# EVENT REPORT

REAL WORLD EVIDENCE
RWE4Decisions
2022 SYMPOSIUM

## *Policies & Partnerships*

## 10 KEY TAKEAWAYS

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| 1 | **Developing RWE to resolve uncertainties** - we must participate in policy developments to ensure that Payers can access good quality RWD, and use state of the art methods to develop RWE that can resolve the decision-relevant uncertainties apparent during pricing and reimbursement of highly innovative technologies. |
| 2 | **Trust-building** - we need to explore the nuances of how RWE is assessed by different decision makers and the trade-offs between feasibility of RWD collection and fitness-for-purpose in decision making purposes. |
| 3 | **HTA Regulation implementation** - **Joint Scientific Consultations**: More capacity is needed, particularly for iterative advice about RWE generation, starting as early as possible in clinical development. |
| 4 | **Voluntary collaboration** – Although Post Launch Evidence Generation (PLEG) is not mentioned in the HTA Regulation, there is interest in aligning data collection requirements among some Member States and with regulators. To facilitate this, PLEG real-world data collection protocols and reports could be shared in a public repository and a collaborative demonstration project undertaken among some Member States. |
| 5 | **Link with Payer networks** to identify what RWE is needed to inform pricing and reimbursement decisions about highly innovative technologies and be a catalyst for shared learnings and demonstration projects. |
| 6 | **Clinician engagement** is key to ensure the right incentives and resources are in place to collect RWD that meets Payers' needs, reduces the administrative burden on clinicians and understand how to support optimization of treatment. |
| 7 | **Patient engagement** requires us to go beyond patient centricity to co-creation from the start, making the most of the valuable data that patients provide. |
| 8 | **Registries** – work with disease registry holders to ensure that the registries can meet Payers' needs. |
| 9 | **Engagement with EMA** – keep abreast of the development of DARWIN EU as a federated data network across Europe, propose HTA/Payer questions for answer, align post marketing and post launch data collection requirements. |
| 10 | **Share learnings** – promote new RWE guidance documents from HTA bodies and other leaders in the field and share case studies. |

## INTRODUCTION AND KEYNOTES

**Jo De Cock**
Senior Adviser,
**INAMI-RIZIV**

**Andrzej Rys**
Principal Scientific Adviser, DG SANTE,
**European Commission**

**Xavier Kurz**
Data Analytics and Methods Taskforce,
**European Medicines Agency**

**Karen Facey**
Evidence Based Health Policy Consultant,
**RWE4Decisions Secretariat**

On 24 November 2022, the RWE4Decisions learning network held its annual Symposium in Brussels and online. The theme "Policies & Partnerships" focused on initiatives across the EU that could support of the use of Real-World Evidence (RWE) in Health Technology Assessment (HTA) bodies' and Payers' decision-making for highly innovative medicines.

**Jo De Cock**, the thought leader behind RWE4Decisions, kicked off the Symposium presenting the **four pillars**[1] needed to build robust RWE for decision-makers:

(1) Data availability, governance and quality;
(2) Methodology, design and analytics;
(3) Trust, transparency and reproducibility;
(4) Policies and partnerships.

A range of EC regulations in development and enactment provide important policy context for this work including the EU HTA Regulation, the European Health Data Space (EHDS), and the EU General Pharmaceuticals Legislation. RWE4Decisions brings together stakeholders to share case studies of use of RWE, exploring barriers and facilitators to support development and use of RWE over the life cycle of a medicine and is inputting to these policy developments. Through a 'learning by doing' approach and by sharing experiences, the initiative advances collaboration between national and European stakeholders to make best use of existing guidance in support of decision-making.

[1] Capkun G, Corry S, Dowling O, Asad Zadeh Vosta Kolaei F, Takyar S, Furtado C, Jonsson P, Kleinermans D, Lambert L, Schiel A, Facey K. (2022). Can we use existing guidance to support the development of robust real-world evidence for health technology assessment/payer decision-making? *International Journal of Technology Assessment in Health Care* 38, E79. doi:10.1017/S0266462322000605

**Andrzej Rys** outlined the prominent role that health data plays in decision-making, from patient diagnosis to treatment and assessment of the results. The EHDS is based on three pillars:

(1) Primary health data use, helping decide about the diagnosis and treatment of a patient;
(2) Secondary health data use, for HTA, research & development, and policy making purposes;
(3) Single market for digital products and telemedicine services.

