According to a recent PAVE analysis, traditional value assessments only include 25% of the value assessment elements that patients care about. For example, most previous assessments of HCV treatments focused solely on the cure, failing to address other challenges faced by HCV-positive patients. A novel, more patient-centered methodology was developed in collaboration with a stakeholder advisory board, including several HCV patients.

The assessment incorporates two new outcome measures based on input from patients:

- **Workdays missed**: Patient concerns about their careers and financial well-being
- **Infected life-years**: Patient concerns about infecting others

A patient-centered assessment shows the impact of treatment on outcomes that matter most to patients:

- **7.24 infected life-years avoided**
- **35.05 fewer workdays missed**
- **0.63 Quality-Adjusted Life-Years (QALYs) gained**
- **Reduced societal costs of $18,921 per patient**

Treatment resulted in **improved outcomes at a lower cost** than typical willingness-to-pay thresholds of $50,000-$150,000 per QALY.

Read the full analysis from J. Mattingly, J. Slejiko, E. Onukwugha, E. Perfetto, S. Kottilil, and D. Mullins [HERE](#).
By explicitly engaging patients, value of currently available HCV treatments may vary significantly depending on the outcomes used.

<table>
<thead>
<tr>
<th>Difference in value by study approach (DAA treatment vs no treatment)</th>
<th>$39,800 Cost per QALY Gained (health sector)</th>
<th>– $25,000 Cost per QALY Gained (Societal Perspective)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,500 Cost per Infected Life-Year Avoided</td>
<td>$700 Cost per Workday Missed Avoided</td>
</tr>
</tbody>
</table>

- DAAs were deemed cost-effective in improving both traditional health outcomes and the novel patient-informed outcomes; infected life-years and fewer workdays
- DAAs were cost saving when societal perspective was considered, and more cost effective in improving outcomes patients identified as most important to them

### The PAVE approach

The Patient-Driven Values in Healthcare Evaluation (PAVE) is a Center of Excellence in Patient-Driven Value Assessment based at the University of Maryland School of Pharmacy dedicated to promoting value-based decision-making through a diverse multi-stakeholder collaboration and engaging patients from an extensive network of partners to build technical expertise in patient-centered outcomes research, education, and dissemination.

Unlike traditional value assessments, PAVE’s approach considers the whole picture of what makes a disease expensive by factoring in the direct medical costs of a treatment, and the costs incurred by both patients and caregivers (i.e. cost of time, loss of salary, loss of productivity).

**PAVE aims to:**

- Expand patient and other stakeholder engagement partnerships.
- Educate the patient and research communities.
- Support patient-driven value assessment research.
- Disseminate patient-driven value assessment principles and methods.

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