

# *PARENT –Joint Action cross-border PATient REgistries iNiTiative*

## Patient Registries & HTA

Haralampos Karanikas, BSc, MSc, PhD

Senior Researcher, National and Kapodistrian University of Athens, Athens Greece

Matic Meglic, NIPH

Persephone Doupi, THL

# The need... The challenge....

- **HTA analysis** of medicinal products and medical devices is more and more **in need of 'real-world' data** in order to address aspects of **clinical effectiveness** and **economic evaluation**.
- A valuable **candidate source** for such data is **patient registries**.
- The use of registry data for HTA purposes has been limited and faced with **data quality**, as well as **procedural barriers**.
- The Cross-border Patient Registries Initiative (PARENT) Joint Action has initiated a dialogue and collaboration with the European HTA community in order to improve the present situation.

# PARENT Summary

**Aim: Provide MS with guidelines and recommendations on improving registry interoperability and use of data for secondary purposes (indicators, research, etc.) in a cross-border setting**

05/2012 - 05/2015 (36 months)

Budget: 3.4 Mio € (60% EC)

11 Associated partners

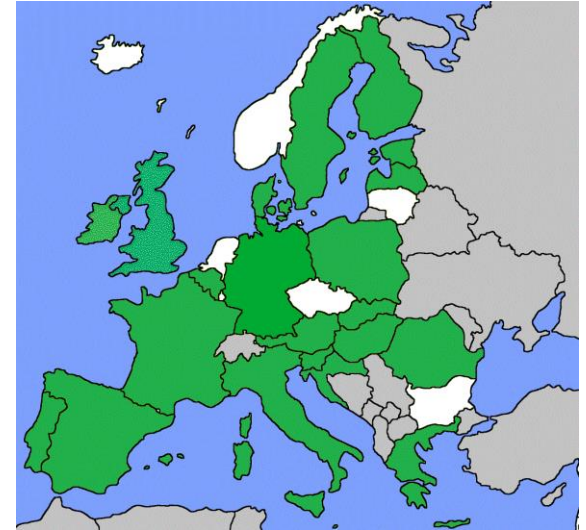
12+ Collaborating partners

PARENT Associated Projects Group:

EAR EFORT, EPIRARE (&RD-CONNECT), EUReMS, EUCERD JA, EUBIROD, EUROCISS, EPAAC, EuraHS, eHGI, epSOS, EUnetHTA, SHN, EHR4CR (&EMIF)

Additional partners and stakeholders:

NICE UK, CPME, ESIP, EFPIA, EBE, EUREGHA, HIQA Ireland and many others



PARENT envisions a Community of Patient Registry holders **sharing common interests**. This to be achieved via **issuing guidelines** and **producing supporting tools** targeted at improving the quality of registry data, as well as registry maintenance and operations.

# Patient registries are...

- “an **organized system** that uses **observational study methods** to collect **uniform data** (clinical or other) to evaluate specified **outcomes** for a **population** defined by a particular **disease, condition, or exposure**, and that serves a predetermined scientific, clinical, or policy **purpose(s)**”



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care

# PARENT Framework: the tools

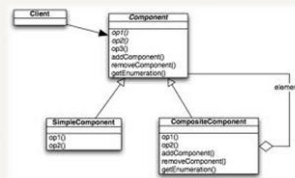
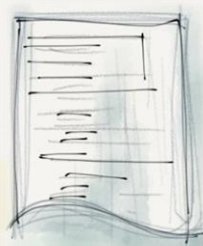
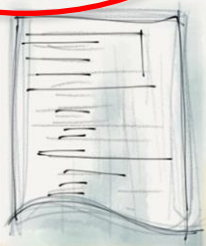
Guidelines,  
Recommendations,  
Methodologies

Best  
practices

Information  
models,  
ontologies,  
vocabularies

Services, SW  
tools  
repository

Registry of  
Registries




Knowledge Management Platform

PARENT Framework


# PARENT-RoR.eu

Pilot Registry of Registries ([www.parent-ror.eu](http://www.parent-ror.eu)) released in November 2013  
Mapping patient registries across the EU

