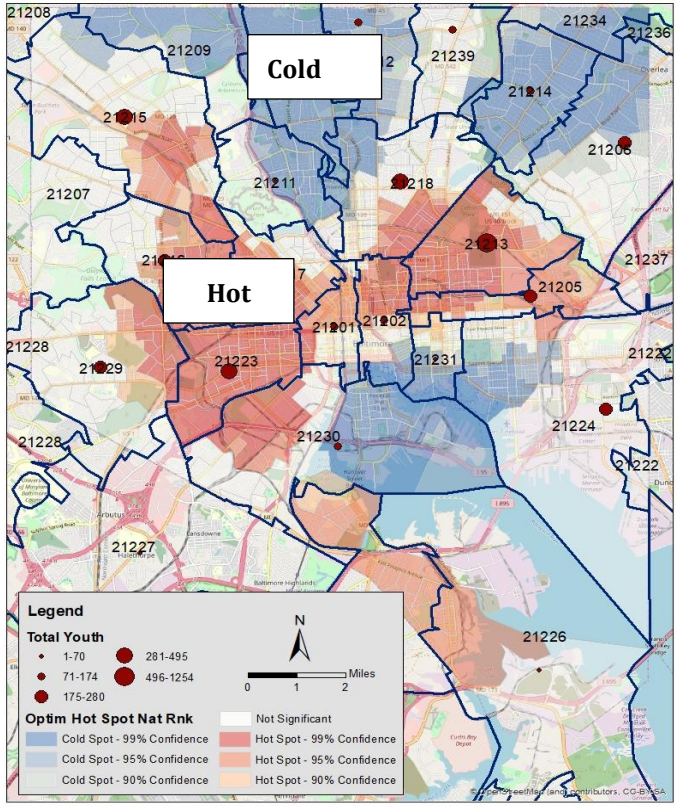
Social Determinants and Policy Effects in Vulnerable or Underserved Populations

Optimized Hot Spot Analysis & Youth in Zipcode Tabulation Area (ZCTA)



Percent Change in Psychotropic and Antipsychotic Prevalence by Hot, Cold, and Neutral Spots of Deprivation			
	Cold	Neutral	Hot
Psychotropic Overall			
% Change 2010 - 2014	-11.65	-6.79	5.33
Antipsychotic Use			
% Change 2010-2014	-40.99	-29.56	-20.66

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Practical Considerations

- Need for granular data at each level to better assess the impact of social determinants
- Link social determinants across the multiple levels
- Define endpoints across the spectrum of social determinants

UC San Diego Health

Practical considerations for the study of social determinants of health in large administrative data

October 10, 2022

Inmaculada (Inma) Hernandez, PharmD, PhD, FACC, FAHA
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Skaggs School of Pharmacy and Pharmaceutical Sciences
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Social Determinants of Health

Social determinants of health (SDoH)

- The ***conditions*** in which people are born, grow, live, work and age
- Critical to capture individual-level AND neighborhood-level factors in SDoH research

Practical challenges (I)

Related to data sources

- Comprehensive datasets capture highly specific population segments
- Underrepresentation of individuals without insurance, with intermittent insurance coverage or plan changes
- Encounter data are incomplete
- Administrative and technical barriers to pooled analyses

1. We are missing the folks we should actually focus on!

Individual-level variables

- Most often unavailable
- Quality, missingness, unclear imputation methods, and granularity of race/ethnicity variables

2. We know very little about the individuals we are studying other than their demographics & health care encounters

Practical challenges (II)

Neighborhood-level factors

- Low granularity of patient-level address information
- Available geographic units are often:
  - Large and heterogeneous
  - Not linkable to census data

3. We cannot infer social context from county data

- Cell size suppression policy

4. We cannot do comprehensive SDoH research if we exclude rural areas

Existing repositories of neighborhood-level factors

- Often miss important domains
- Often not linkable

Recommendations

- ✓**Need to re-envision data security standards to enable SDoH research while maintaining highest-levels of data protection**

