JSPH Fellows Reflect

The U.S. healthcare landscape is undergoing considerable change, driven in large part by the provisions of the Patient Protection and Affordable Care Act (ACA). The regulations codified in the ACA have deliberately realigned incentives for stakeholders to improve the value of health care. This focus on value is driven by the shortcomings of traditional reimbursement models such as fee-for-service (paying for procedures and tests without regard to evidence as to their appropriateness or utility), which has resulted in substandard quality and efficiency. Moreover, the consequence of these perverse financial incentives is poor health outcomes and exorbitant costs. As a result, the dual issues of improving health outcomes and reducing overall costs have been the subject of countless health policy debates and thus the emphasis of our fellowship at the Jefferson School of Population Health (JSPH).

For 20 years, the objective of the JSPH post-doctoral fellowship program has been to foster the development of health professionals with an interest in outcomes research to examine the cost, quality, and policies applied within the healthcare system. These primary objectives are met through linking health economic constructs in our didactic coursework with research projects that span health services research, outcomes research, and health economic analysis. Our research projects during the first year of the fellowship have ranged from developing innovative tools for communicating health economics and outcomes research (HEOR) evidence to financial stakeholders, to working on deliverables related to the clinical and financial underpinnings of new models of primary care. As newly minted pharmacists, this bolus dose of exposure through our research projects has afforded us the opportunity to witness firsthand the paradigm shift in health care from volume to value-based care.

While some parts of the ACA took effect before our time at JSPH, the beginning of our fellowship was marked by highly debated issues, such as the individual mandate and Medicaid expansion. At the time, the implications of these policies and their relationship to the scope of our fellowships were uncertain. However, over the course of the year we were able to draw on our formal training, experiences at national conferences, and dedicated discussions with experts in the field to better understand their implementation. Reflecting on these last 9 months, we witnessed several responses to these policies including the government shutdown, changes in employer coverage, and the ultimate March 31st enrollment numbers through the shrewd lens of apprentices in outcomes research. As we complete the final stretch of our first year, we have witnessed the beginning of a revolution grounded in value-based care. The collaborative approach to our training at JSPH has given us a clear understanding of how patients, providers, payers, and other stakeholders are beginning to piece together their roles in this evolving landscape focused on value. This rich insight will serve us well as we move to the next phase of our fellowship in the pharmaceutical industry. Our contribution in this setting is correspondingly aligned with the pharmaceutical industry’s mission to deliver transformational evidence to a variety of stakeholders that support decision-making on the value of pharmaceutical agents.

In the 20 years that JSPH has offered this fellowship, no two experiences have been exactly alike, and we believe this is certainly the case regarding our opportune time to be a part of the legacy of this program. Our experience at JSPH has given us a glimpse of how research can help generate transformational evidence that will contribute to the nation’s goal of providing valuable care through containing cost and improving health outcomes.

Click here for more information about the HEOR fellowship program.

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