

# Involving women with a lived experience of pelvic organ prolapse in designing and refining the economic components of a Health Technology Assessment

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**Patient and public involvement (PPI) is included in the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist. The use of PPI to inform health economics is still limited.**

**Meaningful PPI can enhance the relevance of discrete choice experiments (DCEs) and economic models making them reflective of real-world experiences and priorities.**

**Our Patient Advisory Group (PAG)**  
10 women with lived experience of pelvic organ prolapse (POP) from a diverse range of backgrounds and ages across the UK. Two of the women are patient researchers (SS and CF) who make sure that patient perspectives are heard in monthly team meetings and help us design activities that the PAG will find engaging. Impact was documented using the Public Involvement in Research Impact Toolkit (PIRIT) and is fed back to the PAG at every meeting.

**With thanks to all the PAG members who have contributed to our research**

The PAG tested a draft version of the DCE. The design and levels were discussed further, particularly around costs and time on waiting list. The draft DCE was refined and updated based on these conversations.

The PAG ranked and discussed attributes for the DCE in terms of importance. They also identified a key attribute not on the original list, which was added to enhance relevancy.

Quarterly PAG meetings take place online. Working with SS and CF, we have created vignettes, polls, ranking exercises and discussion points to involve the PAG in shaping the DCE and economic model.

**Cost if you had to pay**  
**Co-ordination of care**  
**Disruption to daily life from treatment**  
**Level of discomfort with treatment**  
**Level of symptoms from using treatment**  
**Time on waiting list**

To help shape the decision model, the PAG voted on which non-surgical treatments for POP they had tried and what combinations of interventions were most common.

A vignette about a fictional character following the recommended care pathway for POP in the UK was used with the PAG to consider whether the ideal pathway was reflective of practice and when women may consider starting and stopping treatments.

Feedback from the PAG resulted in us updating the model and adding different treatment options and combinations. Different start times reflected the impact of early versus delayed treatment, while different scenarios were added to reflect how women adhere to treatment.

**Conclusion:** Involving women with lived experience of POP in the design of both the DCE and economic model ensured that both components reflected patients' experiences of care and treatments. Future studies could build on this approach to incorporate meaningful PPI into health economic components of HTAs.

**Read more about our HTA by scanning the QR code**

**References**

1. Husereau D, Drummond M, Augustovski F, de Bekker-Grob E, Briggs AH, Carswell C, Caulley L, Chaiyakunapruk N, Greenberg D, Loder E, Mauskopf J. Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. MDM Policy & Practice. 2022 Jan;7(1):23814683211061097.
2. Public Involvement in Research Impact Toolkit (PIRIT) [Available from: <https://www.cardiff.ac.uk/marie-curie-research-centre/patient-and-public-involvement/public-involvement-in-research-impact-toolkit-pirit/>]