As the U.S. moves towards a value-based care system, the data inputs and evidence base used to drive this shift must reflect the diversity of patients and represent what different subgroups value the most in their health and health care. Historically, many patient communities are underrepresented in research and have been left out of the development of measures and methods for value assessment. Existing methods also focus heavily on population averages and have failed to consider the disparities across subgroups. How do we ensure that the data and methods used for value assessment adequately account for the diversity of patients and the urgent need to reduce health inequities in our society? Without explicit attention to these issues, value assessments and health technology assessments run the risk of continuing or exacerbating inequity.

IVI is focusing on four key areas where value assessment has failed to address equity.

**Study Objectives**

#1

Value frameworks and value assessment studies have been blind to patient heterogeneity, health disparities and health equity considerations. Equity is not explicitly or implicitly included as an objective of value assessments.

**Participants**

#2

Lack of representation from patients and patient organizations, particularly among people of color, leads to value assessments that fail to capture the full range of perspectives on value.

**Methods**

#3

In general, do not include in the analysis a look at the different impacts across segments or sub-populations. In addition, when there is data available on patient preference or heterogeneity, there is a lack of consensus on how to incorporate that data into value assessment.

**Data**

#4

Too often in value assessment the data is not available. Data that reflects diverse patient preferences in health and healthcare, data that represents different treatment affects across patient sub-groups, and data that is hidden behind paywalls or other barriers. This leads to broad assumptions based on a theoretical “average patient” that is drawn from narrowly defined clinical trial populations.
It’s time to take these blinders away in how we define value. Through this initiative, IVI seeks to embed health equity throughout our research projects, educational offerings, and patient and stakeholder engagement activities to catalyze action. We know we can’t solve all the issues, but IVI can help build the tools in value assessment that highlight patient differences, incorporate health disparities and inequities as explicit objectives in value assessment, and subsequently promote equity in health access and outcomes.

### What IVI Aims to Achieve

- Advance our understanding of why health equity considerations in value assessment are important
- Identify gaps in data collection and methods practice and implications related to health equity
- Develop “best practice” protocols that inform value assessors/HTA stakeholders to mitigate these gaps
- Represent multi-stakeholder consensus about areas for further research, scientific practice change, and policy implications for the U.S. healthcare system

### Where IVI Will Begin

- Convene a diverse group of leaders to help define our strategy and guide our focus with consideration to external initiatives
- Bring stakeholders together to explore gaps in data collection, research practices, and methods in value assessment that hinder our ability to achieve improved outcomes and equity in health care
- Develop and spread best practices and methods for incorporating health equity considerations in value assessment and health technology assessment

Join IVI in taking action to advance the science and practice of value assessment to celebrate diversity, meaningfully engage patients to transform our understanding of value, and promote health equity. IVI is currently seeking sponsors to support this initiative. For more information, contact Rick Chapman, IVI Chief Science Officer, at rick.chapman@thevalueinitiative or visit our website (QR code below).