

Measuring research impact on Patient Reported dimension



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MULTI-ACT EXPECTED OUTCOMES





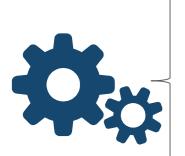
A new governance model that can support MSRIs in improving their governance and better evaluate collective impact



Guidelines for capturing "patient experiential knowledge" across the health research and innovation path



A new model for the assessment of the research impact across different dimensions (mission, excellence, economic, social and patient-reported impacts).





A digital toolbox that can support users from a multi-stakeholder perspective and the impact of research according to the patient's perspective



A set of **guidelines** to help in the **use of the Integrated collective research impact framework**, that can assist the users in applying the MULTI-ACT framework



SCIENCE WITH PATIENTS INPUTS Patients are the ultimate recipients of research findings, and thereby a key stakeholder

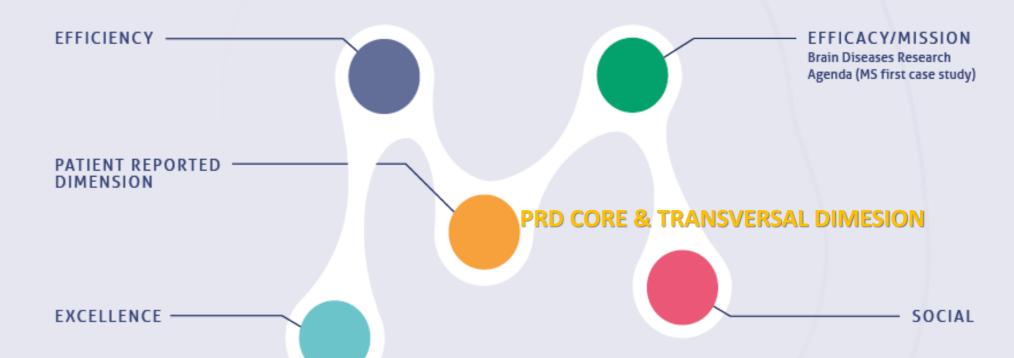
OF PATIENTS INPUTS

Measuring impact of
health research on
Patient Reported

Dimension will maintain
patients engaged as key
stakeholder

SCIENCE

multi-act



CONTEXT

The number of people with brain diseases (such as Alzheimer's, Parkinson's, depression, Multiple Sclerosis, addictions and many more) are on the steep rise due to factors such as higher life expectancy. Brain ill-health will affect 179 million individuals in Europe - one in three Europeans during their lifetime. The WHO concluded that brain disorders account for 35% of the burden of all diseases in Europe. It is therefore of utmost importance to develop a research model that produces results that have a real impact on the lives of affected patients and their caregivers.

PROJECT OBJECTIVES

The EU-funded MULTI-ACT project aims to increase the impact of health research on people with brain diseases. It will create and implement a new model allowing for the effective cooperation of all relevant stakeholders. This will be applicable in defining the scope of health research as well as new metrics for the evaluation of its results. The MULTI-ACT project will work with patients, patient organizations, academics, private and public stakeholders to develop brand new tools to assess the value of research. It will be assessed from four different aspects: stakeholder agenda, scientific excellence, economic efficiency and social impact.



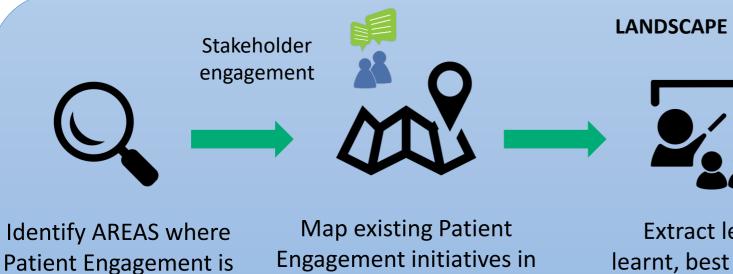
instrumental to reach

impact

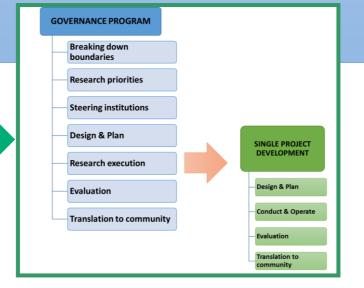
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Enabling the Science WITH/OF Patient Input

Process & outputs of the "Building Knowledge" phase



the path



LANDSCAPE ANALYSIS



Extract lessons learnt, best practices insights.. from the identified experiences

