



Center for
*P*atient-Driven
*V*alues in Healthcare
*E*valuation

PAVE 

PATIENT-DRIVEN
VALUES *in* HEALTHCARE
EVALUATION

- PAVE Center – who we are and our mission
- Contribution to value assessment
- Partnerships
- Work in progress towards our goal
- Forthcoming activities
- Accomplishments

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National Health Council

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In Partnership With
Patient Community Leaders, Payer &
Industry Stakeholders

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Foundation

- Engage patient and other stakeholder partners in setting our operational and research agenda.
- Provide training in value assessment for minority and underserved patient communities.
- Incorporate patient-informed value elements into economic evaluations.
- Disseminate findings to patient and research communities.

PATIENT-DRIVEN VALUE ASSESSMENT

PAVE's fundamental premise is that value in health care must be defined by patients and value assessment must reflect heterogeneity across patients. Our multi-stakeholder collaborations aid us in generating value tools that create opportunities to support patient-centered health care decision-making and support other stakeholders in their engagement of patients.

TRADITIONAL PATH

The traditional path is informed by randomized trial and research data without patient input.

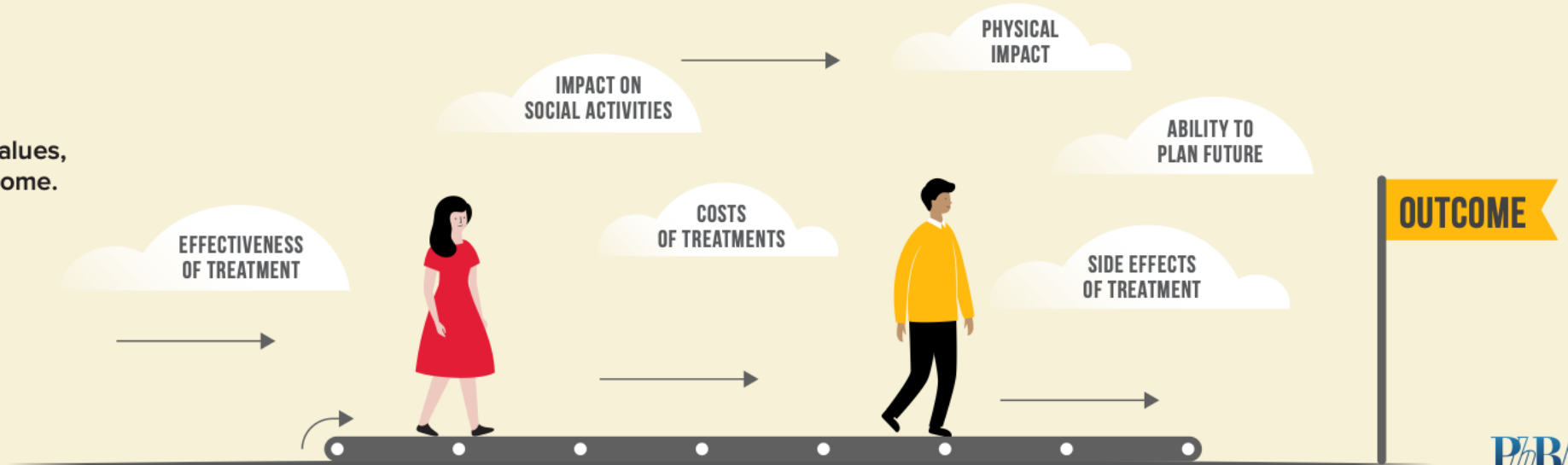


OUTCOME

A PATIENT'S JOURNEY TOWARDS BETTER OUTCOME

✓ PAVE PATH

The PAVE path is informed by patient values, guiding the patient towards better outcome.



- Create a nuanced understanding of patient values in healthcare evaluation
 - Identify novel value elements that are informed by patient experiences
 - Test different approaches in using patient-informed value elements
- Incorporate this information into an economic evaluation
- Establish a set of resources to benefit the field

