ODPRN ONTARIO DRUG POLICY RESEARCH NETWORK

Combination inhaled corticosteroid/long-acting beta agonists (ICS/LABA) & Long Acting Muscarinic Antagonists (LAMA)

Citizens' Panel Report

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Background

The ODPRN Citizens' Panel, a stakeholder group comprised of members of the general public, provides feedback on drug reimbursement policy options for each ODPRN drug class review. The purpose of this exercise is to understand perceptions of the general public about the feasibility and social acceptability of the draft policy options developed at the end of each drug class review, and to rank the most preferred policy options from the perspective of the Citizens' Panel for the Ontario Public Drug Programs' consideration. This report is a high level overview of the methods and results of the ODPRN Citizens' Panel engagement process for the respiratory drug class reviews on Combination inhaled corticosteroid/long-acting beta agonists (ICS/LABA) & Long Acting Muscarinic Antagonists (LAMA) for asthma and chronic obstructive pulmonary disease.

Methods

Citizens' Panel Recruitment

Members of the general public were invited to join the Citizens' Panel by posting advertisements on public websites, the ODPRN website, and social media (e.g. Charity Village, getinvolved.ca, Kijiji, Craig's list, Twitter, Facebook). Citizens' Panel members were also recruited from the Ontario Citizen's Council (OCC). We aimed to recruit 10 to 15 individuals 18 years of age or older who reside in Ontario, with varied education levels and work experience. Members of the general public who expressed interested in joining the panel were asked to fill out an application form. Follow up interviews were conducted with potential panel members over the phone to make final selections. We assessed each potential panel member on their level of knowledge of the healthcare system and drug policy making in Ontario, with the goal of including diversity of knowledge, experiences, and opinions. A total of 15 panel members were ultimately selected and comprised a panel that we engaged for each of the ODPRN's drug class reviews.

Data collection

All panel members were asked to read the draft report and recommendations from the drug class review to familiarize themselves with the research findings. The report was re-written in lay language to enhance its readability and accessibility. Feedback from panel members was obtained in two surveys and a webinar using a modified RAND Appropriateness Method (also known as The Delphi Method) (Fitch, 2001). First, an online pre-meeting survey was distributed to Citizens' Panel members to collect their input on the policy options rated on domains of social acceptability and pharmaceutical policy acceptability analysis: general access, equitable access, appropriateness, affordability, cost to the system, safety, and overall benefit (Morgan, 2009). Panel members were also asked to rate the general acceptability of each option, as well as to rank the policy options relative to one another in terms of their preferred option. Open –ended responses were provided to enable panel members to contribute thoughts, questions, or justifications for their ratings/rankings. Next, Citizens' Panel members attended a webinar meeting, at which we presented key issues, findings and policy implications, and engaged in deliberative group discussion on the recommendations. Any questions, issues or themes that arose from the first round of surveys were addressed in the meeting. Citizens' Panel members completed a second survey after the meeting, enabling them to provide additional feedback and giving them the opportunity to re-rank the policy options. This approach allowed each person to express their idea(s); each person's opinion was taken into account (compared to traditional voting where only the largest group is considered). The findings from the Citizens' Panel surveys and discussion were used by the team to make any necessary revisions to the reports and draft reimbursement options.

Data analysis

Survey responses were analyzed using descriptive statistics and content analysis for open-ended questions. Extensive field notes were taken during meetings and key themes were summarized.

Findings

A total of four panel members participated in the pre-meeting survey and four panel members participated in the post-meeting survey. Survey respondents were asked to rank the reimbursement options against one another in terms of which were most to least acceptable from a policy perspective.

With regards to reimbursement options for ICS/LABA (for asthma and COPD), the majority of members preferred options B or C (Limited Use and General Benefit, respectively), but several of them were unable to differentiate between the two (See Table 1). Those who preferred the Limited Use option (Option 2) liked the extra step doctors needed to take to prescribe the drugs, but also felt that this could potentially restrict beneficial off-label use. Those who were in favor of General Benefit (Option C) felt that it would be good to increase access to helpful medicine for all that need it, regardless of specific diagnosis. However they were worried about the potential lack of oversight, which could lead to overprescribing. Overall, Option B was ranked as the first choice; Option C was the second choice, and Options A and D tied for the third, and least favorable, choice.

The sentiments regarding the two options for LAMA products (Limited Use and General Benefit for all products) mirrored their opinions of ICS/LABA options (See Table 2). However, all members were in agreement that there was no apparent need to change the current reimbursement option. General Benefit (Option B) allows all who could benefit from LAMA's to receive them, at no increased cost to the system. Overall, Option B was the preferred choice, with Option 1 being the least favorite.

