

Intended Outcomes of PARADIGM

Strengthen understanding of stakeholders' needs, expectations for engagement

Ensure maximum synergies with similar initiatives

Develop a workable suite of tools, sustainability roadmap with metrics

Strengthen systems-readiness



PARADIGM

Intended Outcomes of PARADIGM – Need a common thread

Strengthen understanding of stakeholders' needs, expectations for engagement

Ensure maximum synergies with similar initiatives

PARADIGM

Develop a workable suite of tools, sustainability roadmap with metrics

Strengthen systems-readiness



The need for gap analysis

Gap analysis:..."the comparison of actual performance with potential or desired performance" Expected Wikipedia





The need for gap analysis

Gap analysis:..."the comparison of actual performance with potential or desired performance" Wikipedia

>What is expected>What is actually being done>>What to do better and how to do it better

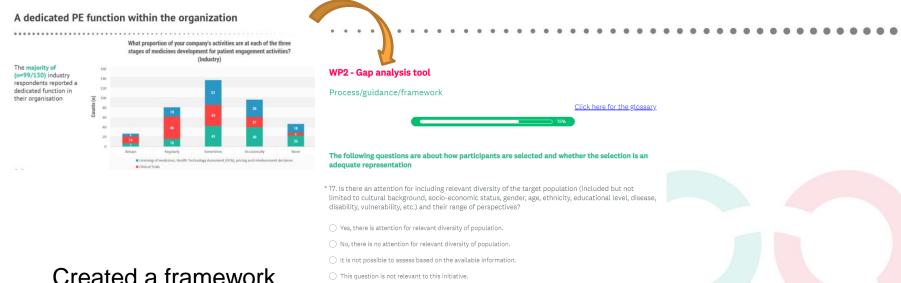
.....Providing a strong, methodological, co-created, validated and valuable narrative as to how and why some of PARADIGM outputs are being created



Expected

Performance

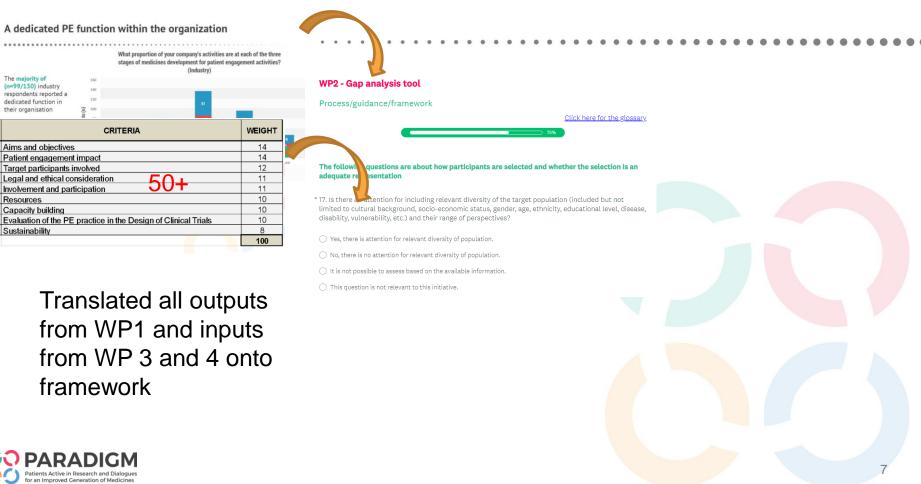
How did we get here?



Created a framework (gap tool) to accept the outputs and inputs



How did we get here?



How did we get here

•••••		hat proportion of your company's activities a ages of medicines development for patient e		
The majority of (n=99/130) industry respondents reported a dedicated function in their organisation	160 140 120 (u) 100 st	(Industry)		WP2 - Gap Process/gu
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Patient engagemen	t impact		14	
Target participants i	involved		12	The followi
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Involvement and par	ticipation	JUT	11	v
Resources			10	* 17. Is there
Capacity building			10	limited to cult
Evaluation of the PE	practice in the	e Design of Clinical Trials	10	disability, vulr
Sustainability			8	_
			100	 Yes, there is



Process/guidance/framework

adequate resentation

questions are about how participants are selected and whether the selection is an

17. Is there & mention for including relevant diversity of the target population (included but not limited to cultural background, socio-economic status, gender, age, ethnicity, educational level, disease, disability, vulnerability, etc.) and their range of perspectives?

○ Yes, there is attention for relevant diversity of population.

 \bigcirc No, there is no attention for relevant diversity of population.

It is not possible to assess based on the available information.

This question is not relevant to this initiative.

