

Guiding principles for the use of Real World Evidence: What questions do we need to consider?

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A shared vision for real-world success

A few bits and bobs

- The information I am presenting is not necessarily the view of IMS, however it probably is!
- Thanks to:
 - The IHE for inviting me
 - AZ for your support
 - The panel for sharing with us their Sunday



Chris Henshall



Carole McMahon



Robyn Tamblyn

Centre universitaire
de santé McGill

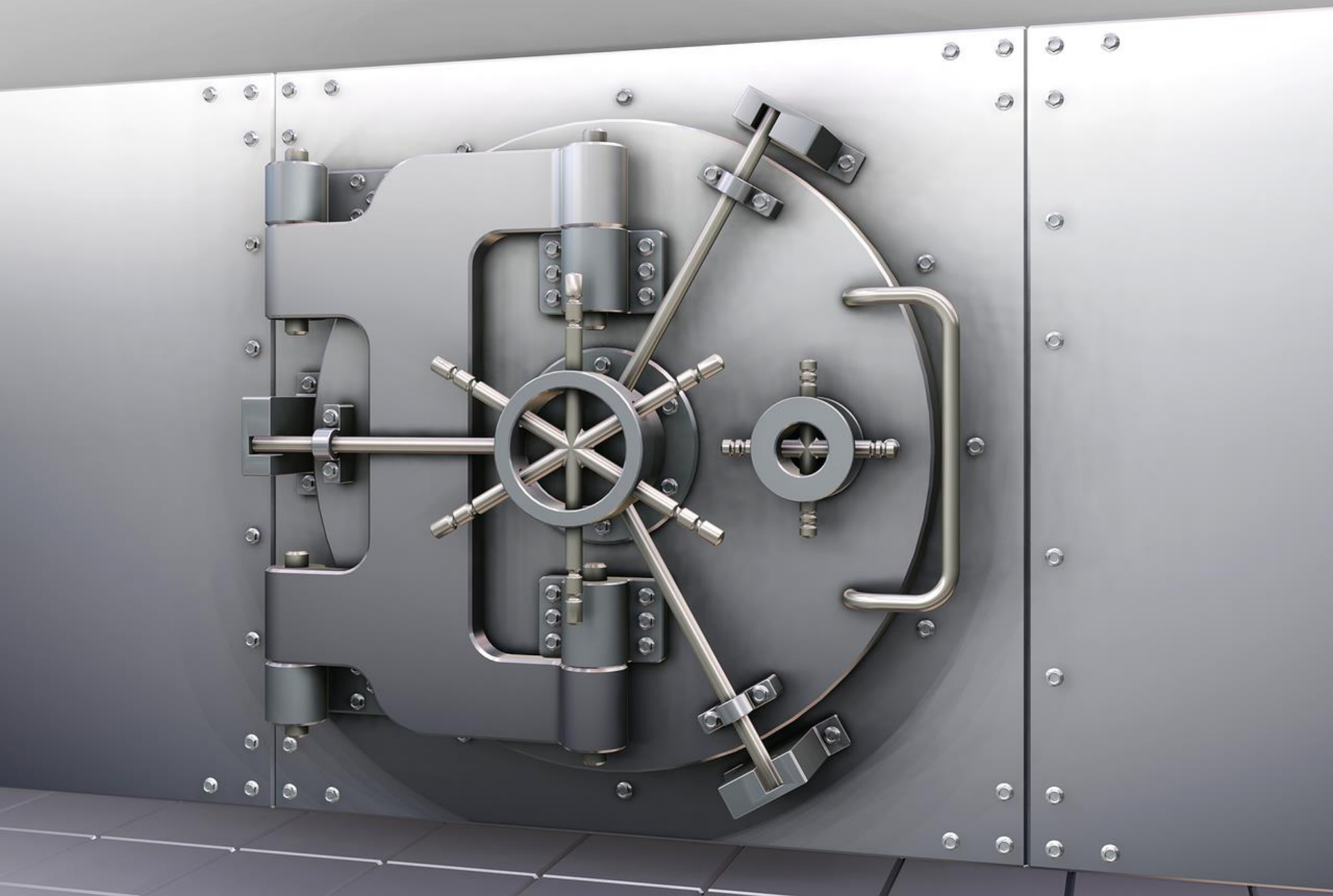


McGill University
Health Centre

Guiding principles for the use of Real World Evidence:

What questions might be important to ask when we have decided that using real world evidence is the best option?