- ✓**Need to work on the development of nationwide data repositories for SDoH that are linkable to existing data sets**

Structural Racism and Health Equity Research: Evidence Needed to Address Disparities in Access to Medicines

Dima M Qato, MPH, PharmD, PhD
Hygeia Centennial Chair and Associate Professor of Pharmacy
Senior Fellow, Schaeffer Center for Health Policy and Economics
University of Southern California

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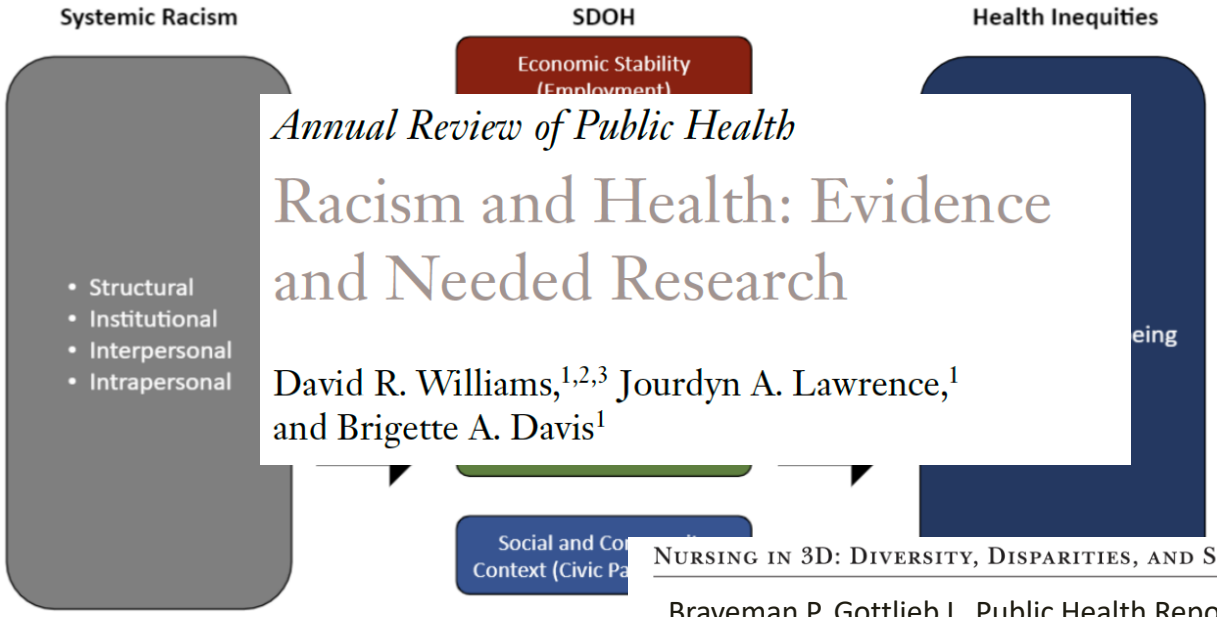
October 10th, 2022

Structural racism is a *fundamental cause* of SDoH and health disparities

Figure 1. System of Racial Inequity Model, 2021



Note. This model was produced by Ruqaiijah Yearby in 2021, summar
determinants of health. Copyright 2021 by Ruqaiijah Yearby.

