

BACKGROUND

- Despite increases in involving patients/public/citizens in many areas within the health care system, there is limited evidence on the effect of such involvement in health care prioritization.
- Methods of public involvement in health care are inconsistently defined, particularly within the drug recommendation committees.
- Our research, and that of others, have identified the need for evaluating patient and public involvement in health care decision processes and outcomes in relation to committee objectives.¹
- To date, we have completed three phases:
 - Phase 1: Item Generation**
 - Interviews & Literature Review**
Key informant interviews were conducted with patient groups, past or present government employees, representatives from Ministries of Health, advisory committee members and industry representatives.
 - Phase 2: Item Refinement**
 - Team Feedback**
We reviewed the potential items with our team including our knowledge user partner, the Canadian Agency for Drugs and Technologies in Health (CADTH), ensuring that no items were missing.
 - Focus Groups**
We conducted two focus group sessions – one in-person and another online - to further refine the instrument.
 - Phase 3: Sensibility**
 - Sensibility Questionnaire**
We surveyed and interviewed a purposeful sample of committee members, patient group representatives, and public drug plans employees across Canada and academic experts in decision making and public involvement techniques. We used Feinstein's components of sensibility: purpose and framework, overt format, face and content validity, and ease of use.²
 - Interviews**
Interviewed committee members, patient group representatives and academics. We analyzed the interviews using a qualitative thematic approach consisting of line-by-line coding to develop categories that pertain to the Feinstein's criteria of sensibility.

AIMS

- To test the validity and reliability of the Patient and Public Involvement Questionnaire (PPIQ), an instrument created to measure public and patient involvement in resource allocation decisions for drug reimbursement.
- To describe the knowledge translation (KT) strategy used pertaining to website and video development.

APPROACH

Phase 4: Validity and Reliability Testing

- Validity**
 - Contacted 8 Canadian drug committees to take the PPIQ and a related public and patient survey- the Public and Patient Engagement Evaluation Tool (PPEET).³
 - Tested pre-specified hypothesized relationships between the PPIQ and existing questionnaire (PPEET).
 - Assessed construct validity of the PPIQ.
- Reliability**
 - Conduct test/re-test reliability of the PPIQ by re-taking the questionnaire again within 3-10 days.
 - Compared the results of PPIQ at time 1 and time 2.

Phase 5: Knowledge Translation Approach

- Website**
 - Created a framework for developing a website for public and patient engagement in healthcare decisions.
- Video**
 - Created and disseminated information video pertaining public and patient engagement.⁴

PRELIMINARY RESULTS

Phase 4: Validity and Reliability Testing

1. Validity Testing (n=12)

- In order to assess construct validity, we visually compared the PPIQ themes that were hypothesized to be correlated with the PPEET.
 - There is a positive relationship across the two questionnaires.

