

OP80 Generating Patient Preference Evidence For Health Technology Assessment: A Sustainable Roadmap

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Introduction: Research with members of health technology assessment (HTA) bodies has uncovered key barriers to integrating patient preference (PP) data into HTA, including concerns about resources/time constraints and a lack of clarity around who is responsible for data generation. We sought to develop a roadmap that addresses these issues, outlining the roles and responsibilities of different stakeholders to foster more sustainable PP data generation.

Methods: Based on a forthcoming article to be published in *The Patient*, this roadmap consists of a step-by-step approach for PP evidence generation. Real-world case studies and literature will be used to illustrate each stage, from identifying priority treatment areas and evidence gaps, forming a steering committee and engaging HTA members, to securing syndicated funding and disseminating results with full transparency.

Results: In contrast to standard approaches to data generation, this roadmap focuses on proactive data collection, collaborating with those who will ultimately use the data (HTA), and pooling resources to mitigate costs and the risk of bias. The roadmap can be applied to all preference-sensitive treatment areas and across health systems/countries. It is designed to be a continuous process, whereby preferences are regularly updated to align with changes to the treatment landscape. A graphic summary of the roadmap is available for viewing at this link: <https://cappre.info/images/HTAprocess.pdf>

Conclusions: Patient preference data has the potential to make healthcare decision-making more informed, socially legitimate, transparent, and accountable to the patient community. However, current approaches to capturing PP data can be resource intensive with narrow applicability in their findings. The present roadmap offers an alternative, sustainable solution.

OP81 Experience Matters: A Discrete Choice Experiment Exploring Patient Preferences For Heart Valve Procedures

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Introduction: Treatment for heart valve diseases (HVD) typically involves surgery, but less invasive procedures are becoming more common. Although the two procedures have similar outcomes, the risk–benefit profiles differ, indicating patients should be included in treatment decisions so they align with their values/preferences. This study aimed to determine patients’ preferences for HVD procedures, and the relative importance of treatment attributes.

Methods: An online survey with discrete choice experiment (DCE) was disseminated to patients with aortic stenosis, mitral valve regurgitation, and tricuspid valve regurgitation. Participants were presented with several choice sets, each comprising two hypothetical treatment procedures (labeled “invasive procedure” and “minimally invasive procedure”) as well as an opt-out. DCE attributes were selected based on a literature review, qualitative interviews with patients and specialist doctors, and steering committee consultation (patients, patient organization representatives, and cardiac physicians). Responses were collected via healthcare recruiters, online panels, and patient organizations. DCE data from 143 Australian patients was analyzed using a mixed multinomial logit (MMNL) model.

Results: Results indicate an “experience effect” whereby patients preferred the same type of treatment they had undergone previously. For example, patients who had undergone a transcatheter procedure were more likely to choose the minimally invasive procedure in the experiment and vice versa for those who had undergone invasive procedures like open-heart surgery. Patients were willing to switch procedures based on its risk–benefit profile, and most patients preferred the minimally invasive procedure when it reflected the profile of transcatheter aortic valve replacement (TAVI), even if they had previous invasive procedures experience. Key attributes driving choice were valve durability and regaining independence.

Conclusions: There is a great deal of heterogeneity in HVD patient preferences, even when treatment outcomes appear similar. Patients preferred a minimally invasive procedure over an invasive procedure, irrespective of prior treatment experience with valve durability and independence driving choice. These results can inform healthcare decision-makers about what features of HVD procedures patients value most, taking into consideration patients’ prior experiences.

Oral Presentations (online)

OD01 Delays In Funded Access To Medicines: A Global Perspective

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Introduction: There are significant delays in the funded access to medicines. Studies indicate that in many countries it takes more than a year for patients to have funded access to medicines after market authorization. This study aimed to understand the disparities in timelines for funded access to medicines across different countries and to identify underlying reasons for this access gap.