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L'Agence des médicaments du Canada
Drugs. Health Technologies and Systems. Médicaments, technologies de la santé et systèmes.

Evolving Clinician Group Input in Drug Reimbursement Reviews

What should the future look like?

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Clinician Perspectives are Essential

Canada's Drug Agency objectives for clinician input for reimbursement reviews

1. Ensure meaningful involvement of clinicians in drug reimbursement reviews that enables perspectives and experiences to be integrated in the deliberative process and reflected in CDA-AMC's review and recommendation reports.

2. Contextualize the available evidence with clinician perspectives and experiences

Clinician Group Input in Reimbursement Reviews

Process:

- Clinician groups and associations submit written input during the 35-day open call period
- Input reviewed at the beginning of the review process and incorporated into the reimbursement review report
- Input reviewed by the expert committee prior to deliberations

Content:

- Collates multiple clinician perspectives to provide a broad overview on current treatments and treatment goals, treatment gaps, and place in therapy.
- Offers a range of clinician perspectives from different geographic locations, practice settings, etc.

Sources of Clinician Input to Reimbursement Reviews

Clinician perspectives are incorporated into reimbursement reviews in 3 ways:

Clinical Experts

Use their disease-specific expertise to provide key reimbursement review guidance before and after deliberative meeting.

Clinical Groups/Associations

Submit written input during the open call period, reviewed by expert committees.

Clinical Panel (Complex Reviews)

Use their deep expertise in the disease area to provide input reviewed by expert committees.

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As part of our pharmaceutical review process, we published a document describing the deliberative process at Canada's Drug Agency.

The Deliberative Framework

Clinical Value

Unmet Clinical Need

Distinct Social and Ethical Considerations

Economic Considerations

Impacts on Health Systems

An Overview

The deliberative framework guides expert discussions across five value domains that outline key committee considerations

Each domain of value includes clinical and patient-focused considerations to guide the committee's assessment.

Clinician Inputs to Align with the Deliberative Framework

Clinical Value	**Asks clinician groups about:** • Alternative treatments are routinely used in practice in Canada • What is considered a clinically meaningful response to treatment • Outcomes that are important in the treatment of this condition • Outcome measures used to assess treatment effectiveness • Patients who would be best suited for treatment with the drug
Unmet Clinical Need	**Asks clinician groups about** the treatment goals are not being met by currently available treatments.
Distinct Social and Ethical Considerations	**Asks clinician groups about:** • Any limitations associated with the accessibility and acceptability of current treatments for all eligible patients • Appropriate settings for treatment with drug • Requirement of a specialist to diagnose, treat, and monitor patients who might receive the drug under review • Disproportionate impact on systemically marginalized or equity-deserving groups • Additional ethical and equity consideration posed by the population, condition, or treatment
Economic Considerations	**Asks clinician groups about:** • How the drug under review would into the current treatment paradigm • Resource or cost considerations that fall outside the health care system
Impacts on Health Systems	**Asks clinician groups about:** • Health human resources or infrastructure requirements that may limit equitable access • Requirement of a companion diagnostic

Integrating the Clinician Perspective

- Clinicians are asked to provide input within each domain of value.
- The committee considers the clinician perspectives across each relevant domain.

Clinician Perspectives to Support Deliberations

What expert committees are looking for from the clinician group input

Contextualizing Evidence

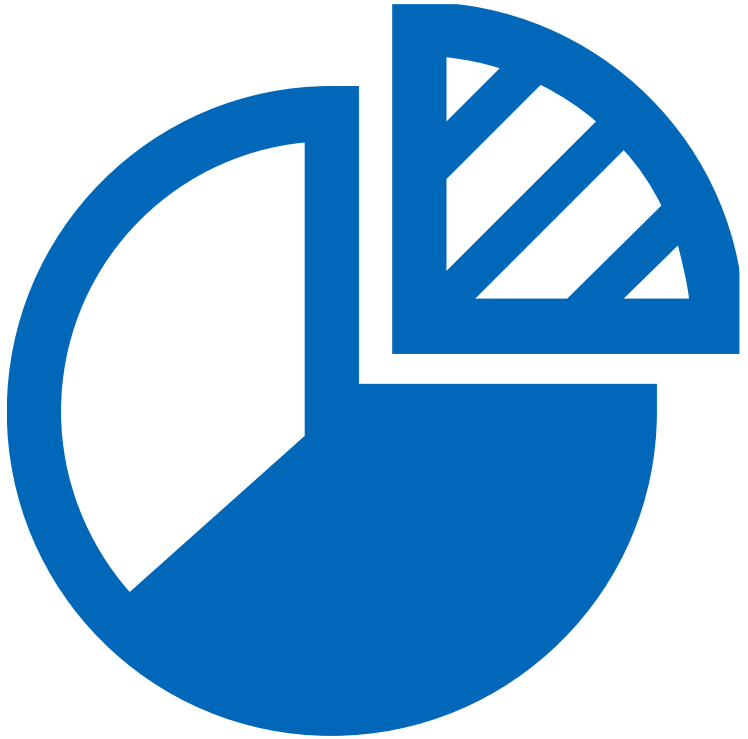
Focus on information that contextualizes the evidence and fills the gaps of information within the domains of the deliberative framework.

Insights into Experiences and Perspectives

Provide experiences and perspectives beyond the drug under review, including non-clinical needs and social perspective

Diverse Perspectives

Highlight a range of clinician experiences, such as those from different geographical location, across different practice settings; managing patient populations of varying socio-economic background, race and/or gender diversity, and across different stages of disease progression



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What We Have Heard From Clinician Groups

In recent years, we have heard from various clinician groups who have contributed to sponsored reimbursement reviews about their experiences and perspectives on the clinician group input process. There were 4 common themes we heard from them:

Resource intensive

Expend considerable time, effort and resources to prepare written input submissions.

Lack of transparency

Some clinician groups are unclear about how their input is used and considered in deliberation.

Uncertainty of what is useful

Not clear about what type of clinician input is needed and useful to support deliberations, beyond input from the contracted clinician experts.

Unclear process

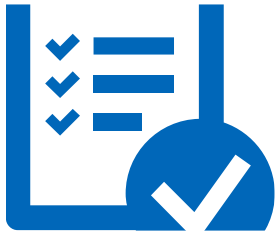
Submission process is not always straightforward or easy to follow.

Objectives for Evolving Clinician Group Input

Acting on what we heard, our objectives for evolving the clinician group input submission process are to:

Reduce effort and resources

Improve ease of input submission, including clarifying processes and requirements, and reducing effort and resources required



Increase transparency

Increase transparency to how clinician group input is used during expert committee deliberations

Align and focus input

Focus input on what is needed to support deliberations.

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Where We Are Today

- Consolidated and reviewed previous feedback from clinician groups
- Internal discussions about opportunities to address feedback
- Reviewed best practice and consulted with other health technology assessment (HTA) agencies
- Consulted with patient groups on their insights on the patient group input submission process
- Reviewed feedback related to the input process from the consultation on pharmaceutical reimbursement review process improvements

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Evolving Clinician Group Input

We want to hear your ideas on:

- Aligning input to the deliberative framework
- New ways for submitting clinician group input
- What guidance you need to help you with your input submission
- The type of communication you would like from us about your input submission

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Get Involved

There are a few different ways you can share your ideas on how CDA-AMC can evolve clinician group input in drug reimbursement reviews.

Choose what works for you!

1. Small Group Discussion
2. Written feedback

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