

How CADTH Uses Patient Perspectives

Examples From July to September 2022

High-level summaries of what we hear from patients and caregivers are included in our reports and recommendations. More importantly, patient perspectives are considered by staff and expert committees during appraisal and deliberation processes. Patients were involved in 25 Reimbursement Reviews, 2 Health Technology Reviews, and 2 Scientific Advice documents. Read on to see how patient insights are used to achieve a range of different purposes.

Why: To explore if clinical and economic evidence within the review address patients' needs.

Example of how: "Patients identified that the need for effective treatments was greatest beyond the second-line setting. Other needs important to patients included manageable side effects and access to a supportive and communicative care team. Patients expressed the importance of quality of life and the preference for accessible and portable treatment (highlighting a preference for oral therapy as opposed to subcutaneous and intravenous injection, and reduction in hospital visits due to treatment). Given all the evidence, pERC concluded that [drug] meets some of these needs identified by patients in terms of an additional treatment option that is in part oral therapy and has shown to improve progression-free survival." (Rationale for Reimbursement, Reimbursement Recommendations, p. 4)

Why: To better understand the impact of illness on a person's life.

Example of how: "Patients expressed a need for an additional treatment option that has manageable side effects, delays disease progression, improves survivorship, and maintains quality of life. Patients highlighted the importance of maintaining their independence and functionality to minimize the burden on caregivers and loved ones. Given the totality of the evidence, pERC concluded that [drug] met some of the needs identified by patients in terms of an additional treatment option that delays disease recurrence." (Rationale for Recommendation, Reimbursement Recommendation, p. 4)



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Why: To appreciate the goals of treatment and what it means for these to be met or missed.

Example of how: "Based on the input from clinical experts and patients, CDEC (Canadian Drug Expert Committee) acknowledged this is a rare patient population with a significant unmet medical need for additional effective and safe treatment options in the chronic graft versus host disease setting given the severe nature of this disease with substantial morbidity." (<u>Discussion Points, Reimbursement Review, p. 7</u>)

Example of how: "Input from patient groups and clinicians highlighted that advanced endometrial carcinoma is an aggressive disease and patients who relapse on first-line platinum-based chemotherapy have a poor prognosis and currently have no established standard second-line treatment option. pERC agreed with the clinical experts consulted by CADTH that there is an unmet need for effective and safe therapy options in the present target setting." (Discussion Points, Reimbursement Recommendation, p. 6)

Why: To interpret clinical trial results.

Example of how: "Outcomes related to antibiotic use, health care utilization, and productivity were of importance to clinicians and patients and were included in studies [X] and [Y]. These outcomes suggest minimal disruption to the everyday life of patients and few days spent in hospital, which were key outcomes of interest for this review; however, the lack of historical data for the patients enrolled in the studies and the lack of a comparator group make it difficult to appropriately interpret these outcomes." (Interpretation of Results, Reimbursement Review, p. 88-89)

Why: To hear firsthand about the needs that exist in care received by Canadians from individuals with lived experience.

Example of how: "A repeated theme was mistrust in the accuracy of the rapid test results, especially a negative test result. We heard this concern from [Canadian] individuals, health care providers, patient organizations, and caregiver organizations. A 2021 German study of 4,026 participants exploring drivers and barriers of people's willingness to use rapid tests: gaps in understanding of the results; and the psychological and behavioural consequences of positive and negative results, sheds some light. More than a quarter of participants expressed doubts on the validity of the tests, with participants overestimating the number of test results that would turn out positive." (Findings, Health Technology Review, p. 9)

Example of how: "The CADTH Health Technology Expert Review Panel (HTERP) developed guidance on health system preparedness for [treatment] for the treatment of multiple sclerosis, based a CADTH Horizon Scan, an accompanying Rapid Response, insights provided by clinical experts and a patient expert, and published international guidelines, recommendations, and position statements." (Methods, Health Technology Review Recommendation, p. 9).



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Why: To help CADTH appraise the sponsor's economic model.

Example of how: "These results begin to address, at least partially, some of the most important outcomes identified in the patient group submission, which included motor, respiratory, and health-related quality of life measures." (Appraisal of the Sponsor's Economic Evaluation, Reimbursement Review, p. 111)

Why: To identify use, equity, or ethical considerations.

Example of how: As described by 1 respondent: "People are usually grateful that they can get the [covid rapid antigen] test kits," and others described gratitude and acceptance with what was available. However, a first-come, first served model of community distribution can reduce equity as it requires individuals to learn about where to access tests and to leave home to collect or purchase a test. An Ontario caregiver explained, "My parents only have rapid tests in their home because I provided for them. They did not know how to get any." The need for an accessible ordering system for people with sight loss was also highlighted. (Findings, Health Technology Review, p. 10)

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