THE SCIENCE OF GOOD POLICY

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MEMO

To: Donna Sullivan & Ryan Pistoresi

From: Valerie King, Adam Obley & Curtis Harrod

Date: March 4, 2016

Re: Bleeding Disorder Collaborative for Care – Research Proposal

PROJECT OVERVIEW

The Bleeding Disorder Collaborative for Care has been tasked by the Washington State legislature with the important work of improving care to patients with bleeding disorders. The collaborative will complete this goal by identifying and developing evidence-based practices related to bleeding disorders for dissemination to health care providers.

The Center for Evidence-based Policy (Center) is pleased to submit this research proposal which outlines the work the Center will complete for the Bleeding Disorder Collaborative for Care. The Center is committed to rigorous methodology and objective analysis, allowing our partners to tackle complex issues and improve the health of the populations they serve.

The goal of this research project is to review evidence for cost and cost-effectiveness of bleeding disorder treatments and summarize clinical practice guidelines. The Center will create and present a report to the Bleeding Disorder Collaborative for Care for review.

The report will address the key questions outlined below and in the attached PICO Statement:

1. What are the clinical practice guidelines of the interventions in Table 1 of the PICO and Key Question document for hemophilia A and hemophilia B?
2. What are the estimated direct and indirect medical costs, non-medical costs, and cost-effectiveness associated with the interventions listed in Table 1 of the PICO and Key Question document for hemophilia A and hemophilia B?

PROPOSED APPROACH

The Center will quality assess and evaluate systematic reviews and clinical practice guidelines for the treatment of hemophilia A and hemophilia B. Our search strategy and quality assessment methods will consist of the following:

Search Strategy

The Center will conduct a full search of the Medicaid Evidence-based Decisions Project (MED) core guidelines sources to identify clinical practice guidelines using the

intervention terms listed in Table 1, as well as hemophilia A and hemophilia B. Searches of core sources will be limited to citations published after December 31, 2010.

The Center will search for clinical practice guidelines published in the last five years, using the following sources:

1. Australian Government National Health and Medical Research Council (NHMRC)
2. Centers for Disease Control and Prevention (CDC) – Community Preventive Services
3. Institute for Clinical Systems Improvement (ICSI)
4. National Guidelines Clearinghouse
5. National Institute for Health and Care Excellence (NICE)
6. New Zealand Guidelines Group
7. Scottish Intercollegiate Guidelines Network (SIGN)
8. United States Preventive Services Task Force (USPSTF)
9. Veterans Administration/Department of Defense (VA/DOD)
10. World Federation of Hemophilia
11. National Hemophilia Foundation for all Bleeding Disorders
12. Nordic Hemophilia Council
13. National Blood Authority Australia

The Center will conduct a full Ovid MEDLINE® evidence search for systematic reviews (SRs) on direct and indirect economic costs, and cost-effectiveness of interventions in Table 1 for hemophilia A and hemophilia B.

Quality Assessment

Staff will assess the methodological quality of eligible SRs and clinical practice guidelines using standard instruments developed and adapted by the MED Project that are modifications of the systems in use by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN), and the Appraisal of Guidelines Research and Evaluation (AGREE) Collaboration (Brouwers et al., 2010a; Brouwers et al., 2010b; Guyatt et al., 2008; NICE, 2009; SIGN, 2009). Two experienced staff raters will independently assess all SRs and clinical practice guidelines. In cases where there is not agreement about the quality of a SR or guideline, a third rater will resolve the disagreement.

Each rater will assign the SR a rating of good, fair, or poor, based on its adherence to recommended methods and potential for biases. In brief, good-quality SRs include a clearly-focused question, a literature search sufficiently rigorous to identify all relevant studies, criteria used to select studies for inclusion (e.g., randomized controlled trials) and assess study quality, and assessment of similarities between studies to determine if combining them is appropriate for evidence synthesis. Fair-quality SRs have incomplete information about methods that might mask important limitations or a meaningful conflict of interest. Poor-quality SRs have clear flaws that could introduce significant bias.

