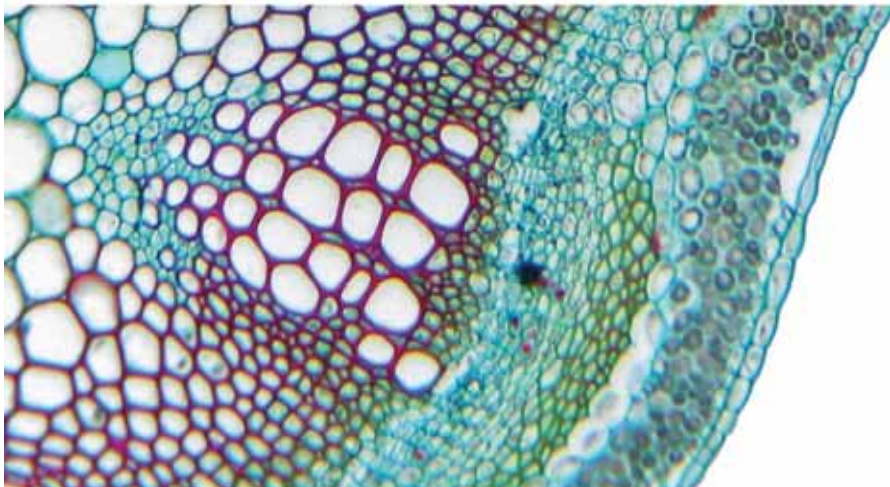
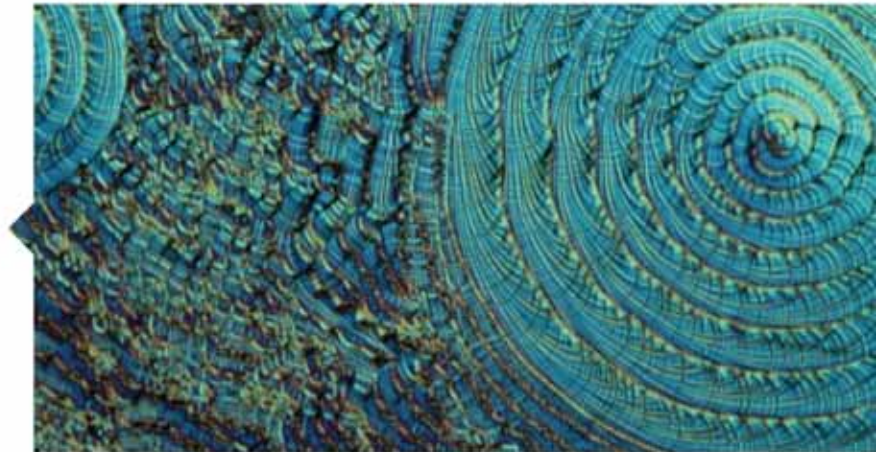


