

Patient Engagement Processes

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REDE TSA EXCHANGE

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CADTH

Our Programs and Services



DRUG REIMBURSEMENT RECOMMENDATIONS

- CADTH Common Drug Review (CDR)
- CADTH pan-Canadian Oncology Drug Review (pCODR)



HEALTH TECHNOLOGY MANAGEMENT PROGRAM

- Rapid Response Service
- Health Technology Assessment Service
- Optimal Use Service
- Environmental Scanning
- Horizon Scanning



OTHER PROGRAMS AND SERVICES

- Scientific Advice



KNOWLEDGE MOBILIZATION AND LIAISON OFFICERS

- Located in jurisdictions across Canada
- Understand the needs and priorities of local decision-makers
- Provide advice and tools to help turn evidence into policy and practice

Why Is Patient Input Important for CADTH?

- HTA recommendations will ultimately affect patients for whom the technology is intended
- Only patients and their family/caregivers have
 - day-to-day lived experience with the disease or condition
 - direct experience with currently available treatments (if applicable) and possibly experience with the technology being reviewed
- Patients and their caregivers can provide **their perspectives** on the most important considerations and outcomes for a new technology



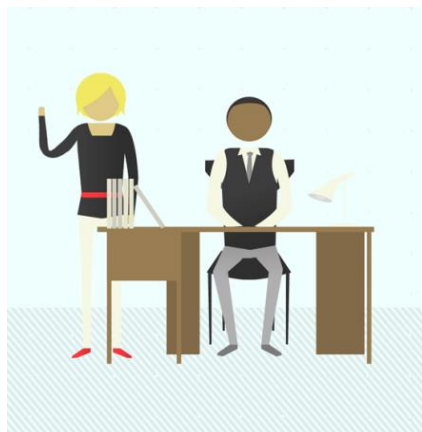
DRUG REIMBURSEMENT RECOMMENDATIONS

- CADTH Common Drug Review (CDR)
- CADTH Pan-Canadian Oncology Drug Review (PCODR)

Patients Tell Us About...

- Standardized questionnaire/template
- Impact of health condition
- Experience with current therapy
- Unmet need
- Impact on caregivers
- Expectations for new technology
- Experience with new technology

Patient Group Input



CADTH Review Team

Patient input used to inform protocol & report



Expert Committees (CDEC, pERC)

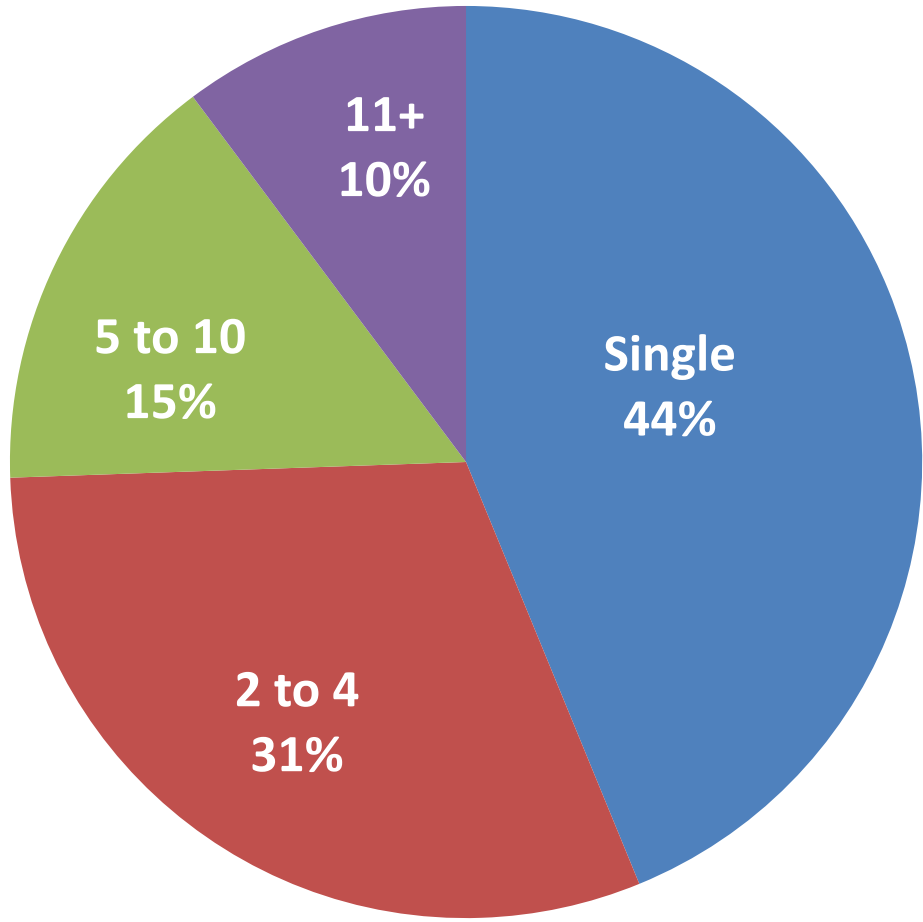
Patient input presented, used in deliberations & reflected in recommendations



