May 2017 : DEC Methodology Meeting Summary and Actions

Chris Hyde (CH): Importance of understanding decision making in test evaluation.

CH spoke of his experiences with the NICE Diagnostics Assessment Committee and talked us through some of the recent guidance produced by the group.

An interactive session followed whereby the methodologists were asked to discuss the NICE scoping document for Fetal Rhesus D status and identify any missing information important for evaluation of the test.

The overarching concern the group had with the document was that there was minimal information on the accuracy of the test and how it would inform use of the antibody treatment and what the potential harms are of that treatment.

Session 1: DEC Methodology updates

DEC Newcastle – Sara Graziadio introduced her work on the use of Bayesian analysis and inference diagrams to inform early stage test evaluations as an alternative to decision trees.

DEC Leeds : Alison Smith (AS) gave the group an over view of her NIHR Doctoral fellowship project on incorporating the uncertainties associated with analytical validity into economic models.

AS gave the group an overview of the first phase of her NIHR Doctoral Fellowship project which involved a systematic review of HTA methods for the assessment of IVD analytical validity.

* Only 2 from 109 reports attempted to include analytical validaty measurements into their assessments.
* MSAC (Medical Services Advisory Committee, Australian Government – link) have a guidance document in consultation which was the only country (of those reviewed) in which analytical validity was included however it is unclear whether there is an guidance for doing that.
* MSAC interestingly also included BIA in their recommendations

DEC London: Ijeoma Uchbegu spoke about the group’s systems approach to teach evaluation where they are developing a complete ‘toolbox’ for incorporating both human factors and health economic studies into test evaluation, throughout the full evidence development pathway.

IU spoke about the importance of including end users in the design of an IVD to ensure the needs of the pathways are being met.

* The group discussed that a large majority of tests are developed and than try to find a problem to solve, rather than the development being driving by a clinical need.

DEC Oxford: Lucy Abel summarised the combined DECs experiences in early economic modelling which has been gained from the Innovate UK, SBRI competition.

* Positives
* Negatives

Combined DEC opinion paper: Through discussion it was thought that there was actually scope for two papers to come out of this work:

1. Modelling specific lessons with also a focus on when it is appropriate and what level of complexity it appropriate depending on the stage of product development and evidence generated. – Led by Oxford DEC
2. The value of conducting the care pathway and process mapping work which is required to determine the pathways of the model. – Potentially led by NCL and London DECs.

The approach should change dependent on the research question.

Day 2:

Molecular Pathology Node work: Potential panel at ISPOR with DEC representation.

Agreed that the researchers involved with the Nodes should be invited to future Methodology meetings.

Beth Shinkins: Supporting CCGs through decision making.

Discussed Leeds work where they have directly observed the CCG decision making process and made the following observations:

* Quite structured and there was a strong attempt to summarise the evidence base, however is difficult to translate evidence on cost-effectiveness into a local context.
* Typical cost effectiveness analysis are performed with a lifetime horizon however the CCGs have much tighter timelines to deal with and the upfront investment required for novel diagnostics is a huge barrier to implementation
* Since a lot of the CCGs cost analysis is typically being outsourced to consultancy firms, the Leeds DEC are suggesting that they develop a sub-team with AUHE specifically for the role of developing models tailored for the CCGs to help communicate complex evidence into a format which is more easily understandable for them and tailored to their needs.
* It was also observed that there doesn’t seem to be the ‘perfect evidence base’ as evidence development is always against the clock and racing against technology development.
* Politics drive priorities – the feeling is that the DECs should be involved with the priority listings early to inform hard, measurable outcomes.
* Engagement with the CCGs offer the opportunity to understand the clinical need and therefore inform the pull of technologies. This should be driving the work the DECs are doing.

During the discussion it was pointed out that some of the NIHR CHLARCs are working in this area.

General consensus is that it is difficult in our industry facing role not to get involved in all aspects of the adoption pathway.

Malcolm Farrow

Julie Hart

Implementation studies within the CCGs and AHSN networks.

Work with DECs at early stages to help inform evidence requirements.

Next Meeting – do we plan ahead irrespective of outcome of the MICs at this stage? Reassess following outcome

Questions to the group – Do we keep this time free every year for methodology meetings.

Scope of the meetings – more time for discussion and focus meetings to improve number of tangitable outcomes.