

April 4, 2025

Center for Innovation & Value Research
107 S West Street, Suite 731
Alexandria, VA 22314

RE: Comments on Center for Innovation & Value Research's Draft "A Blueprint for Patient-Centered Value Research"

The Society for Women's Health Research (SWHR) is pleased to offer comments and recommendations in response to the Center for Innovation & Value Research's Draft Blueprint for Patient-Centered Value Research's (the Center) draft document, "A Blueprint for Patient-Centered Value Research."

For more than 30 years, SWHR has worked to address the unique health needs of women, including advocating for a patient-centered approach to value assessment. Central to this work, SWHR is dedicated to ensuring that frameworks are effectively designed and applied to meet women's needs, account for the diversity of patient populations, and are supported by the infrastructure and analytic capacity to assess data that truly matter to women. With this perspective in mind, SWHR encourages the Center to consider the recommendations below with respect to the Blueprint.

Recommendation 1: Emphasize the Importance of Patient Perspectives

The introductory section "Purpose and Scope of the Blueprint" is a key opportunity to articulate to stakeholders why patient collaboration is essential. This could be an ideal place to elevate the fact that diverse populations—across sex, gender, race, ethnicity, and disability status—must be considered in value frameworks to fully understand how different treatments affect these groups. Women and people of color especially have been historically underrepresented in clinical trials, leading to gaps in scientific evidence regarding treatment effectiveness and outcomes. Incorporating diverse patient perspectives into value research is one way to avoid a "one-size-fits-all" or "one-size-fits-most" approach to assessing value. Highlighting these facts will provide stakeholders utilizing the Blueprint with a more informed understanding of why the Blueprint's contents and recommendations are both relevant and necessary for improving patient outcomes.

The Center may also consider expanding on these points under the section "Why Involve Patients?" or it may consider creating a new section in the Blueprint dedicated to thoroughly explaining the needs of historically excluded and marginalized populations and the importance of including their perspectives in value research.

Recommendation 2: Clearly Define Health Equity

Although health equity is mentioned multiple times throughout the Blueprint, it is not clearly defined. Given that different stakeholders may interpret the term in various ways, providing a clear and inclusive definition will allow Blueprint users to embed the term into their work in a way that is better aligned with the intentions of health equity work.

The Society recommends utilizing a definition that is comprehensive and inclusive of diverse patient populations. For example, as part of our Women's Health Equity Initiative, SWHR utilizes the following definition to describe health equity: *"This initiative recognizes that achieving true health equity for women requires a nuanced understanding of the diverse experiences shaped by intersecting factors such as race, ethnicity, socioeconomic status, age, geographic location, and disability status, among others."* The Center may look to definitions from organizations dedicated to advancing health equity like the [National Minority Quality Forum \(NMQF\)](#) or to government organizations like the [Center for Disease Control and Prevention](#), the [National Institutes of Health](#), and the [World Health Organization](#) for crafting its own definition.

The Center may also consider emphasizing the definition of health equity by including it as a footnote or adding it to the glossary. This approach would help elevate its significance and make it more visually prominent.

Recommendation 3: Expand on Public Comment Periods

Public comment periods are one way to facilitate impactful, equitable means for stakeholders to submit feedback. Under the "Dissemination" section's "Key Activities," the Center may consider emphasizing the importance of adhering to established norms for comment periods. For example, federal comment periods typically last at least 30 calendar days, with many allowing for comment for up to 60 days or more. Providing sufficient time for stakeholders to review and respond ensures more thoughtful, informed input and reduced barrier to participation. Highlighting this in the Blueprint will reinforce the need for transparency and broad participation in the public comment process.

In addition to the recommendations above, SWHR is pleased to offer one of our guides as a valuable resource. [Policy Principles: Health Care Value Assessment](#) may be a candidate

for inclusion under the "Across All Stages" section of patient-centered value research. This guide outlines key principles designed to ensure that value frameworks and assessments account for factors critical to women's health, and it could serve as a helpful tool for the diverse stakeholders who will engage with the Blueprint.

Thank you for providing the opportunity to submit feedback on the Blueprint. We trust that it will be an incredibly valuable resource for ensuring meaningful patient engagement in value research and look forward to its publication.

Please do not hesitate to reach out to me directly at lindsey@swhr.org with any questions.

Sincerely,

Lindsey Miltenberger
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Society for Women's Health Research