ISPOR 5th ASIA-PACIFIC CONFERENCE
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Sunworld Dynasty Hotel ■ Taipei, Taiwan

Evidence Requirements by Different Stakeholders for Health Care Decisions in Asia-Pacific

ABSTRACT SUBMISSION DEADLINE: 22 MARCH 2012
EARLY REGISTRATION DEADLINE: 24 JULY 2012

CALL FOR ABSTRACTS

Evidence Requirements by Different Stakeholders for Health Care Decisions in Asia-Pacific

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CONFERENCE SUPPORTING INSTITUTIONS (as of April 25, 2011)

- Bureau of National Health Insurance
- Chinese Pharmaceutical Association
- International Research-Based Pharmaceutical Manufacturers Association (Taiwan-IRPMA)
- National Yang-Ming University
- National Taiwan University
- Pharmaceutical Society of Taiwan
- Taiwan Pharmacist Association
- Taiwan Society of Health-System Pharmacists
- Bureau of National Health Insurance
- Pharmaceutical Society of Taiwan
- Taipei Medical University
- Taiwan Pharmacist Association
- Taiwan Society of Health-System Pharmacists

CONFERENCE PROGRAM COMMITTEE

CONFERENCE SUPPORT & PROMOTIONAL OPPORTUNITIES

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ISPOR provides opportunities for organizations to financially support the ISPOR 5th Asia-Pacific Conference. For further information, please email: asiaconsortium@ispor.org.
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Over 800 attendees in 2010!
Present your products and services to key outcomes researchers and health care decision-makers in pharmaceutical, medical device & diagnostics, biotechnology industries, clinical practice, government agencies, academia, and health care organizations.
Benefits to Exhibitors:
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These sponsored presentations are open to all delegates. The host organization chooses a subject of interest and arranges suitable speakers for the presentation. For further information, please email: asiaconsortium@ispor.org.

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Advertise in the Program & Schedule of Events!

FOR INFORMATION VISIT: www.ispor.org
Introduction to Pharmacoeconomics
Course Description: This course is designed to teach clinicians and researchers how to incorporate pharmacoeconomics into study design and data analysis. Participants will learn how to collect and calculate the costs of different health care treatments, determine the economic impact of clinical outcomes, and how to identify, track, and assign costs to different types of health care resources used. The development of economic protocols and data collection sheets will be discussed. Different assessment methods including cost-effectiveness, cost-minimization, cost of illness, cost-utility and cost-benefit analysis will be discussed. The applications of pharmacoeconomics will be discussed and illustrated by practical examples.
Level: Introductory-Intermediate. This course is designed for those with limited experience with pharmacoeconomics.

Introduction to Modeling
Course Description: This course will introduce pharmacoeconomic modeling techniques such as decision analytic modeling, Markov modeling, discrete event models, and other modeling techniques and their appropriate usages including a review of the ISPOR Modeling Good Research Practices. This course will be presented using Microsoft Excel, with add on simulation software. This course will include practical steps in the selection of models and options in modeling of data inputs.
Level: Introductory-Intermediate. This course is recommended as a prerequisite to the short course “Applied Modeling.”

Introduction to Retrospective Database Design and Analysis
Course Description: Retrospective studies require strong principles of epidemiologic study design and complex analytical methods to adjust for bias and confounding. This course will provide an overview of fundamental design strategies, analytic techniques and specific best practices to improve causal inference in studies using retrospective databases. Specific topics to be covered at an introductory level include: measurement of exposure and outcome, causal graphs, new user study design, measures of comorbidity, the use of stratification analysis before multivariable modeling, and propensity score matching. Good hazards survival analysis, model performance and diagnostic testing, propensity scoring, instrumental variable and structural modeling techniques including marginal structural models.
Level: Introductory. This course is designed for those with some experience with database analysis.

