

How do we use Health Technology Assessment and Real World Evidence to Implement “Reassessments” Effectively?

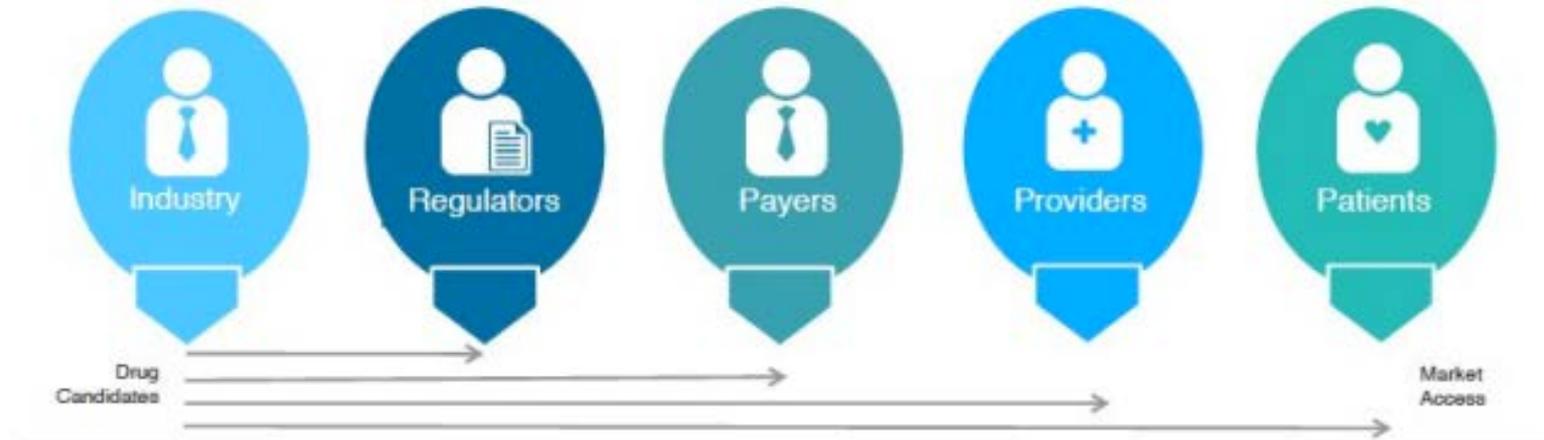
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CADTH Symposium 2017

Outline

- **Barriers that are faced**
- **Leveraging Real World Data in Alberta:**
 - **SUDA - Secondary Use Data Access**
 - **JAHIP - Johnson & Johnson Alberta Health Innovation Partnership**
- **Reassessment with RWE**
 - **Risk sharing agreement case example**
- **Next Steps**

Interests and Barriers

Stakeholder interests for real world evidence use (1,2)