Figure 1-6: Comparing PPEET average response to PPIQ theme related questions

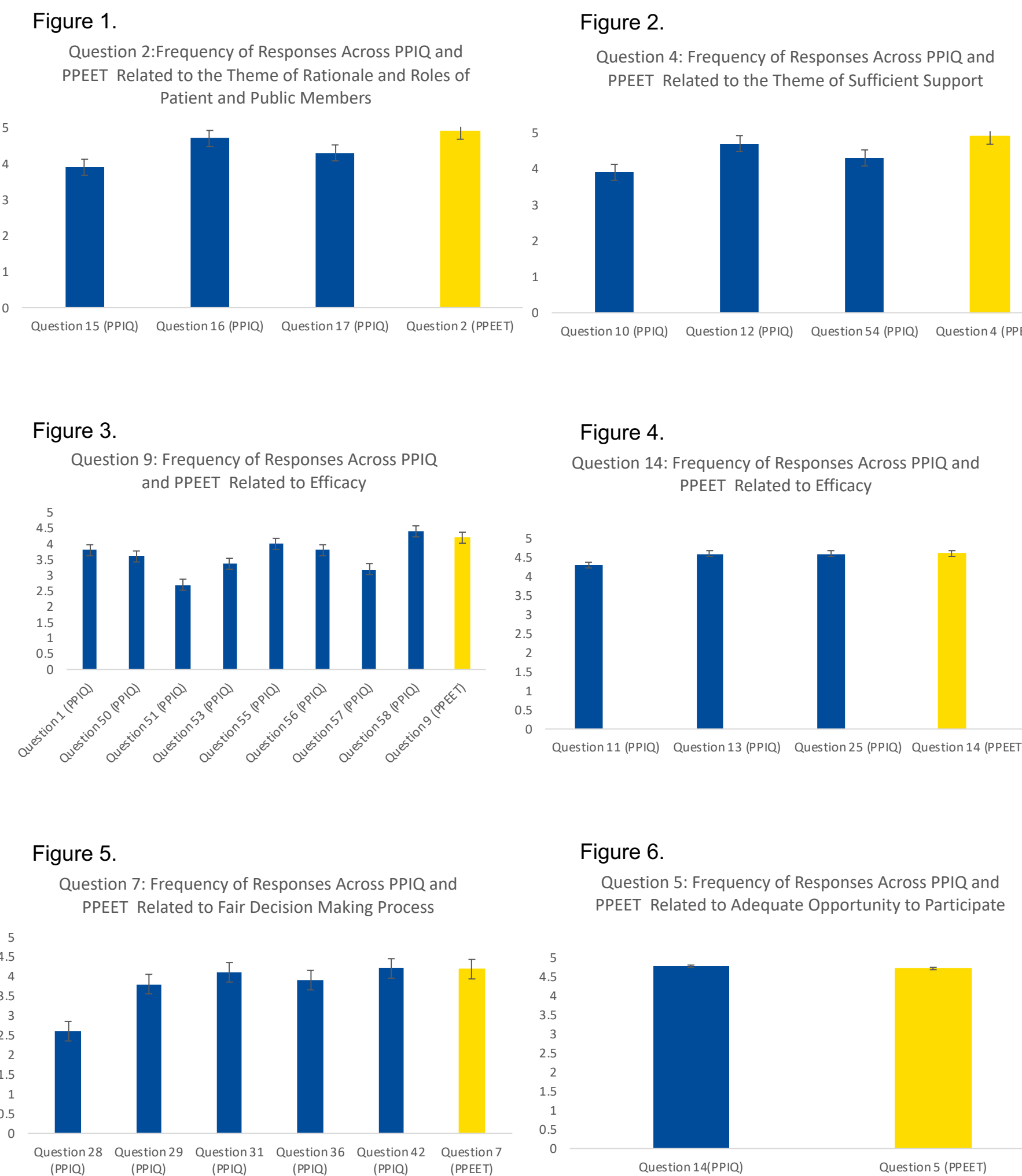


Table 1. Demographic Characteristics

Characteristics	# of Participants (N =)
Occupation	12
Pharmacist	5
Academia	3
Physician	4
Education	
High school diploma	4
Some University	1
Bachelor's Degree	7
Professional Degree	11
Doctorate Degree	3
Masters Degree	3

2. Reliability Testing (n=7)

- A Pearson correlation was used to test reliability between total scores at baseline and 3-10 days later.
 - Results were statistically significant, 0.98 (p<0.005).