[Sign in / Register](#)



Pilot  
Registry of Registries (RoR)



RoR Environment

Browse RoR - List

Help

RoR Tools

[Browse RoR](#)

[About RoR](#)

[Participants](#)

[How to participate](#)

[Send us feedback](#)

	Short name	Country	Registry type	Primary purpose of registry	Primary observational unit	Type of holder
<input checked="" type="checkbox"/>	↓ Short name					
<input type="checkbox"/>	AT adult heart	Austria	Condition	Statistics	Event	Public health institution, Public authority or
<input type="checkbox"/>	AT AMR	Austria	Condition	Surveillance	Event	Public health institution, Academic
<input type="checkbox"/>	AT Birth Registry	Austria	Condition	Other	Event, Other	Public health institution, Healthcare provider,
<input type="checkbox"/>	AT Cancer	Austria	Condition	Statistics	Event	Public authority or government-appointed
<input type="checkbox"/>	AT EB-Register	Austria	Condition	Other	Person	Public health institution
<input type="checkbox"/>	AT IVF	Austria	Condition	Other	Event	Public health institution, Public authority or
<input type="checkbox"/>	AT Langerhans cell	Austria	Condition	Surveillance	Person	Academic institution
<input type="checkbox"/>	AT Pacemaker	Austria	Product based	Surveillance		Public health institution, Public authority or
<input type="checkbox"/>	AT Salzburg Cancer	Austria	Condition	Statistics	Person	Public authority or government-appointed
<input type="checkbox"/>	AT Stroke Unit	Austria	Condition	Statistics	Discharge/service	Public health institution, Public authority or
<input type="checkbox"/>	BE Minimal Clinical	Belgium	Services	Other	Person	Public health institution
<input type="checkbox"/>	CY Birth	Cyprus	Condition	Statistics	Person	Public health institution
<input type="checkbox"/>	CY Birth Registry	Cyprus	Condition	Statistics	Person	Public authority or government-appointed
<input type="checkbox"/>	CY Cancer	Cyprus	Condition	Statistics	Event	Public authority or government-appointed

Views:

List

Compare

Advanced search

All registries in RoR

Selected registries

Choose list filters [Clear filters](#)

Show only active registries

Type of holder:

Public health institution ▾

Primary purpose:

Statistics ▾

Registry type:

Condition based registry ▾

Standard data exch.

Interest for link

[Print](#)

[Contacts](#)

[Glossary](#)

[Geography](#)

[Questionnaire](#)

[Add new registry](#)

[User manual](#)

<< 1 - 14 15 - 28 29 - 42 43 - 56 57 - 70 71 - 84 85 - 98 99 - 112 113 - 126 127 - 177 ... >>>

