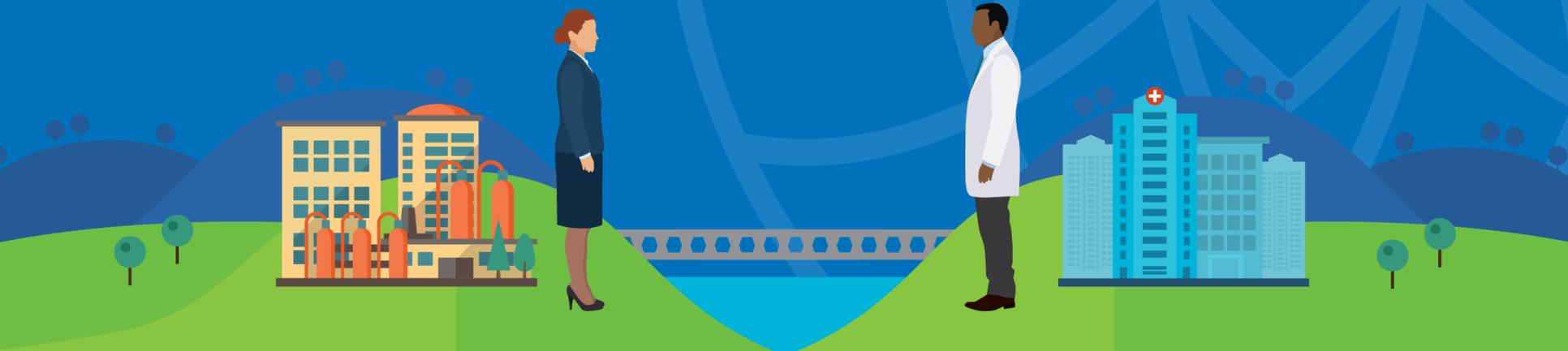


The AHSN Network

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

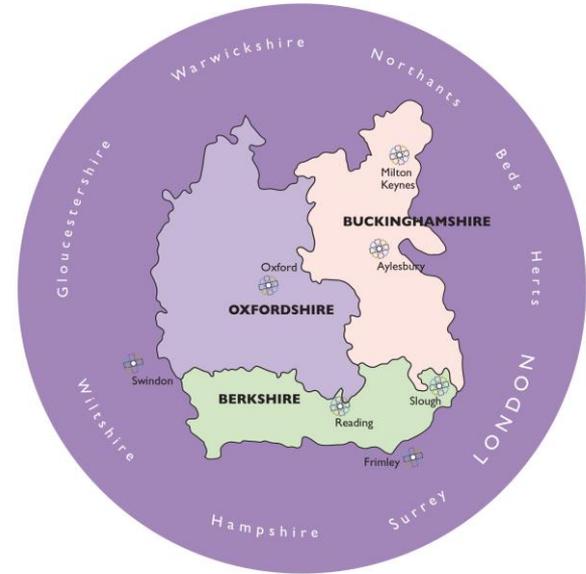
Head of Transformation and Evaluation

Interim Director of Strategic and Industry Partnerships

Oxford AHSN

Contents

- Project overview
- Pre-eclampsia (PE)
- Project delivery phases
- Drivers and enablers
- Challenges
- Keys to success
- Learning Points
- 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, etc
- Smaller
- The

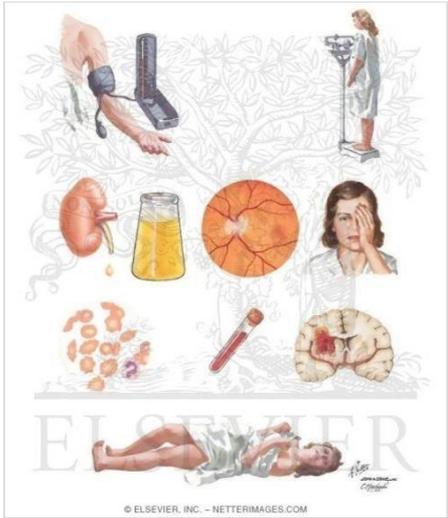
• No definit.

- High blood pressure, proteinuria
- 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 / prevent unnecessary hospital admissions
- Reduce overall system costs

Challenge 1: Identify drivers for adoption

• Provide appropriate care for those with greatest clinical need

• Close working relationships with stakeholders

- Manufacturers
- Maternity, Lab and Finance
- Local Maternity System
- Oxford Maternity 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

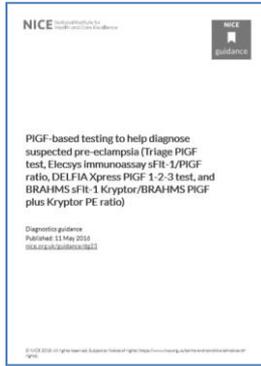
Supported by “pull” from the system (clear unmet need)

- 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...

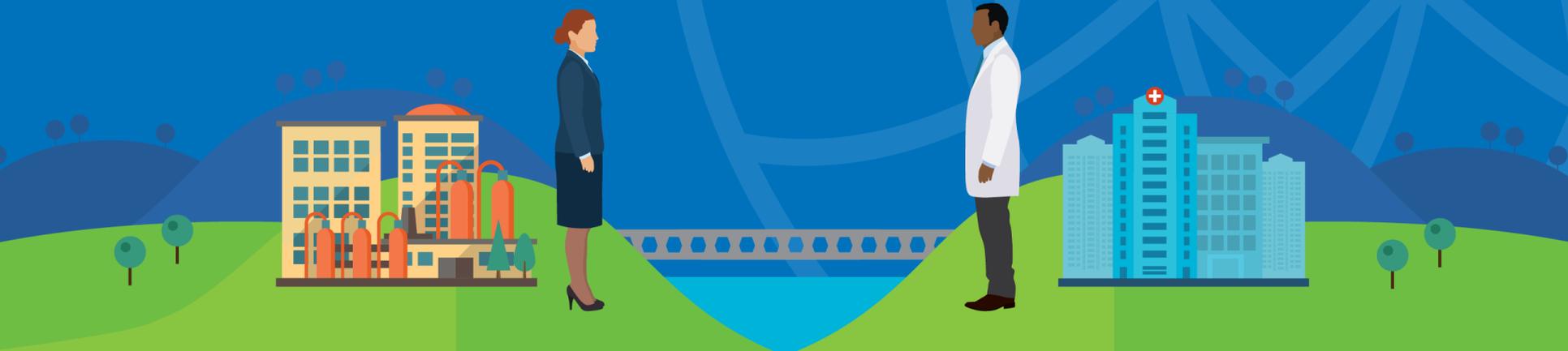
- “Unmet need requiring a solution” not “Solution seeking need”
- Functional needs / drivers may vary
 - Identify all stakeholders and decision makers
 - Ensure alignment; between stakeholders and with drivers
 - Consider both payment and clinical pathways
 - Upside may not benefit the budget holder
- “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



Thank you



Questions?