Magnolia market access
a medical knowledge group company

CASE STUDY

PAYER INTELLIGENCE to Gather Feedback and Understand Potential Coverage and Reimbursement of an AI CVD Technology

Situation

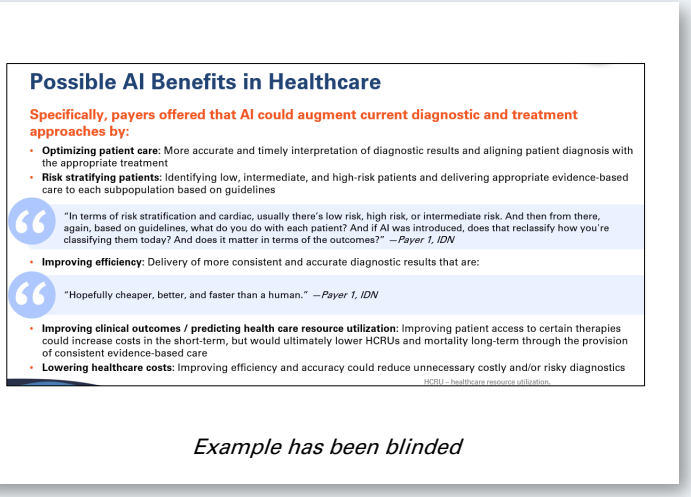
- A small technology company developed an AI-assisted platform that is used to improve accuracy of a CV diagnostic (CVD) tool
- **The company sought to**
  - Gather feedback from payers on **currently available evidence** for new technology
  - Understand possible **coverage and reimbursement** of the AI platform and future CPT code development for the technology

Approach

- **Partnered with company** to develop questions to evaluate payer management of AI technologies in CVD and gather feedback on the new AI technology
- Identified US Medical Directors, with ≥4 years of experience, who served on an **organizational decision-making** body that reviews medical devices and technologies
- Conducted 60-minute, double-blinded, semistructured, web-assisted **interviews with 5 payers** from national and regional MCOs and IDNs

Outcomes

- Payers **situated AI platform** within current CVD landscape, evaluating opportunities for cost-savings
- Gathered feedback on novel technology, evaluating its **validity and utility** and how that impacts coverage
- Captured additional **evidence needs and recommended trial designs** for maximization of access
- **Derived strategic recommendations** for client regarding access and reimbursement at launch



Possible AI Benefits in Healthcare

Specifically, payers offered that AI could augment current diagnostic and treatment approaches by:

- **Optimizing patient care:** More accurate and timely interpretation of diagnostic results and aligning patient diagnosis with the appropriate treatment
- **Risk stratifying patients:** Identifying low, intermediate, and high-risk patients and delivering appropriate evidence-based care to each subpopulation based on guidelines

> "In terms of risk stratification and cardiac, usually there's low risk, high risk, or intermediate risk. And then from there, again, based on guidelines, what do you do with each patient? And if AI was introduced, does that reclassify how you're classifying them today? And does it matter in terms of the outcomes?" —*Payer 1, IDN*

- **Improving efficiency:** Delivery of more consistent and accurate diagnostic results that are:

> "Hopefully cheaper, better, and faster than a human." —*Payer 1, IDN*

- **Improving clinical outcomes / predicting health care resource utilization:** Improving patient access to certain therapies could increase costs in the short-term, but would ultimately lower HCRUs and mortality long-term through the provision of consistent evidence-based care
- **Lowering healthcare costs:** Improving efficiency and accuracy could reduce unnecessary costly and/or risky diagnostics

HCRU – healthcare resource utilization.

Example has been blinded