PATIENT AND PUBLIC INVOLVEMENT QUESTIONAIRRE (PPIQ)

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Evaluation of Committee Deliberations in Resource Allocation in Drug Funding Recommendations

We developed this self-administered instrument, called the Patient and Public Involvement Questionnaire (PPIQ) to assess the degree of involvement that all committee members have on drug recommendation committees when making recommendations regarding public funding of drugs. The focus of the PPIQ is to evaluate patient and public engagement in decision making. The questionnaire was developed using the following three phases: item generation, development of criteria, and item reduction.¹

The item generation phase consisted of 27 key informant interviews with patient groups, past or present government employees, representatives from Ministries of Health, advisory committee members and industry representatives as well as a literature review. Initially, 846 items were created from the interview data and this was augmented by a literature review. Following an internal review, 84 potential items were identified. An expert team of academic researchers with experience in drug reimbursement committees and members of the Canadian Agency for Drugs and Technologies in Health (CADTH), reviewed these items to identify missing items.

Using information from the item generation phase we developed nine criteria in which patient and public involvement could be judged .The following were the nine criteria identified to evaluate patient and the public involvement in healthcare resource allocation decision making: clarity regarding rationale and roles of patient and public members, sufficient support, adequate representation of relevant views, fair decision-making processes, legitimacy of committee processes, adequate opportunity for participation, meaningful degree of participation, noticeable effect on decisions, and considerations of the efficiency of patient and public involvement.¹

The PPIQ has been refined through an iterative process to develop items specific to drug reimbursement committees in Canada. We conducted two focus groups— one in-person and another online—with drug reimbursement committee members, industry representatives, government members, and patient group representatives in Canada to further refine the PPIQ. This process focused on the elimination of redundant items, addition of missing items, and ensuring each criterion for judging effectiveness was adequately captured by the listed items. In addition, we tested the sensibility of the questionnaire using Feinstein's components of sensibility: purpose and framework, overt format, face and content validity, and ease of use.

The PPIQ was created to be used as an evaluative tool to observe and support good governance for a committee. It uses a Likert scale to identify the degree to which committees have met the nine evaluation criteria (See Appendix 1 – Evaluation criteria of patient and public involvement in resource allocation decisions). Results from the PPIQ can be used to identify strengths and areas of improvement for the deliberative process as well as in member involvement within your committee. For example, some members may disagree that patient perspectives are adequately represented during committee deliberations. The PPIQ also includes an area with open comments which allows members to freely comment about their experiences on the committee.

 Rosenberg-Yunger, Z. R. S., & Bayoumi, A. M. (2017). Evaluation criteria of patient and public involvement in resource allocation decisions: a literature review and qualitative study. International Journal of Technology Assessment in Health Care, 33(02), 270–278.

Part 1: COMMITTEE SELECTION AND REPRESENTATION

The purpose of this section is to better understand the process of selecting different types of committee members, like patient, public and professional members. These questions are also designed to understand whether the composition of the committee reflects the broader population at large.

There is appropriate representation of patient perspectives on the committee.								
Moderately Agree	Moderately Agree	Moderately Agree	Moderately Agree	Moderately Agree	Moderately Agree			
2. The c	ommittee has	an appropriate	number of pa	tient members.				
Strongly	Moderatel	y Neither	. Modera	tely Strong	ılv NA			
Agree	Agree	Agree no Disagree	or Disagr	•				
Agree	Agree	_	or Disagr	•				
		Disagree	or Disagr e	•	ee			
		Disagree	or Disagr e	ee Disagr	ee			

4. The committee has an appropriate number of public members.								
Strongly Agree	Moderately Agree	Neither Agree nor disagree	Moderately Disagree	Strongly Disagree	NA			
5. I am a	valued member o	of the committe	ee.					
Strongly Agree	Moderately Agree	Neither Agree nor disagree	Moderately Disagree	Strongly Disagree	NA			
6. I under	stand how each	committee mei	mber was selecte	ed.				
Strongly Agree	Moderately Agree	Neither Agree nor disagree	Moderately Disagree	Strongly Disagree	NA			
7. The pro	ocess for recruit	ing committee	members is trans	sparent.				
Strongly Agree	Moderately Agree	Neither Agree nor disagree	Moderately Disagree	Strongly Disagree	NA			