Public Drug Plans

Shared with plans and shared at www.cadth.ca

Patient Input to Pharmaceutical Reviews



532 patient input submissions from **137** patient groups

Many groups answer multiple calls for patient input

June 2010 – June 2016

Patient Input Template Revisions

- Based on analysis how input is used, comments from patient groups, CADTH reviewers and committee members
- Common wording and expectations
- Greater focus on potential benefits and risks of treatment than on description of condition
- Caregivers perspectives more consistently collected
- Identical conflict of interest declaration

Therapeutic Review Process

Patient Group Input

- Tailored templates with specific prompts related to policy / research question asked by Therapeutic Review
- 1 month to complete

Patient groups provide feedback on

- Proposed project scope
- Included studies
- Draft science report
- Draft recommendations

CCAN Patient Engagement Navigator

- Collaboration of the Canadian Cancer Action Network (CCAN) and CADTH
- Funded by the Canadian Partnership Against Cancer, with in-kind funding provided by CADTH and CCAN, to develop, identify and support opportunities for patient and caregiver involvement with the pCODR program

CCAN Patient Engagement Navigator

- Promote patient awareness of pCODR and their role in the HTA process.
- Work directly with patient groups to identify and collect data as well as to prepare the submissions.
- Expand the breadth and improve the quality of resources available to patients.

Patient Community Liaison Forum

- Build understanding among forum members
- Help to identify priorities for patient engagement activities
- Facilitate the gathering of feedback on new patient engagement processes

Members:

- Canadian Cancer Action Network
- Canadian Organization for Rare Disorders
- Best Medicines Coalition
- Health Charities Coalition of Canada
- CADTH