Annual Review of Public Health

Racism and Health: Evidence and Needed Research

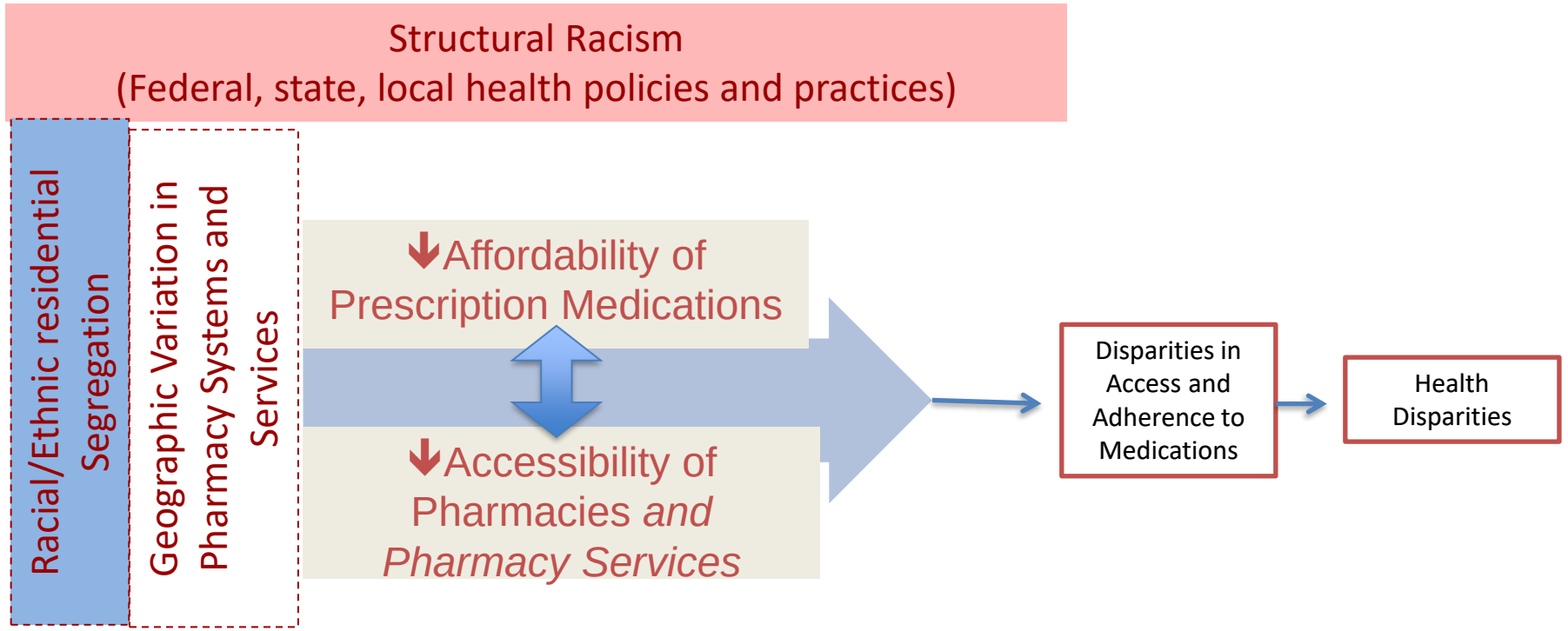
David R. Williams,[1,2,3] Jourdyn A. Lawrence,[1] and Brigette A. Davis[1]

NURSING IN 3D: DIVERSITY, DISPARITIES, AND SOCIAL DETERMINANTS

Braveman P, Gottlieb L. Public Health Reports.

The Social Determinants of Health: It's Time to Consider the Causes of the Causes

Structural Racism as a fundamental cause of disparities in access to and use of medicines in the U.S.



