

*The AHSN Network*

# Bridging the Gap

Implementation of a novel  
diagnostic test:  
Overcoming barriers to  
clinical adoption workshop

**1pm Friday 12 March 2021**



# Welcome

- **Webinar is being recorded and will be used to support post event materials**
- **To ask questions during the panel discussion use the Q&A function**
- **Do 'upvote' questions in the Q&A that you would like asked (to do this just click the 'thumbs up' next to the question)**
- **Post event materials will be shared in the next few days**



# The PIGF Story

Identifying adoption challenges and how to  
overcome them

Guy Checketts

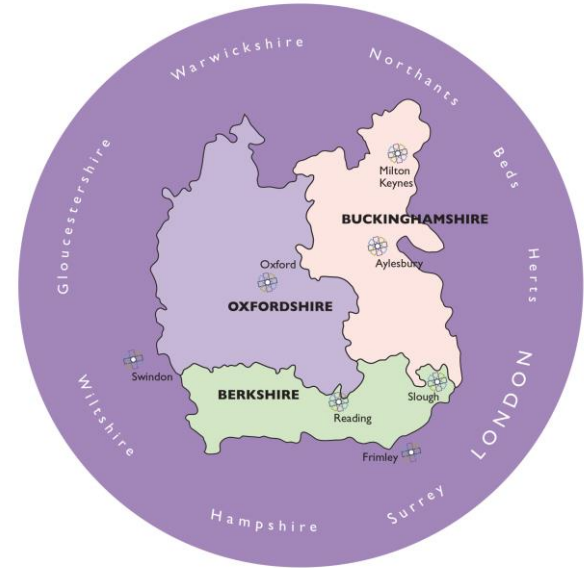
Head of Transformation and Evaluation

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Oxford AHSN

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- Pre-eclampsia (PE)
- Project delivery phases
- Drivers and enablers
- Challenges
- Keys to success
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- Take-home messages



# The PIGF Story

## Project Overview



# Project Overview

“Placental growth factor-based testing”

- Driving adoption of new tests
  - Help with the diagnosis of pre-eclampsia
  - “Rule out” (>99% NPV)
- NICE Guidelines (DG23, 2016)
- PIGF-based testing – two biomarkers
  - Placental Growth Factor (PIGF)
  - Soluble FMS-like tyrosine kinase 1 (sFlt-1)
- Two manufacturers
  - Roche Diagnostics (ELECSYS sFlt-1:PIGF ratio test)
  - Quidel Corporation (Triage PIGF test)
- Objective: Drive spread and adoption of PIGF-based testing
  - Phase 1: Oxford AHSN (local to Thames Valley)
  - Phase 2: National adoption through AHSN network (ITP funding / AAC)



# Pre-eclampsia



# Pre-eclampsia (PE)

- Multisystem hypertensive disorder of pregnancy
  - Placental dysfunction
  - Suspected in ~10% of all pregnancies
  - Affects ~3% of all pregnancies

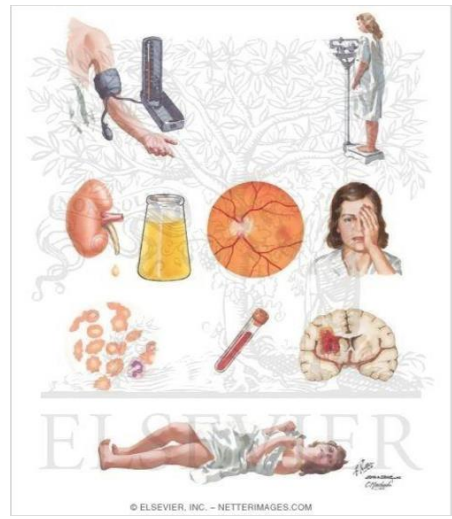
- Serious cause of maternal Patient safety

- Headaches, sc
- Smaller '
- The

- No definit.
  - High bloc
  - Not specific

- Significant burden on the system
  - High degree of clinical suspicion
  - Low threshold for admission (many unnecessary)

**Identified drivers and enablers:**  
**Patient safety**  
**Clinical risk reduction**  
**Capacity release**  
**Cost savings**





# Project delivery

Phases 1 and 2

Levels of adoption



# Phase 1: Oxford AHSN - Thames Valley

## Local adoption of pre-eclampsia testing

Drive adoption in seven network hospitals (Key and JR)

- Priority: Patient safety and clinical improvement
- Improving system efficiency
- Reduce / Eliminate unnecessary tests and scarce resources

**Challenge 1: Identify drivers for adoption**

• Provide appropriate care for those with greatest clinical need  
• Reduce overall system costs

• Close working relationships with stakeholders

- Manufacturers
- Maternity, Lab and Fetal Medicine
- Local Maternity System
- Oxford Maternity and Fetal Safety Group