2010 Quintiles Executive Vision Forum
"Capitalizing on Convergence in *the New Health*"
June 29, 2010

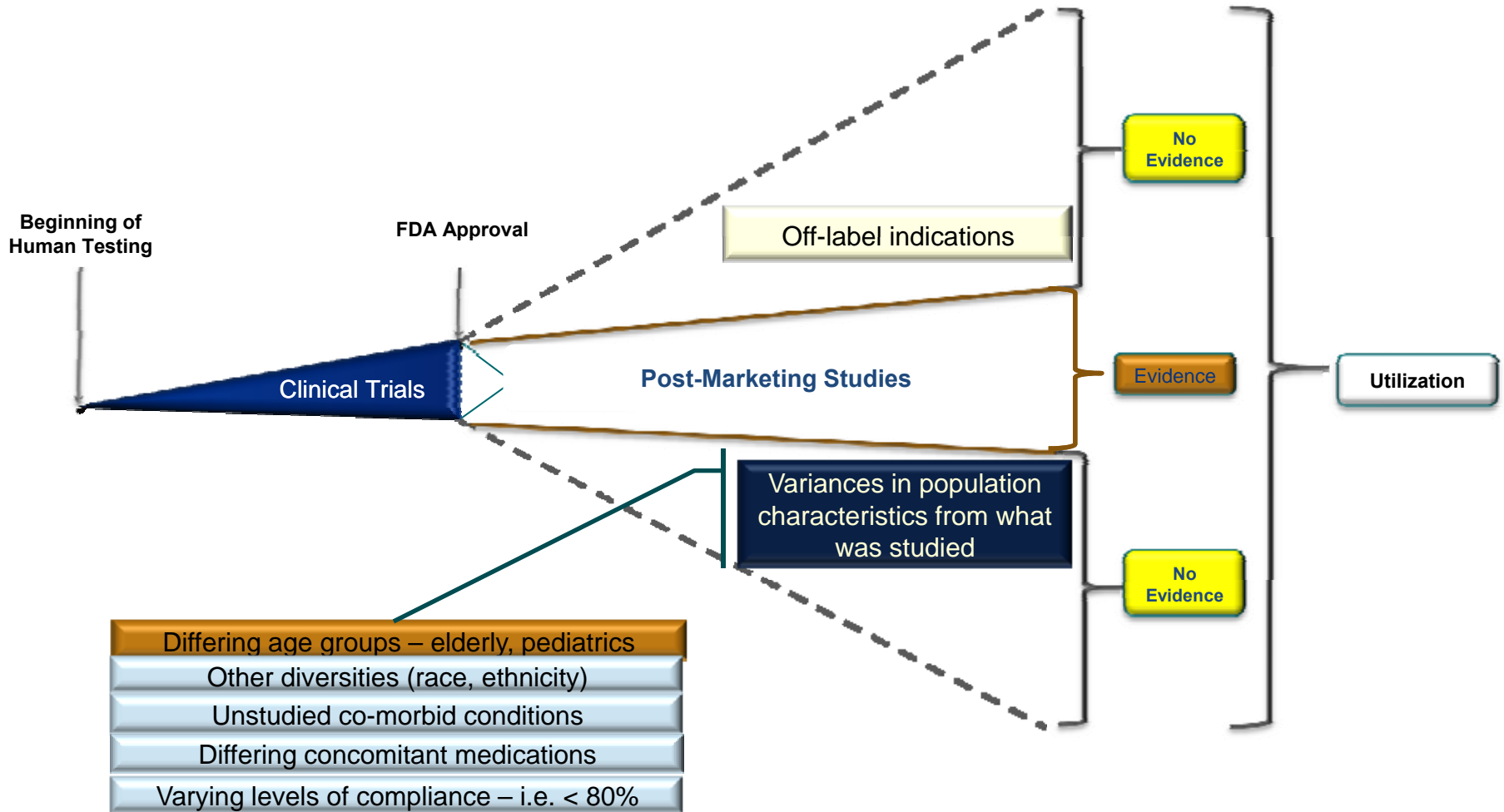


A Holistic Approach to Patient Outcomes

Brian Sweet
Chief Pharmacy Officer
WellPoint, Inc.

clinical | commercial | consulting | capital

How Evidence Begins



Convergence of Audiences

Customization/holistic approach and best patient outcomes

	Past	Future
Medical Benefits Payor	Analyze medical benefit only	Integrated approach to analyzing safety, effectiveness and cost
Pharmacy Benefits Payor	Analyze pharmacy benefit only; unit cost	Integrated approach to analyzing safety, effectiveness and cost
Pharma	Blockbuster drugs for all	Personalized medicine