The EHDS aims to ensure that relevant partners have access to good quality data according to strict governance processes. It is relevant for other EU policies, such as the HTA Regulation (which is currently in its implementation phase and preparing guidelines for publication and use), the Clinical Trials Regulation (allowing for clinical trials to be done within an EU framework), the Medical Devices Regulation and the General Pharmaceuticals Legislation.

Initiatives both in the EU and internationally will also be important: DARWIN EU is establishing an impressive federated data network for secondary use, piloting RWE research questions from its committees ; the EHDS Data Pilot, under the leadership of the French Health Data Hub will see important learnings, in cooperation with the EMA, on how to gather and share data; EU projects such as EHDEN (European Health Data & Evidence Network) and $H_2O$ (Health Outcomes Observatory) provide infrastructures for cross border data collection of outcomes that are clinically and patient relevant. The International Coalition of Medicines Regulatory Authorities (ICMRA) has called for regulatory collaboration to help address common challenges and further enable the integration of RWE into regulatory decision-making. These developments will set fundamental milestones in the years to come for RWE.

Speaking about **DARWIN EU** and its progress, **Xavier Kurz** noted that the European Medicines Agency (EMA) currently holds data from primary care sources in 6 Member States. While the EMA is looking to expand DARWIN EU to new data partners, first it must consider striking the right balance and which diseases should be covered. In the next five years, the EMA plans to conduct ca. 380 studies to support better healthcare decision-making with the use of reliable RWE. However, their success will also depend on the capacities of the network, underlining the need for cooperation and dialogue. In particular, HTA bodies and Payers need to be more and better involved in the processes, to provide research questions.

To **recap RWE4Decisions work in 2022**, **Karen Facey** presented stakeholders' views on the potential for policy to support development of RWE for decision-making. Sharing of best practices and case studies from Germany, France, Canada, Finland and other countries have been instrumental for stakeholders to align on key priorities and challenges for better use of RWE. During webinars and roundtables,

RWE4Decisions hosted dialogues about challenges of obtaining good quality data from routine clinical practice, governance processes for cross border sharing of data (based on the TEHDAS work), and examples showing how RWE had been generated in clinical development and post launch for HTA purposes. Transparency of processes for developing fit-for-purpose RWE and of its evaluation was a key issue. Collaboration with patients, clinicians and registry holders was central to all debates. To create a learning healthcare system, there needs to be a lifecycle of RWE generation from horizon scanning to treatment optimisation several years post launch, with iterative dialogues along the way.

## PANEL DISCUSSION: Will health data initiatives in the EU mean that payers and HTA bodies have better real-world evidence for decision-making?

**Moderated by:**

**Matti Aapro**
Medical Oncologist, and Director at the **Genolier Cancer Centre**

**Stakeholder reactions: Opportunities and Challenges**

**Gözde Susuzlu Briggs**
Coordinator of "Data Saves Lives", **European Patients' Forum**

**Alexander Natz**
Secretary General, **European Confederation of Pharmaceutical Entrepreneurs (EUCOPE)**

**Cláudia Furtado**
Head of HTA, Pricing and Reimbursement, **Portuguese Medicines Authority (INFARMED)**

**Robert Sauermann**
Deputy Head of Pharmaceutical Affairs, **Austrian Social Insurance and Chair of the Medicine Evaluation Committee (MEDEV)**

**Gözde Susuzlu Briggs** outlined how fundamental it is that the EHDS goes beyond a patient-centric approach to be **co-created with patients**: shaped with them, accepted by them, and responding to their needs. To enable meaningful input, patients need to be empowered and educated about the importance of health data and how it is used across countries, which is the objective of EPF's Data Saves Lives initiative.

**Alexander Natz** underlined that RWE4Decisions has enabled robust discussions about the potential use of RWE in pricing and reimbursement discussions and the need to align requirements across Member States and decision makers. This is important because smaller companies face particular challenges in responding to multiple, different Payer requests. We still need to improve the way we discuss clinical development plans to better identify where the gaps are and whether RWD can close them. RWE won't replace RCTs, but it will have an important place for highly innovative medicines in the future.

