Canadian Agency for Drugs and Technologies in Health

Agence canadienne des médicaments et des technologies de la santé

Patient Involvement in CADTH

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Patient Involvement in Health Technology
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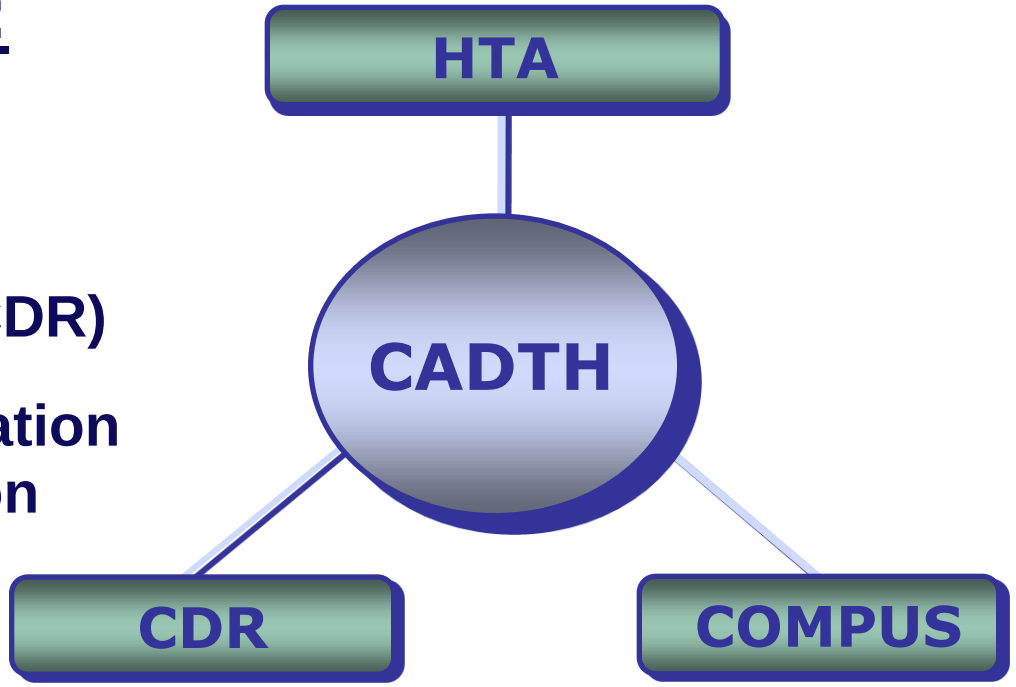
Canadian Agency for Drugs and Technologies in Health (CADTH)

- Founded in 1989, by the federal, provincial, and territorial Deputy Ministers of Health
- Not part of government
- Private, not-for-profit organization
- Funded by Health Canada, the provinces and territories
- Provides advice and evidence-based information about effectiveness and cost-effectiveness of drugs and other health technologies to Canadian health care decision makers

CADTH Science Directorates

Three Core Programs:

- Health Technology Assessment (HTA)
- Common Drug Review (CDR)
- Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)



Common Drug Review

- **A national* process for:**
  - conducting objective, rigorous, and timely clinical and economic **reviews** of drugs, and
  - providing formulary listing **recommendations (by CEDAC) to participating publicly funded drug plans**
- **Based on scientific and economic evidence**
  - submitted by manufacturer and found through systematic literature search
  - strong methodologies

** includes all publicly funded drug plans except Quebec*

Need for Public/Patient Input in CDR Process

- Considered in initial planning of CDR in 2002
- Requested by patient advocacy groups and industry
- Recognized need by CDR, CEDAC and jurisdictions
- Recommended in CDR Evaluation and by House of Commons Standing Committee on Health

Staged Approach for Implementation

Initial Stage: Public Involvement

- **Public members appointed to CEDAC in October 2006**
  - intended to represent the broad public interest
    - do not represent any particular region, interest group or organization
  - full voting members