Importance of Comparative Effectiveness Research

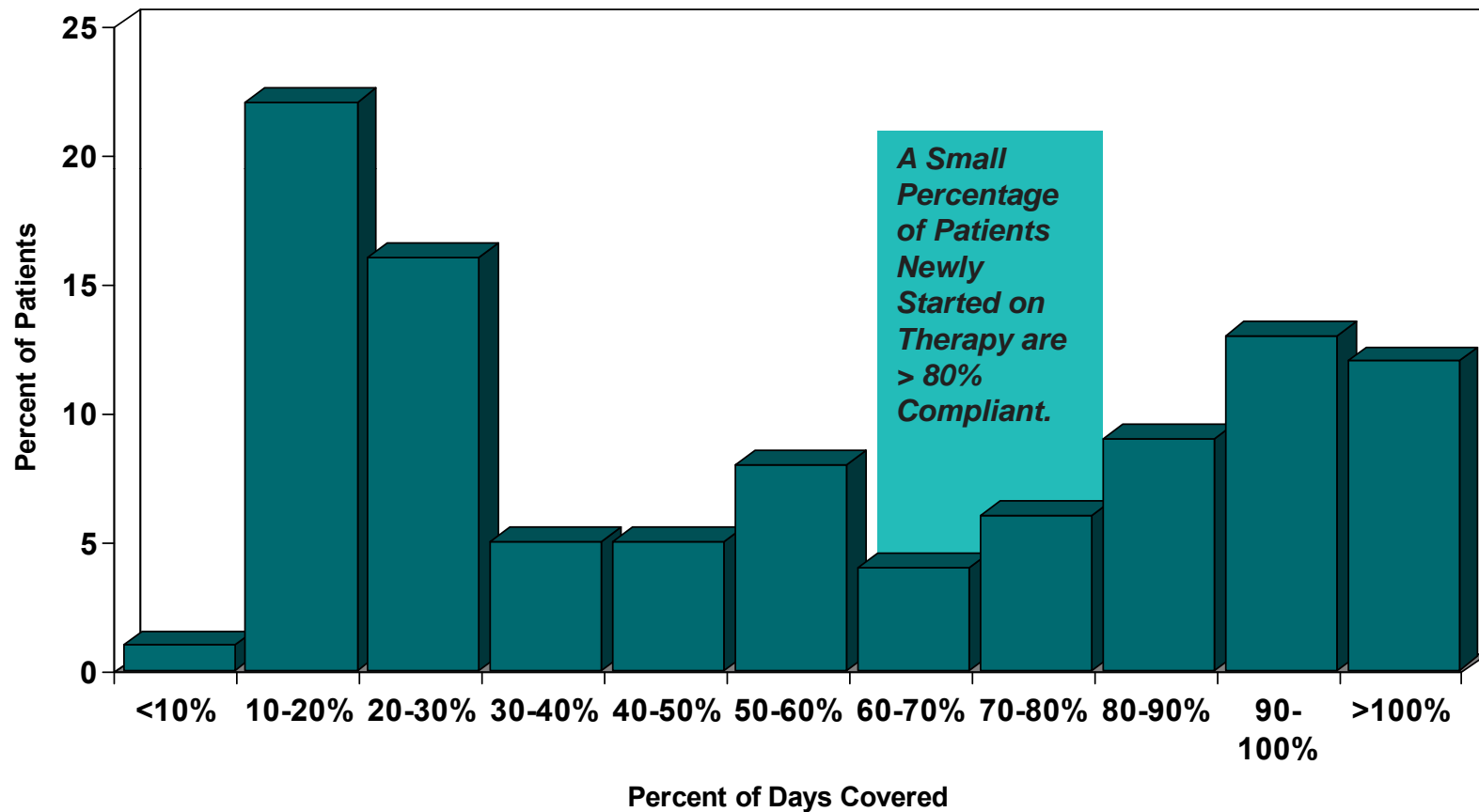
- Sub-populations
- Real-world experiences
- Outcomes that matter most to patients
 - Which drugs prevent me from having a bone fracture?
 - Which blood pressure drugs reduce my risk of heart attack?
 - Which cholesterol drugs reduce my risk of a heart attack?