**Challenge 2: Identify and engage with key stakeholders**

• Three Trusts adopted in 13 months



# Phase 2: National Adoption

- Accelerated Access Collaborative (AAC) support – April 2019
- Innovation Technology Payment (ITP) funding to drive uptake
  - Covers cost of the reagents (12m period, extended to 24m)
- Delivered through national AHSN
- Full support from manufacturers and Quidel
- ~165 maternity hospitals
- National project lead
- Shared learning from Phase 1 local project
- Sales Management approach

**Challenge 3: How to scale from local to national adoption**

# Uptake of PIGF-based testing

Time period	# Adopted sites	Comments
Sept 2017 -April 2019 (Phase 1)	6	Local adoption Thames Valley (3) Roche's own sales activity (3) Quidel test launched Jan '19
April-June 2019	6	ITP funding April 2019. AHSN ramp-up
July-Sept 2019	13	
Oct-Dec 2019	37	
Jan-March 2020	57	
April-June 2020	75	
July-Sept 2020	83	
Oct-Dec 2020	92	
Jan 2021- date	119+	Total ~165 maternity services in England

# Reasons for Success Drivers and Enablers



# Reasons for Success - Drivers and Enablers

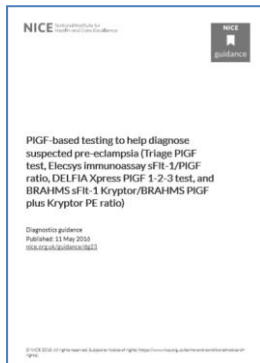
## Supported by “pull” from the system (clear unmet need)

- Current diagnostics sub-optimal (~50%)
- NICE DG23: PlGF-based testing for pre-eclampsia
- ↓ Unnecessary admissions, ↑ patient safety
- National Maternity Review (2019)
- RCOG hypertension guidelines (2019)
- Networked maternity services
  - Local Maternity System, Local Maternity System
  - Lab networks

**Challenge 4: Drivers and enablers need to align behind the unmet need**

## Enablers

- AHSN as change management agents
- ITP and AAC funding (04/19 onwards)



# Reasons for Success - Drivers and Enablers

## Solution availability

- Two separate (rule-out) tests supported by
  - Motivated manufacturers
  - Clinical evidence with clear diagnostic endpoints and guidance
  - Real-world evaluations
- Elecsys® sFlt-1/PIGF ratio
  - Dual biomarker
  - Risk of having
  - PROGNOSIS and INSPIRE Trials
- Triage PIGF test (Quidel)
  - Single biomarker - PIGF
  - Degree of placental dysfunction and risk of preterm delivery
  - PARROT and PELICAN Trials

**Challenge 5: Clinical, real-world evidence and resource to support adoption**



# Real-world Challenges



# Real-world challenges

(Most challenges result in a delay)

- Identify / engage correct stakeholders - share of voice varies
- Multiple functions adds complexity
- Different functional drivers – alignment?
- Relative priority (clinical, financial, HR, etc)
  - Within a function / between functions
- Funding: Cash-releasing? Who pays/benefits?
- Guidelines? NICE or Local?
- “Yes” doesn’t always mean “Now”
- Adoption? Training and standardisation
- Each service is unique – one size does not fit all



## Key Activities Leading to Success

## Key activities leading to success

- Confirm unmet need(s) and drivers (Patient safety / other?)
- Identify and engage with key stakeholders early
  - Clinical, Labs, Finance, HR, etc. Follow the breadcrumbs...
  - Multidisciplinary meetings and common agreement
- Mapping clinical pathways: Where are the savings? Who pays?
  - Current / future / financial / capacity
- Real world evaluation
  - Clinical & health economic
  - Stakeholder engagement
  - Approvals
- Training and standardisation
- Scaling from first adopter
- Metrics pre- / post-adoption



## Take home Messages

## Take-home messages...

- “Unmet need requiring a solution” not “Solution seeking need”
- Functional needs / drivers may vary
  - Identify all stakeholders and decision makers
  - Ensure alignment; between stakeholders and with drivers
  - Consider both payment and clinical pathways
  - Upside may not benefit the budget holder
- “Ticket to play”
  - Need appropriate evidence (clinical, real-world, resource-impact, etc)
  - Have realistic expectations and sufficient resources
  - How to scale from local to national
- Adoption rollout and metrics
- The NHS is not a homogeneous organisation – capacity to change?

The **AHSN** Network

# Bridging the Gap

To register for 1:1 sessions go to:

[www.ahsninnovationexchange.co.uk/bridging-gap-free-confidential-11-advice-sessions](http://www.ahsninnovationexchange.co.uk/bridging-gap-free-confidential-11-advice-sessions)



# Thank you



# Questions?