Overall option ranking for ICS/ LABA (for asthma and COPD)

- General Benefit with preferential listing for COPD was originally seen as the most preferred option pre-panel, but fell to one of the least favorite after the meeting.
- Limited use for all products and indications was seen as the most acceptable option post-panel.

Table 1. Overall option ranking for ICS/LABA

	Mean Ranking (1 = Most Acceptable 4 = Least Acceptable)	
	Pre Meeting	**Post Meeting**
Option A: Exceptional Access Program (EAP) for All Products	3.75	3.5
Option B: Limited Use (LU) for all products	1.75	1.25
Option C: General Benefit (GB) for all products	2.25	1.75
Option D: General Benefit (GB) with preferential listing for COPD	1.5	3.5

Overall option ranking for LAMA (for COPD)

- In the pre-panel survey, members indicated the best option to be having LAMA on Limited Use.
- However, the post-panel survey indicated that the current approach of General Benefit would be the best option

Table 2. Overall option ranking for LAMA

	Mean Ranking (1 = Most Acceptable 2 = Least Acceptable)	
	Pre Panel	**Post Panel**
Option A: Limited Use (LU) for all products	1.25	1.75
Option B: General Benefit for all products	1.75	1.25

Key points of discussion from meeting

Four panel members participated in the online meeting and offered their views on the options. Viewpoints were also derived from survey comments. Comments and key points of discussion regarding each option

ICS/LABA options

Option A

- Concern that this option restricts access to a majority of available and beneficial drugs.
- The least favorable choice.

"*The benefits are not as significant when you consider the strain on the system.*"

Option B

- Most members showed a preference towards this option as it would largely allow for anyone who needed the drugs to get them relatively easily.
- However, there were some concerns regarding accountability of physicians prescribing using the LU code: it relies on a pseudo honor system and if doctors prescribe without monitoring, then it would be the same as the General Benefit option.

"Easy to 'just write the code'"

"More or less an honor system as to who gets prescribed, since physicians could technically use the LU code for any patient"

Option C

- Overall feeling that this option is not much different than 'option B'.
- Concerns over the potential lack of accountability by physicians were expressed.
- Good for people that can still benefit from the medications even if they aren't specifically diagnosed with asthma and/or COPD.

"Many can benefit from these drugs even without a diagnosis of asthma and/or COPD."

"This option also allows for increased accessibility."

Option D

- Similar questions as to how this option differs from 'option B'.
- Patients like to have a choice between puffers and issues could arise if they are limiteto a specific type of puffer.

"Could cause a lot of problems if you are switching a patient off one product and moving them to another because it is 'preferred' "

LAMA

Overall notes:

- Panel members did not understand the need for options.
- They felt that the current option is sufficient.

"If the cost impact is status quo, then why change it from general benefit?"

"Might as well keep it on General Benefit if there is no expected cost increase or decrease."

Limitations

Since the sample for this this Citizens' Panel was small the results in this report may not be representative of the general public in Ontario. However, the literature on public engagement methods, such as the Delphi, states that group dynamics and diversity play a more important role than sample size (Bruni, 2008; Okoli, 2004). The Delphi method is separate from traditional survey methods and is considered a type of virtual meeting or a group decision technique (Okoli, 2004). The panel members who participated in this exercise provided a range of diverse and valuable insights from the perspective of Ontario tax payers who do not live with asthma or chronic obstructive pulmonary disease. This information, in combination with additional feedback from various stakeholders (e.g., qualitative interviews, in-person forums, and online submissions) and quantitative research evidence, will aid in the development of the final policy options for this review.

Conclusion

The Citizens' Panel provided important feedback on the feasibility and social acceptability of the draft policy options for the ODPRN's respiratory reviews. These findings will be used to help frame the final options in the consolidated reports. The consolidated reports will be posted at www.odprn.ca.

References

Fitch, K., Bernstein, S. J., Aguilar, M. D., Burnand, B., LaCalle, J. R., & Lazaro, P. (2001). The RAND/UCLA Appropriateness Method User's Manual. Santa Monica, CA: RAND.

Morgan, S., Kennedy, J., Boothe, K., Mcmahon, M., Watson, D., & Roughead, E. (2009). Toward

an Understanding of High Performance Pharmaceutical Policy Systems: A "Triple-A" Framework and Example Analysis. The Open Health Services and Policy Journal TOHSPJ, 2(1), 1-9. doi:10.2174/1874924000902010001

Bruni, R. A., Laupacis, A., & Martin, D. K. (2008). Public engagement in setting priorities in health care. Canadian Medical Association Journal, 179(1), 15-18. doi:10.1503/cmaj.071656

Okoli, C., & Pawlowski, S. D. (2004). The Delphi method as a research tool: An example, design considerations and applications. Information & Management, 42(1), 15-29. doi:10.1016/j.im.2003.11.002