

RB-DEL.6.2

# **Newsletter 01**

Platform for sharing best practices for management of rare diseases

(RARE-Bestpractices)

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# 1. Newsletter first issue. December 2013

# 1.1 Format, contents and development process

It has been produced a newsletter of 16 pages, and eight chapters which will be accessible on the RARE-Bestpractices website and which will be further disseminated via e-mail.

With regard to the format since the newsletter it has been planned yearly, it has been decided to take the opportunity of the first issue to develop a booklet, targeted to rare diseases patients/general public, which describes the activities of the project (more in detail than in the RARE-Bestpractices leaflet) by using a plain language.

The aim is not only to give to the audience an overview of the project (specific objectives, work plan, participants, list of the past and of the forthcoming events) but also to:

- focus on the core research activities (work package 3, work package 4 and work package
   5) and dissemination activities (work package 6) explained by each work package leaders
- > make explicit how the work of each work package will make a difference for rare disease patients
- focus on RARE-Bestpractices patient engagement and expectations about the project
- explain the definition, the role and the importance of documents such as health technology assessments (HTA), guidelines and recommendations, since they are words that are cited frequently in the project documents. Try to make understandable also concepts such as "good value for money" in the field of HTA appraisal of medicine, "quality of guideline", and "evidence".

The development of the first issue of the newsletter has been done by ISS in partnership with EURORDIS (editorial coordination). Several partners have also contributed to the creation of the contents: KI, HIS, LSE (authors' name are listed in the contributing authors sections of the newsletter). Furthermore the contents has been submitted by partner EURORDIS to patient representatives (listed in the acknowledgment sections of the newsletter) who provided their suggestions to make the text more understandable and gave also opinion about the patient engagement and patient expectation on the project (described in the chapter "Engaging with patients").

The graphics of the newsletter is by ISS.





# MESSAGE FROM THE PROJECT LEADER



RARE-Bestpractices project stems from the international requirement of increasing and sharing knowledge on rare diseases. The project's developing a comprehensive and updated platform to facilitate cooperation among scientists, experts and institutions in the fletd of guidelines, health technology assessments and horizon scanning to improve the healthcare management of patients. There are critical challenges that have to be addressed, including the efficient translation of research into public health actions and benefits for rare dibease patients, the provision of high quality information to health professionals, to patients and their families, the ways how high-level, multidisciplinary expertise can be exploited to support consistent health interventions, as well as the way how stakeholder's inputs can help coping with these challenges.

RARE-Bestpractices aims at meeting some major needs on guidelines identified by the European Union and rare allease community; their development and collection in a publicity-accessible database, the assessment of priority research needs, the implementation into best practice of cost-effectiveness analyses for pharmaceuticals, dissemination and training.

RARE-Bestpractices consortium is very well aware that a best practice is, eventually, of no avail if not interconnected with scientific advances. Therefore, a further main project focus is to proceed side-to-side with the international and interdisciplinary scientific community, such as the international Rare Diseases Research Consortium (RDRC, www.ridic.eu) in order to facilitate the translation of research into a better level of health care for rare disease patients.

Domenica Taruscio Project leader

Istituto Superiore di Santti

# THE RARE-BESTPRACTICES PROJECT

RARE-Best practices is a four-year project (January 2013-December 2016) funded by the Seventh Framework Programme of the European Union (PP7/2007-2013). The National Centre for Rare Diseases (CNNR) of the latitute Superiore of Sanita acts a a coordinate, pringing together a team of highly qualified experts in the area of guidelines, systematic reviews, health fachnology assessments, health policy, rare disease epidemiology, public health coming from 9 countries across Europe. The project aims to improve the management of rare diseases and it is shaped by advisors who bring a broad range of perspectives from across world. Please go to the project participants chapter at page 15 to see the full list of institutions, arganizations and people involved.