Next Stage: Patient Input

- **Work initiated in 2009**

Steps in Developing Patient Input Process

- **Establishment of a Working Group**
  - CEDAC, jurisdictional representatives and CDR staff
  - incorporation in CDR reviews and CEDAC
- **Review of national and international literature**
- **Personal communications with agencies using patient input**
- **Involvement of Canadian drug plan personnel initiating patient input**

Assessment of Patient Input in Current CDR/CEDAC Process

- **Specialist input – during protocol development**
- **Identification of patient-relevant outcomes by Review Team**
  - Quality of Life
- **CEDAC Public and Other Member input at CEDAC meetings**

Considerations in Proposed Approach

- **Patient input must be meaningful and incorporated into the CDR review process in meaningful way**
  - must be systematically included in CDR/CEDAC process
  - must be incorporated early in CDR review process for maximum impact
    - during protocol development
    - identification of patient relevant outcomes
  - must be included in CEDAC deliberations

Considerations in Proposed Approach (cont'd)

- **CDR timeframes must be respected – as they impact patient access to medications**
- **Minimal impact on CADTH resources**
- **Process should complement and not duplicate initiatives of participating drug plans**
- **Allow for continuum of input from CDR/CEDAC review of the drug to the decision-making step by the jurisdictions**

Finding the Right Balance

Meaningful patient input

Timeliness of reviews

Draft Process for Patient Involvement

- **Input to be provided by organized Canadian patient groups**
  - CDR not resourced to review input by individuals
  - short timeframe for CDR Review Team to process and incorporate input
- **Template for patient group submissions (6 pages)**
  - to facilitate submissions of relevant content and consistent quality
  - to meet CDR/CEDAC needs as well as needs of other jurisdictions initiating patient input
- **Guidance Document for interested parties**

Template Details

- **Section 1: General Information**
  - information about the submitting organization
  - conflict of interest declarations
- **Section 2: Condition and Current Therapy-Related Information**
  - information gathering
  - experience patients have with condition
  - patients' experience with current therapy
  - impact on caregivers

Template Details (cont'd)

- **Section 3: Related Information about the Drug being Reviewed**
  - information gathering
  - advantages and disadvantages of the drug

- **Section 4: Additional Information**

Getting the Patient Input

- **How will patient groups know when to submit**
  - Web posting
  - email blast to subscribers
- **What kind of information should patient groups submit**
  - real world (experiential) information about disease or treatment impact
  - no personal or individual testimonials
  - no scientific evidence available in published literature
- **Timeframe**
  - 15 business days (3 weeks) from receipt of drug submission by CDR

Using the Patient Input

- **Submitted patient input will be:**
  - collated and summarized by CDR staff
  - sent to CDR Review Team (along with original input)
  - sent to CEDAC as background (along with original input)
  - presented by CEDAC public members at CEDAC meeting
  - will be part of CEDAC deliberations
  - shared with drug plans for their use in decision making

Note: all personal information will be removed

Consultations on Patient Involvment

- **Online consultations held - Dec. 2009 to Jan. 2010**
  - to receive input from patients, industry and stakeholders
- **Themes in feedback (reviewed to date)**
  - timeline for patient groups to respond
  - concern regarding conflict of interest declarations
  - acceptance of other input – e.g., individual patients, healthcare providers, etc.
  - weighting of patient input
  - definition of “testimonial”
  - transparency in CDR/CEDAC process about how used

Next Steps

- **Complete the analysis of consultation feedback**
- **Adjust process if required and feasible**
- **Revise *Procedure for CDR;* finalize implementation**
  - notifications to patient groups (subscription process)
  - web – patient input page with submission details
- **Announce final process and implementation date**
  - via CDR Update ebulletin and CADTH web site
- ***Ongoing assessment and refinement of process***

Collaboration

- Industry
- Regulators
- Payers
- Assessment
- Patients/public

For More Information

www.cadth.ca