SCIENCE WITH PATIENT INPUT



Innovative guidelines for engaging patients in R&I

SCIENCE OF PATIENT INPUT



Impact metrics related to the **Patient Reported Dimension**

22/10/2019



The 7-steps R&I path

MULTI-ACT & PEG studied where patients need to be engaged in the health R&I process to maximize its impact:

Boundary conditions

Research priorities

Steer institutions

Design & Perform Research

Perform Research

Evaluation

Translation to community

- ✓ 1. Boundary conditions
- ✓ 2. Research priorities
- √ 3. Steer institutions
- ✓ 4. Design & plan
- √ 5. Research Execution
- ✓ 6. Evaluation
- √ 7. Translation to community









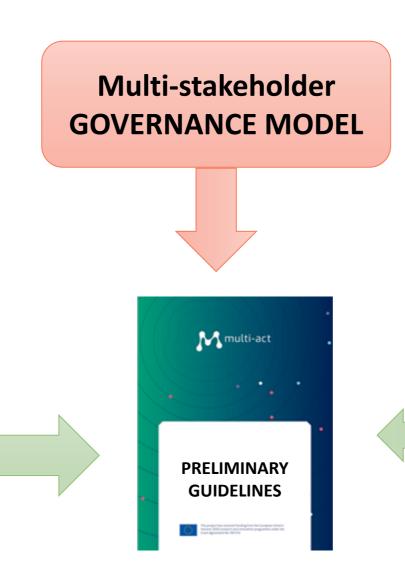




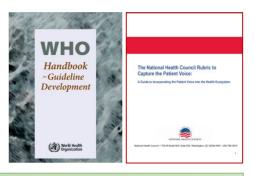
Preliminary MULTI-ACT Patients Engagement Guidelines

Expectations, criteria and rules for patient engagement co-developed by R&I Stakeholders









Good practices for guidelines production

- ✓ World Health Organization (WHO) Handbook for guidelines production
 - US National Health Council (NHC) National Health Council Rubric to Capture the Patient Voice



Insights from the Landscape Analysis

- Experiences of involvement mainly concern adherence to medical treatments, participation in clinical trials but very rarely the governance of R&I
- Need for clear and evidence-based methods and quality criteria for guidance on how to engage patients and public at all stages of R&I
- Limited evidence of the value of engagement demands for clear methodologies to assess the value, impact and (cost-) effectiveness of PE in R&I
- Importance of clear and constructive communication and professional management of all stakeholders



Empowering patients' "Experiential Knowledge"

Life experience of patients leads to knowledge escapes and complements the expertise of researchers.

Meaningful patient involvement requires that the difference between scientific and clinical expertise and patients' experiential knowledge, is acknowledged and made productive, instead of erased.

(Van de Bovenkamp et al. 2009).



Take home messages

- The patients' experiential knowledge should not be contrasted with scientific/clinical knowledge, as it provides relevant and different insigths.
- Patients with equal power, co-creation and decision making role in R&I have the potential to maximize the impact of R&I and to evaluate it on the outcomes that matter most to them.
- Patients organization play a pivotal role in enabling the transition from individual to collective patients' experiential knowledge.
- **Professional management** of all stakeholders is effective in empowering patients' experiential knowledge in R&I, to better prioritize the needs of patients and society.



Key aspects of the MULTI-ACT Patient Engagement Strategy:

