

INTRODUCTION

Health economic model development has traditionally relied on input from clinical and technical expert opinion, which overlooks the perspectives of affected stakeholders such as patients and caregivers.

To address this gap, the Innovation and Value Initiative (IVI) convened a multi-stakeholder advisory group to provide guidance on the research, development and dissemination of an open-source value model evaluating treatments for major depressive disorder (MDD).

OBJECTIVE

To demonstrate the importance of utilizing stakeholder perspectives when developing health economic models to ensure patient-centricity and equitable decision-making.

METHODS

The multi-stakeholder advisory group was recruited at the outset of the project launch phase of the model development process and was comprised of 20+ clinicians, health economists, patients, payers, purchasers, and researchers, as shown in **Figure 1**.

As seen in **Figure 2.** the advisory group was engaged for a 3-year period in the form of meetings, interviews, webinars and public comments.

At each phase of model development, the advisory group was consulted on the model building process and contributed to the overall design, user interface, parameters, patient preferences and decision contexts.

The advisory group also advised on key informants, expert panelists, researchers and patients that should be included in the development of the MDD open-source value model.

In addition, they provided suggestions for real-world applications of the model and responses to external feedback from public comments.



Contact

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Incorporating Stakeholder Perspectives into Open-Source Model Building for Major Depressive Disorder

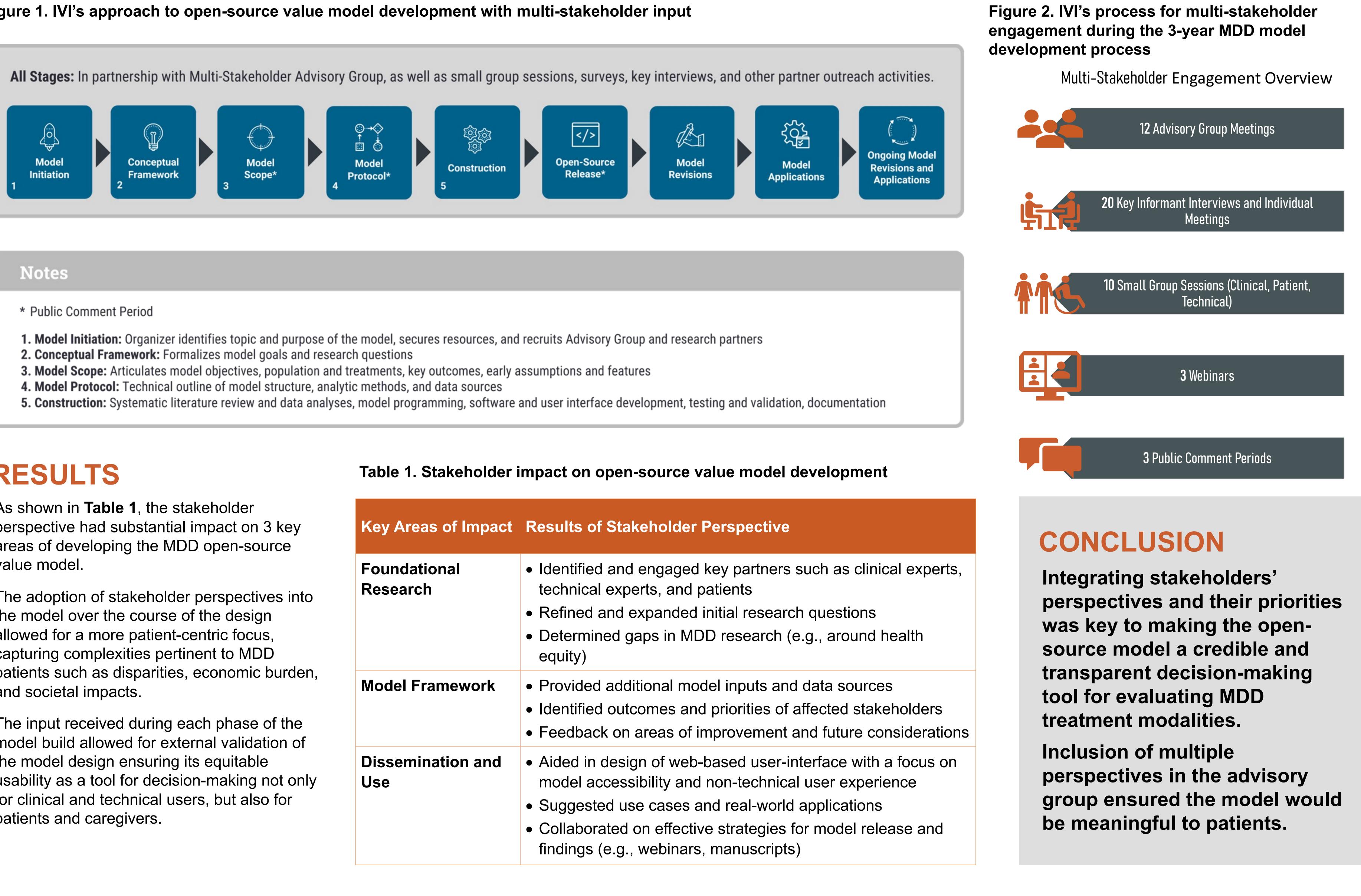
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Figure 1. IVI's approach to open-source value model development with multi-stakeholder input



RESULTS

 areas of developing the MDD open-source value model. The adoption of stakeholder perspectives into the model over the course of the design allowed for a more patient-centric focus, capturing complexities pertinent to MDD patients such as disparities, economic burden, and societal impacts. The input received during each phase of the model build allowed for external validation of the model design ensuring its equitable 			
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reas of Impact	Results of Stakeholder Perspective
dational arch	 Identified and engaged key partners such as clinical enterthy technical experts, and patients Refined and expanded initial research questions Determined gaps in MDD research (e.g., around heal equity)
I Framework	 Provided additional model inputs and data sources Identified outcomes and priorities of affected stakehol Feedback on areas of improvement and future considered
mination and	 Aided in design of web-based user-interface with a formodel accessibility and non-technical user experience Suggested use cases and real-world applications Collaborated on effective strategies for model release findings (e.g., webinars, manuscripts)



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