

## INTRODUCTION

- Public and patient involvement in drug resource allocation decisions are rooted in democratic principles <sup>1</sup>
- The Canadian Agency for Drugs and Technology in Health (CADTH) implemented patient group input submissions in May 2010<sup>2</sup>
- CADTH seeks input from Canadian patient groups and incorporates input throughout the drug review and recommendation process
- The Canadian Drug Expert Committee (CDEC) is an advisory body to CADTH that makes drug listing recommendations to participating federal, provincial, and territorial publicly funded drug plans

## OBJECTIVES

- To review the CDEC recommendations, specifically the Patient Group Input Information section of each recommendation from November 2010 onwards to identify listing trends
- To describe the information in the patient input submissions as represented within committee recommendations

## APPROACH

### Document Analysis

- We reviewed CDEC recommendation rationales which are publicly available on the CADTH website
- We reviewed the Patient Group Input Information as detailed in these posted recommendation rationales
- We reviewed CDEC Final Recommendations posted between November 2010 and June 2015 for all drugs whether or not patient group input was received

### Database Compilation and Analysis

- The recommendation rationales were compiled into a database and the following data was recorded for each:
  - Drug name, drug brand, indication, number of patient submissions, date, recommendation outcome, and patient input information

### Qualitative Analysis

- Analysis of the patient input section within the recommendation rationales was conducted using NVivo 10 statistical software
- We copied and pasted each patient input section into NVivo
- Then we used line by line coding to establish categories and themes

## RESULTS

### Documents

- A total of 205 CDEC recommendation rationales were reviewed from November 2010 to June 2015
- Patient Group Input Information was included in 145 rationales
- CDEC recommendations were as follows:
  - 7 were to list; 85 were to list with criteria; 53 were do not list
- Of the recommendation rationales that did not receive Patient Group Input Information, the CDEC recommendations were as follows:
  - 2 were to list; 28 were to list with criteria; 30 were do not list

Figure 2A: Recommendation Outcomes for Drug Reviews with Patient Group Input Submissions

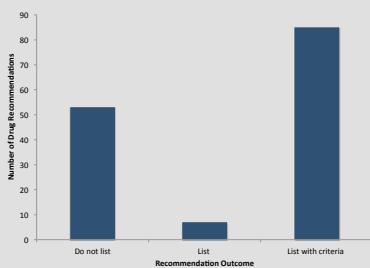


Figure 2B: Recommendation Outcomes for Drug Reviews without Patient Group Input Submissions

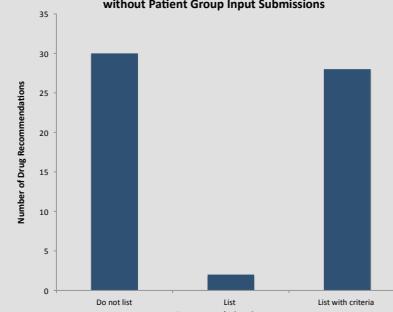


Figure 2A: Recommendation Outcomes for Drug Submissions with Patient Input Submissions. The graph displays the number of drug recommendations that were to: do not list; list; list with criteria.

Figure 2B: Recommendation Outcomes for Drug Submissions without Patient Input Submissions. The graph displays the number of drug recommendations that were to: do not list; list; list with criteria.

### Thematic Analysis

- Four major themes emerged across disease groups from the document analysis of the patient input section within the recommendation rationales including:
  1. Level of satisfaction with current treatment
  2. Social and emotional implications of living with the disease
  3. Patient perspective on important treatment characteristics
  4. Effect of the disease/treatment on family and caregivers

## CONCLUSION

- This study describes reviewed CDEC recommendations since the inclusion of Patient Group Input Information and identified listing trends within CDEC recommendation rationales
- This study demonstrates that there are commonalities across a variety of disease groups in regard to the type of information that patient groups submitted
- In order to obtain a more robust understanding of the effect of patient input on drug recommendations, future research is necessary on the patient input submissions (including review of the submission itself and the CDEC meeting minutes)

## REFERENCES

1. Tran J. Public Engagement Mechanisms In Health Technology Assessment (HTA): An Early Assessment Of Canada's National HTA Public Engagement Initiatives. *Value in Health*. 2013;16(3):A244.
2. CADTH Patient Input Process Review- Findings and Recommendations. Presentation; 2012.