Background

- Use of Real World Evidence (RWE) – derived from analysis or synthesis of real world data (RWD) obtained from sources such as patient registries, electronic health records and claims databases – is increasingly recognised as a valuable source of information for market-access and reimbursement decision making.
- Aim: To develop and conduct a global survey in order to better understand the use of RWE in these contexts.

Method

- Survey tool developed iteratively with key stakeholders in academia, health services, government bodies and patient organisations from ten European countries.
- The survey, made available in English via Qualtrics from March 2017, contained 35 qualitative and quantitative, closed- and open-ended questions on the use of RWE for licensing and coverage recommendations, RWE ownership and the future of RWE.
- Survey link was distributed to a number of global contacts for completion.

Results

Country RWE Utilisation

Survey respondent breakdown:
- 40 respondents between March and August 2017
- Country RWE Utilisation
- Does your country accept a lower level of evidence for any therapeutic class/product type?
- Please rate the current value of RWE for decision making in your country

The future of RWE

What are the barriers to enhanced RWE use?

- Validity of the data
- Substandard registers
- Poor data quality
- Patient-related confidentiality issues
- Mandatory nature of RCT
- Lack of data collection
- Lack of data availability
- Issues around lack of comparability
- Clinical issues
- Rate the potential value of RWE, and its use in decision-making, in your country over the next 3 years

In your opinion, will RWE ever play a similar role to RCT data in drug evaluations?

- Yes, 13
- No, 16
- In your opinion, will RWE ever play a similar role to RCT data in drug evaluations?

Conclusions

- Most of the opinion that RWE will become more valuable over time
- In order for increased RWE value both data availability and quality need to improve
- RWE thought to play role in economic evaluations and reassessment/re-review in next 3 years

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