Introduction & Aim

Sustainability and accountability in healthcare are becoming increasingly important with the rising costs of oncology drugs. Drug funding decisions are currently based on clinical trials and predictive modelling, however, there are many reasons why real world results may differ from those in clinical trials. Decision makers have highlighted the need for real world evidence (RWE) to ensure investments yield improved outcomes and value for money. However, it is unclear how real world evidence (RWE) could be incorporated in cancer drug funding decisions. This study, a part of the CanREValue collaboration, explores stakeholder perspectives on the current state of RWE in Canada to inform the development of a pan-Canadian RWE framework.

Aim: Explore healthcare decision-makers, policy makers, industry and patient advisors’ views regarding the creation and implementation of a framework to incorporate the use of RWE in funding decisions for cancer drugs in Canada.

Methods

Study Design: Qualitative descriptive methodology was used to explore the views and experiences of stakeholders regarding the development and implementation of a framework to incorporate RWE into cancer drug funding decisions. Convenience and snowball sampling were used to identify and invite participants. An interview guide was used to guide the discussion and was informed by a literature search of studies on RWE as well as feedback from the CanREValue research team. Interviews explored the current state of RWE, the optimal use of RWE, experiences using RWE, the barriers and facilitators to RWE uptake, best practices for implementation, and lessons learned from previous RWE use.

Results

Stakeholders value RWE in cancer drug funding decisions

Stakeholders expressed enthusiasm and optimism about the possibility of incorporating RWE into cancer drug funding decisions to address the limitations of RCTs and provide evidence on whether a drug provided “good value for money spent” (#005) in the real world.

“So, I think real world evidence is an essential part of what we need to do in terms of bringing sort of science to real world decision-making. […] We need [RWE] and I think we are in a very, we are at a point where certainly decision-makers must have that information.” -#013

RWE data infrastructure inadequate for decision-making

Participants saw challenges with data quality, access and policy barriers as the biggest barriers to currently using RWE. As such, participants were uncertain of how our current data infrastructure could be transformed so that it can be used to inform quality decisions.

“I also think that there’s still a scarcity of data, that we don’t have data for everything yet. We have a lot of data, but it seems to be unorganized and lack of consistency of how people are gathering data. So, until we really can get our data together, and that it’s shared, it’s consistent, it’s gathered in the same way, and it’s pool-able, until that is done I think it can be challenging to really use the data” -#010

Committed investment in building capacity is required

Stakeholders perceived the Canadian drug funding decision-making system as stretched beyond capacity in terms of finances, expertise and leadership and saw these factors as a barrier to the adoption of an RWE framework.

“So, it’s a kind of problematic issue right now to be pursuing real world evidence-based agreements for too many products because they’re very complex and it takes a long time and it takes a lot of resources because capacity is very stretched.” -07

A cultural shift is required to adopt RWE in decision-making

While participants were enthusiastic about RWE’s potential for external validity over RCTs, they recognized that a cultural shift is required for decision makers to move beyond “gold standard” (#11) evidence from RCTs.

“I guess it’s just easier with randomized controlled trials, because I think the approach and the accepted analytical methods are much better known. And there’s a lot more debate, and I guess uncertainty about what the best methods would be in real world evidence because there’s so many variables. It creates a situation where it’s easy to criticize any analysis that’s done” #014

Increase Collaboration Among Key Stakeholders

Participants noted that systems are currently operating in “silos” and emphasized the need to increase engagement among stakeholders, including patient groups and industry. There was a diversity of opinions on whether and how to engage industry.

“If you’re going to do these studies, there has to be a change in the attitudes between the players. Like, the payers, government, and cancer agencies, typically don’t have a really good relationship with industry…only if you have that kind of collaborative environment, would you actually be able to undertake some of these studies efficiently and effectively.” -#002

Conclusion

This study identifies stakeholders’ perspectives on RWE and their perceived barriers to its adoption. Our results provide recommendations to facilitate the incorporation of RWE into decision-making in Canada, including:

• Clarify the intended outcome of using RWE
• Involve patient groups and industry
• Improve data collection mechanisms
• Apply RWE at a provincial level first
• Determine when and how RWE would be used
• Build infrastructure, capacity and expertise in RWE
• Balance the need for RWE with needs of privacy
• Use “Conditional Reimbursement”