Payer Barriers

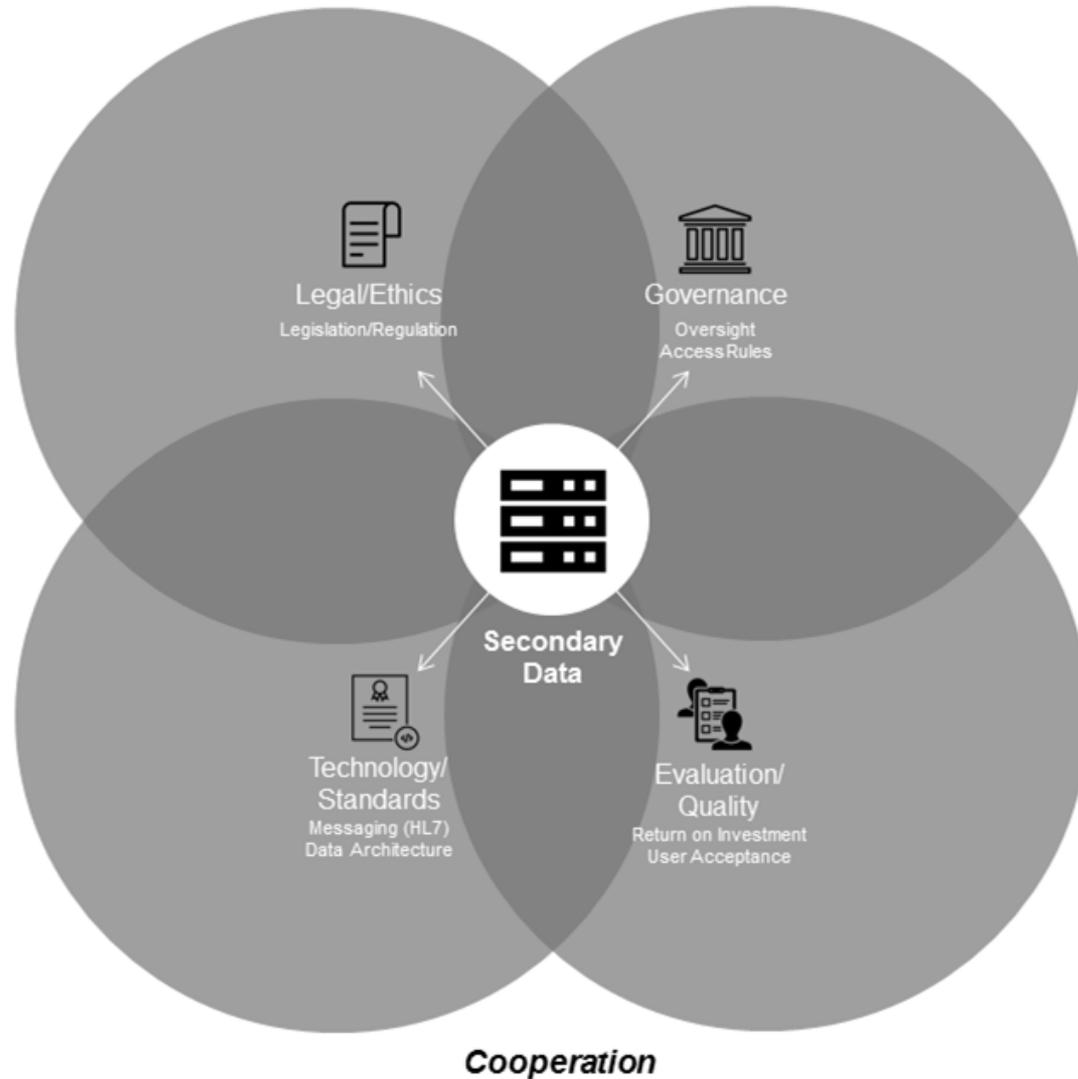
- Existing data vs new data
 - Interprovincial Data
- Capacity
 - Not only payer, but researchers, analysts, knowledge translation
- RWE in agreements still an evolution
 - Need for a safe 'sandbox'
 - Direct offset vs “Harvestable Offsets”

Secondary Use Data Access (SUDA)

- **Opening up access to more health and non-health data will help drive change, research, and innovation for improved health system performance and the health of Albertans.**
- **Providing broad access to secondary use health data – while ensuring Albertans' privacy is protected – is key to positioning Alberta as a destination for health research, innovation, development and investment.**
- **Secondary Use Data Access builds off and aligns with expertise and experience from other initiatives:**
 - **Provincial Health Analytics Network (PHAN); and,**
 - **Centre of Excellence for Real World Clinical Outcomes (CERWCO)**

Secondary Use Data Access (SUDA)

Health Information & Data Governance Committee



SUDA Process

- **Work team has to be developed to undertake initiative and ensure completion.**
- **Develop a roadmap by end of 2017 to identify necessary components and steps to liberate data**
- **Three concept projects undertaken this year will act as pathfinders for SUDA:**
 - **Direct data access for a trusted academic researcher**
 - **Indirect access to anonymized or aggregate data by larger industry partner through third party, i.e. IHE.**
 - **Indirect access to anonymized or aggregate data for smaller private companies in Alberta.**

Johnson & Johnson Alberta Health Innovation Partnership (JAHIP)



University
Hospital
Foundation

**Fund Management,
Administration,
Distribution,
project management,
Philanthropy,
Fund Contributor, Access
to Expertise @ University
Hospital**



