Center for Translational & Policy Research on Personalized Medicine

TRANSPERS Program on Evidence and Reimbursement for Personalized Medicine

A major focus of the TRANSPERS Center is coverage, reimbursement, and policy decisions by payers. Since 2007, we have been working with our Payer Advisory Board comprised of private payers and thought leaders. The Advisory Board includes senior executives from the top largest national private health plans and leading regional plans as well as thought leaders with industry, government, and Medicare perspectives. Our work on coverage and reimbursement policy decisions by payers has been funded by several grants from NIH and several foundation grants.

Focuses

Our work addresses **two critical gaps** for the translation of personalized medicine into practice and policy:

- Lack of an evidence base on translating personalized medicine into policy and adoption decisions
- Lack of forums bringing together the multiple stakeholders needed to formulate, recommend, and implement relevant guidelines and policies.

We are developing, testing, and implementing evidence-based approaches to address these challenges:

- Analyzing how payers make policy decisions, particularly how they use evidence on healthcare system factors in conjunction with clinical evidence
- Identifying gaps in the evidence base for personalized medicine and how to address them
- Developing approaches and mechanisms to working with payers to develop data sources such as using claims data to examine the use of personalized medicine
- Examining the development and timing of payer policies on key examples of personalized medicine, including genomic clinical sequencing
- Developing a predictive model on what factors result in the successful adoption of new technologies

Accomplishments

Our work with the Board has influenced the conversation about payer coverage issues through presentations to a range of organizations including:

- Government agencies (e.g., NIH, CDC, PCORI)
- Professional organizations (e.g., BIO, American Diabetes Association, Association of Clinical Oncology, National Business Group on Health, AdvaMed, National Association of Cancer Executives, American College of Medical Genetics, National Society of Genetic Counselors, Association of Molecular Pathologists)
- Industry (e.g., Illumina, Eli Lilly, AstraZeneca)
- Venture capital firms (e.g., Kleiner, Perkins, Caulfield, & Byers; Mohr Davidow Ventures; Burrill Inc; RockHealth)
- And conferences/symposia (e.g., National Academy of Medicine, Mayo Clinic, Harvard Partners, Personalized Medicine World Conference, MedTech, Stanford MEDX, ASCO Annual Meeting).

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TRANSPERS Payer Advisory Board Member Organizations

The Board has included executives from the following organizations: Anthem, Aetna, CIGNA, Kaiser Permanente, Health Care Service Corporation, Health Net, Humana, Independence Blue Cross, Premera Blue Cross, Oklahoma Health Care Authority (Medicaid), UnitedHealth Group., and Medicare (former).

TRANSPERS

Launched in 2008, the Center for Translational and Policy Research on Personalized Medicine (TRANSPERS) at the University of California, San Francisco is a first-of-its-kind research center dedicated to developing evidence-based information for patients, providers, industry, researchers and policymakers to objectively assess how personalized medicine can be most beneficial and efficient in improving health outcomes. The TRANSPERS Center has been funded by grants from the National Institutes of Health (NIH) and several foundations.

Selected Peer-Reviewed Publications

1. Phillips KA, Trosman JR, Deverka PA, et al. Insurance Coverage for Genomic Tests. Science. 2018;360(6386):278-279. 2018.
2. Trosman JR, Weldon CB, Gradishar WJ, et al. Measuring the Value of Multigene Clinical Sequencing: Evolution of Payer Frameworks and a Path Forward. Value Health. 2018; 21(9):1062-1068
3. Douglas MP, Parker SL, Trosman JR, et al. Private Payer Coverage Policies for Whole Exome Sequencing (WES) in Pediatric Patients: Trends Over Time and Analysis of Evidence Cited. Genet Med. 2019;21(1):152-160.
4. Phillips KA. Evolving Payer Coverage Policies on Genomic Sequencing Tests: Beginning of the End or End of the Beginning? JAMA. 2018; Published online April 16, 2018. 2018;319(23):2379-2380.
5. Trosman JR, Weldon CB, Douglas MP, et al. Payer Coverage for Hereditary Cancer Panels: Barriers, Opportunities, and Implications for the Precision Medicine Initiative. J Natl Compr Canc Netw. 2017 Feb; 15(2):219-228.
6. Phillips KA, Deverka PA, Trosman JR, et al. Payer Coverage Policies for Multigene Tests. Nature Biotechnol. 2017; 35(7):614-617.
7. Dervan AP, Deverka PA, Trosman JR, et al. Payer decision making for nextgeneration sequencing-based genetic tests: insights from cell-free DNA prenatal screening. Genet Med. 2016 Sep 22.
8. Trosman JT, Weldon CB, Kelley RK, Phillips KA. Challenges of coverage policy development for next-generation tumor sequencing panels: experts and payers weigh in. J Natl Compr Canc Netw. 2015 Mar;13(3):311-8.
9. Trosman JR, Van Bebber SL, Phillips KA. Coverage Policy Development for Personalized Medicine: Private Payer Perspective on Developing Policy for the 21-Gene Assay. Journal of Oncology Practice. September 2010;6(5): 238- 242.
10. Phillips KA. Closing the Evidence Gap in the Use of Emerging Testing Technologies in Clinical Practice. JAMA. 2008;300(21):2542-4.

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