# Improving the care of rare disease patients

First, making an informed readership
High quality and up to date information on rare diseases is not easy to be found and feeling discriented
in the currently existing londscape of databases and websites can be more confusing than enlightening.
This is the consideration leading to the idea of developing, within RARE-Bestpractices, a collection of
guidelines which describes the best approach to managerare diseases while providing an explicit judgment
about quality and updating of the guidelines included.

Guidelines developed in a transparent and rigarous manner and following a precise and reproducible development methodology have potential benefits in health care. A part of the work of RARE-Best practices is dedicated to explore it one of the most used worldwide standards for developing recommendations, the GRADE approach, might work for race diseases, in fact rare diseases have specific features for which methodology standards currently available for common conditions are not proven to be applicable.

### Third, orienting research

RARE-Bestpractices will make available an important tool for rare disease research: the research recommendation database. Research recommendations should be included in guidelines to underline aspects not supported by studies and for which further research would be necessary. Highlighting shortcomings in research, such database will be another important and very informative resource in rare

### Fourth, investigating medicine access inequality

Equal access to treatment should be guaranteed worldwide. Actually what happens for rare diseases is that the high cost of medicines leads to dispatities across countries in public spending. A study will be conducted within RARE-best practices to understand the criteria for funding decisions, why there are dispatities and how medicine assessments are conducted.

# Fifth, organizing training activiti

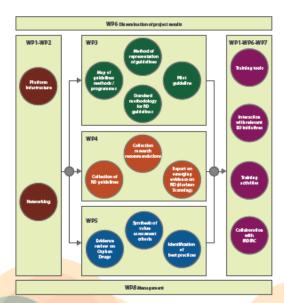
How to get started with a guideline development project? RARE-Bestpractices will provide whoever is interested in guideline development with the necessary support and training to promote the development of high-quality guidelines and their use across European countries.



# The RARE-Bestpractices Work plan

The project activities have been broken down into eight work packages (WP) to facilitate the accordination of the RARE-Bestpractices research. WP3, WP4 and WP5 include the core research activities. WP6 aims at building avacreness of project goals and achievements in scientific and particular accommunity, as well as adaption makers and general public (see also work pockages chapter of page 9). Main responsibility of WP2 is to support WP3, WP4, WP5 and WP6 activities and applicit by developing technical web solution, who site, addrabases, web community set). WP7 is responsible for establishing adiaboration with the international Rare Disease Research Consortium (RDIRC), WP1 is dedicated to provide the overall scientific strategy and to maintain and encourage interaction between research groups within and outside the project network; WP1 is also responsible for the agrantation of training courses which intend to provide participants with the apparation provides a basics of the rare disease guideline development process defined in WP3.

WP8 is responsible for managing the work plan and for administrative and intellectual property right issues.



# WHAT GUIDELINES ARE AND THEIR IMPORTANCE

### WHAT ARE GUIDELINES?

Guidelines are documents including recommendations on health care interventions. Health care interventions may incude any kind of treatment, test or preventive measure as well as public health activities or government policies. Recommendations may be defined as brief statements which provide detail of the recommended actions, and description of the target people as well as of the specific health professionals

should carry out the intervention.

There are various organizations and groups which develop guidelines (government agencies, speciality

There are various arganizations and groups which develop guidelines (government agencies, specially societies, academia institutions, patient advocacy groups, commercial companie) as well as various are the names and formats of the documents in that it is possible to find recommendations about health care interventions (consensus statements, consensus conferences, best practices, protocols). Regardless their name and their format, it is important that guidelines are "good guidelines", since "bad guidelines" that are also defined "biased guidelines" can cause harm to patients. Over the last years there was an intensive debate about the recommended attribute of a good guideline. In essence guidelines are "good guidelines" when they are based on the systematic search and analysis of biomedical or health related research studies in human beings (referred to as the best available evidence) with an assessment of the benefit and harms in the light of the health care professionals practical knowledge and of the patient values. Guidelines have also to include a clear description of the people who develop the recommendations and the methodology behind their elaboration.