8. The process for <i>selecting</i> committee members is transparent.							
Strongly Agree	Moderately Agree		loderately Disagree	Strongly Disagree		NA	
9. The	term length t	nat I am servin	g on the co	mmittee is a	appropriate.		
]				
Strongly Agree	y Modera Agre	_	nor D	oderately isagree	Strongly Disagree	NA	
10. l red	ceive appropri	ate training to	effectively	serve on the	e committee.		
Strongly Agree	y Modera Agre	_	nor Di	derately sagree	Strongly Disagree	NA	
11. l red	ceive adequate	e ongoing fina	ncial compe	ensation to s	serve on my o	committee.	
]				
Strongly Agree	y Modera Agre	_	nor D	oderately isagree	Strongly Disagree	NA	

12. I am given sufficient support to prepare for deliberations.								
Strongly Agree	Moderately Agree	Neither Agree nor disagree	Moderately Disagree	Strongly Disagree	NA			
13. There i	s appropriate <u>re</u> j	oresentation of	patient perspec	tives on the con	nmittee.			
Strongly Agree	Moderately Agree	Neither Agree nor disagree	Moderately Disagree	Strongly Disagree	NA			

Part 2: COMMITTEE DELIBERATIVE PROCESS

The purpose of this section is to better understand the deliberative process and your role within the committee.

14. Each member has an opportunity to speak at each committee meeting.								
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
	e an explicitly de committee delibe	-	that facilitates al	l members' par	ticipation			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
16. I know the purpose of my role on the committee.								
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			

17. I know	17. I know how to apply my skills to assist in deliberations.							
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
	member(s) adeq ttee deliberations	•	nt patient perspe	ectives during o	our			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
19. <u>Public</u> deliber	<u>member(s)</u> adequations.	uately represer	nt public perspec	ctives during co	mmittee			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
	deliberations, cl n the same consi				ee members			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			

21. Public perspectives are adequately discussed in our deliberative process.										
Never	Not Often	Neutral	Very Often	Always	NA					
22. Patient	22. Patient perspectives are adequately discussed in our deliberative process.									
Never	Not Often	Neutral	Very Often	Always	NA					
23. It is im	portant to have a	patient comm	ittee member.							
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA					
24. It is im	portant to have a	public commi	ttee member.							
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA					

25. The Chair of my committee ensures opportunities for all members to participate in committee deliberations.									
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA				
	26. The Chair of my committee facilitates the consideration of <i>public</i> perspectives by all committee members.								
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA				
	nair of my commi nmittee members		the consideratio	n of <i>patient</i> per	spectives by				
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA				
	there is limited en mendations.	vidence, I am w	villing to rely on	patient experie	nces to make				
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA				

29. Patient group input, about the drug under review, is given the appropriate consideration relative to clinical evidence.								
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
	there is insufficients			-	• .			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
_	nmittee makes re group submissi		is that reflect pa	tient needs out	lined in the			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
	der information i needs to be usef		-	about patients	' unmet			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			

	33. I consider individual patient experiences within the patient group submission to be valuable.							
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
34. I know	whether the pati	ent group subr	nissions have di	sclosed conflic	ts of interest.			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
35. I know	whether the clin	ical experts ha	ve disclosed con	flicts of interes	t.			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
36. My con	nmittee makes re	ecommendation	ns that reflect pu	blic values.				
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			

	onfident in using s length.	patient group 6	evidence that ha	s been <i>informe</i> d	d by <u>industry</u>			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
	38. I am confident in using patient group evidence that has been <i>financed</i> by <u>industry</u> at arm's length.							
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
39. I am co arm's I	onfident in using ength.	clinical experts	s that have been	financed by inc	<u>dustry</u> at			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			
	40. The degree to which I perceive <u>industry</u> is involved in the patient group submission process affects the value I place on it.							
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA			