Used gap tool to ask questions of many existing practices and processes

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TrialMark: The Patient Experience Measurement Standard https://involvement-mapping.patientfocusedmedicine.org/Patients Like Me

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2 Expert Patient and Researcher EURORDIS Summer School

Expert Patient and Research Patient Input Forums

Health Literate Product Labeling

M-CERSI Conference on Patient-Focused Drug Deve

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 Polycystic Kidney Disease Outcome Consortium

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 FDA Patient Representative Program

 92
 PatientsåC** Road Map to Treatment

7 Patient-Reported Outcome Consortiu

NKF's CKD Patient Registry

(TAIN) Treatment of Adrenal

NICE Technology Appraisals

25 Post-trial responsibility 26 Partnering with Patients

Patient Engagement Porta

RO Development

Generation R

avigate M

29 CANCER-ID

Click here for the glossary



How did we get here?

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Resources Capacity building		of Clinical Trials	10	limit

WP2 - Gap analysis tool

Process/guidance/framework

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○ Yes, there is attention for relevant diversity of population.

 $\bigcirc\,$ No, there is no attention for relevant diversity of population.

It is not possible to assess based on the available information.

This question is not relevant to this initiative.

Inventory o	f practices ar	nd p <mark>roc</mark> esses
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Inform or nudge WPs what gaps could be incorporated into tools being developed within PARADIGM



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Polycystic Kidney Disease Outcome Consortiu

3 FDA Patient Representative Program

5 Patients候 Road Map to Treatment

Patient-Reported Outcome Consort



How did we get here? – what is a practice or process?

	Framework/Guidance	High level description of key steps, concepts and principles (theory) for patient engagment, to be adopted by all partners. It can consist of several processes (methods), practices or guidances. It can be a formal (imposed by constituant bodies) or informal (agreed by a consortium or community group).
Level of application	Processes Processes Processes	Describes the details of the practical application of the theory , method , expected procedure , or code of practice through descrete steps , to acheive an outcome. The process would likely be based upon/from existing guidances or frameworks. This would be so for at least one of the decision points of WP2 evaluation activities e.g. PFMD, EMA, EFPIA, EUPATI
	Case Study Case Study Case Study Study	Describes only individual experience , of one organisation, or with one setup, and therefore not automatically qualifying for generalization / use as a general process. It can be a new approach to patient engagement without any link back to existing frameworks or guidances Recommended as secondary WP2 source to use for areas where

no guidances can be identified.

The 'What to do', and the 'How to do it'

PARADIGM

Patients Active in Research and Dialogues for an Improved Generation of Medicines

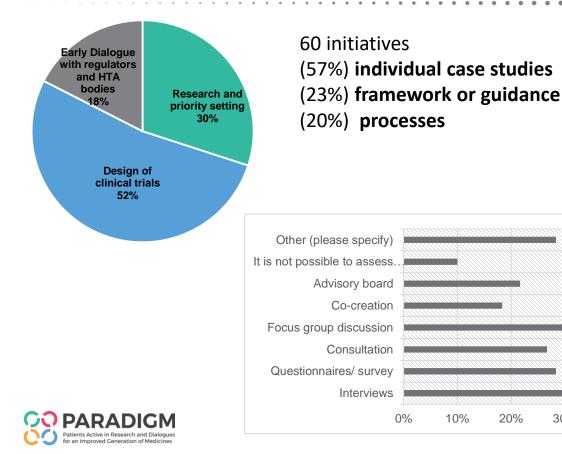
Preliminary data analysis of gaps - Initiative characteristics

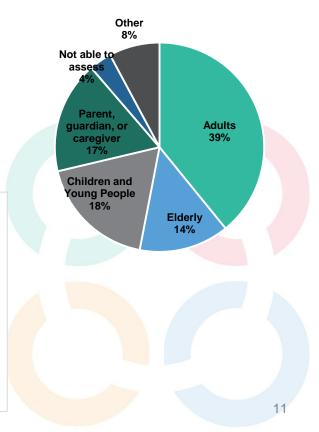
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Gaps applicable to most categories and/or criteria

1) Gap in reporting standard and dissemination of PE [activities] (what, who, when, how and outcomes)

Qualitative responses often confirmed:

 -Lack of granularity in reporting
 -Practise/process did occur to some extent but was not formally documented (time, effort, resource)

2) Gap in translation between 'what to do' and 'how to do it'

(Attention to criteria in framework/guidance but occurred less often in cases)

Qualitative responses often confirmed:

-Lack of detail in guidance

-Something being developed but not implemented or systemic as yet



Preliminary gaps

Category	Criteria
(Theme)	(Was there attention to)