# THE IMPORTANCE OF GUIDELINES

Guidelines developed in a transparent and rigorous manner can improve health care decisions and utilimately health care quality. Guidelines together with patient booklets that explain recommendations, ensure that patients are given all the information necessary for informed decision-making and enhance the doctor-patient relationship. They can also inform research priorities by highlighting areas where uncertainty or no evidence exists. Guidelines have also been demonstrated to be effective means for accelerating translation of scientific discovery into health care practices.

# WHAT HTAS ARE AND THEIR IMPORTANCE

### What one HTAs?

Health Technology Assessment (HTA) is the term generally used to describe the systematic process of evaluating benefits, and most often the costs, of a new medicine in relation to a comparator, usually the standard of care. In other words, what are the incremental benefits of a new medicine for patients and society? And how much does it cost? These two key considerations are used to determine whether a new medicine can be considered "good value for money". Often medicines for rare conditions are more expensive than other medicines, and therefore it may be more difficult to prove that they are good value for money, in such case, individual countries may have special rules for allowing such medicines to be covered.

## The importance of HTAs

The idea behind the HTA process is to ensure value for money in health spending. If a new medicine receives a negative HTA appraisal suggesting that its beneaths do not justify its costs, this means the health system and the population are better off spending that money on something else. Since most health systems have limited budgets, there will always be certain medicines or other freatments that are unaffordable, it is the role of HTA to ensure that the money invested in the health system is only spent on medicines and its other interests that are difficulty cost effective and provide as much public benefit as possible.





### What are the activities of Work Package 37

A major goal for the RARE-Bestpractices project is to inform about presently available guidelines for rare diseases, and to recommend processes for how best to develop future guidelines for rare diseases, these topics are in main focus in our work package. The way we address these questions is first by means of surveys sent to all EU countries to gather information on what guidelines for rare diseases are presently in use in EU member states, and also information on methods used to produce them. Next, we address the question on how best to produce them. Next, we defices the question on how best to produce them. Next, we deficient to end the produce of guidelines for rare disease, and a second problem is the tack of agreement on how such guidelines should best be produced in order to be reliable. Therefore, our ofm is now to reach agreement on proper methodologies to develop new guidelines for health care interventions. Once this has been agreed upon, we intend to make use of these methods to develop guidelines for one rare disease, in order to investigate the teasibility and value of agreed protocols.

There are several reasons why guidelines for rare diseases are important. One is to facilitate for individuals with rare diseases to get informed on recommendations for diagnosis, examinations, and freatments. Another is to help health providers with the same information. A third other forgotten reason is the importance in clinical fittals of new therapies to have a common basis of care in order best to distinguish the effect of the new therapy in question. Our work aims to improve this by colecting available rare disease guidelines, and to agree on methods for future development of guidelines for rare diseases.

Karolinska Institute





### What are the activities of Work Package 4?

Healthcare Improvement Scotland is leading Work Package 4 of the RAREBeilpractices project. This Work Package will find and create a collection of 
guidelines describing the best approaches to diagnosing and healting people with 
rare disease. Quidelines for are disease are developed and published by many 
different groups making them difficult to find when they are needed, particularly by 
clinicians who are not experts in the particular disease. We will make a collection of 
guidelines available through a publically accessible website with search facilities 
mation on how up to date the guidelines are. We will also develop a way for uses of guidelines to 
let well they have been developed and therefore how likely the health and velibeing of people with 
are condition is to improve if the guidelines is followed. In addition to the collection of guidelines, an 
clated collection of research recommendations will be made to help clinicians and researchers to 
titly the aspects of rore disease management that would benefit most from new research.

present, clinicians with expertise in a particular rare disease may be scattered across countries and agraphical regions and not have the apportunity to share their knowledge to identify best practice certing patients with these conditions. This work package will benefit potient by making available to icians across Europe (and the world) the best, most up-to-date guidelines on the treatment of rare cases trespective of where they five. This will help make sure that wherever a patient fives in Europe their tot will know about the best treatments for them.

