

KEY ISSUES with ICER'S REPORT on COVID-19



The Institute for Clinical and Economic Review (ICER) released a model it intends to use to evaluate treatments for COVID-19 along with their results for remdesivir, one of the first available treatments for the virus. The model is concerning in a number of ways:

1. ICER model does not consider potential benefits to society.

Despite the toll the pandemic is taking on our country, ICER ignores any societal benefits that would result from having an effective treatment for COVID-19. ICER completely disregards the effect a treatment for COVID-19 would have on our economic recovery as well as the mental health of all Americans. It also does not recognize the benefits of potentially alleviating stress on frontline workers or the health system's resources.

2. ICER views elderly patients as less valuable than younger patients.

It is generally recognized that QALY-based cost-effectiveness analyses discriminate against vulnerable populations, including older patients, which is why their use is banned in Medicare. ICER continues to use the controversial QALY metric in its assessment of remdesivir and assigns a lower value to the lives of the elderly compared to younger COVID-19 patients.

3. ICER penalizes COVID-19 treatments for saving lives.

ICER includes a patient's lifetime healthcare costs in its long-term analysis. Because remdesivir has the potential to save a COVID-19 patient's life, ICER assumes it will cost the health care system money to keep that person alive and healthy for their rest of their life after they have been cured of COVID-19 (for example, treating a future broken leg or cancer). ICER holds these costs against remdesivir, lowering its value, and sending the message that there may be more value in people dying than keeping them alive.

4. ICER built its models upon flawed assumptions and inputs.

ICER's model is riddled with flawed assumptions that show a lack of expertise related to COVID-19, and medicine generally. For example, ICER assumes that the number of hospital days is the same for a COVID-19 patient who is on a ventilator and one who is not. This is clinically not realistic as patients requiring ventilation generally are experiencing more severe symptoms. ICER's report also cites the daily cost of a ventilator as significantly lower than real world data sets indicate. These flawed assumptions could lead to a potentially untrustworthy result.

In the height of a global pandemic when patients and society are desperate for effective treatments and vaccines, it would be irresponsible for decision-makers to rely on ICER's deeply problematic models.