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| **Supplementary Table 3.** |
| ***Given these changes (Supplementary Table 2), how frequently do you expect to be using each type of evidence (in isolation or in combination with other evidence) in making your coverage or reimbursement decisions in the year 2020?*** |
|  | **U.S. Respondents, count (n=8)** | **European Respondents, count (n=6)** |
|  | Never or Almost Never | Occasionally/Sometimes, Almost every time or Every time | Never or Almost Never | Occasionally/Sometimes, Almost every time or Every time |
| Randomized trial |  | 6 |  | 6 |
| Randomized trial in "real-world" settings |  | 6 |  | 6 |
| A controlled, but not randomized study |  | 6 | 1 | 5 |
| Observational data that are prospectively collected at multiple instances over time before and after an intervention occurs |  | 6 | 1 | 5 |
| Observational data that are collected over time from patients in a registry |  | 6 | 1 | 5 |
| Study for which electronic health record is used to assess the primary outcome |  | 6 | 2 | 4 |
| Observational data pulled from administrative claims database1 |  | 6 | 2 | 4 |
| Systematic reviews of existing RCTs and a statistical summary of the combined findings |  | 6 |  | 6 |
| Cluster RCT2 |  | 6 | 1 |  |
| Delayed Design trial3 | 1 | 5 | 2 | 3 |
| ***Given these changes (Supplementary Table 2), by 2020, how often do you think you will use prospective observational evidence that incorporates the following analytic techniques?*** |
|  | **U.S. Respondents, count (n=8)** | **European Respondents, count (n=6)** |
|  | Never or Almost Never | Occasionally/Sometimes, Almost every time or Every time | Never or Almost Never | Occasionally/Sometimes, Almost every time or Every time |
| Propensity Scoring |  | 6 | 1 | 4 |
| Instrumental Variable Analysis | 1 | 5 | 2 | 3 |
| Multivariate Logistic Regression |  | 6 | 2 | 4 |
| Interrupted Time Series Analysis | 2 | 4 | 2 | 3 |
| Decision modeling or simulations that predict long term trial results before long term data have accumulated |  | 6 | 1 | 5 |
| Indirect comparisons (for example, combining results of an A vs. B trial with a B vs. C trial to estimate A vs. C) | 2 | 4 | 2 | 4 |
| Bayesian statistics |  | 6 | 1 | 5 |
| Cost utility analysis | 1 | 7 |  | 6 |
| ***Given these changes (Supplementary Table 2), by 2020, how often do you anticipate that you will utilize information from the following sources when making coverage or reimbursement decisions for new drugs?*** |
|  | **U.S. Respondents, count (n=8)** | **European Respondents, count (n=6)** |
|  | Never or Almost Never | Occasionally/Sometimes, Almost every time or Every time | Never or Almost Never | Occasionally/Sometimes, Almost every time or Every time |
| My health system's own data collection and research efforts\* |  | 5 |  |  |
| The alliance or trade association to which my health system belongs (e.g., Premier or BC/BS TEC)\* | 3 | 2 |  |  |
| The federal government (e.g., NIH, AHRQ)1 |  | 6 | 1 | 5 |
| Academic research organizations |  | 6 | 2 | 4 |
| Pharmaceutical company research | 1 | 5 |  | 6 |

The wording above represents that used in the US. In the UK, those options which are asterisked were not included. The wording above represents that used in the US, the EU wording was identical unless indicated in the following points. 1. The national health system or government funded initiative