

Patient-Centered Value Assessment Puts Patients First

- According to a recent <u>PAVE analysis</u>, 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

Treatment with direct-acting antivirals (DAAs) vs. no treatment over ten years



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



Patient-Centered Value Assessment: Hepatitis C (HCV) treatment

By explicitly engaging patients, value of currently available HCV treatments may vary significantly depending on the outcomes used.

Difference in value by study approach (DAA treatment vs no treatment) \$39,800 Cost per QALY Gained (health sector) - \$25,000 Cost per QALY Gained

(Societal Perspective)

\$3,500

Cost per Infected Life-Year Avoided

\$700

Cost per Workday Missed Avoided

- 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 patientcentered 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.

Read more about PAVE <u>HERE</u>

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