Phase 5: Knowledge Translation Approach

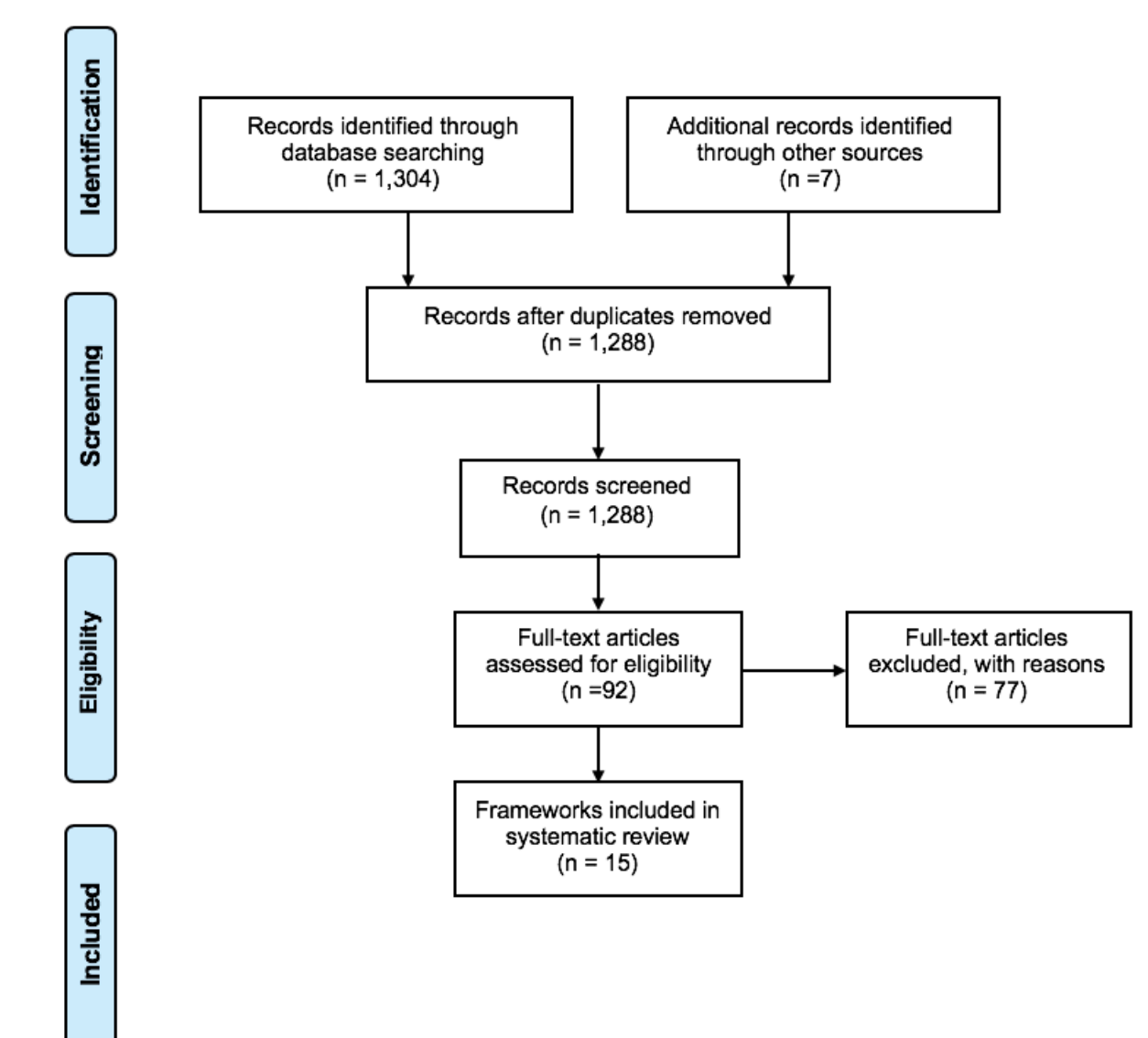
1. Website

- Using a literature review (Fig. 7), we identified four major themes which are important to consider when developing a website: ease of use, design, language and contents quality.

2. Video

- Created information video pertaining to public and patient engagement.
- Disseminated video on social media platforms.

Figure 7. PRISMA Flow Diagram



CONCLUSIONS

- Preliminary results suggest that there is a relationship between the PPIQ themes and the PPEET and that the PPIQ exhibited strong test-retest reliability.
- Next steps include continuing with data collection to increase statistical power and performing a Pearson correlation to assess the relationship between PPIQ themes and the PPEET questionnaire.
- We anticipate the PPIQ will help to evaluate current levels of patient and public involvement, indicate areas where such involvement can be strengthened, and help decision makers to address concerns about equity, ethics, and justice in the context of drug reimbursement committees in Canada.

REFERENCES:

- Rosenberg-Yunger, Zahava R.S., and Ahmed M. Bayoumi. "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, vol. 33, no. 02, 2017, pp. 270-278., doi:10.1017/s0266462317000307.
- Feinstein AR. The theory and evaluation of sensibility. In: Feinstein AR, editor. Clinimetrics. Westford, MS: Murray Printing Company; 1987. pp 141-166.
- Abelson, J., Li, K., Wilson, G., Shields, K., Schneider, C., & Boesveld, S. (2015). Supporting quality public and patient engagement in health system organizations: Development and usability testing of the Public and Patient Engagement Evaluation Tool (PPEET). *Health Expectations*. doi: 10.1111/hex.12378
- Public & Patient Involvement Questionnaire. (n.d.). Retrieved May 26, 2019, from <https://www.ryerson.ca/ppiq/>

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