NEW! Introduction to Health Technology Assessment
Course Description: This course will introduce the key elements, methods and principles of health technology assessment (HTA), and provide an overview of basic HTA disciplines including benefit assessment (biostatistics, clinical epidemiology, patient-relevant outcomes, risk-benefit assessment), economic evaluation (costing, cost-effectiveness analysis, pharmacoeconomic modeling, budget impact analysis, resource allocation), ethical, legal and social implications. Using real world HTA examples of drugs and devices, this course will review the practical steps involved in developing and using HTA reports in different countries and their health care systems. Group discussion will focus on the perspectives of different stakeholders and the implementation of HTA in decision-making.
Level: Introductory. This course is suitable for those with little or no experience with HTA.

Introduction to Quality of Life Assessment/ Patient-Reported Outcomes
Course Description: Definitions and concepts, methodologies, and practical methods for measuring patient-reported outcomes will be presented. The value of patient-reported outcomes assessment will be discussed. A strategy to aid in selecting appropriate instruments and the translation process will be presented. The applications of cost-effectiveness analysis and validity will be discussed using practical examples and exercises, including “ISPOR Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes.”
Level: Introductory-Intermediate. This course is designed for those with little experience with quality of life/PRO studies.

Meta-Analysis and Systematic Literature Review
Course Description: Meta-analysis may be defined as the statistical analysis of data from multiple studies for the purpose of synthesizing and summarizing results, as well as for quantitatively evaluating sources of heterogeneity and bias. A systematic literature review (SLR) includes these principles and involves an explicit, detailed description of how a review was conducted. This course highlights and expounds upon four key areas: 1) impetus for meta-analysis and systematic reviews, 2) basic steps to perform a quantitative systematic review, 3) statistical methods of combining data, and 4) an introduction to methods for indirect comparisons. The material includes practical examples from the published literature relevant to pharmacoeconomic and PRO research. This course is designed for those with little experience with meta-analysis and includes interactive discussions of ISPOR Modeling Good Research Practices.
Level: Introductory-Intermediate. This course requires basic understanding of statistical method and is recommended as a prerequisite to the short course “Network Meta-Analysis and Indirect Treatment Comparisons.”

Financial Impact /Cost of Illness
Course Description: This course will describe methods to determine the costs associated with a health condition and the budget impact of new technologies for that condition. The course will present incidence- and prevalence-based costing strategies. Treatment algorithms and event-based approaches will be demonstrated for disease-specific costs from different decision-maker perspectives. Both static and dynamic methods for estimating the budget impact of adding a new drug to a health plan formulary will be presented. Issues related to imputing missing data will also be discussed.
Level: Intermediate. This course is designed for those with some experience with pharmacoeconomic analysis.

NEW! Statistical Considerations in Clinical Trials and Economic Evaluations
Course Description: Adoption and diffusion of new medical treatments depend increasingly on robust analysis of costs and cost-effectiveness (CEA). This course will discuss design issues for the collection of primary economic data in clinical trials as well as statistical considerations, including the effect of distributional assumptions, univariate and multivariable analyses of data, sample size and power calculations, and estimation of sampling uncertainty for cost-effectiveness analysis. Examples will be provided to illustrate concepts, as well as a discussion of the ISPOR Good Research Practices on CEA-Longside Clinical Trials. Group discussions will focus on the perspectives of different stakeholders and the implementation of HTA in decision-making.
Level: Introductory-Intermediate. This course is designed for those with a basic understanding of statistics.

Transferability of Cost-Effectiveness Data between Countries
Course Description: This course will discuss factors that make economic data more difficult than clinical data to adapt from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed. Differences in economic data from other countries and the evidence on the variability of transferability will be discussed.
Health technology assessment (HTA) in Asia is a process that mainly involves specialized experts from academia, industry, and government agencies. One common observation across the region is the limited or lack of involvement by patients or health care providers in the process. If the policy of "Those conducting HTAs should actively engage all key stakeholder groups" should be established, patients and health care providers should play a significant role. In Europe, for example, the UK’s NICE Citizens’ Council provides valuable input on contentious subjects, and European Patients’ Forum collectively lobbies for patient’s rights, including equity and access to health care technology. In this session, international experience on how views of patients and health care providers are incorporated into HTA and health care coverage decisions will be shared, and how it can be adapted in Asia will be discussed and debated.