41. I consider patient group submissions, about the drug under review, to be more valuable when they meet submission guidelines about information requirements (relative to those that do not).							
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA		
42 . My con	nmittee makes re	ecommendation	ns that consider	patient needs.			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA		
43. There i	s appropriate <u>re</u> p	<u>presentation</u> of	patient perspec	tives on the con	nmittee.		
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA		
44. Each n	nember has an o _l	oportunity to sp	oeak at each con	nmittee meeting			
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA		

45. We have an explicitly defined process that facilitates all members' participation during committee deliberations.					
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA

Part 3: EXTERNAL COMMUNICATION

The purpose of this section is to better understand how well the committee is communicating activities to external stakeholders (i.e., patient group submitters and general public).

46. Committee recommendations are written in accessible language that the public understands.					
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
47. The cli	nical 'reasons' fo	or the drug reco	ommendation are	e explicitly desc	cribed.
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
48. The ec	onomic 'reasons	' for the drug re	ecommendation	are explicitly de	escribed.
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA

	perspectives are hey are available		ne 'reasons' for t	he drug recomr	nendation
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
	perspectives are hey are available		e 'reasons' for th	ne drug recomm	endation
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
	t groups who have				comments
	•				comments
	•				comments \[\sum_{NA}^{\text{NA}}
on con Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	□ NA
on con Strongly Agree 52. Individ	mittee recomme	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	□ NA
on con Strongly Agree 52. Individ	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	□ NA

53. Our patient group submission guidelines are easy to find on our website.					
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
	oriate effort is ma		nat all committee	members und	erstand the
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
55. I want t	to be able to give	feedback to pa	atient group sub	mitters on their	submission.
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
	the committee to ubmission.	be able to give	e feedback to pat	ient group sub	mitters on
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA

57. I want <u>staff</u> to contact patient group submitters for clarification on their submission.					
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
	the patient group ons about their s		be able to conta	ct my committe	e with
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA
	patient group sul nendations.	bmitters to hav	e the opportunit	y to appeal my	committee's
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree	NA

OPEN COMMENTS

The purpose of this section is to give you an opportunity to provide additional feedback.

What other general comments do you have about patient and public involvement in the drug recommendation process?
2. Think back to a time when patient input was necessary in the drug recommendation process. Why was this so?

3. Can you think of a time when public and patient input added value to the deliberation? Why was this so?	

DEMOGRAPHICS

The purpose of this section is to assess the background characteristics of individuals who take the survey.

1. I want patient group submitters to have the opportunity to appeal my committee's recommendations.	☐ Female☐ Male☐ Other				
2. What is your age?	(Ye	ears)			
3. What level(s) of education you have		Some high school, no diploma		Some university	
completed? Please select all boxes that apply to you.		High school diploma or equivalent (for example, General Education Development i.e. GED)		Bachelor's degree	
		Some trade/ technical/ vocational/ business training		Professional Degree (Law, Medicine, Allied Health, etc.)	
		Diploma or certificate from trade/ technical/ vocational/ business training		Master's degree	
		Some community college, secondary or pre-university program		Doctorate Degree	
		Community college, secondary or pre- university program diploma		Other: Please specify:	

4. Besides your current role on the committee, check the] E	Employed in paid work
one box that best describes your current employment] [Self-employed
situation: (Check one that most		Out of work and looking for work
applies).] E	Employed in paid work
] F	Retired
] [Jnable to work
		Other: Please Specify:
5. What is your current	1	Administration and/or clerical
occupation?	E	Banking and finance
	(Caregiver
	(Customer service
	E	Engineering
	(Government
	ŀ	Hospitality
	ŀ	Human resources
	I	Information technology
	L	Lawyer
	1	Nurse
	F	Pharmacist
	F	Physician

Retail

Other: Please Specify:

6.The committee is composed of	Patient member
members that bring a variety of	Public member
expertise and perspectives to the committee deliberations. What input	LI Public member
do you bring to the committee deliberations?	Researcher Please specify:
(Check all that apply.)	Ethicist
(Check all that apply.)	Pharmaco-economist
	Healthcare provider Please specify:
	Other: Please specify:
7. How long have you serve	d as a member on this committee: (years)
	d as a member on this committee: (years) term as a member on this committee: (years)
8. What is the length of you	
8. What is the length of you 9. Have you served on any	term as a member on this committee: (years) ther committees? □Yes □No
8. What is the length of you	term as a member on this committee: (years) ther committees? □Yes □No

