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

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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”

1 Adapted from Eichler et al., 2010 C/O 2 IHE Roundtable of RWE Sept 2014
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)
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)

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

Financial Risk

Unfavorable Outcomes and Active Disinvestment

Concept to Complex Methodology

Capacity / Support

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.*

- **Infrastructure Level:**
  - Access to SUD
  - New data to inform including PROMs

1) Parkinson et al., Pharmacoeconomics, 06JUN2015