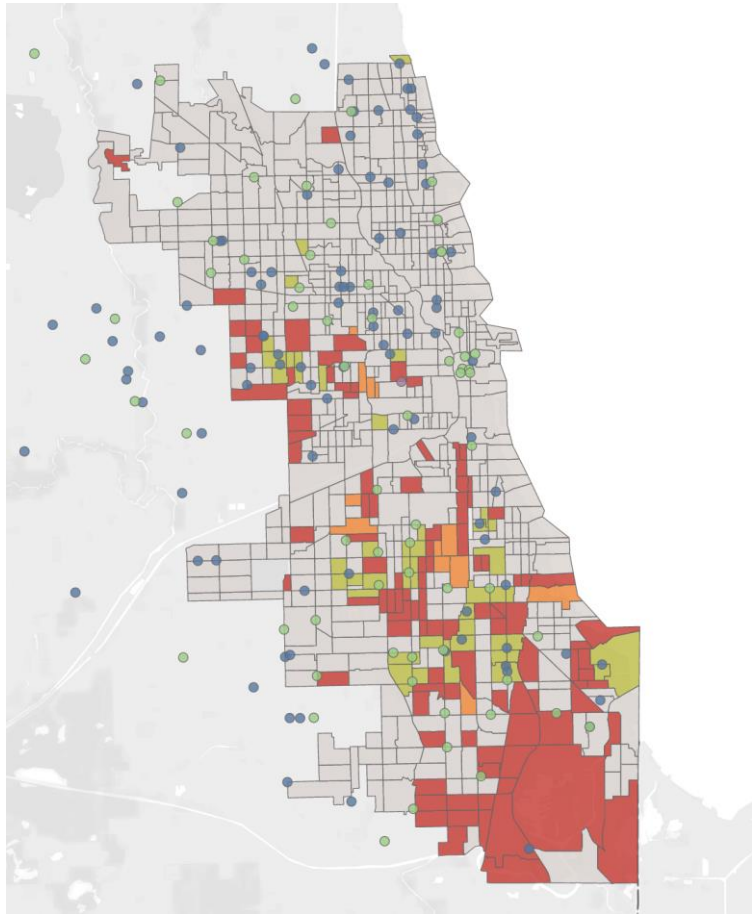
Challenges to incorporate measures of structural racism in health equity research

- Lack of clarity on definitions/measures of structural racism in the context of health policy → access to medicines
  - Residential racial/ethnic segregation (neighborhood-level)
  - **How about structural racism *within* Medicaid or Medicare Part-D plans?**
    - What % of of local PCPs participate in a states Medicaid program?
    - What % of local pharmacies are in-network for Medicaid health plans?
    - How does this vary by race/ethnicity and neighborhood characteristics?
- Available data sources incomplete… often do not capture access, utilization and outcome measures at multiple levels to facilitate meaningful, policy relevant analyses
  - State Medicaid data may only capture pharmacies that actually provide services to Medicaid beneficiaries AND Medicaid beneficiaries that actually use these pharmacies
    - Biases research that misinform policy → access to pharmacies DOES NOT impact disparities in medication adherence!

Claims data disproportionately exclude people and neighborhoods that lack access to health care resources, including pharmacies and medicines, including the insured.

Pharmacy Access

Pharmacy Deserts and Closures in Chicago Worsened in Segregated Black and Latinx Neighborhoods Since 2015



Pharmacy Desert Status

- Not a Pharmacy desert in either year
- a Pharmacy desert-2015 and 2020
- a Pharmacy desert-2015 only
- a Pharmacy desert-2020 only

Pharmacy Type

- Chain
- Independent
- Other

Pharmacy Operational Status

- Active both years
- [x] Closed by 2020
- Newly Opened by 2020

What are the implications of failing to incorporate structural racism in health equity research?

- ***Perpetuate structural racism within health systems and policies*** **that contribute to persistent, *worsening Inequitable access to essential medicines* in Black and Hispanic populations in the U.S.**
  1. We know the exclusion of independent pharmacies from Medicaid/Medicare Part-D networks increase risk of pharmacy closures
  2. We know pharmacy closures disproportionately affect low-income Black and Hispanic/Latinx neighborhoods AND contribute to medication non-adherence
  3. We don't (yet) know the extent to which inequitable exclusion of independent (or local) pharmacies from Medicaid/Medicare pharmacy networks contribute to disparities in adherence to medicines in the U.S.
- **Lack of *accountability* in both the public and private sectors, including CMS, health plans and their PBMs.**
  - Medicaid/Medicare and other federal programs continue to exclude pharmacies disproportionately serving Black and Hispanic/Latinx neighborhoods from their networks.

