

#### KOZMINSKI UNIVERSITY

#### HAS THE TIME COME TO REPLACE RANDOMIZED CONTROLLED TRIALS WITH REAL-WORLD DATA -- A CASE OF MEDICAL DEVICES?

#### **Industry perspective**

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# Medical devices are **DIFFERENT** from pharmaceuticals



## Life cycle

While the time to market for a new pharmaceutical product averages at 8-12 years, the corresponding number for a MD is just 18 months.

#### Buxton's law "It's always too early .... until, unfortunately, it's suddenly too late."

Source: Buxton MJ. Problems in the economic appraisal of new health technology: the evaluation of heart transplants in the UK. In: Drummond MF. Economic appraisal of health technology in the European Community. Oxford Medical Publications, 1987:103-18.

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#### Multi dimensional outcomes



✓ Patient's heterogeneity
✓ Technical features
✓ Healthcare provider's infrastructure
✓ Coding
✓ Clinical experience

### The volume-outcome relationship

Example

- Observational cohort study of 841 patients who underwent carotid endarterectomy (CEA) (Jan 2008 – Dec 2010)
- A low-volume surgeon was defined as a surgeon who completed 40 or fewer CEA per year
- The rate of stroke and death was 6.9% for low-volume and 2.0% for high-volume surgeons (P = .001)
- Complications were 13.4% for low-volume vs. 7.2% for high-volume surgeons (P = .008)

Maas MB et al.: Risk adjustment for case mix and the effect of surgeon volume on morbidity, JAMA Surg 2013 Jun;148(6):532-6.

# Example

Laparoscopic cholecystectomy conducted in Aberdeen between March 1991 and March 1999 for 1481 pts by 10 surgeons

Source: Ramsay CR et al: Statistical assessment of the learning curves of health technologies Health Technology Assessment 2001;5(12):1-79.

#### Learning effect

#### Blinding

- Ethical issues with simulating the intervention and "standardizing" the postoperative care
- Blinding of participants, health care providers, or outcome assessors but NOT clinicians who are using the device
- A cross-sectional survey showed that 58% of orthopaedic surgeons prefer to participate in expertise-based controlled trials compared to only 17% for conventional RCTs

Source: Boutron I, Moher D, Tugwell P, Giraudeau B, Poiraudeau S, Nizard R, et al. A checklist to evaluate a report of a nonpharmacological trial (CLEAR NPT) was developed using consensus. J Clin Epidemiol. 2005;58(12):1233–40. Bednarska E, Bryant D, Devereaux PJ. Orthopaedic surgeons prefer to participate in expertise-based randomized trials.Clin Orthop Relat Res. 2008;466(7):1734–44.

## **RCTs for medical devices**

Among 215 clinical trials conducted for 32 innovative MDs, only 15% of them were randomized controlled trials (RCTs) and more than 50% included fewer than 30 patients.

Source: Boudard A. Clinical studies of innovative medical devices: what level of evidence for hospital-based health technology assessment?] Eval Clin Pract 2013 Aug;19(4):697-702.

# The current use of RWE for medical devices

Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices

Guidance for Industry and Food and Drug Administration Staff Document Issued on August 31, 2017.

prior approval

The draft of this document was issued on July 27, 2016

- generation of hypotheses
- as historical control

#### after approval

- to expand the labeling
- post-market surveillance

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## Payers wants RWE



This document is inferided to provide clear. For task and balanced information that may facilitate detailed understanding of the Micra TPS CED Study when used it accordance with FDA approved labeling. This document addresses the Micra TPS CED Study specifically, and unless otherwise noted does not apply to the Micra TPS Fast-Approval Study (IPAS).

The study of claims data to address the following research questions:

- 1. What are the peri-procedural and post-procedural complications?
- 2. What are the long-term outcomes?
- 3. What are the effects of patient characteristics (age, gender, comorbidities)?
- 4. What are the device-related issues?
- 5. How are operators and facility characteristics related to complications and long-term outcomes?

Source: https://www.medtronic.com/content/dam/medtronic-com/products/cardiac-rhythm/coding-coverage -reimbursement/documents/201800846aenp1-micra-ced-providerfaq-august-2017.pdf

#### Payers wants RWE

Beyond price: considering total cost of care delivery



- Stockholm Council tendered for wound-care products
- Instead of pure price, a cost model incl. care delivery costs was used
- Suppliers had to demonstrate total costs for 3 different fictive patients
- Bidder with highest price won (ConvaTec): lowest overall cost and strong evidence to support their claim

Outcomes support: collaboration on measuring outcomes



- Karolinska university hospital tendered for imaging equipment
- Used innovative competitive dialogue format
- Tender contained conditions around contributing to outcomes
- Philips won thanks to support on outcomes measurement

Source: Wahttp://imsta.ie/wp-content/uploads/2016/02/VALUE-BASED-HEALTHCARE-A-NEW-FRAMEWORK-FOR-SMARTER-PROCUREMENT-Gotz-Gerecke-The-Boston-Consulting-Group-AG.pdf

A new wave of RWD- the Internet of Medical Things (IoMT)

- Vitals-Tracking Wearables
- Medication Adherence Tools
- Virtual Home Assistants
- Portable Diagnostics Devices/Disability Assistance Tools
- Personal Emergency Response Systems
- Smart Implants
- Smart Senior Homes
- Family Caregiver Remote Monitoring Tools

# A new wave of RWD- integrated healthcare models

There are 7 mln patients being monitored remotely today and it is projected to exceed 50 million by 2020



Source: http://www.berginsight.com/ReportPDF/ProductSheet/bi-mhealth8-ps.pdf

The future use of RWE for medical devices



Source: https://www.economist.com/news/briefing/21721634how-it-shaping-up-data-giving-rise-new-economy

#### Conclusions

- To define the incremental value of medical devices requires more efforts compared to pharmaceuticals due to challenges with randomised clinical trials (RCTs)
- There are number of specific features of medical devices that needs to be accounted for in the value assessment such as learning curves and lack of head to head data
- The future growing amount of RWD will require holistic approach and search for the value assessment of integrated healthcare models.