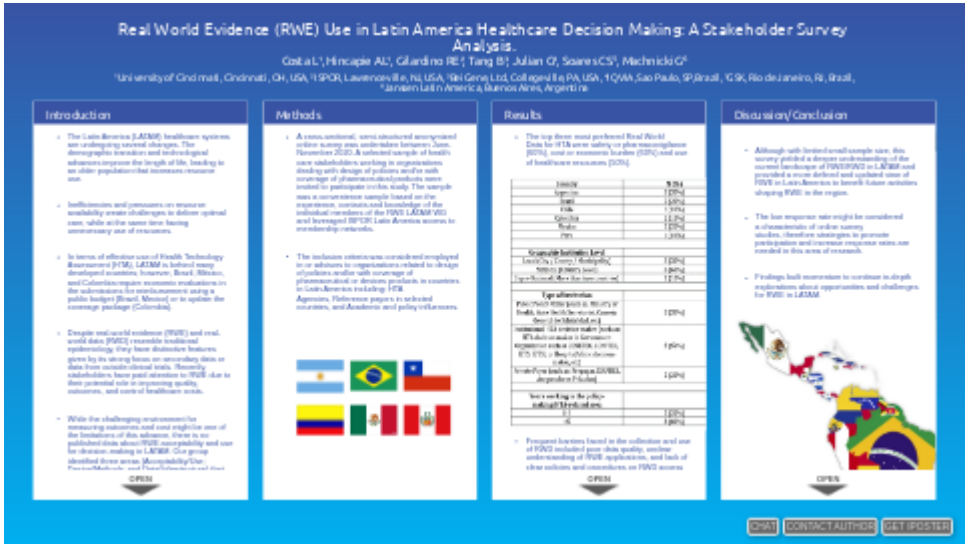
Real World Evidence (RWE) Use in Latin America Healthcare Decision Making: A Stakeholder Survey Analysis.



Costa L[1], Hincapie AL[1], Gilardino RE[2], Tang B[3], Julian G[4], Soares CS[5], Machnicki G[6]

[1]University of Cincinnati, Cincinnati, OH, USA, [2]ISPOR, Lawrenceville, NJ, USA, [3]BeiGene, Ltd., Collegeville, PA, USA, [4]IQVIA, Sao Paulo, SP, Brazil, [5]GSK, Rio de Janeiro, RJ, Brazil, [6]Janssen Latin America, Buenos Aires, Argentina

PRESENTED AT:

Virtual Poster Sponsor: PHAR

VIRTUAL ISPOR 2021

INTRODUCTION

- The Latin America (LATAM) healthcare systems are undergoing several changes. The demographic transition and technological advances improve the length of life, leading to an older population that increases resource use.

- Inefficiencies and pressures on resource availability create challenges to deliver optimal care, while at the same time having unnecessary use of resources.

- In terms of effective use of Health Technology Assessment (HTA), LATAM is behind many developed countries; however, Brazil, México, and Colombia require economic evaluations in the submissions for reimbursement using a public budget (Brazil, Mexico) or to update the coverage package (Colombia).

- Despite real-world evidence (RWE) and real-world data (RWD) resemble traditional epidemiology, they have distinctive features given by its strong focus on secondary data or data from outside clinical trials. Recently, stakeholders have paid attention to RWE due to their potential role in improving quality, outcomes, and control healthcare costs.

- While the challenging environment for measuring outcomes and cost might be one of the limitations of this advance, there is no published data about RWE acceptability and use for decision-making in LATAM. Our group identified three areas (Acceptability/Use; Design/Methods; and Data/Infrastructure) that decision-makers could perceive as limiting factors to adopt RWE in their HTA and policy-making processes across LATAM.

The projects involved a mix of qualitative assessment and literature review in order to address the following objectives:

- Describe the understanding of RWE/RWD by key stakeholders focusing on payors/HTA bodies in Latin America.

- To understand specific policies and guidelines regarding RWE use for decision making by HTA bodies and payors at different levels.
- To uncover opportunities and challenges regarding RWE use in Latin America.

METHODS

- A cross-sectional, semi-structured anonymized online survey was undertaken between June-November 2020. A selected sample of health care stakeholders working in organizations dealing with design of policies and/or with coverage of pharmaceutical products were invited to participate in this study. The sample was a convenience sample based on the experience, contacts and knowledge of the individual members of the RWE LATAM WG and leveraged ISPOR Latin America access to membership networks.

- The inclusion criteria was considered employed in or advisors to organizations related to design of policies and/or with coverage of pharmaceutical or devices products in countries in Latin America including: HTA Agencies, Reference payors in selected countries, and Academic and policy influencers.

RESULTS

- The top three most preferred Real World Data for HTA were safety or pharmacovigilance (60%), cost or economic burden (60%) and use of healthcare resources (50%).

Country	N (%)
Argentina	3 (30%)
Brazil	2 (20%)
Chile	1(10%)
Colombia	1 (10%)
Mexico	2 (20%)
Peru	1(10%)
Geographic Institution Level	
Local (City / County / Municipality)	3 (30%)
National (Country Level)	6 (60%)
Supra-National (More than two countries)	1 (10%)
Type of Institution	
Public Policy Maker (such as: Ministry of Health, State Health Secretariat, Consejo General de Salubridad, etc)	3 (30%)
Institutional HTA decision-maker (such as: HTA decision maker in Government Organization such as CENETEC, CONITEC, IETS, IETSI, or Hospital/clinic decision-maker, etc)	5 (50%)
Private Payer (such as: Prepagas, ISAPRES, Aseguradores Privados)	2 (20%)
Years working in the policy-making/HTA-related area	
0-5	2 (20%)
>5	8 (80%)

- Frequent barriers faced in the collection and use of RWD included poor data quality, unclear understanding of RWE applications, and lack of clear policies and procedures on RWD access and protection.

Evidence type	Preferred N (%)	Requested N (%)	Available N (%)
Disease Epidemiology & Patient's Characteristics	3 (30%)	3 (30%)	4 (40%)
Prognostic Factors	2 (20%)	3 (30%)	2 (20%)
Genetic & Molecular Characteristics	3 (30%)	3 (30%)	
Surrogate Outcomes	4 (40%)	3 (30%)	2 (20%)
Final Clinical Outcomes (Survival, Cure Rates, etc.)	4 (40%)	3 (30%)	2 (20%)
Patient Reported Outcomes	3 (30%)	1 (10%)	1 (10%)
Treatment Practices	3 (30%)	-	2 (20%)
Adherence	3 (30%)	2 (20%)	-
Use of Healthcare Resources	5 (50%)	3 (30%)	2 (20%)
Costs or Economic Burden	6 (60%)	3 (30%)	2 (20%)
Patients Life Style	5 (50%)	-	2 (20%)
Comparative Effectiveness	3 (30%)	3 (30%)	1 (10%)
Safety or Pharmacovigilance	6 (60%)	1 (10%)	2 (20%)

DISCUSSION/CONCLUSION

- Although with limited small sample size, this survey yielded a deeper understanding of the current landscape of RWE/RWD in LATAM and provided a more defined and updated view of RWE in Latin America to benefit future activities shaping RWE in the region.

- The low response rate might be considered a characteristic of online survey studies, therefore strategies to promote participation and increase response rates are needed in this area of research.

- Findings built momentum to continue in-depth explorations about opportunities and challenges for RWE in LATAM.