www.cadth.ca/cadth-patient-community-liaison-forum

Expert Committees

Present patient group input to other committee members

CDEC: 2 public members

Frank Gavin, Allen Lefebvre

pERC: 3 patient members

Valerie Macdonald, Jo Nansen, Carole McMahon

HTERP: 1 public member

Jeremy Petch

RESEARCH ARTICLE

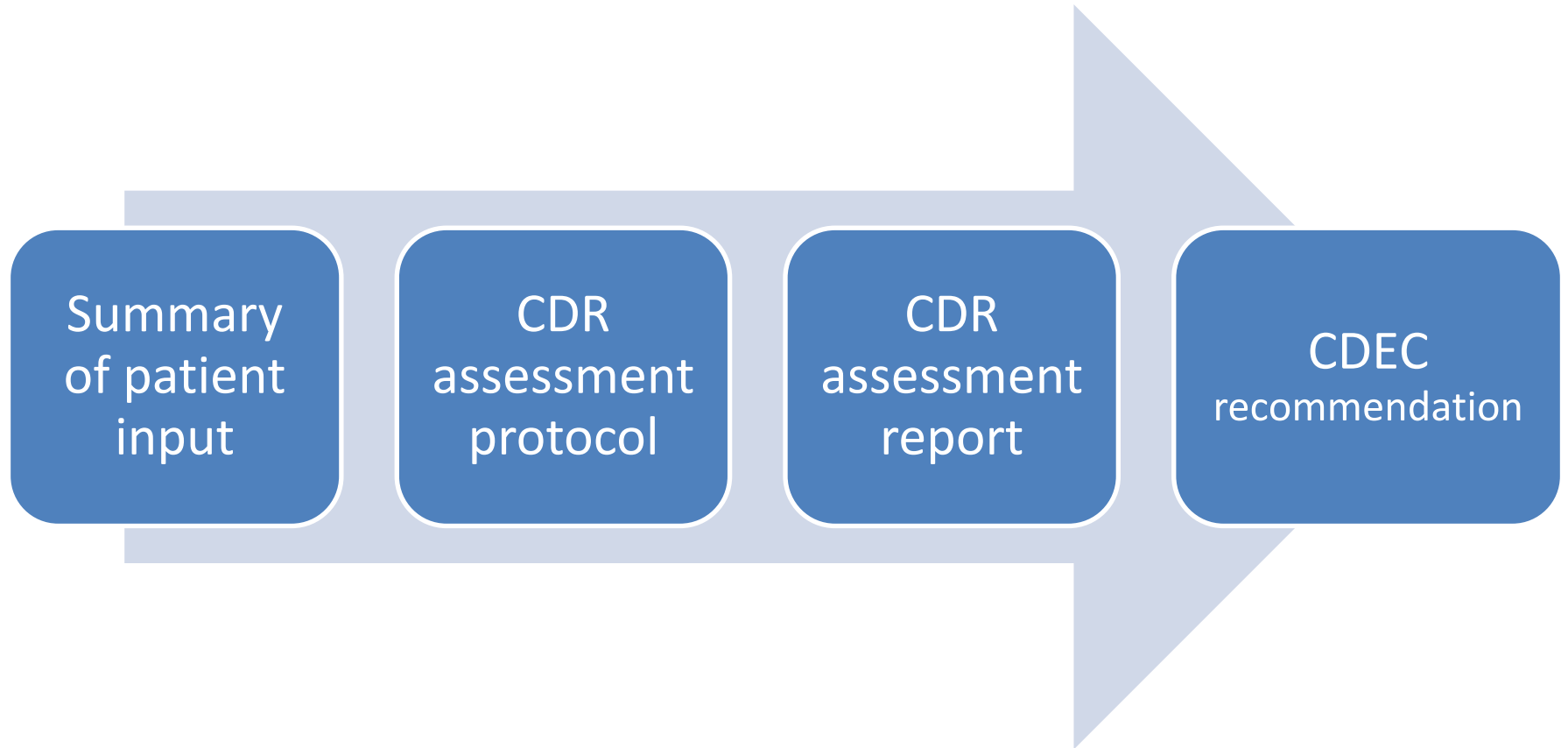
Open Access

Patients' perspectives can be integrated in health technology assessments: an exploratory analysis of CADTH Common Drug Review



Sarah Berglas^{1*}, Lauren Jutai², Gail MacKean³ and Laura Weeks¹

Patient insights identified and tracked



CADTH ASKED PATIENT GROUPS: what are the important outcomes for drug assessment?