For HTA bodies and Payers, **Cláudia Furtado** explained that RWE is not a panacea for all the issues that arise when assessing the added benefit of highly innovative medicines, that have major uncertainties and a high price. However, RWE will have a key role in specific cases as complementary evidence to RCTs, and in outcomes-based managed entry agreements where there is high clinical uncertainty. But the RWD collection needs to be fit for Payer purposes, feasible in clinical practice and use the best methods. Although RWE is not one of the areas of work stipulated in the HTA Regulation, there is space for collaboration on methods and through voluntary cooperation between some Member States (and with regulators) forPost-Launch Evidence Generation (PLEG).

**Robert Sauermann** described some of the challenges which sickness funds are facing, namely the concerns over the amount of evidence that could be generated can lead to a delay in patient access to medicines. Extra care is also needed for data protection. RWD also presents payers with opportunities, and we should not just think about disruptive OMPs with single arm trials, but also for highly prevalent diseases. There are possibilities for RWD to complement what precision reimbursement or pay for performance (P4P) models leave unaddressed, as not always applicable to all products.

## PANEL DISCUSSION: Where does RWE4Decisions go from here?

**Moderated by:**

**Piia Rannanheimo**
Chief Specialist,
**Finnish Medical Agency (Fimea)**

### Feedback from breakout rooms and discussion with the RWE4Decisions Steering Group members:

**Diane Kleinermans**
President of the Commission of Drugs and Reimbursement,
**RIZIV-INAMI**

**Carlos Martín Saborido**
Health Economist Adviser,
**Spanish Ministry of Health**

**Simone Boselli**
EU Public Affairs Director,
**EURORDIS-Rare Diseases Europe**

**Toon Digneffe**
Head Public Affairs & Partnerships, Europe and Canada,
**Takeda**

RWE4Decisions Steering Group members **Diane Kleinermans, Carlos Martín Saborido, Simone Boselli** and **Toon Digneffe** led breakout discussions in groups of 10-12 participants. Their feedback reflected stakeholders' agreement on the need to:

- Co-create an evidence generation plan using patient expertise that is based on trust, transparency, fairness and good quality health data.
- Make sure to have in place the right resources for clinicians to incentivise them to invest time in data collection.
- Continuously exchange information among stakeholders.
- Discuss EU-wide disease registries to meet payers' needs, with an earlier thinking about RWE generation and how to insert relevant data into those registries.

### Breakout room 1: How can patients and patient groups support generation of RWE for HTA/Payer purposes? (led by Simone Boselli)

- Patients are experts, particularly in rare diseases, who co-create care pathways with their physicians and with researchers. Patient expertise should be used more in RWE planning, e.g. in early access programmes.
- Co-creation of evidence that matters to patients is happening, e.g. QoL evidence.

- Patient involvement is needed as early as possible, e.g. in scientific advice processes – it could perhaps be made mandatory for some products. Patients are currently not involved optimally; processes need to be improved.

Data

- Should move from data-based registries to query-based registries with fair and interoperable data. Registries should be designed to respond to queries.
- Trust-building requires talking to patients about data usage and ensuring appropriate safeguards are in place.

## Breakout room 2: How can we get timely and robust RWE that can be used for reimbursement decisions? (led by Diane Kleinermans)

- There is a significant discrepancy between EMA and Payer needs. Early dialogues with all stakeholders about gaps and what could (and could not) be answered by RWD are key, e.g. identified through horizon scanning.
- Questions for RWE need to be simple; a single-entry system building on what already exists would be very useful, but the source of funding remains a challenge.
- Need transparency, good quality data and a life cycle approach.
- RWD could help with the characterisation of diseases, e.g. for OMPs where there is not a good understanding of the progress of the disease.

