

Patients and HCPs involvement in regulatory decisions June 3 2014 Joint PCWP/HCPWP meeting

Jane Ahlqvist Rastad



Scope of the presentation

HCP involvement

- The national scientific committee
- Treatment guidelines

Patient/consumer involvement

- Patient- and consumer committee
- The Narcolepsy example
- In registries
- Challenges and future plans



HCPs within the MPA

But first – in house competence – MPA assessors

Approximately 45 medical doctors, covering most specialities and 75 pharmacists



The national scientific committee

- gives feedback from healthcare perspective valuble for increased quality at MPA
- is a channel for information to Swedish healthcare
- contributes with scientific input into MPA decisions and recommendations
 - regular meetings ad hoc individual consultation
- is important for increased national visibility
- members ambassadors for the MPA



Challenges and future plans

- conflicts of interests
 - SE is a small country, in some areas few experts
- many and short deadlines in the EU system

change from "communication" to "involvement"

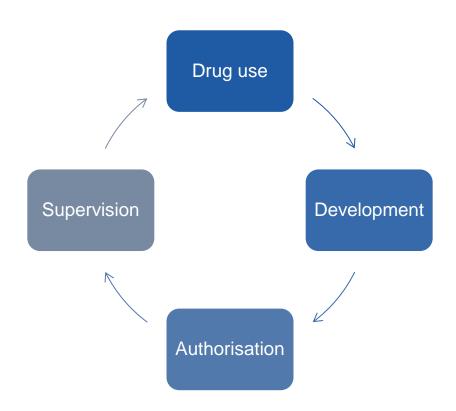


Workshops Treatment guidelines

- First workshop for treatment guideline in 1981
- 1993-2004 in cooperation with Norway
- Guidelines for human medicinal products ~ 6/year.
 veterinarian ~ 1/year
- Choice of topic:
 - Input from County councils Drug Advisory Committees, Specialist organisations, MPA
 - Consideration: new important drugs, new knowledge, e.g pharmacovigilance, prevalence of illness
- Cooperation with other health authorities, (e.g The Swedish Council on Health Technology Assessment and National board of Health and Welfare)



Treatment guidelines





Treatment guideline - workshop procedure

Preparatory work at MPA

- Experts selection and invitation
- Manuscripts
- Communication plan

Expert meeting

- Presentation of the manuscripts and current state of knowledge
- Discussion teamwork consensus

After work at MPA

- Compiling recommendation, e-mail correspondence with expert group
- Check and quality assurance

Publication

- "Information from Läkemedelsverket" the MPA bulletin
- Web site publication
- Other channels

Expert meetings/ treatment guidelines during 2014

- Acne
- Hepatitis C
- Asthma/COPD
- Sexually transmitted diseases

and within a national strategy to increase knowledge on medicins and their use in children

- Insomnia
- Treatment and prevention of thrombosis



Patient/consumer committee

- First committee meeting in 2009
- Aim two way communication, information and transparency
- 4 meetings/year



Patient/consumer committee

Challenge in 2012 – decreasing number of attendents at the meetings lead to a survey

Reasons expressed:

- One way communication
- The agenda not interesting enough
- Long journey to meetings
- Members own illness

Future plans – Invitation to dialogue – How can we do better? meeting plans in progress for early fall 2014