Karen Ritchie Leader of Work Package 4

thcare improvement Scotland Health improvement Scotland



### What are the activities of Work Package 5?

Health Technology Assessment (HTA) is becoming increasingly prominent across Europe along with the realization that public budgets for health care are bounded just like any other budget. To ensure the sustainability of health care systems in the future, governments must ensure value for money in their health spending, while balancing a number of other objectives, one of which is equal access to care. The price tag of developing a new medication is high, and since traveloper value for money it governments did not make explicit allowances for the toot that they are for rare conditions. The BJ directive on Cross Border Care means that patients should have access to the same level and standard of care, regardless of their country of residence. This should be true for rare clierates as well, but is not onlyays the case, in fact it is known that the availability of certain medicines for rare conditions varies significantly across member states. Our contribution to the RARE-Bestpractices project will help policy makes and national governments understand how medicines for rare diseases are assessed in other countries, cliowing them to develop best practices on how this should be approached from an comparative perspective.

Since medicines for rare diseases are often more expensive than other medicines, some countries may that they are too expensive to purchase with public money. Other countries may apply special criteria, for example, they may accept higher value for money thresholds up to a point and depending on the value these medicines bring to polients because only small amounts of the medicine needs to be purchased, or they may have an explicit policy of ensuring all of the population has equal access to treatment. The list steps towards ensuring that patients across different countries have equal access to care are to understand why some countries decide to cover certain medicines for rare diseases while others do not, what the criteria for coverage decisions are, as well as understand the value arphan drugs bring from a patient perspective.

Panos Kanavos Leader of the Work Package 5

Landon School of Economics and Political Science

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### What are the activities of Work Package 6?

What are the activities of Work Package 4?

The RARE-Bestpractices project will make a major effort in disseminating the project results and achievements to the scientific community, to the poticy makers and to the general public.

A website has already been developed, www.rare-bestpractices.eu, which now provides information about the project aims, work plan and network. The website will be confinuously updated with news about the project and about relevant nor are diseases which will be areacted adming the course of the project. These two databases will be made both treely accessible and suitable for use by the scientific and patient rare diseases community. We will make an effort for an intensive use of the web and of the original continuous and support data sharing in the felid of best practice. We will provide free access to educational material and futurations suitable for people interested in developing or using guidelines and research recommendations for rare diseases.

An important goal is to encourage discussion and debate that goes beyond the precise limits of the project field. As a contribution to this goal and as one of the project deliverable a new science journal has been created. This journal is entitled Rare Disease and Orphan Drugs, an international Journal of Public Health and will provide an advanced forum on important aspects of public health.

## Bow will this work make a difference to patients?

This Work Package intends to increase awareness of health care professionals, patients and policy makers across Europe about the importance of developing health care guidelines on rare diseases that are "performed rigorously" through the identification and the dissemination of the most scientifically sound healthcare practices.

Our work will also pursue interaction with EURORDIS, EUCERD and EUCERD joint action to provoke social and governmental response for the integration of the project results into sustainable health policies.

Istituto Superiore di Sanità

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# **ENGAGING WITH PATIENTS**

What are the needs and expectations of patients regarding the subjects covered by the RARE-Bestpractices

Patient needs regarding these subjects include an access to early diagnosis and the reduction of misdiagnosis, as well as ensuring that the correct treatment is administered in the proper healthcare context. The implementation of "strategies of care" is a necessity for people living with rare diseases. Patients also express the need of rading awareness of healthcare professionals regarding the complexity and the people in the context of rare diseases.

