**[FORM TO BE COMPLETED BY PATIENT OR PATIENT ORGANIZATION]**

***CASE REPORT on patient involvement in payer health care decisions to access new therapies:*****[INSERT TITLE OF CASE REPORT HERE (should, at minimum include names of patient or patient group therapeutic area and payer organization)]**

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| **PROVIDED BY:**  *Add your company/organization name/email/telephone number here* | **Benefits**  *Add text here - Describe what you did that improved the HTA process and/or produced a result that helped your patient community (150 words max)* |
| **PARTNER(S) INVOLVED:**  *Add patient partner(s) (and potentially other partners) here, if this can be disclosed. Otherwise mention the type of organization/disease* |
| **Level of involvement:** *Choose one of: Patient (1) Collaboration, e.g., working together with payer; (2) Consultation, e.g., asked for information or opinion; or (3) Minimal involvement*  **Time commitment:** *Answer in months, weeks, days, hrs.*  **Was sufficient time given?** *Answer yes, or no* |
| **Type of patient involvement:** [Choose one or more of the following]  [ ] Study design to produce evidence  [ ] HTA topic selection  [ ] Scoping  [ ] Submission of evidence  [ ] Presentation of patient experience to expert committee  [ ] Sitting on an HTA decision-making committee  [ ] Consultation on recommendations  [ ] Patient friendly summaries  [ ] Dissemination/communication  [ ] Designing & reviewing patient engagement processes  [ ] Use HTA to inform charity investments  [ ] Contributing to governmental review of HTA | **Challenges and negative outcomes** *Add text here – What problems did you encounter and how did you try and resolve them? How successful were you? Were there any issues you could not resolve? (150 words max)* |
| **Type of patient or organization involved, tick all that apply:**  [ ] Patients with personal disease experience  [ ] Expert patient(s) / patient advocate(s) with good expertise on disease, but little payer experience  [ ] Expert patient(s) / patient advocate(s) with good expertise on disease and good payer experience  [ ] Other, describe here: |
| **Type of payer:** Choose 1 of:  [ ] Local institution, e.g., hospital  [ ] Regional/multiple institutions, e.g., municipality  [ ] private insurance  [ ] public insurance, e.g., national health insurance  [ ] special program, e.g., rare disease or special access fund  [ ] other |
| **Description of the payer decision-making process:** *Add text here - Provide link to payer process if possible; describe how patients were involved’ what was the objective? when did this happen?, max 200 words* | **Discussion and learning**  *Add text here – What would you do differently next time? What should others do differently to help you be better involved in the HTA process? (150 words max)* |