In the real world – in uncontrolled environments – patients do not typically take their medication as they should.



Patient Compliance

Percent of Patients Compliant on Bisphosphonate Medication

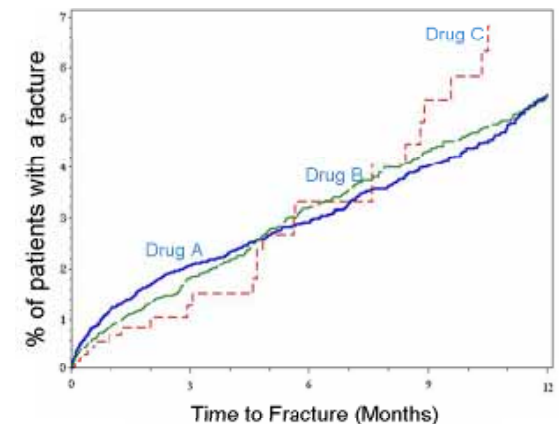
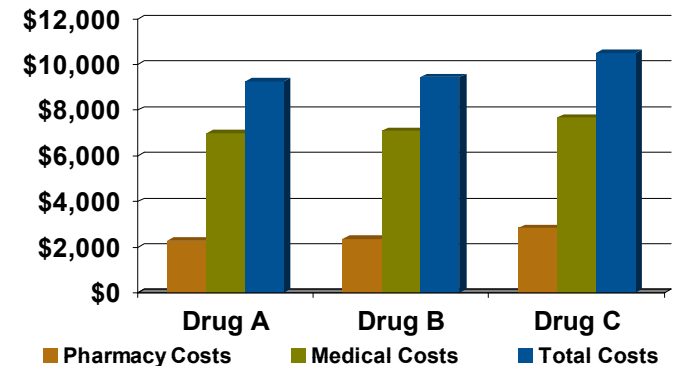


Source: Data on file – WellPoint, 2008

Outcomes-Based Formulary Osteoporosis

Compared to Drugs A and B:

- Compliance lowest for Drug C
- Drug C had higher fracture rates
- Total cost of care (pharmacy plus medical) higher for Drug C



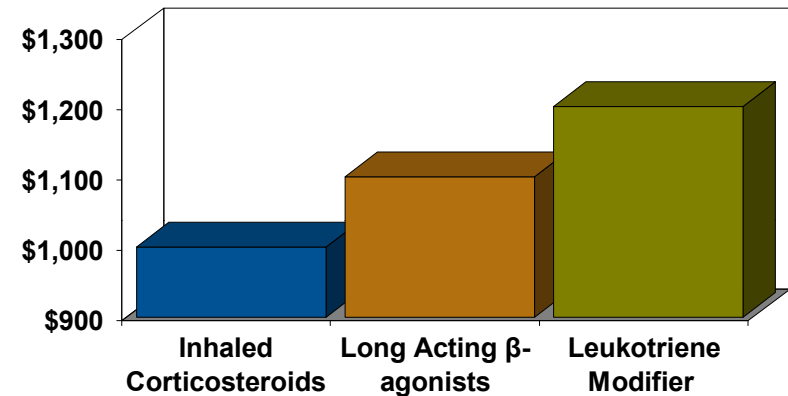
Clients could save up to \$1,000 per member per year – for each member with osteoporosis using Drug A or Drug B.