The development of guidelines is of high relevance in this context. To better address patients' needs, healthcare recommendations should be informed by the best available evidence, and should be broad accessed to the property and the profession of these provisions and the complexity and the profession of the property and the profession of the property and the profession of the property and the profession of the prof

heathcare recommendations should be informed by the best available evidence, and should be broad, comprehensive, including paramedical treatments, use of medical devices, physiotherapy, nutriflor, surgery and complementary treatments.

Quidefines should promote a multidisciplinary approach for the care of rare disease patients, as well as provide reliable information to guide and orientate treatment.

### What will be the outcomes of the project for patients?

The project aims at improving clinical management of rare disease patients and narrowing the existing gap in quality of health care among EU member states as well as in other countries. This will be achieved by collecting, evaluating and disseminating best practices as well as sharing knowledge. The ultimate impact of the RARE-Bestpractices project should be an improvement of health outcomes and quality of life for rare diseases patients, through a reduction of inequalities in health care and an increased equity of access to better diagnostics and therapeutics at EU level.

# How are patient representatives going to be involved in the course of the project?

EURORDIS, the European Organisation for Rare Diseases, will act as a transversal partner in the different work packages, ensuring the involvement and the capacity-building of patient organisations across Europe - This way, patient representatives will have many occasions to participate in the course of the project. EURORDIS will build capacities of rare diseases patient organisations and of people EVing with rare diseases on the importance, use and benefits of guidelines and HTA (Health Technology Assessment), through the dissemination of information as well as through training activities targeted at patient advocates, among others. EUROPDIS will also be involved in the development and in the improperation of the methodology. assemination of information as well as through training activities targeted at patient advocates, among others. EURORDIS will also be involved in the development and in the implementation of the methodology for guidelines for rare diseases, ensuring that this methodology places patients' need foremost. As part of the project EURORDIS will produce a patient version of the pilot guideline and will ensure the involvement of patients and their families in the development process. Patient representatives will be caked to give their input. This patient version will provide a summary of recommendations made for health professionals, in a language adapted for patients and their families.

EURORDIS

# **PROJECT EVENTS**

BARE-Bestpractices kick-off meeting (Istituto Superiore di Sanità, Rome, 11-12 February 2013). Organized by the project coordinator istituto Superiore di Sanità

Rist workshop to identify challenges in developing guidelines on rare diseases, (titlluto Superiore di Sanità, Rome, 12 February 2013).
Organized by the Freiburg University partner in the framework of the Wark Package 3, the workshop was the first of a series of two on exploring how the GRADE approach (http://www.gradeworkinggroup.org/) might work for creating guideline for rare diseases.

BARE-Bestpractices meeting. (Landon School of Economics and Political Science, London, 28-29 May 2013). A project meeting to revise project plans and strengthen collaboration among beneficiaries, organized by the Islituto Superiore di Sanità and the London School of Economics and Political Science partners.

Launch of the project website www.rarebestpractice.eu. (30 June 2013)

Call for Papers of the RARE-Bestpractices Journal "Rare Diseases and Orphan Drugs. An International Journal of Public Health". August 2013, http://rarejournal.org

Second workshop to finalize methodology for developing guidelines on rare diseases. (University of Freiburg, Germany 11-12 October 2013).
Organized by the University of Freiburg partner in collaboration with the Istituto Superiore di Sanità and representatives of the American Society of Hematology and with the participation of relevant stakeholders it was focused on simulating guideline recommendations development following GRADE approach (http://www.gradeworkinggroup.org/).

# Forthcoming events

Publication of the first issue of the RARE-Bestpractices Journal \*Rare Diseases and Orphan Drugs. An international Journal of Public Health. (December 2013 - January 2014)

RARE-Bestpractices annual meeting (istituto Superiore di Sanità Rome, 20-21 March 2014). Organized by the istituto Superiore di Sanità



# **PROJECT PARTICIPANTS: beneficiaries**

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# **Document History**

Date	Author	Changes
12 January 2013	Cristina Morciano	Insert the main text

ARE-Bestpractices – Platform for sharing best practices for management of rare diseases									