Each rater will assign the clinical practice guideline a rating of good, fair, or poor, based on its adherence to recommended methods and potential for biases. A good-quality guideline fulfills all or most of the criteria

outlined in the instrument. A fair-quality guideline fulfills some of the criteria, and its unfulfilled criteria are not likely to alter the recommendations. A poor-quality guideline met few or none of the criteria.

Exclusion Criteria

Systematic reviews will be excluded if the population, intervention, comparator, or outcome is not relevant to the project scope; the study design is ecological, qualitative or a narrative review; non-comparative; duplicative; or it is not published in English. A clinical practice guideline will be excluded if it is not relevant to the project scope or not published in English.

DELIVERABLE PRODUCTS

The Center will synthesize findings from the review by:

1. Producing a brief executive summary report with an overview of the review's findings
2. Creating a report addressing the population, interventions, comparators, outcomes (PICO), and key questions outlined above and in the attached PICO and Key Question document
3. Generating evidence tables and figures
4. Providing a bibliography of references included in the review and a brief summary of methods used to conduct the review

TIMELINE AND BUDGET

The Center proposes the following timeline and budget. Please note that any expansion or contraction to the proposed scope of work may change the budget and/or timeline.

Budget and Timeline		
Project Tasks Description	**Timeline**	**Estimated Cost**

1. Develop project scope, timeline and research plan to be approved by client
2. Conduct a kick off telephone meeting with representatives from the Washington Health Authority and the Bleeding Disorder Collaborative to confirm:
  a. Project scope
  b. Timeline
3. Conduct Research
  a. Conduct evidence and guidelines searches as detailed in the proposal and attached PICO & Key Questions document
  b. Select possibly relevant studies and documents for full-text review
  c. Determine final study and document inclusion
  d. Abstract relevant information from included studies into tables (two independent reviewers)
  e. Assess methodological quality of included studies (two independent reviewers)
4. Conduct a mid-point meeting with representatives to present initial results of the research, and clarify any questions
5. Develop draft summary report and evidence tables
6. Client review of draft report
7. Produce final report, including summary report, tables, and bibliography
8. Develop PowerPoint for webinar presentation with final report findings
9. Conduct webinar presentation with final report findings to representatives
	345 hours (March – June 30, 2016)	**$66,175.00**

TOTAL BUDGET ESTIMATE	**345 hours**	**$66,175.00**

Note: Travel, if required, will be reimbursed at cost.

PICO STATEMENT TO GUIDE KEY QUESTIONS

Population(s)

- Adult outpatients with hemophilia A or B
- Pediatric outpatients with hemophilia A or B

Interventions

- See list of interventions in Table 1 below

Comparators

- Usual care, other active interventions

Outcomes

- Direct and indirect economic costs; cost-effectiveness

Key Questions

1. What are the clinical practice guidelines of the interventions in Table 1 for hemophilia A and hemophilia B?
2. What are the estimated direct and indirect medical costs, non-medical costs, and cost-effectiveness associated with the interventions listed in Table 1 for hemophilia A and hemophilia B?

Table 1: Interventions

Drug Name	Type
Antihemophilic Factor [Factor VIII]	Human
Antihemophilic Factor [Factor VIII]	Recombinant
Antihemophilic Factor [Factor VIII]	Recombinant Porcine
Antihemophilic Factor RAHF-PFM [Factor VIII]	Recombinant
Antihemophilic Factor PAF [Factor VIII]	Recombinant
Antihemophilic Factor/Von-Willebrand Factor Complex	Human
Factor IX	Human
Factor IX	Recombinant
3-factor Prothrombin Complex Concentrate [PCC]	Human
4-factor Prothrombin Complex Concentrate [PCC]	Human
Activated Prothrombin Complex Concentrate [aPCC]	Human
Factor VIIa	Recombinant