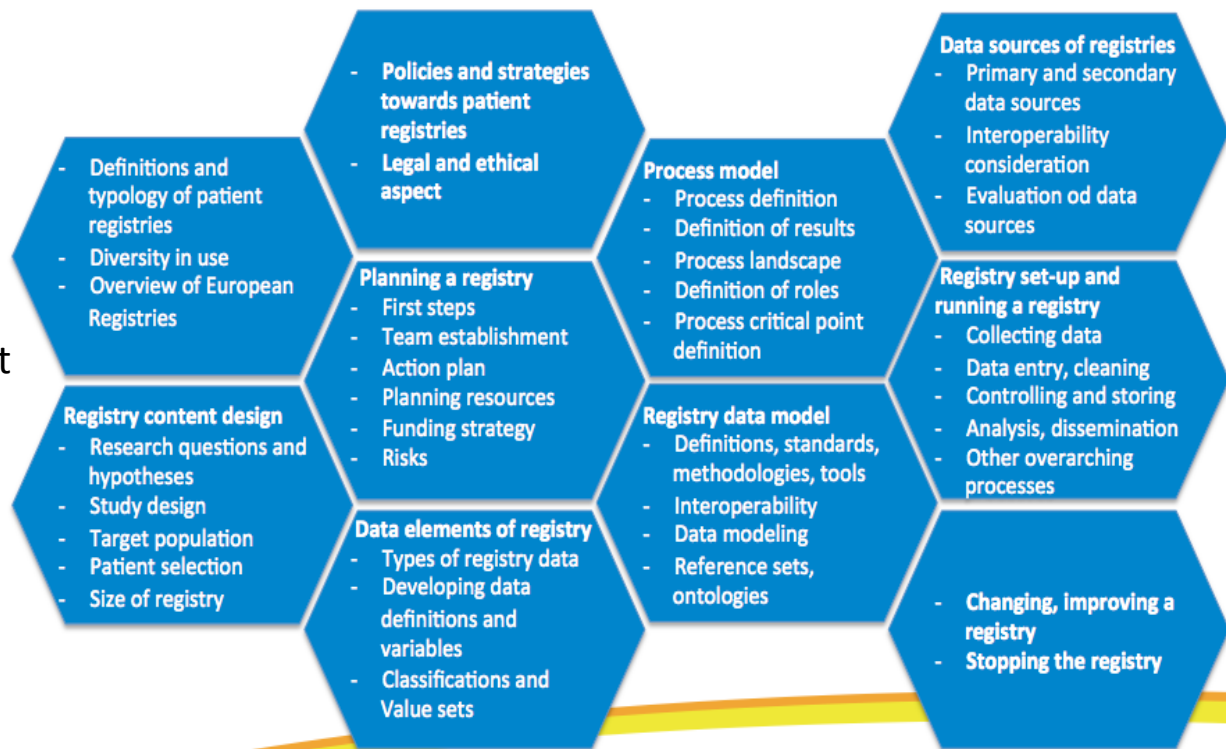
Total 177, 177 shown, 0 selected

# PARENT Methodological guidelines

**Contribution of ≈ 40 authors**

**Steps in the process:**

- **12/2013** – Workshop  
Review and discussion of draft structure
- **05/2014** structure presented at eHGI representative meeting
- **06/2014** First draft of the Guidelines - workshop on open issues
- **Ongoing:** Final editing
- **12/2014:** Final version



**May 2015: Guidelines to be presented for endorsement by eHealth Network**

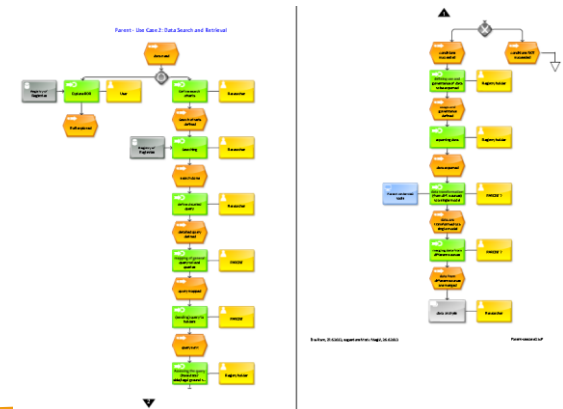
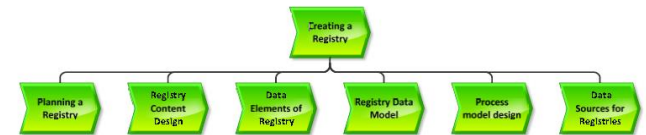
# Two key use cases will be supported.

## Use case 1:

- Help existing and new registries to be more interoperable (*Guidelines, best practices, CDS, SW*)
- Assess Interoperability of these registries/data sources (*Assessment Tool*)