Committee	Length of participation on Committee
Click here to enter text.	(months) (years)
2) Click here to enter text.	(months) (years)
3) Click here to enter text.	(months) (years)

Glossary

Term	Definition
Chair of Committee	The Chair of the committee moderates committee deliberations and ensures that meeting regulations are being followed and all members have an opportunity to speak/participate and are fulfilling their responsibilities. ¹
Committee Deliberation	Committee deliberation can be defined as the examination of and discussion about an issue. This often involves weighing options in order to produce a recommendation. ²
Drug	A drug is a pharmaceutical compound/substance used to cure, mitigate, treat, or prevent illness. ³
Industry	Industry refers to an organized group that discovers, develops, produces, and/ or markets drugs for use as medications. ⁴
Patient Group	A patient group refers to an organized group that represents a patient population. Patient groups may be involved in disease education; provide help lines, emotional support, and access to treatment for patients. When a drug is under review, these groups are invited to provide input about patients' lived experiences with a medical condition related to the drug under review. ⁵
Patient Group Submission	A patient group submission is input from a patient group that identifies the priorities, unmet needs, expectations and preferences of patients to help inform those

	reviewing the drug and making formulary listing recommendations. ⁷
Patient Group Submitters	Patient group submitters are members of a patient group who have made a submission for a drug to an organization to use in the review of a drug and to provide a listing recommendation via a committee.
Patient Member	Patient members in this context are patients or caregivers who have lived experience with treatment or care of a medical illness or have developed first-hand experience through being a caregiver. Patient members have a demonstrated understanding of patient needs and priorities. ⁷
Professional Committee Members	Professional committee members, in this context are sometimes referred to as technical expert members. Through their training and backgrounds they bring the expertise and perspectives of, but not limited to, health professionals, economists, ethicists, epidemiologists, in making formulary listing recommendations. 1 (Note: see CDEC TOR)
Public Meeting	A public meeting allows the public to observe committee deliberations regarding a drug under review. These meetings have been established by organizations to ensure that the public understands the way in which a committee evaluates all available evidence before making a recommendation on whether or not a drug may be approved for use. ⁸
Public Member	Public members are individuals who are members of the public and represent the

	general public perspective in drug advisory committee recommendations and not as a representative of any specific interest, group, or organization. ⁹
Representation	Representation refers to whether a full range of perspectives from affected interests is represented. ¹⁰
Staff	non committee members that support the committees administrative duties.

(1) Canadian Drug Expert Committee Terms of Reference. https://www.cadth.ca/media/corporate/corp_committees/CDEC_TOR_e.pdf (2) Conflict of Interest Guidelines for CADTH Expert Committee and Panel Members.

https://www.cadth.ca/sites/default/files/corporate/CADTH_COI-Guidelines-Committ-Panels_e.pdf (3) U.S. Food and Drug Administration.

Glossary. 2015. http://www.fda.gov/AnimalVeterinary/ResourcesforYou/ucm268130.htm (4) Andrewvolkoff. (n.d.). Pharmaceutical industry.

Retrieved December 5, 2018, from https://gmpnews.net/glossary/pharmaceutical-industry/ (5)Procedure for the CADTH Common Drug Review.

2014, Version 17, 1-64. https://www.cadth.ca/media/cdr/process/CDR_Procedure.pdf (5) Completing a patient group submission template:

Guidance for patient organisations for HTA assessment and appraisal of medicines Version 2, issued Oct 2015

http://www.htai.org/fileadmin/HTAi_Files/ISG/PatientInvolvement/GuidanceandChecklist_October_2015_Web_Final.pdf (7) Profile of Patient

Members for pan-Canadian Oncology Drug Review Expert Committee. http://www.hrassociates.ca/cadth-pcodr/15-055-Profile-Patient-Member(CADTHpCODR)_25015Jun.pdf (8) Scottish Medicines Consortium (SMC). Attending a Scottish Medicine Consortium Meeting.