Opportunities for research to inform evidence-based policies that reduce, not worsen, inequitable access to medicines

- **Develop and integrate measures in available data sources that have the potential to change existing policies AND promote racial equity**
  - Promote accountability→ Who is responsible for this discriminatory policy?
  - We want policies that promote EQUITY in access to medicines not INCREASE access to medicines in all (vs. target) populations
- **Integrate EHR/claims, dispensing AND community-based survey data** to capture individuals and neighborhoods that are often excluded
  - Undiagnosed, untreated and unfilled medicines
  - Needed to understand ACCESS and not only ADHERENCE
- **Incorporate plan-level characteristics** on pharmacy networks, preferred drug lists and drug costs in Medicaid or Medicare Part-D focused health equity research

We need to identify the "causes of the causes" to address structural racism in health policies and reduce persistent disparities in health outcomes

Panel Discussion

Presenters

Susan dosReis
Professor
University of Maryland School of Pharmacy

Inmaculada Hernandez
Associate Professor
UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences

Dima Qato
Associate Professor
University of Southern California School of Pharmacy

Q&A

Post your questions and comments in the Q&A box

IQVIA Research Forum agenda

Exploring the elusive nature of applied research in national health crises

How to improve the effectiveness of critical health research?

Monday, Oct 10
10 - 11 a.m.

Incorporating the impact of social determinants on outcomes in healthcare research

What are the considerations for the broader use of social determinants in research?

Monday, Oct 10
11 a.m. - 12 p.m.

Navigating the complexity and heterogeneity of patient affordability and access

What do affordability and access mean in a diverse population?

Tuesday, Oct 12
10 - 11 a.m.

Elevating the value to patients of academic health research

What research strategies can achieve increased value to patients?

Wednesday, Oct 12
10 - 11 a.m.

Charting the future of high impact health research

How to raise the ongoing value of health research?

Wednesday, Oct 12
11 a.m. – 12 p.m.

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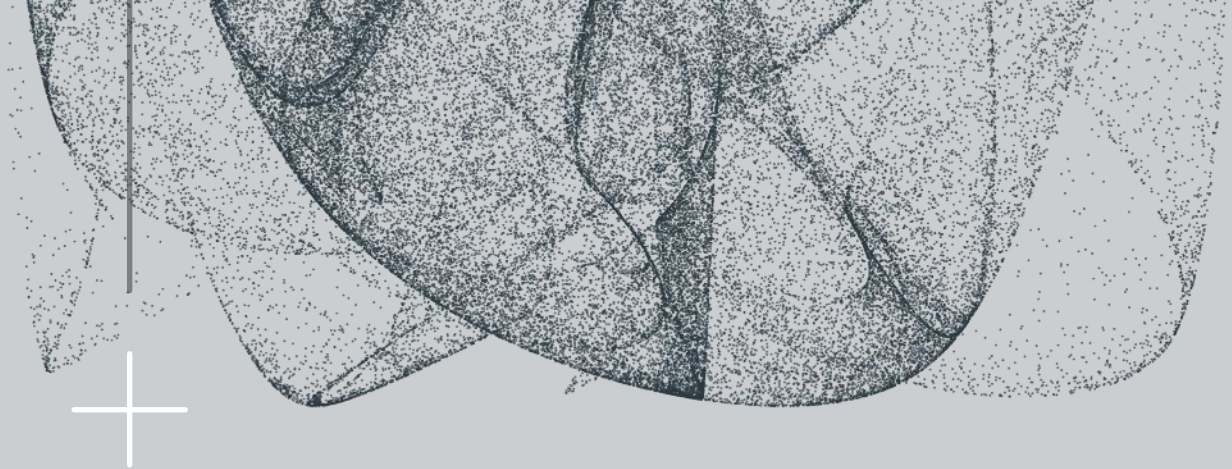

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Thank you