Selection of participants and adequate	clear description of the criteria followed to identify patient representatives
representation	needed
Empowerment of stakeholders	training for their roles and responsibilities with training material accessible to all
	participants taking into consideration of languages, impairments, literacy levels,
	cultural background and the circumstances of (vulnerable) patients involved?
Transparency of roles, scope of involvement,	communicating any changes that could occur during the PE initiative up-front
and decision-making structure	
Communication and feedback	legal agreements written in a clear and accessible way and adapted to the target population
	include a dissemination and communication plan sharing the process and
	outcomes
Sustainability	ensure the formation and maintenance of a partnership between all stakeholders
	to ensure continuity



Preliminary gaps

Category	Criteria (Was there attention to)	
(Theme)		
egal and ethical considerations	code of conduct , which clearly states the (ethical) principles, governance requirement, rules	
	and procedure of participation for all stakeholders involved	
	privacy policy that describes policy to maintain data privacy of engaged patients in the engagement	
	identification and addressment of potential discriminatory, coercive, intimidating, and unethical behaviours, towards all stakeholders, before, during and after their participation?	
	management of potential conflicts of interest (up to avoidance)? disclosure, transparency and accountability	
	presentation of the terms and conditions of all policies and confidentiality agreements, in a clear and accessible way to the stakeholders involved	
Supportive resources	clear, transparent and equitable (fair) financial compensation framework to be in place and	
	made available for patient representatives who participate	
Impact for R&D	propose metrics to measure impact of PE	



WP2 – How are identified gaps useful to other WP's?

• Gap: 'Lack of reporting standards and dissemination of PE practises and processes'

Option:

Add theme 'Dissemination and

communication practices' into

WP4 Codes of conduct

Outline

- 1. Introduction
- 2. Scope
- 3. Purpose
- 4. Guiding Principles
- 5. Values
- 6. Conflict of Interest, Competing Interests and Conflict Management
- 7. Contractual Framework
- 8. Privacy, Data Protection and Intellectual Property
- 9. Universal Accessibility to Information
- 10. Access to Patient Engagement Opportunities
- 11. Representativeness
- 12. Competencies and Capacity Building
- 13. Rights and Obligations
- 14. Accountability and Responsibility
- 15. Adherence to the Code of Conduct
- 16. Efficiency
- 17. Willingness and Readiness
- 18. Appropriateness of Communication and Feedback
- 19. Concluding Remarks

PARADIGM Patients Active in Research and Dialogues for an Improved Ceneration of Medicines



Aims and outcomes for today's interactive session

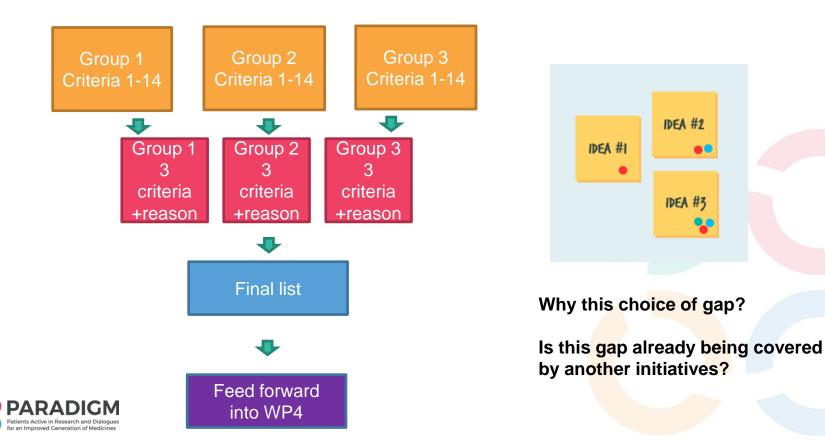
1) Contextualise identified gaps within PARADIGM - Prioritisation

2) Allocation of efficiencies - Reality check





Co-creation session and expectations – 60 mins



IDEA #2

IDEA #3

IDEA #1

Outcomes from YOUR prioritization

Thanks so much, this is precisely what we were looking for and hoping for.....





Intended Outcomes – Feed forward and looking back

Strengthen understanding of stakeholders' needs, expectations for engagement

Ensure maximum synergies with similar initiatives

PARADIGM

Develop a workable suite of tools, sustainability roadmap with metrics

Strengthen systems-readiness



What can we do with the results from today practically?

 Results from today fed forward into content creation for WP4 tools, and others

Please go to Session 7# - WP4 tomorrow to discuss this and more!

- Further analysis to improve knowledge and identify gaps at; Research priority setting, Clinical trial design, and Early dialogues
- The gaps identified here can be valuable for other initiatives to run with or to build off
- Delphi outcomes and gap tool could be used in combination with other tools to repeat a gap analysis by others and organisations



What can we do with this practically?

Please go to session 7# WP4 tomorrow to discuss this and more!