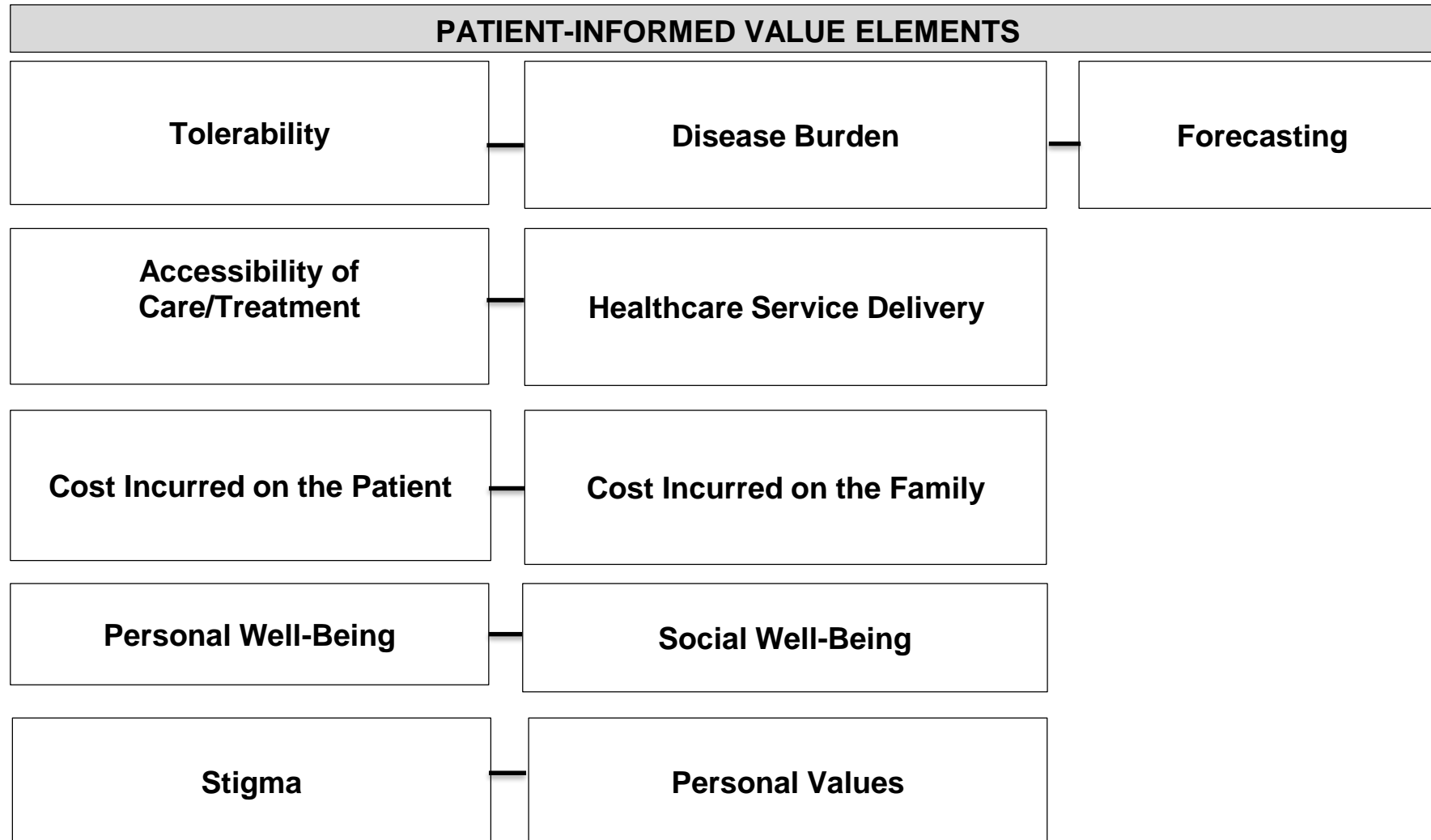
- Ongoing partnerships with patient communities
 - Chronic Obstructive Pulmonary Disease (COPD) Foundation
- Patient stakeholder representation on the advisory committee
- Anticipated partnerships
 - Center for Medical Technology Policy (CMTP)
 - Innovation and Value Initiative (IVI)

Who we engaged....

- Patient stakeholders from our Advisory Committee
 - One member represented the Hispanic community
- National Health Council (NHC) Value Workgroup Members (14 diverse patient communities)

What we did....

- Elicited and prioritized value elements that are important to patients:
 - ***Phase 1:*** *Develop a list of existing value elements from the literature*
 - ***Phase 2:*** *Elicit elements of value from patient stakeholders on our advisory committee*
 - ***Phase 3:*** *Prioritize and refine the value elements with a range of patient communities*



- Research Core & the COPD Value Elements
 - Evaluate new model inputs
 - Adjust existing health-state utilities
 - Examine value for subgroups based on heterogeneity of preferences
- Education Core Webinars
 - Patient Involvement in Value Assessment: Insights from Abroad
 - Introduction to Multi-Criteria Decision Analysis
 - Value Assessment in Medicaid
- Dissemination Core
 - Patient-Informed Value Elements Conceptual Framework
 - Relating Value Elements to Previous COPD CEA/Economic Evaluations

- Education Materials:
 - Modules for sensitivity analysis and heterogeneity of treatment effects
 - Guide to help patient-group provide comments on a value assessment
 - Conducted two trainings for patient communities
 - One breakout session resulted in a guide entitled “What I Wish I Had Known”
- Research Materials:
 - Mapping existing patient preference research to value elements
 - 5 different medical conditions
 - Developed methodological approach to apply patient-informed value elements to a specific patient community/condition
- Dissemination Materials:
 - PAVE webpage ([PAVE Center](#))
 - 3 publications, 1 in review, and 2 manuscripts in progress
 - Partnership to Improve Patient Care panel
 - Alliance for Health Policy Summit panel



Thank You