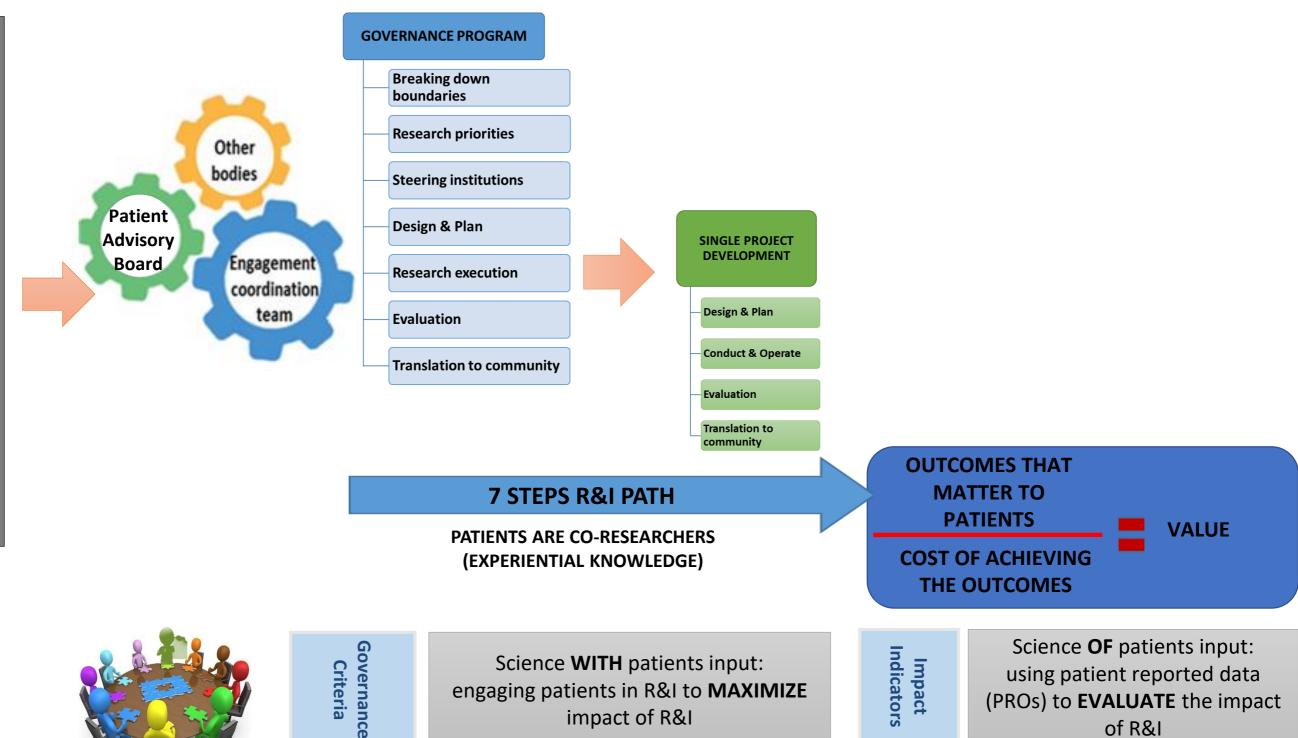
- ➤ Engagement Coordination Team and governance model: ensuring representativeness
- Training focused on how to empower patients to bring their "experiential knowledge" into the R&I continuum, complementing existing training to make patients "experts"
- The importance to understand and measure the impact of R&I on outcomes that matter to patients (e.g. PROMS initiative)

(PROs) to **EVALUATE** the impact

of R&I



The value of Patient Engagement

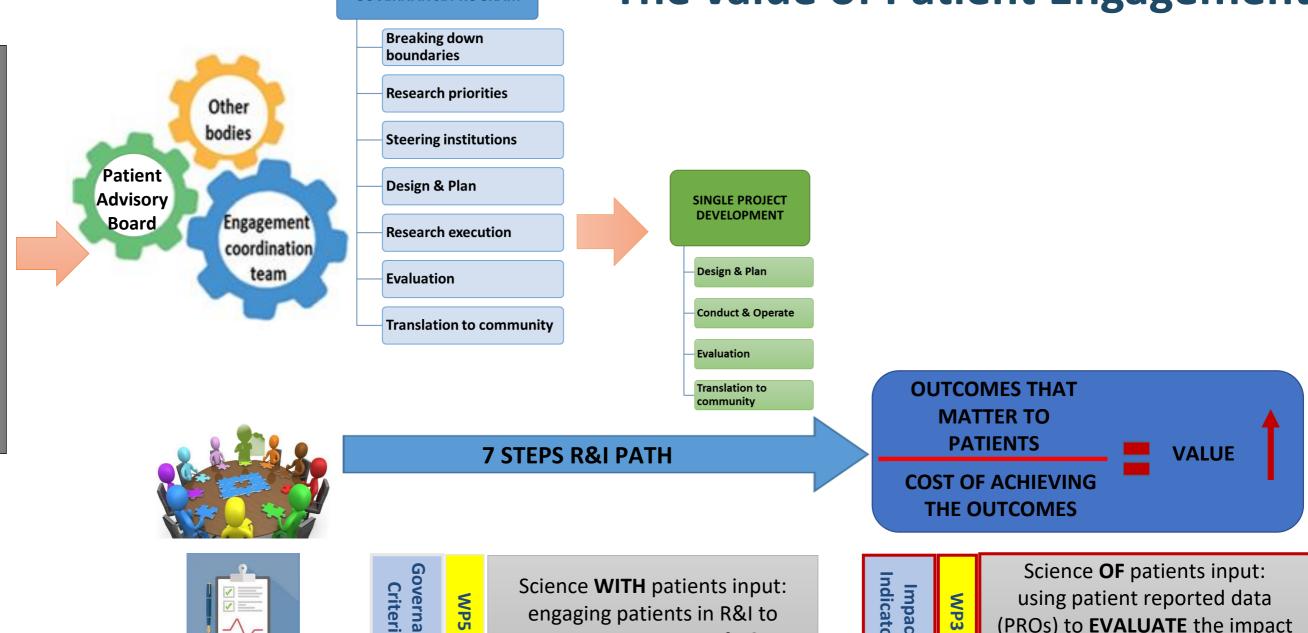


engaging patients in R&I to MAXIMIZE

impact of R&I



The value of Patient Engagement **GOVERNANCE PROGRAM Breaking down** boundaries Research priorities