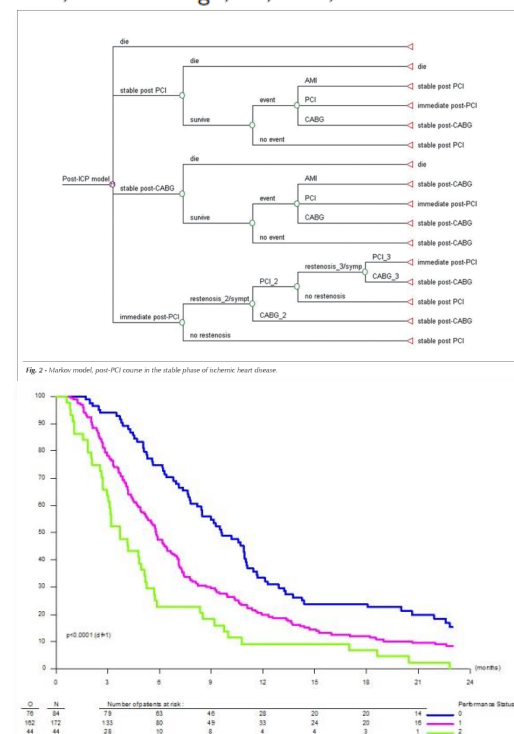
Using Real-World Data for Coverage and Payment Decisions: The ISPOR Real-World Data Task Force Report

Louis P. Garrison Jr., PhD (cochair),¹ Peter J. Neumann, ScD (cochair),² Pennifer Erickson, PhD,³ Deborah Marshall, PhD,⁴ C. Daniel Mullins, PhD⁵

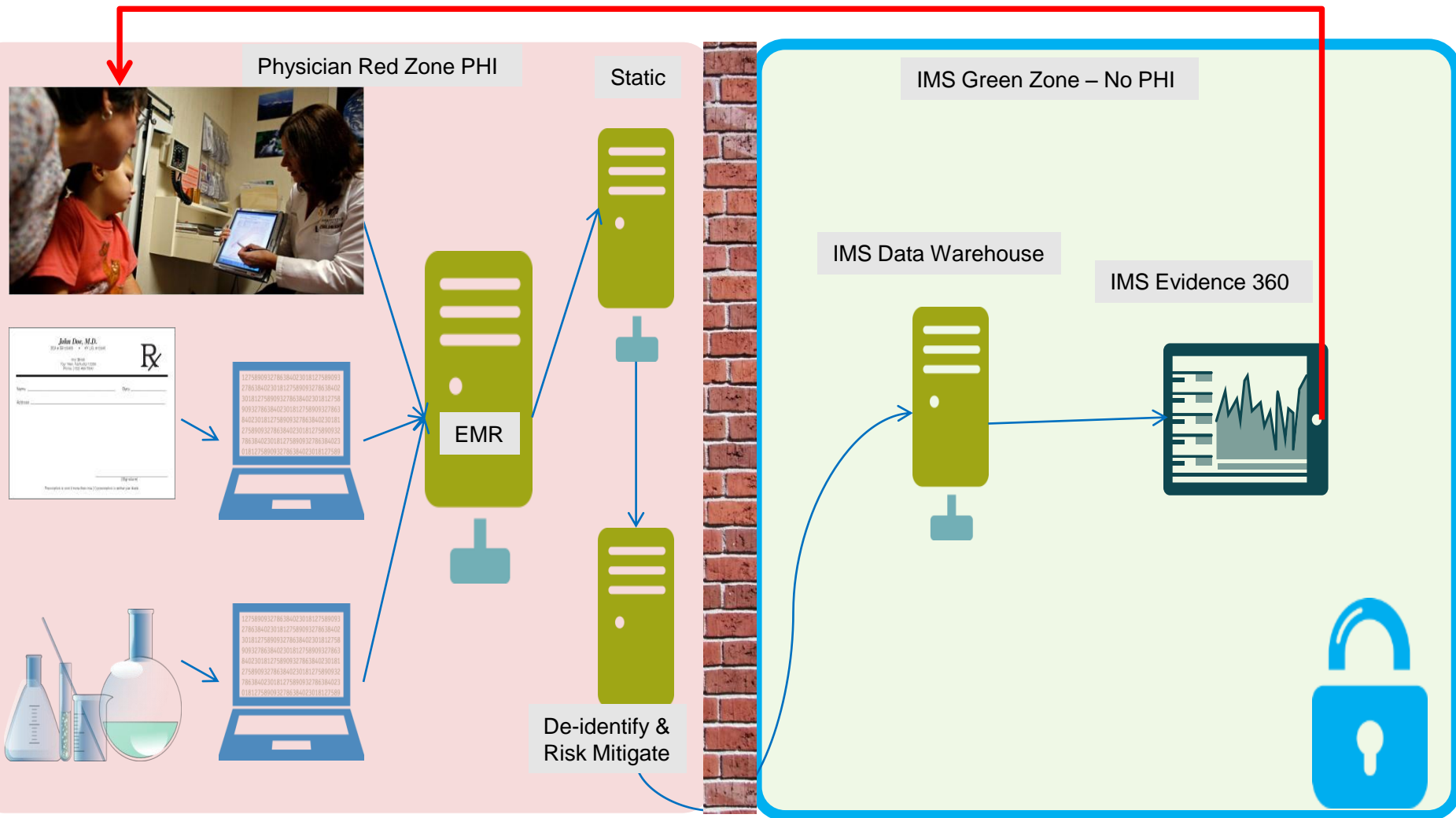
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Conclusions: Real-world data are essential for sound coverage and reimbursement decisions. The types and applications of such data are varied, and context matters greatly in determining the value of a particular type in any circumstance. It is critical that policymakers recognize the benefits, limitations, and methodological challenges in using RW data, and the need to consider carefully the costs and benefits of different forms of data collection in different situations.

