VALUE OF REFLECTIVE MULTI CRITERIA DECISION ANALYSIS (MCDA) DRUG EVALUATION AMONG THERAPEUTIC POSITIONING REPORT EVALUATORS FROM THE SPANISH AGENCY OF MEDICINES (AEMPS)

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BACKGROUND & OBJECTIVES
• EVIDEM is a reflective multicriteria approach [1,2,3] designed to support the culture of reasonable decision-making by promoting procedural and substantive legitimacy. To help ensure that decisions are based on relevant reasons, EVIDEM provides a set of generic decision criteria derived from the ethical imperatives that underlie the common goal of healthcare. This represents a generic interpretive frame (reflective MCDA) that can be used to elicit individual values and facilitate sharing of diverse perspectives during committee deliberations or for other applications. The aim of this work was to assess the value of applying reflective MCDA among the evaluators of drug Therapeutic Positioning Reports (TPR) in Spain.

METHODS
• TRP are evaluation reports performed by the AEMPS to support P&I in Spain. Healthcare professionals involved in the generation of TPR participated in a MCDA session using the EVIDEM (v 4.0) framework. TPRs currently consider the assessment of “comparative effectiveness”, “safety”, “criteria of use” and “follow-up” for the drug under assessment. In each session, the EVIDEM criteria were presented and weighted using a direct rating scale (1: low relative importance; 5: high relative importance). An example of the assessment of a biological drug in psoriasis was used to rate the evidence matrix and numbers were used to establish a reflective discussion among participants.

RESULTS
• A total of 15 AEMPS representatives participated in the session, of which 14 (93%) were pharmacists and 1 (7%) was a clinician.
• Using a direct rating scale, the criteria considered most important (4.0 points) were: “comparative effectiveness” (4.5), “disease severity” (4.5), “comparative safety/tolerability” (4.3), “type of therapeutic benefit” (4.1), “unmet needs” (4.1) and “quality of evidence” (4.0). The criteria considered least important (3.0) were “comparative patient-perceived health/patient-reported outcomes” (3.0), “comparative cost consequences – non-medical costs” (3.0), “size of affected population” (2.9) and “expert consensus/clinical practice guidelines” (2.8).

CONCLUSIONS
The relative importance assigned by participants to the priority criteria used in TPR (comparative effectiveness and safety) was highly consistent. Additional criteria not included explicitly in TPR, such as “disease severity”, “quality of evidence” and “unmet needs” were also classified as very relevant. In general, reflective MCDA was considered as a positive methodology which could add transparent reasoning behind evaluators’ discussions during TPR generation. Reflective discussion on the visual representation of the scores was considered highly positive among the participants to assess the value of new treatments.

REFERENCES