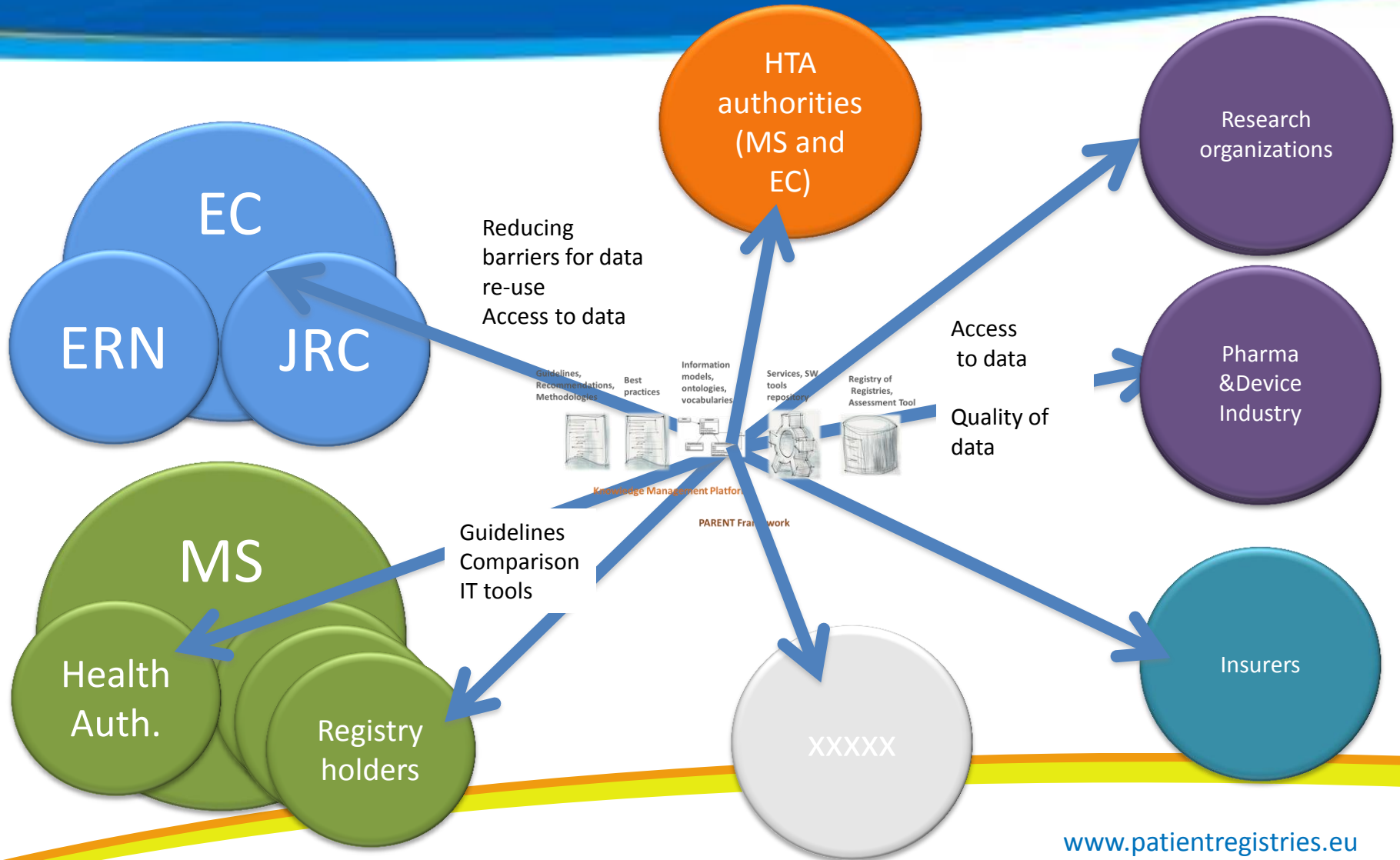
## Use case 2:

- Ability to identify registries/data sources (*PARENT Registry of Registries*)
- Provide search, retrieval and maintenance of (RoR) metadata from these registries
- Support exchange of data across registries (*Query broker*)

