ODPRN
ONTARIO
DRUG POLICY
RESEARCH NETWORK

LOW MOLECULAR WEIGHT HEPARINS

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 drug class review on low molecular weight heparins (LMWH).

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

The ODPRN Citizens' Panel meeting on LMWH took place on Wednesday March 23, 2016. Two members attended the meeting and six members completed the pre-meeting survey. The post meeting survey results are not included however, due to a low number of respondents. The findings from the meeting should be interpreted with caution since they include the perceptions of only two participants. The summary below includes a combination of findings from both the meeting discussion and the survey.

Overall ranking of options
- Table 1 shows the mean ranking of each option before the Citizens' Panel meeting.
- Overall, Option 2b was chosen as the most acceptable option.
- The least favourable choice was Option 1a (i.e., status quo).

Table 1. Overall option ranking

	Mean Ranking (*SD*) (1 = Most Acceptable 7 = Least Acceptable)
Option 1a (status quo): Limited Use for LMWH and fondaparinux; Exceptional Access Program (EAP)	5.8 (1.8)
Option 1b: Addition of indications to Exceptional Access Program (EAP)	5.2 (0.8)
Option 1c: Addition of indications to both the Limited Use for LMWH and fondaparinux and Exceptional Access Program (EAP)	4.4 (1.8)
Option 2a: Only Limited Use for LMWH and fondaparinux	3.6 (1.8)
Option 2b: Simplified Limited Use codes (four simplified LU codes) for LMWH and fondaparinux	2.2 (0.8)
Option 3: General Benefit for all LMWH and fondaparinux	3.6 (2.3)
Option 4: Preferential listing for enoxaparin (as General Benefit) and EAP for dalteparin, nadroparin, tinzaparin, and fondaparinux (in patients in whom enoxaparin is contraindicated/not tolerated or for dalteparin for treatment of VTE in cancer patients)	3.2 (2.7)

Ratings of policy options on acceptability domains
- Table 2 shows the mean score (and standard deviation) of the specific aspects of each option that we asked the Citizens' Panel to rank.
- Options 2B and 3 received high rankings on nearly every aspect rated aside from 'affordability' and 'limiting the burden on the healthcare system'.
- Options 1a–1c received the lowest ratings as panelists disagreed with most of the statements.

Table 2. Comparison of each aspect ranking

	Mean Score (Standard Deviation)						
	1 = Strongly Disagree and 7 = Strongly Agree						
	Option 1a	Option 1b	Option 1c	Option 2a	Option 2b	Option 3	Option 4
The policy helps those who need the drugs to access them easily.	3.4 (2.1)	3.4 (2.1)	3.8 (1.8)	4.0 (1.6)	5.4 (1.5)	6.0 (1.2)	4.6 (1.7)
The policy will allow those who need the drugs to access them equitably (regardless of age, income, health status, gender, etc.).	4.0 (2.3)	3.8 (2.2)	3.8 (2.2)	4.2 (1.9)	5.4 (1.5)	6.0 (1.2)	5.6 (2.2)
The policy adequately provides coverage for the appropriate types/quantity/doses	3.6 (2.1)	3.6 (2.1)	4.0 (2.1)	4.0 (1.6)	5.6 (1.7)	5.8 (1.3)	4.6 (1.7)
The policy is a good option to make the drugs more affordable.	3.6 (1.1)	3.4 (0.9)	3.6 (0.9)	3.8 (0.4)	4.4 (0.9)	4.4 (0.9)	5.0 (1.9)
The policy is a good option to limit the burden of cost on the healthcare system.	3.4 (0.9)	3.2 (0.8)	3.4 (0.9)	3.4 (0.5)	3.6 (1.7)	3.0 (1.2)	4.8 (2.0)
The policy adequately considers the safety and effectiveness of the drugs.	3.0 (1.0)	3.2 (0.8)	3.6 (1.1)	3.8 (0.8)	4.8 (1.3)	4.4 (1.1)	4.6 (1.3)
I think this policy will benefit those who require the drugs.	3.2 (1.6)	3.2 (1.6)	3.8 (1.1)	4.0 (1.4)	5.0 (1.2)	5.0 (1.4)	4.4 (1.7)
I think this policy is an acceptable option.	3.0 (1.7)	3.2 (1.6)	3.8 (1.8)	3.8 (1.3)	5.2 (1.3)	4.0 (1.6)	4.4 (2.1)

Reactions and comments from online discussion and survey
Note: online discussion based on only two members attending.