Keywords: methodology, outcomes research, real-world data, research design.

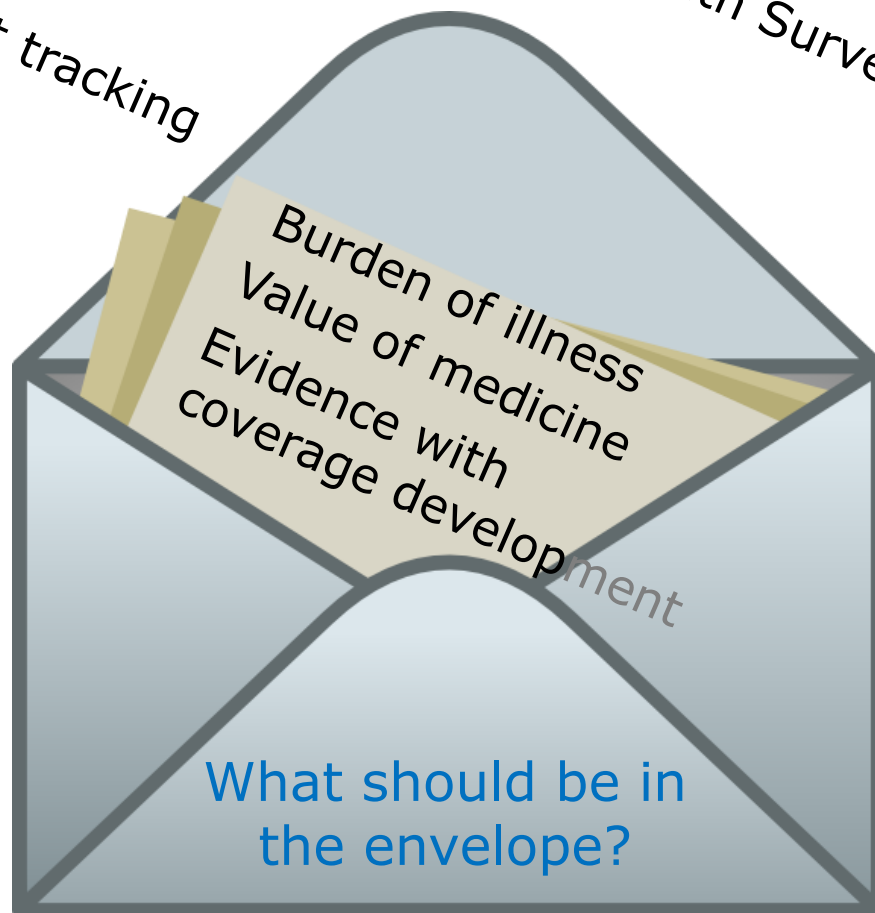


Informing the consultation

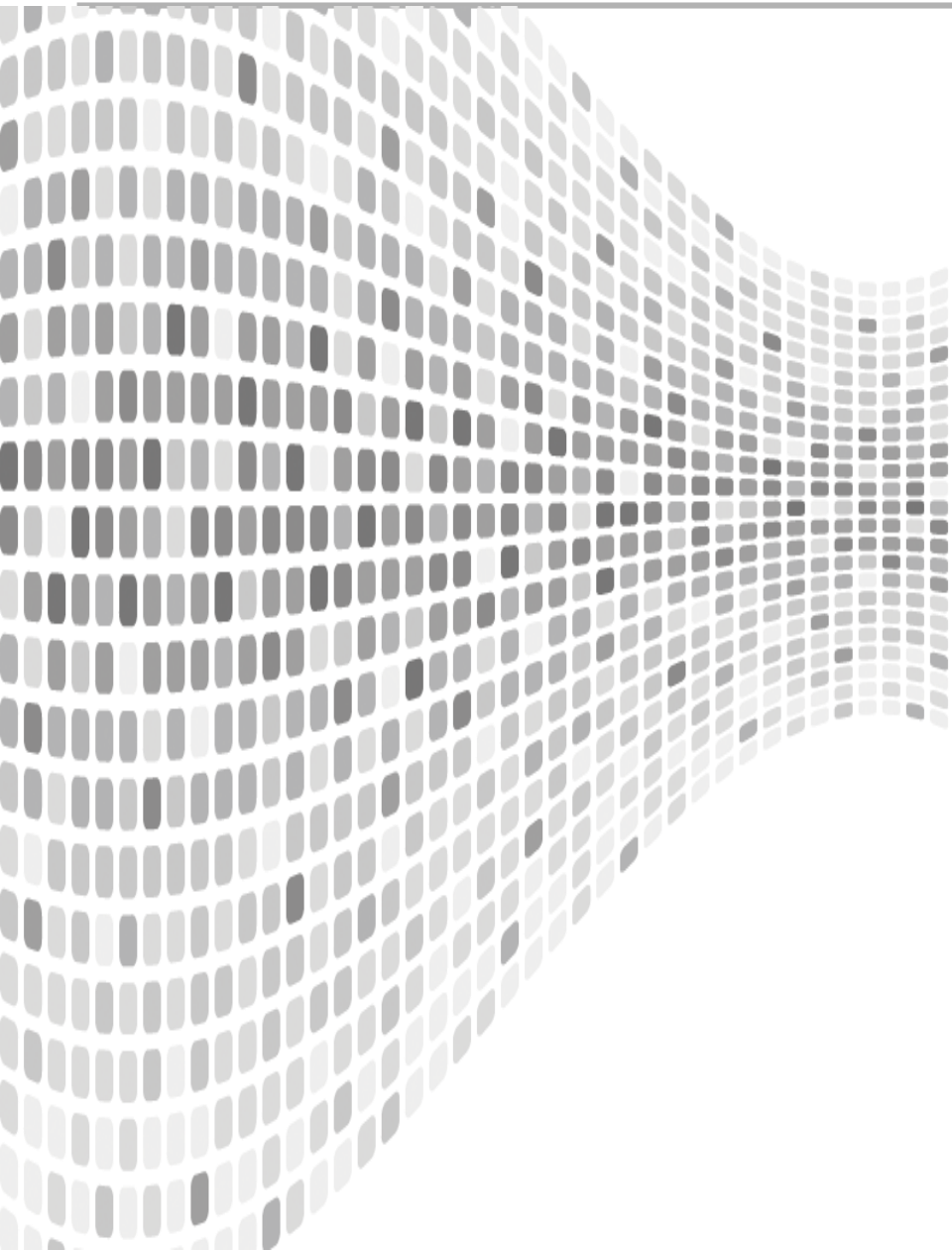


Adverse event tracking

Health Surveillance

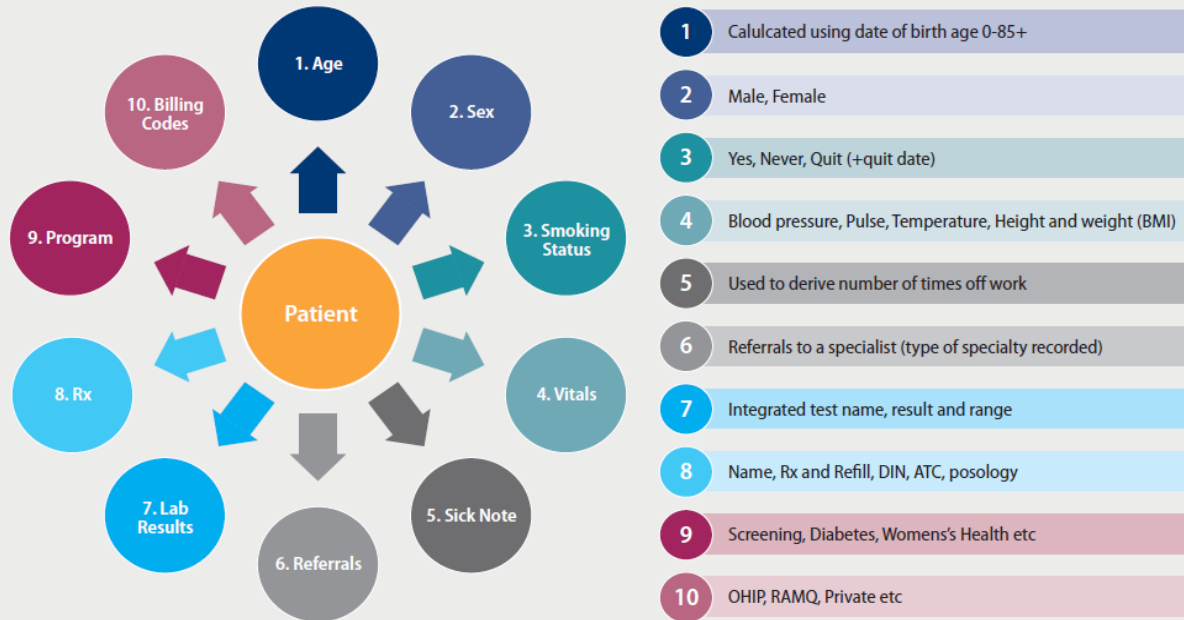


What should be in
the envelope?



What questions might be important to ask when we have decided that using real world evidence is the best option?

1. How to accelerate the use of data embedded at the heart of the healthcare system?
2. Standards: data quality and methodologies. Accreditation and endorsement?
3. How to involve the patient and understanding their pathway to improved outcomes?
4. What are the limits of what can and can't be done and having all stakeholders agree to the use of the evidence?
5. What about the future? How should big data from mHealth (mobile health) devices and apps be used to advance our knowledge of health in the future?



- **Launched in 2013 using data from 750,000 Canadian EMRs**
- **Integrated lab results**
- **Validated for 6 diseases so far**
- **Over 17 studies delivered**
- **Team includes 2 epis, 4 PhD stats, data scientists, analysts and consultants**
- **Using PARAT de-id software**
- **Partnerships with many academic institutions**
- **ncorner@ca.imshealth.com**

Example: Understanding HbA1c levels of patients taking diabetes medications and deep dive into patients taking DPP4 medication - Patient Diagnostics from IMS Evidence 360 Cohort Builder, January 2013 – December 2013.

PERCENTAGE OF PATIENTS ON SELECTED DIABETES MEDICATIONS
N= 6587