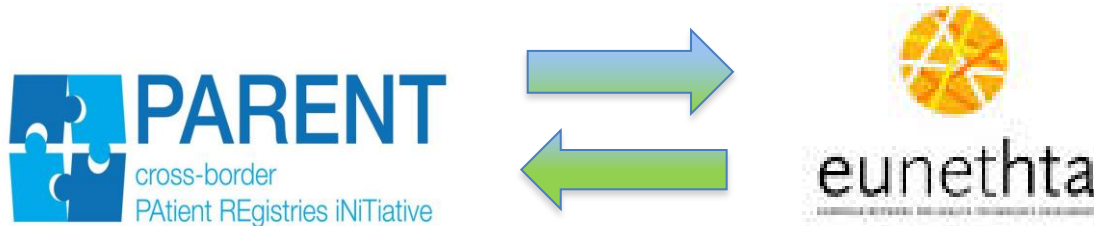




# Who benefits?



# HTA & patient registries: the collaboration



- PARENT WP6 WORKSHOP: The policy and implementation context for cross-border patient registries, Brussels 27.03.2014
- PARENT, ESC, EUnetHTA JA2 meeting Brussels, 15.04.2014
- Review of the ESC CRF/registry model for Atrial Fibrillation - fitness for HTA of Novel Oral Anticoagulants (NOAC)

# Emerging themes from HTA - feedback points

So far collaboration has pointed out:

- **Registries** could add to regular HTA methods:
  - Real life safety and clinical effectiveness
  - Rare events
  - Long term data
  - help in describing the population of interest
  - help in collecting data for later assessments
- An absolute necessity for registry data used in HTA is that registries **publish studies** based on the use of their data - > Guidelines, RoR

# HTA & patient registries I

- HTA related questions
  - Do relevant registries exist already? -> Need for data resource identification tool
  - Do we need to alter/edit/change registries to facilitate HTA re-assessments?
  - Should we always contact registries to inform them of new technologies?
- HTA could use registries
  - Early detection of new methods: collaboration in deciding which data to collect
  - Access to real life data when evaluating or monitoring the method over time (re-assessments)

# HTA & patient registries II

- **Time-critical element in data acquisition** – particularly for rapid assessments. Use of HTA methods vs. the lifetime of technology (e.g. - early phases of the technology, registry data not yet available.)
- **Meaningful data – patient outcomes.** In a HTA perspective, it is important that we choose the most relevant outcomes, especially patient centered outcomes. → Methodology guidelines are needed about the outcome data (PARENT WP5 – RoR impact)

# Joint Synergies (long term)

In order to address the above issues:

- Need to **investigate and enhance the linkage between registries and planned HTA work.**
- Establish a **process of notification** of registries with regard to **emerging/new technologies**. Such a process could be a means of closing the HTA/registry loop (e.g. by ensuring that the necessary codes are in use by the registries).
- ....etc.

# Joint Synergies (short term)

Based on the potential ability of PARENT on promoting and supporting of registry-based HTA, PARENT and EUnetHTA JA (& EMA), joint synergies may include:

- PARENT's Guidelines for Patient Registries to incorporate relevant issues from:
  - The HTA Core Model
  - Methodological Guidelines for Rapid REA of Pharmaceuticals
  - Glossary of HTA Adaptation Terms
- Contribution to PARENT guidelines (HTA section co-authorship, review)
- PARENT's **generic registry data** set to be integrated to the extend possible with the **HTA Core Model**

**The advantage of PARENT is that it can link the HTA needs with the registry holders and thus improve data quality and limit procedural barriers.**

# Next Collaborative Event



**ISPOR 17th Annual  
European Congress**

8-12 November 2014  
Amsterdam RAI  
Amsterdam, The Netherlands

Tuesday, 11 November 2014

9:00 - 10:00

**WORKSHOPS - SESSION II**

## **USE OF REAL WORLD DATA**

### **W8: PATIENT REGISTRIES AS HTA TOOLS IN ECONOMIC OUTCOMES RESEARCH: REQUIREMENTS, BARRIERS, AND THE WAY FORWARD**

Workshop participants will be provided with an overview of the analysis and results achieved through the collaborative work (PARENT JA & EUnetHTA JA2) accomplished thus far. In addition, participants will have the opportunity to get hands-on experience with the tools developed by PARENT JA.



Thank you for your attention



CONTACT: [parent@nijz.si](mailto:parent@nijz.si)  
WEB: [www.patientregistries.eu](http://www.patientregistries.eu)  
Twitter: [@ParentJA](https://twitter.com/ParentJA)