Option A (status quo): Limited Use for LMWH and fondaparinux; Exceptional Access Program (EAP)

Reactions:

- Members did not discuss option A extensively as they knew the status quo needed to change.
- However, they expressed that this option is burdensome to the ODB and that not all prescribers are aware of the telephone EAP process.

Comments:

"Status quo involves very large numbers of calls to access EAP which is a burden to ODB. Many prescribers do not know about the telephone EAP process and do not use it."

"More accurate data would be available if prescribers were accurately using LU codes"

Option 1b: Addition of indications to Exceptional Access Program (EAP)

Reactions:

- Members viewed this option to be too similar to the status quo.
- They perceived it to be of limited benefit because it would clarify some indications but not make a significant change.
- Members also viewed this option to be too burdensome for the ODB.

Comments:

"The option provides for clearer alignment of the codes which is important from a policy perspective. [However] it does not seem to me that this makes a difference in access or cost."

"This option would improve the data collection as ODB would possibly get a better picture of actual prescribing activity. But this option does not lessen the ODB burden of telephone calls to access EAP and it doesn't change the fact that many prescribers still do not know about the EAP telephone access program"

Option 1c: Addition of indications to both the Limited Use for LMWH and fondaparinux and Exceptional Access Program (EAP)

Reactions:

- Members were slightly confused about this option.
- One member mentioned that it would reduce the number of EAP requests.
- Ultimately, options 1b and 1c were seen as too similar to the status quo and as having the same limitations as the status quo.

Comments:

"This option should lower the burden to ODB by reducing EAP phone requests."

"This option makes slightly less sense than 1b - it helps from a policy perspective but the EAP option is less accessible than LU"

Option 2a: Only Limited Use for LMWH and fondaparinux

Reaction:

- The panel felt that this option was an improvement on Options 1a–1c.
- They stated that it is a good option to improve access to the drugs and to lower the EAP burden; however, they noted that it might not solve the issue of prescribers using inappropriate codes.

Comment:

"If the limited use part … gives the program the data of how prescribers are using the drugs and if they are, in fact, using them appropriately then that would be helpful but you don't always know…that the LU codes are being used appropriately"

Option 2b: Simplified Limited Use codes (four simplified LU codes) for LMWH and fondaparinux

Reaction:

- This was the panel's preferred option.
- They thought that it increases access, reduces the EAP burden, and reduces prescriber confusion.
- Members also noted that if using 11 different codes does not provide the program with any useful data, this option is even more appealing.
- One member felt that this option did not do anything to reduce cost.

Comment:

"condensing the options will help solve the problems with the prescribers and in the long run [it] would be helpful from a policy perspective and there are no inequities related to patient access, so as long as the cost factor was also manageable than this would be most desirable"

Option 3: General Benefit for all LMWH and fondaparinux

Reactions:

- This option was also viewed favourably by the panel due to its ease of use for prescribers and increased access to the drugs for patients.
- However, members noted that this option may increase unwarranted prescribing and costs.
- Members also expressed that this option does not simplify the prescription process.

Comments:

"It all comes down, for me, to... what makes access the easiest, what makes physicians' load the easiest and you know, decreases the number of calls to the ODB program…"

"… [Option 3] doesn't simplify prescribing so you're not recognizing Enoxaparin as being cheaper than the other drugs so the prescribing will still be all over the map and you take away those, guidelines that may or may not be helping the prescribers by not having LU"

Option 4: Preferential listing for enoxaparin (as General Benefit) and EAP for dalteparin, nadroparin, tinzaparin, and fondaparinux (in patients in whom enoxaparin is contraindicated/not tolerated or for dalteparin for treatment of VTE in cancer patients)

Reactions:

- Several members indicated that this option was the least desirable.
- There were questions as to whether or not this option would be feasible for hospitals.
- One member stated that implementation would be very difficult and restrictive without enough options for prescribers.
- However, another member stated that this is the best option for cost efficacy.

Comments:

"…it's just too restrictive. It would not go over well. It could be done there is no question about that…I don't think it gives clinicians enough options in relation to whatever costs savings there may be"

"One of the most cost effective drugs enoxaparin is on the GB list. This drug is currently used by over 40% of patients requiring LMWH. It is rising in usage as dalteparin use is decreasing. It is the most cost effective option."

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 use LMWH. 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 LMWH review. These findings will be used to help frame the final options in the consolidated report. The consolidated report will be posted at www.odprn.ca.

References

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