**Up-to-the-minute insights via Amplity Health’s Real Time Market Intelligence (RTMi)**

**CHALLENGE**
- Client needed to understand the perceived unmet need for diagnostic testing in early-stage prostate cancer
- Client was looking to gain insight on the levels of evidence required by payers to obtain biomarker coverage in prostate cancer
- Client was hoping to discuss alternative approaches in development of genomic biomarkers and associated evidence
- Client wanted to test the value hypothesis of a new diagnostic test in early-stage prostate cancer

**STRATEGY**
- Leverage Amplity Health’s Medical Communications team’s unique access to advisors pertinent to this initiative
- Provide strategic guidance to facilitate contracting, question design, ongoing participant management, weekly summaries, recommendations, executive summary, and strategic recommendations

**THERAPEUTIC AREA:** Prostate Cancer

**LIFECYCLE:** Early stage

- **10 ADVISORS**
  - Advisors with medical technology decision-making responsibilities, 60 minutes per question set*

- **16 SETS OF KEY QUESTIONS**
  - With client collaboration, 16 sets of key questions pertaining to prostate cancer management and coverage of new technologies

- **1 RTMI PLATFORM UTILIZED TO PULSE OUT 1 QUESTION SET PER WEEK (TOTAL DURATION, 16 WEEKS)**

- **1 WEEK TO REPLY**
  - Advisors given 1 week to respond with follow-up after 4 business days

**Conducted ad hoc deeper dive probes as warranted (total of 4 probes per advisor built into contract)**

**Developed weekly recaps summarizing responses for each question set and comprehensive monthly reports**

**Developed full executive summary at conclusion of engagement**

* Using established FMY rates per client guidelines. Advisors are paid milestone honoraria every 4 weeks based on work completed.
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**SAMPLING OF PARTICIPANTS**

<table>
<thead>
<tr>
<th>Title</th>
<th>Plan Affiliation</th>
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<tbody>
<tr>
<td>Medical Director</td>
<td>Rees-Sealy Medical Group/Sharp Healthcare</td>
</tr>
<tr>
<td>Formulary and Contract Manager</td>
<td>SelectHealth</td>
</tr>
<tr>
<td>Medical Director</td>
<td>HealthNet of California</td>
</tr>
<tr>
<td>Senior Medical Director</td>
<td>Priority Health</td>
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<tr>
<td>Medical Director, Western Region</td>
<td>WellPoint/Anthem</td>
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<tr>
<td>Medical Director</td>
<td>Humana</td>
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<tr>
<td>Medical Director</td>
<td>Aetna</td>
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<tr>
<td>Medical Director, NW Region</td>
<td>United Health Group</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Independence Blue Cross</td>
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<tr>
<td>Chief Medical Officer</td>
<td>Harvard Pilgram Health Care</td>
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**SAMPLE OF INSIGHTS**

- Overall, payers are not pleased with the value they are receiving for their spend in this category. Specific reasons for suboptimal value were provided.

- Plans are reluctant to manage initiation of ADT after PSA rise, citing lack of unequivocal evidence and lack of clinical pathways in prostate cancer.

- Several plans (Harvard Pilgrim, United, Anthem) are moving toward narrow physician networks as a way to reduce variation in care.
  - Performance-based contracts are becoming increasingly common.
  - In national plans, the use of narrow networks varies by region.

- None of the participating plans surveyed had different criteria for community vs academic-based urologists. Likewise, none had different criteria for urologists and medical oncologists.

- Overall, advisors perceived that a diagnostic test that helped to stratify risk in prostate cancer could offer a great deal of value.

- For payers, a risk stratification test would provide value by reducing variation in care.

- For specific examples of the insights provided, send us an email at contact@amplity.com.