Information for Members of the

https://www.scottishmedicines.org.uk/files/meetings_in_public/SMC_Meeting_In_Public_Observer_Factsheet__Glasgow_City_Hotel_.pdf (9) Canadian Optimal Medication Prescribing and Utilization Service Expert Review Committee (CERC) Terms of Reference. https://www.cadth.ca/media/compus/pdf/compus_cerc_tor_oct06_e.pdf (10) Rowe G, Horlick-Jones T, Walls J, Poortinga W, Pidgeo NF. Analysis of a Normative Framework for Evaluating Public Engagement Exercises: Reliability, Validity and Limitations. Public Understanding of Science 2008;17(4):419-441. (11) Rosenberg-Yunger, Z., & Bayoumi, A. (2017). Evaluation criteria of patient and public involvement in resource allocation decisions: a literature review and qualitative study. International Journal of Technology Assessment in Health Care, 33(2), 270-278. doi:10.1017/S0266462317000307.

Appendix 1: Evaluation criteria of patient and public involvement in resource allocation decisions

Criterion 1. Clarity Regarding Rationale and Roles of Patient and Public Members. The purposes of patient and public involvement should be clearly defined. This criterion may define whether a member's role is to represent the broader public view, the patient view, or both. Furthermore, rationale may define whether the objective of involvement is to consult with external patient advocacy groups or to actively partner with them in making decisions. This criterion corresponds to the following PPIQ items: 15, 16 and 17.

Criterion 2. Adequate Representation of Relevant Views. A full range of perspectives should be represented. This criterion may assess whether patient and public members are sufficiently representative of their constituencies and whether patient advocacy group submissions that are received from several groups adequately represent diversity. This criterion corresponds to the following PPIQ items: 1, 2, 3, 4, 17, 18, 19, 22, 23, 24 and 30.

Criterion 3. Fair Decision-Making Processes The processes and procedures used by the committee should ensure fairness in decision making from the perspective of patient and public representatives. This criterion corresponds to the following PPIQ items: 28, 29, 31, 36 and 42.

Criterion 4. Sufficient Support. Patient and public representatives should have sufficient support to fulfill their responsibilities. This criterion corresponds to the following PPIQ items: 10 and 12.

Criterion 5. Legitimacy of Committee Processes. Committees' processes should be accountable and transparent. This criterion may assess whether participants understand how decisions are made and whether stakeholders are able to appeal decisions. This criterion corresponds to the following PPIQ items: 6, 7, 8, 9, 34, 35, 37, 38, 39, 40, 44, 45, 46, 47, 48, 53 and 59.

Criterion 6. Adequate Opportunity for Participation Committees should have processes that allow public and patient representatives the opportunity to participate fully in discussions and to address power differentials. This criterion corresponds to the following PPIQ item: 14.

Criterion 7. Meaningful Degree of Participation. Committee deliberations should include meaningful patient and public participation. This criterion may assess the level of participation of public and patient members in decisions and the number and quality of patient advocacy group submissions. This criterion corresponds to the following PPIQ items: 5, 19, 20, 21, 26, 27, 32, 33 and 41.

Criterion 8. Noticeable Effect on Decisions Public and patient involvement should materially influence committees' recommendations. This criterion may assess how many decisions would have led to different conclusions had patient or public involvement not been present. This criterion corresponds to the following PPIQ items: 49, 50, 51, 52, 55, 56, 57 and 58.

Criterion 9. Considerations of Efficiency Committees should have sufficient resources to ensure effective participation, which should be used efficiently. This criterion may assess the time and money needed to make recommendations and the value obtained relative to the resources expended. This criterion corresponds to the following PPIQ items: 11, 13 and 25.

1.	Rosenberg-Yunger, Z. R. S., & Bayoumi, A. M. (2017). Evaluation criteria of patient and public involvement in resource allocation decisions: a literature review and qualitative study. International Journal of Technology Assessment in Health Care, 33(02), 270–278.