METHODS:

Journal editors representing general medicine (GM), specialty medicine (SM), health policy/services research (HSR) were invited to participate in a telephone interview, a survey, and an in-person, roundtable discussion.

RESULTS:

In total, seventy-nine journals were approached, resulting in: 15 interviews (GM = 2; SM = 5; HSR = 8), 17 survey responses (GM = 2; SM = 6; HSR = 9) and 8 roundtable participants. RWE was viewed favorably by interviewed editors (n = 15). Characteristics of high-quality RWE manuscripts included: research question novelty/relevance, rigorous methodology, alignment of data with question, and the extent data-source advantages are optimized. Similar manuscript review processes and challenges were voiced for RWE and other study designs. HSR editors were more likely than SM or GM editors to participate, potentially indicating these researchers are more comfortable or interested in RWE. A possible study limitation was that editors favorable toward RWE may have been more likley to participate.

CONCLUSIONS:

Peer-review journal editors appear to have favorable views regarding RWE studies and can be accelerators to dissemination of RWE findings. However, they do report that studies and processes could be improved. One suggested improvement included a checklist for editors to speed rejections and improve communications with authors.

VP05 Comprehensive Evaluation Of An Evolving Transcatheter Technology

AUTHORS:

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INTRODUCTION:

Our cardiovascular evaluation unit is mandated to evaluate transcatheter aortic valve implantation (TAVI) in the province of Québec. In 2012, it was recommended that only patients at too high risk for surgery receive TAVI. In partnership with our six hospital TAVI programs, we have measured indicators of structure, process and outcomes since 2013. We are collaborating with multidisciplinary clinical experts to update recommendations for optimal use. Herein, we present the evolving portrait of TAVI in Québec and identify priority issues.

METHODS:

Clinical data were collected and analyzed for all TAVI performed from 1 April 2013 to 31 March 2016. Regular site feedback was provided. A systematic review of recent guidelines and randomized trials facilitated the interpretation of "real world" results and formulation of provincial quality standards.

RESULTS:

Provincial TAVI volume increased from 294 in 2013–14 to 340 in 2014–15, and to 360 in 2015–16. Patient age and sex distribution remained relatively constant over time (median age 83 years; 47 percent female). However, the median predicted risk of operative mortality (STS score) decreased in the latest period [6 percent (Interquartile Range, IQR: 4–9) versus 7 percent (IQR: 4–9) versus 4 percent (IQR: 3–7)], suggesting TAVI is increasingly being performed in lower-risk patients. Clinical documentation and processes of care generally improved. Thirty-day mortality decreased (6.1 percent versus 4.1 percent versus 2.8 percent). The literature review identified two central issues: TAVI futility in patients who are too sick and apparent non-inferiority of TAVI compared with surgical valve replacement in medium-risk patients.

CONCLUSIONS:

Our province-wide TAVI evaluation indicates improving processes and outcomes. Patient selection remains the key in our universal healthcare system, with the need to minimize futile and costly therapy and offer TAVI to those most likely to benefit. Continued monitoring of

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clinical practice and newly-established quality standards, in close collaboration with clinical teams, remains essential to promote optimal use of this evolving technology.

VP07 Collaboratively Modelling The Impact Of Interventions Retrospectively

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INTRODUCTION:

A conventional approach to communicating value is to model the budget impact of a medicine and the associated formulations in which it is available to be prescribed. However, such an approach does not demonstrate the actual realization of the proposed impact. This abstract outlines an approach to presenting retrospective data back to healthcare professionals (HCP) that blends assumptions and real-world data. For illustrative purposes, we present the results of an application of the model for subcutaneously delivered trastuzumab in an anonymized trust in Yorkshire and Humber.

METHODS:

The authors developed a model that examined one calendar year (from April 2014) of redistributed sales data for both the intravenous and subcutaneous formulations of trastuzumab for every National Health Service (NHS) trust in England. A series of baseline assumptions (1) were used to model the resource impact of different formulations such as chair time, HCP time, pharmacy preparation time, consumables, wastage, and other considerations. Impacts were estimated at the individual attendance level and scaled to the caseload. These baseline assumptions could then be overwritten by the individual trust using local data.

RESULTS:

The site delivered approximately 985 doses of subcutaneous trastuzumab over a period of 12 months from April 2014, which represented about 76 percent of the total number of doses delivered. Chair time is estimated to have reduced by 22 minutes per attendance, resulting in a total saving of 361hours. HCP administration time is estimated to have reduced by 23 minutes per attendance, resulting in a total saving of 378 hours based on changing 985 IV doses to SC therapy.

CONCLUSIONS:

Blending real data and assumptions to provide a retrospective assessment of actual benefits realized back to HCPs is a powerful tool for demonstrating real-world value at both an individual trust and system level.

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VP08 Real-World Data Use In Health Technology Assessments: A Comparison Of Five Health Technology Assessment Agencies

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INTRODUCTION:

Reimbursement decisions are usually based on evidence from randomized controlled trials (RCT) with high internal validity but lower external validity.

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