Patient/consumer involvement The Narcolepsy example

Intense and mutually rewarding interaction from 2010 and onwards

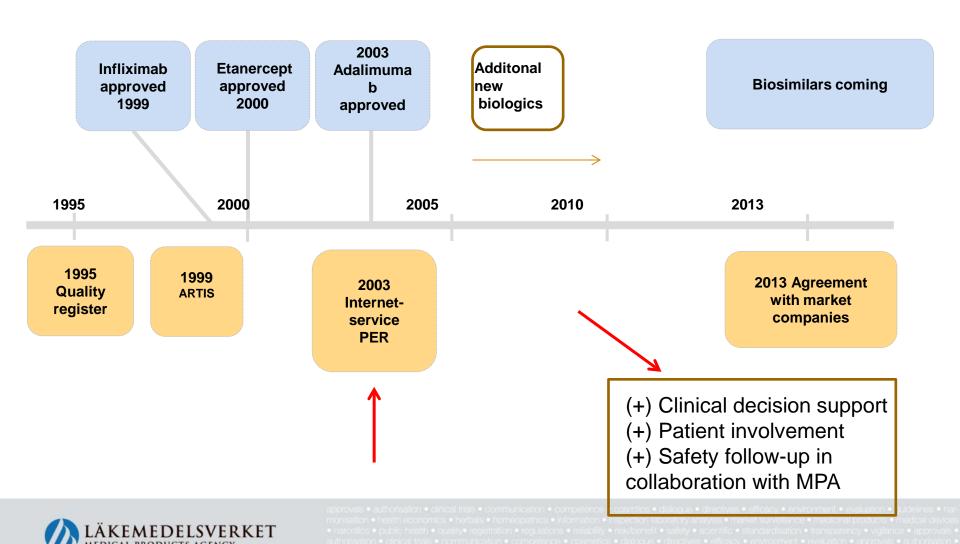
Parents association – narcolepsy in relation to vaccination with Pandemrix

- involvement in communication and research activities
- several F2F-meetings

Patient organisation – patient representative participated in the expert group which developed treatment guideline for narcolepsy in 2013



The Swedish Rheumatology Quality and Biologics Register – 1995 and onwards



Quality registries and patient involvement "Nothing about us without us"



- Patient reported outcomes (PROs) and side effects directly into registries
- Patients actively participating in decision-making
- Well-informed by use of internet
- Patient organisations influencing the research agenda



RA-register – clinical data

Patient	Nytt besök 🗏 Ö	versikt	Skriv	ut över	sikt 🍱	Visa graf	🤣 Fel	rapport	⚠ Min S	Sida
Personnummer Namn PAL Håkan Eriksson PAS	År Dag Månad Årskontroll	2008 28-Jan	2008 28-Mar	2008 24-Apr	2008 26-May	2008 27-May	2008 03-Jul	2008 22-Aug	2008 12-Nov Ja	2008 03-Dec
Tillhörighet Solna TA-patient Nej	Månads-Kontroll MK-grupp	1	3 3	4 3	5 6	5 6	6 6	8 9	11 12	11 12
Diagnos ICD 10 Sjukdomsdebut RA Seropos M05.9 2006-01-11	Arbetsförmåga Smärta Sjukdomskänsla	20/ 50 50	20/ 56 73	20/ 46 78	20/ 3 5	120/ 8 8	120/	120/ 8	120/ 34 78	40/40 40 49
Patientdata Tidigare medicinering	SR CRP Läkarbedömning EQ5D	50 50 Måttlig	34 62 Hög	21 16 Låg	24 32	56 32 Måttlig	10	7 6	12 34 Ingen -0.513	55 65
Kriterier HAQ - Funktionsnedsättning EQ-5D	RA Funktionsneds HAQ Svullna leder (28) Ömma leder (28) TIRA	1 5 5	1,13 9 7	1,63 5 6	2,5 2 3	1,88 7 7	0,88	0,13 28 28	2,63 3 12	0 0
Arbetsförmåga	Trombocyter DAS28	5.32	5.81	99 5,22	34 3.66	12 5.15		5.92	5.26	3,49
Gångtid (TWT)	DAS28CRP NSAID KORT	4,95	5.8 COX2	5.07	3.65 COX2	4.55		6.22	5.76 COX1	3,15 COX1
Timed Stand Test (TST)	KORT dos DMARD 1		PRE 5/1d MTX		5/1d MTX				PRE 45/1d MTX	PRE 45/1d MTX
Grippit Uppföljda läkemedel	DMARD 1 dos DMARD 2		20/1v		20/7d				15/1d	15/1d
Biverkningar	DMARD 2 dos DMARD 3 DMARD 3 dos									
Komorbiditet	DMARD 4 DMARD 4 dos									
Händelseboken	Uppföljd månad Uppföljt läkemedel Läkemedelsdos		0 ENB 50/1v	0 ENB 50/1v	1 ENB 50/1v	0 REM 200mg/1	1 REM 200mg/1	2 REM ·200mg/1	5 REM 200mg/1	6 REM 200mg/14d
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