**Heath Care Decision-Maker Case Study Abstracts**

Health care decision-maker case study abstracts must describe an organization’s attempt to integrate cost or outcomes research information into their health care organization’s processes and procedures. Case Study abstracts must be organized: ORGANIZATION, PROBLEM OR ISSUE ADDRESSED, GOALS, OUTCOMES RESEARCH USED IN THE DECISION, RESULTS, LESSONS LEARNED. Negative as well as positive results are encouraged. Accepted case studies are presented as a 20 minute podium presentation or poster presentation (with a poster author discussion hour). THE PRESENTER MUST BE A HEALTH CARE DECISION-MAKER.

**Workshop Proposals**

Workshop proposals should show novel and innovative experiences in the conduct of outcomes research (including, but not limited to, experiences with conjoint analysis, large database analysis, modeling, observational studies, record review, surveys, sensitivity analysis and patient registries) or novel and innovative experiences in the use of outcomes research (clinical, economic, or patient-reported/preference-based outcomes) in health care policy development. Workshop proposals must be organized by DISCUSSION LEADERS, PURPOSE, DESCRIPTION. Accepted workshops are one hour in duration with a minimum of 2 and maximum of 4 discussion leaders (more than one organization must be represented). An audience interactive element must be included in the proposal and during the workshop. Workshop topics include: Clinical Outcomes Research, Economic Outcomes Research, Patient-Reported Outcomes/Preference-based Research, Use of Real World Data, Health Policy Development Using Outcomes Research. See the ISPOR website for workshop subtopics.

**Second Plenary Session: Involving Patients & Health Care Providers in Health Care Decisions: Learning from Each Other**

Health technology assessment (HTA) in Asia is a process that mainly involves specialized experts from academia, industry, and government agencies. One common observation across the region is the limited or lack of involvement by patients or health care providers in the process. If the policy of "Those conducting HTAs should actively engage all key stakeholder groups" should be established, patients and health care providers should play a significant role. In Europe, for example, the UK’s NICE Citizens’ Council provides valuable input on contentious subjects, and European Patients’ Forum collectively lobbies for patient’s rights, including equity and access to health care technology. In this session, international experience on how views of patients and health care providers are incorporated into HTA and health care coverage decisions will be shared, and how it can be adapted in Asia will be discussed and debated.

**Third Plenary Session: Challenges of Adopting New Innovative Technologies in Health Care Coverage Decision-Making in Asia**

A constant dilemma faced by payers is limited resources they have versus the increasing demands for health technologies, whether the technology can be of high value to targeted therapies, therapeutic devices and diagnostic products, or surgical procedures. Novel strategies have been developed and to a lesser extent, implemented in some countries, to ease the tension caused by this dilemma. Examples include coverage with evidence development, risk sharing or performance-based agreement, and others. Speakers in this session will share the recent developments of novel strategies for adopting new technologies, pros and cons, and their potentials to be implemented in Asia.
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### PAYMENT INFORMATION

Please enclose a check payable in US dollars to: International Society for Pharmacoeconomics and Outcomes Research or ISPOR and send to the ISPOR address given below or charge to: ☑ VISA ☑ MasterCard ☑ American Express

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### MAIL Details: If not paying by credit card online, send registration form and payment to:
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### PAYMENT Details: Payment may be made by check, travelers check, bank transfer (there is a USD $40 charge) or credit card. VISA, MasterCard, or American Express will be charged in US dollars. Signature, account number and expiration date must be included. Non-US checks written in US$ on banks with a US counterpart are at no charge. For Non-US checks written in US$, on banks with no US counterpart there is USD $25 charge. Phone charges will NOT be accepted.

If payment is being made by your company, please make sure your name is indicated on the check stub or correspondence. For bank transfers, please designate the registration name and/or registration number.

### CANCELLATION Details: Cancellation fee before 24 July 2012 is US $100. No refunds given after 24 July 2012.