Influence of HEOR Evidence to Challenge Status Quo for Training General Practitioners: A Case Study from Argentina

HSD119

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Problem Statement

- In low and middle-income countries (LMICs), there remains a shortage of well-trained general practitioners (GPs) who can accurately diagnose and treat patients with pain.
- This results in a lack of access to quality healthcare services for patients with pain, particularly in remote areas.
- With the advent of novel pain pathways and added complexities in chronic diseases, GPs need to be equipped with the latest evidence-based knowledge and skills to provide optimal patient care.
- Although Health Economics and Outcomes Research (HEOR) evidence may play vital role in reforming CME landscape in LMICs, there remains little emphasis on the use of HEOR evidence in GP training-related decision making.
- The present case study **discusses how GP training decisions were influenced by HEOR evidence**-generated by an HEOR agency in the remote settings of Argentina.

Our Approach

- We identified care inconsistencies in pain management through informal responses by an arbitrary group of the pain patients from several remote areas of Argentina.
- To validate these findings, a secondary data-based landscape assessment was planned.
- A team of HEOR analysts performed a rapid literature review using a proprietary evidence automation tool.
- The secondary data included published literature from various renowned sources such as biomedical literature databases, handpicked journal articles, and key pain research reports in Argentina and neighboring countries.
- Given the evidence gap, it was not possible to correlate the findings from informal patient survey with the literature review findings.
- Additionally, the literature review highlighted missing information on GP density, proportion of accurate diagnoses, reasons behind the inaccurate diagnoses, and other miscellaneous factors compromising the treatment for Argentine patients with pain.
- This led to a consensus of having real-word insights (RWI) as supplement of the secondary analysis findings.

Our Approach (Cont'd…)

- We performed tele-interviews of a group of GPs situated in remote locations, to assess the ground realities. Our prompts included the aspects on overall opinion about quality of pain management practice, key barriers, innovative training strategies, and potential threats.

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Inadequate Knowledge in GPs about Differential Diagnosis led to Inappropriate Pain Management Decisions.

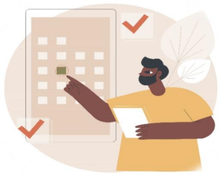

Image: Freepik.com

Obsolete Clinical Practice Guidelines on Pain Management eluded GPs from timely knowledge update.

Reluctant Approach towards adopting novel training mechanisms deterred GP's access to e-Guidelines.

RWI revealed the deterrent factors pointing towards a need for a paradigm shift and an opportunity for infrastructural reform.

- Internet Accessibility Issues
- Poor Digital Literacy
- Lack of Availability
- Competing Interests

Lessons Learnt

- Although secondary data-based gap analysis may provide meaningful insights, it falls short in case of complex health system interventions.
- HEOR evidence generated through mixed methods helped with apt identification of *insufficiency* related to crucial patient journey datapoints in published literature.
- Additionally, it also provided a comprehensive picture about pressing issues faced by GPs requiring immediate attention from decision makers.
- There remains a room of improvement wherein a more scientific interview approach to collect information from GPs such as the Delphi method will aid in a robust landscape assessment.
- To conclude, this case study highlighted **the role of mixed methods research to generate HEOR evidence and subsequent role in evidence-to-policy translation in low-resource settings with technological challenges**.

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