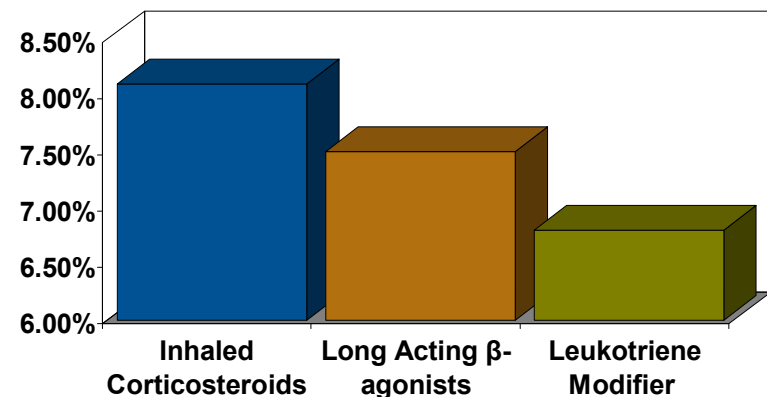
Overview of Comparative Effectiveness Research Guidelines

- Clinical trials established inhaled steroids as most effective treatment
- Convened national experts to study “real world” member experience
- HealthCore findings on oral meds
 - Higher compliance
 - Reduced asthma-related emergency room visits and hospitalizations
 - Higher overall cost due to cost of drugs
 - Singulair® to remain in tier 2; remove prior authorization
- Best outcomes from members compliant on therapy

Predicted 12-month Total Cost



% Members With IP/ER Utilization



Overview of Comparative Effectiveness Research Guidelines

- First health plan to publish Comparative Effectiveness Research guidelines
 - Create consistency in evaluation of Comparative Effectiveness Research
 - Provide guidance to pharmaceutical companies
- Guidelines include criteria for Comparative Effectiveness Research and observational studies (OBS)
- Comparative Effectiveness Research and OBS may provide data from “real-world” setting
- OBS data may be used when randomized, controlled trial data is unavailable

WellPoint Comparative Effectiveness Research Study Evaluation

- Data will be reviewed and evaluated to answer the following:
 - Does the study have scientific credibility?
 - Bias elimination
 - Is the study relevant to WellPoint population?
 - Demographics, co-morbidities, current clinical practice patterns
 - Are the results valid?
 - Study meets all or most evaluation criteria
- Studies will be rated as useful, possibly useful or not useful
- Comparative Effectiveness Research guidelines can be found as in the press release

WellPoint Comparative Effectiveness Research Study Rating

Criteria for Evaluation of a Comparative Effectiveness Research or Observational Study

Rating

Useful

- Scientifically credible and appropriate methodology used, AND
- Relevant to the WellPoint population and includes all relevant treatment comparators, AND
- Meets ALL specified criteria requirements and the results are valid

**Possibly
Useful**

- Scientifically credible and methodology is appropriate, AND
- Relevant to the WellPoint population and includes relevant treatment comparators, BUT
- Only meets SOME of the specified criteria requirements and there is some uncertainty around the results

Not Useful

- Not considered scientifically credible, OR
- Not relevant to the WellPoint population or does not include relevant treatment comparators, OR
- Not meet the specified criteria requirements such that the results are deemed invalid

Comparative Effectiveness Research Data Sources

- “Identifying and Eliminating the Roadblocks to Comparative Effectiveness Research,” NEJM, June 2, 2010
 - Roadblocks in this study and anticipated road blocks:
 - Differing drug copays, which can impact results
 - Masking drug identities to patients
 - Coordinating logistics among hundreds of insurance plans for studies involving patients of all ages

Comparative Effectiveness Research Data Sources

- Claims data alone are not enough, yet it is the method being pursued for all payor claims databases in about half of our states
 - It does not provide the right kind of evidence to support major clinical research
 - It can create a data dumpster of information that's not easily comparable
 - It does not take into consideration factors such as:
 - Severity of a patient's condition
 - Quality of life aspects
 - Biases

- To develop more targeted interventions, we need to better understand the underlying causes of treatment.
 - Can be accomplished in more collaborative shared environments that can more quickly impact patient/member behavior.

Supplementing Claims Data to Obtain Greater Clinical Meaning

- HealthCore’s Integrated Research Network:
 - Involving physicians in the study design
 - Tracking at the patient level
 - Combining with claims data screened for bias



Discussion