**Conduit to J&J
Canada and J&J
Global, Fund
Contributor**



**Fund Contributor,
Bringing Alberta's priorities
Connecting Alberta's Health
Research and Innovation**



**J&J R&D expertise,
J&J innovation sites
JLABS**

JAHIP RWE Working Group

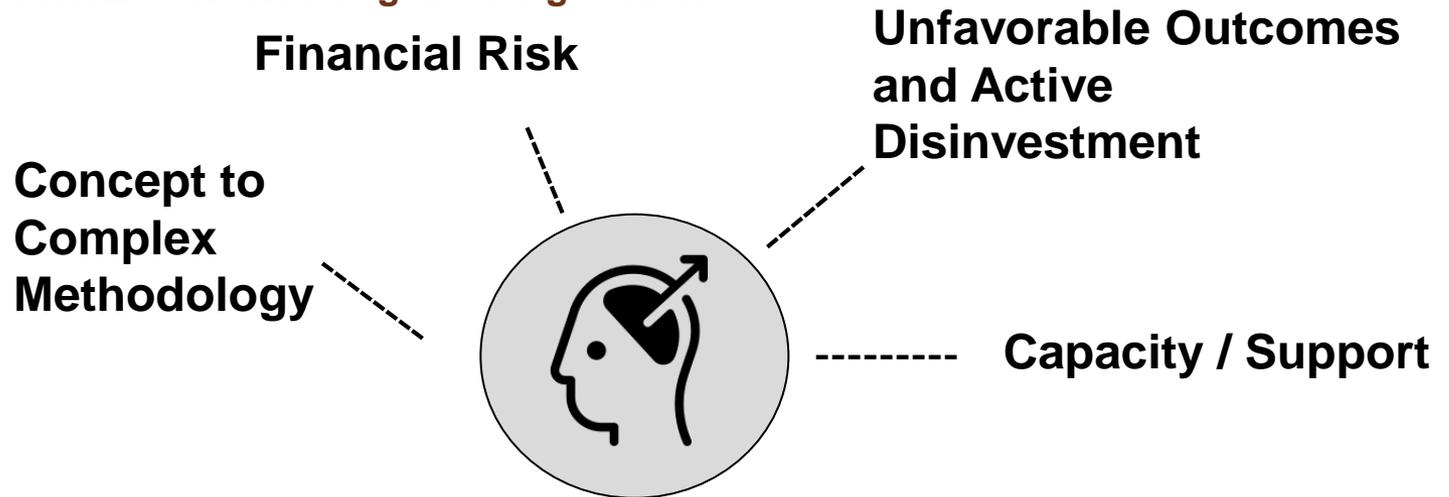
- The JAHIP Working Group reports to the JAHIP Steering Committee (made up of the funding partners)
- The responsibilities of the working group are:
 - To identify research projects, review project opportunities, and make funding recommendations to the Steering Committee
 - To provide post-funding oversight of RWE projects and to report status and milestone updates to the Steering Committee
 - To develop a communications and knowledge transfer plan for each RWE project

- **Experiences to date:**

- The first funded RWE project is on Mental Health
 - Anticipate a final report from research group in 2017
- Currently evaluating several proposals in other therapeutic areas

“If You Could Read My Mind”

or RWE as Risk Management Agreements



Case Example

- **Confidentially Provisions**
- **Solid clinical treatment pathway**
 - Non- inferior RTC relative to the current standard of care.
- **Industry assumes the financial risk from the start**
 - No retroactive financial risk to the payer
 - Need more discussion on disinvestment post RWE activity as payer assumed ongoing risk.
- **Agreement in principle easy to reach**
 - Small 'leap of faith' needed
 - Details on methodology and thresholds can be protracted
- **Strong role of third party –e.g. academic group**
 - Understanding of 'imperfections' of existing data, no new data or inter-provincial data needed & strong ties to clinicians

REAL WORLD EVIDENCE

“What do you think are the next steps?”

– Policy Level:

- Primary focus towards reassessments with an initial focus on ‘active disinvestment’
- Increased interest on data for patient care

– Stakeholder Level:

- *Bring together the right people in the right places*
- *With countries trialling new strategies, evaluation is critical, as is knowledge sharing to support continual effective reform.¹*

– Infrastructure Level:

- Access to SUD
- New data to inform including PROMs