Governance

MAXIMIZE impact of R&I

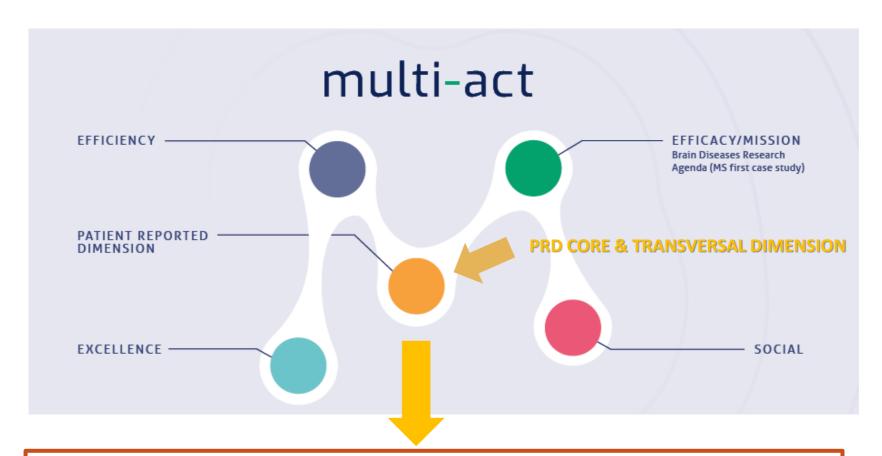
Indicators Impact

(PROs) to **EVALUATE** the impact of R&I



PATIENT REPORTED DIMENSION

Enabling multi-stakeholder initiatives to increase co-accountability by grounding its impact assessment in the outcomes that matter most to patients



MEASURING IMPACT ON OUTCOMES
THAT MATTER MOST TO PATIENTS (e.g. PRO)
THE SCIENCE OF PATIENT INPUT



Patient Reported Outcomes

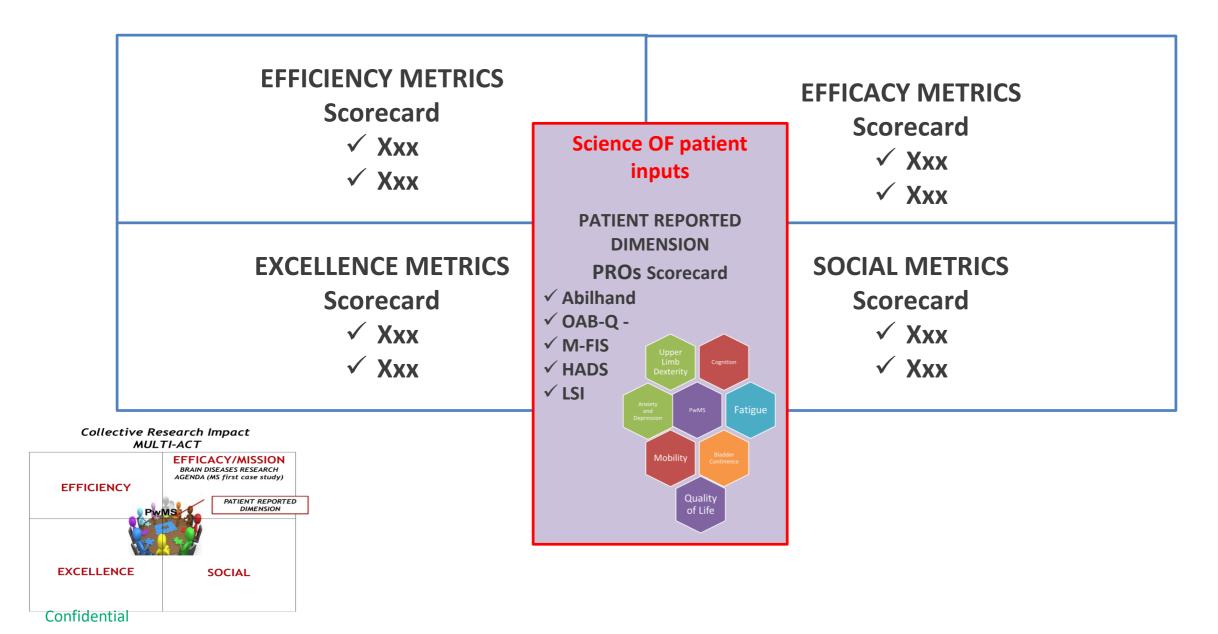
Evaluate the impact toward a transformational mission on the outcomes that matter most to patients:

- Abilhand Manual ability for adults with upper limb impairment Upper-limb disfunction reported in more than 60% PwMS
- OAB-Q Overactive Bladder Questionnaire Bladder problems are reported in more than 70% PwMS
- M-FIS Modified-Fatigue-Impact-Scale. Fatigue is reported in more than 90%
 PwMS
- HADS Hospital Anxiety and Depression Scale. Anxiety and depression reported in more than 80% PwMS
- LSI Life Satisfaction Index. evaluate life satisfaction and quality of life with respect to the deseases

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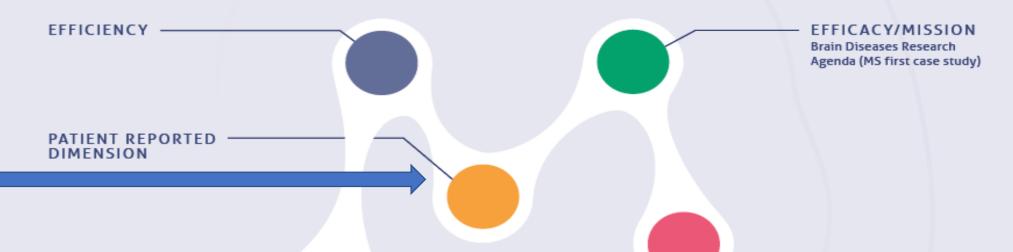


Collective Research Impact Scorecard: Patient Reported Dimension metrics: PROs





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iConquerMS PROMOPRO-MS

CONTEXT

EXCELLENCE

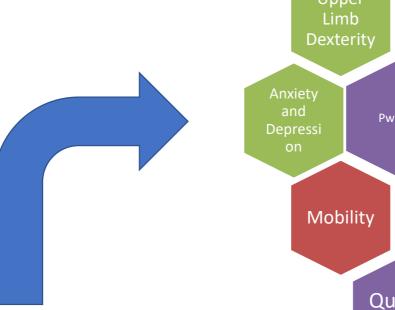
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SOCIAL





Rank Order	Neuro-QoL Domain (5-point Likert scale questions) Scored: 1[worst], 2, 3, 4 , 5[best]	Average Score (N = ~1,400)
1	Fatigue	2.89
2	Satisfaction with Social Roles and Activities	3.09
3	Sleep Disturbance	3.59
4	Positive Affect and Well Being	3.59
5	Ability to Participate in Social Roles and Activities	3.60
6	Anxiety	3.67
7	Cognitive Function	3.71
8	Emotional and Behavioral Dyscontrol	3.92
9	Lower Extremity Functional Mobility	3.93
10	Depression	4.11
11	Stigma	4.17
12	Communication	4.41
13	Upper Extremity Function Fine Motor ADL	4.54

Upper Cognition Fatigue PwMS • OAB-Q - Overactive Bladder Questionnaire Quality

> **METADATA IDENTIFICATION**

of Life

• EDSS - Expanded Disability Status Scale

CLINICIAN ASSESSED OUTCOME

• **FIM™** - Functional Independence Measure

PATIENT REPORTED OUTCOME

CLINICIAN ASSESSED OUTCOME

• **Abilhand** - (perceived manual ability in daily life)

PATIENT REPORTED OUTCOME

• M-FIS - Modified-Fatigue Impact Scale

PATIENT REPORTED OUTCOME

• SDMT - Symbol Digit Modality Test

CLINICIAN ASSESSED OUTCOME CLINICIAN ASSESSED OUTCOME

MoCA Questionnaire

• PASAT - Paced Auditory Serial Addition Test

CLINICIAN ASSESSED OUTCOME

• HADS - Hospital Anxiety and Depression Scale

PATIENT REPORTED OUTCOME

• LSI - Life Satisfaction Index

PATIENT REPORTED OUTCOME



USER CASE STUDY: Anxiety and depression

Anxiety and Depression

METADATA IDENTIFICATION

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Focusing on anxiety and depression could be relavant also for Major Depression



Next steps

- Merging of two data sets available by FISM in order to facilitate patient reported dimension calculation
- Inclusion of the data in the digital tool box (to take into considertion the type of input data and characterization)
- > Testing of the metadata analysis