## Breakout room 3: How can we work in partnership to support RWE generation post-HTA/Payer? (led by Carlos Martín Saborido)

- Currently, RWE is generally being used reactively, not proactively. Valtermed has developed RWE protocols. We can continue to improve this.
- RWE is only being used in an ad hoc way not systematically; RWE generated in pharmacovigilance is not used.
- Ideally, in the future, the focus would be on specific drugs or situations, and dialogues with stakeholders would be carried out very early - RWE could be used to design RCTs.
- Decision-makers should adopt a life cycle of medicines approach – regulators, HTA, payers.
- Need an evidence generation plan agreed by all stakeholders – certain drugs should be prioritised.
- An integrated approach should be supported by strong legislation.

## Breakout room 4: Partnerships for RWE generation: what are the roles and responsibilities for each stakeholder? (led by Toon Digneffe)

- The four pillars of RWE4Decisions are underpinned by collaboration and transparency between stakeholders.

Addressing different Stakeholder views

- HTA/Payers: How will questions from HTA be input to DARWIN EU? What is the governance for that? In DARWIN EU, the committees ask the regulatory questions. Who asks an HTA question? **RWE4Decisions could come with a recommendation for how HTA/Payers input to DARWIN EU.**
- Clinicians: If clinicians invest time in data collection, what is their motivation to do this? Need resources to ensure clarity and that data are of sufficient quality and ultimately useful, e.g. data managers.
- Patients: Are co-creators – RWE4Decisions could collect cases where patients are involved in Pay-for-Performance (P4P).

## Virtual Breakout room: Partnerships for RWE generation? (led by Karen Facey)

- Discussion on the scope of RWE generation: Is RWD collection in rare diseases going to be feasible, or perhaps the focus should be on more prevalent diseases? What about RWE generation for medical devices and digital health – particularly evaluation of AI?
- The apparent reticence by HTA bodies to use of RWE is because many HTA bodies have seen poor RWE submissions. The “Target Trial Approach” could be a solution to this as suggested in the NICE RWE Framework. However, industry noted that often the RWD aren’t sufficient for a Target Trial.
- Need to discuss how to develop EU-wide disease registries to meet payers’ needs; this requires much earlier thinking about RWE generation so that relevant data elements can be added to registries.
- Some bodies are now more open to sharing data, e.g. health insurers in Germany. This sharing across jurisdictions is also important for small countries like Denmark, but there are GDPR implementation issues.
- There is a need to collaborate to align data collection requirements – taking account of existing clinical guidelines on core (minimum) datasets, starting at a very early stage; using relevant existing data sources and augmenting them as needed.

## Conclusions

Jo De Cock concluded that in view of the new policy developments and exciting partnership projects moving to delivery, underway and the need to improve access for patients with unmet needs to highly innovative medicines, the RWE4Decisons learning network can contribute their support and expertise to help develop learning healthcare systems. Based on the RWE4Decisions principles of Collaboration and Transparency, there is a need to:

- **Strengthen collaboration with the Payer networks**, to understand how RWE can be developed more rigorously to support pricing and reimbursement negotiations.
- **Encourage transparency of OBMEA, sharing protocols and reports in a publicly accessible portal.** This would help document Payers' specific needs for RWD, help align real-world data collection requirements across borders and support treatment optimization as RWD accumulates.

  **Continue multi-stakeholder dialogues with real cases to explore generation of RWE over the life cycle.** These should consider how good quality RWD can be accessed, how it is assessed and how OBMEA (post launch data collection) can be effectively enacted.

RWE4Decisions will continue driving multi-stakeholder dialogues to share learnings and identify sustainable and practical solutions to the existing challenges and barriers with regard to the use of RWE in Payers' decisions.

**"With enthusiasm and commitment this network can further unleash the potential of RWE for decision making and address the unmet needs of patients."**

**RWE4Decisions** is a multi-stakeholder learning network, which has developed **stakeholder actions** that will better enable the use of real-world evidence in HTA/payer decisions about highly innovative technologies.

The work is led by a multi-stakeholder **Steering Group** and contributors include HTA bodies and payers, regulatory agencies, patient groups, clinicians, registry-holders, data analysts, industry and academic experts/researchers.

For further information and to watch the recording of the Symposium, visit our website: **https://rwe4decisions.com/event/rwe4decisions-symposium-policies-partnerships/**

**We want to hear what you are doing to progress learnings on the use of RWE!**
Contact us at **secretariat@rwe4decisions.com** if you would like to join the RWE4Decisions Learning Network.