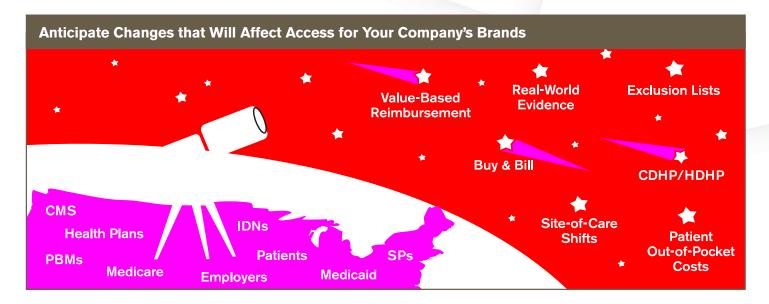


Value, Quality, and Reimbursement

Value, Quality, and Reimbursement provides insight on changes in value assessments, quality initiatives, and provider reimbursement in the next three years so you can anticipate the evolving access opportunities and risks for your company's brands.

Value, Quality, and Reimbursement answers your questions about changes in the access environment related to:

- Provider reimbursement
- Value-based provider payment models
- Quality measures and programs
- HTA and value assessments in the United States



You can use Value, Quality, and Reimbursement to:

Stay on top of the market trends...anticipate what you need to know

Develop strategies for your assigned MBOs related to value, quality, and reimbursement

Educate account teams and internal stakeholders about changes that affect access

Provide strategic guidance to marketing teams related to opportunities and risks for company's brands





Value, Quality, and Reimbursement

2019 RELEASES

JANUARY	FEBRUARY	MARCH	APRIL
	Role of HEOR in Value Relationships Use of HEOR studies to make access decisions Future of HEOR		Value-Based Provider Payment Models • Assessments of innovative models, potentially including ACO, OCM, PCMH, QPP, VBID • Changes to physician payment methodologies, including buy and bill, Part B, 340B
MAY	JUNE	JULY	AUGUST
Market Alert*	Value Assessment Utilization and Priorities • ICER, PhRMA and other agencies	Market Alert*	Value-Based Contracting for Biopharmaceuticals Components of risk-based contracts Evolution of value-based contracting
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Market Alert*		Quality Dynamics for Payers and Providers Assessment of payers and IDNs on quality metrics Stakeholder priorities in quality goals Best practices in quality efforts	

^{*}Market Alert: A real-time assessment of recent significant changes or events related to value, quality, and reimbursement that impact access

Clients receive:



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Insights

covered within the service