**HEALTH-RELATED
QUALITY OF LIFE**

AVOID HOSPITALIZATION

EASE OF ADHERENCE

AVOID FURTHER DISEASE

**FEWER SIDE EFFECTS
OF TREATMENT**

COST
TREATMENT DURATION

ALTERNATIVE TREATMENT

**SYMPTOM
RELIEF**

LONGER
LIFE

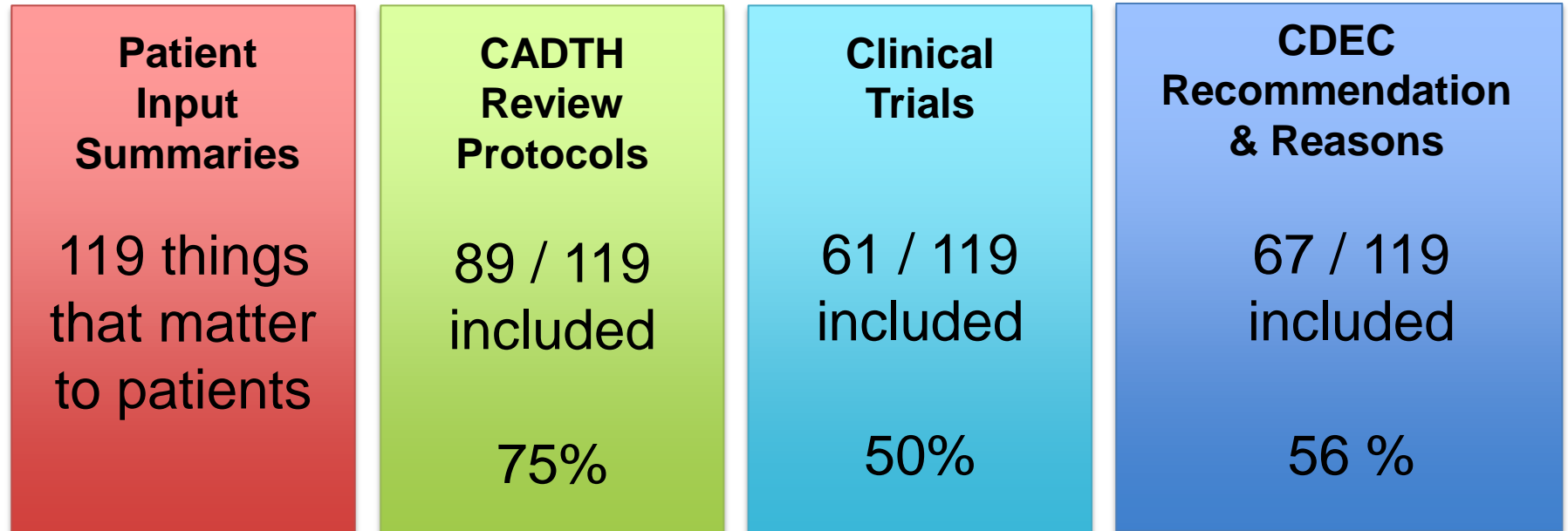
FEWER TREATMENT SUPPORTS

TARGET ROOT CAUSE

**PSYCHOSOCIAL
QUALITY
OF LIFE**

INDEPENDENCE

Use of Patient Input in CADTH CDR





HEALTH TECHNOLOGY MANAGEMENT

- Rapid Response Service
- Health Technology Assessment
- Optimal Use

Medical Device Assessments

- Patient interviews to validate key outcomes at protocol development
- Systematic review of patient preferences and values
- Patient groups provide feedback on draft report and recommendations

Optimal Use Reports to date:

- dMMR testing for patients with colorectal cancer
- Monitoring atrial fibrillation in cryptogenic stroke patients
- Interventions for obstructive sleep apnea
- Dialysis modalities for end-stage kidney disease

What is going well?

- Expert committee recognizes value
 - Unique evidence
 - Meeting demand for inclusion of patient perspectives
- Methodological rigor
 - Parallels to clinical systematic review
- Useful to inform deliberations and recommendations
 - Context and meaning of clinical results
 - Frame rationale to support recommendation
 - Identify implementation considerations

Some of the Challenges

- Too much or not enough studies
 - Sometimes difficult to infer relevance to Canadian setting
- Poor reporting of study attributes and quality criteria
- Ideal methods versus what is feasible
 - HTA timelines
- Integrating with other HTA components
- Specialized:
 - Resources
 - Research skills

PROGRAMS AND SERVICES

OTHER PROGRAMS AND SERVICES

- CADTH Scientific Advice Program



CADTH

CADTH Scientific Advice Program

- Established January 2015
- Advice on early drug development plans from a Canadian health technology assessment (HTA) perspective
- Voluntary, fee-for-service, confidential, non-binding

Engaged as Experts

- Process developed with members CADTH Patient Community Liaison Forum
- Non-disclosure agreement & paid honoraria
- Use known patient groups to find individual with:
 - Personal, long-term experience with disease
 - Has tried multiple therapies to deal with disease
 - Is aware of other's experiences: moderated a chat group, answered help lines, led patient group

Patient Involvement

- 1 hour interview; standardized questions
- Written summary of interview included in the record of scientific advice

Experience to date:

- Patient perspectives have been most important in the development of advice regarding outcomes and quality of life measures

What is Next?

- Health Technology Management: Better Health. Better Patient Experience. Better Value.
- Well supported approach to involving patients in all steps of the HTM process
- Addressing the need for tangible support to be confident partners
- Measuring impact

Contact Patient Engagement

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CADTH Evidence
Driven.