MULTI-STAKEHOLDER ROUNDTABLE

ROUNDTABLE PARTICIPANTS

Roundtable members

- **Bernd Arents**, Netherlands
- **Dr. Larry Eichenfield**, USA
- **Melanie Funk**, Australia
- **Dr. Carolyn Jack**, Canada
- **Gentry Lassiter***, USA
- **Dr. Mark Koh**, Singapore
- **Ana Maria Sanz***, Spain

GlobalSkin

- **Stephanie Miller,** Communities Manager
- **Tammi Shipowick,** Programs Director

Facilitators

- **Emilio Amador,** VOZ Advisors
- **Neil Bertelsen,** Neil Bertelsen Consulting
- **Tim Turnham,** VOZ Advisors

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AGENDA AND OBJECTIVES

Meeting objective

To determine the format and content of a GlobalSkin initiative to promote better guidelines, adoption of guidelines and support for people with atopic eczema to attain better outcomes from their care.

Time	Topic
15min	**Welcome, introductions, review of meeting goals and agenda** **What challenge are we trying to solve?**
15min	**Presentation:** What have we found so far?
30min	**Discussion:** What does good look like?
20min	**Discussion:** How should we move forward to address the issues and respect these principles?
5min	**Next steps**
5min	**Closing remarks**

KEY INSIGHTS

ROUNDTABLE INSIGHTS: A Global Treatment Guideline?

A single, global treatment guideline is not feasible

- Health care systems vary widely by country, and even within countries. For example, in some countries people with atopic eczema are mostly treated by dermatologists while in other countries they mostly see the pharmacist.
- Access to dermatologists varies widely, with some countries only having one dermatologist for every 100,000 people—or worse; guidelines that call for dermatology expertise will not be relevant to those countries.
- Even basic therapies such as emollients can be prohibitively expensive, so a unified treatment plan applicable across all settings is impossible.
- Current guidelines are based on a variety of different frameworks and cannot easily be collated.

ROUNDTABLE INSIGHTS: Health Care System

Many treatment guidelines seem focused on physicians or, more narrowly, on dermatologists. Patients with atopic eczema, however, encounter a much broader array of professionals in the health care system. Should guidelines address the various participants in care?

- Nurses
- Pharmacists
- School health professionals
- Primary care physicians
- Allergists

NOTE: One member of the roundtable described a new guideline being developed with artificial intelligence that can be customized on a country level to reflect the availability of therapies and HCPs for that country. Machine learning models will draw on reporting from HCPs and from patients and modify the guidelines to reflect real world outcomes.

ROUNDTABLE INSIGHTS:
Incorporating Patient Perspectives

Incorporating patient perspectives is not as easy as it might seem

- Very few guidelines are developed with patient input, likely because health care providers see themselves as the experts
- Views differ significantly regarding the meaning of “patient input”; a level of involvement that seems appropriate to HCPs may be viewed as inadequate by patient groups

Despite these challenges, this is an important direction. Guidelines informed by patient perspectives are more likely to:

- Address issues of primary importance to the patient
- Reflect the realities of how patients manage their atopic eczema
- Reduce barriers to care

ROUNDTABLE INSIGHTS: Patient Education

Patients have little knowledge or understanding of clinical practice guidelines, much less how those guidelines might impact the care they do or should receive. Some potential approaches are:

- Consult with other groups that have developed patient tools around guidelines to learn best practices
- Create toolkit describing how to make practice guidelines accessible to patients, focusing on using patient friendly language to help patients engage in shared decision-making with their HCP
- Make toolkit available to country-level patient organizations

Note: As a first step, evaluating the impact of such materials in other therapeutic areas—e.g., oncology--will help inform the level of resources that should be devoted to this effort.

ROUNDTABLE INSIGHTS: Shared Decision Making

Many models of shared decision making (SDM) exist, with various actions in those models being appropriate for differing situations in the health care setting. Some possible elements to consider when developing treatment guidelines may include:

- Ask each new patient what their goals are for treatment, and check back with the patient regularly (perhaps once/year).
- Adopt SDM models that best reflect the culture of the country or area being covered by the treatment guidelines.
- Be prepared to adjust the SDM model if HCP's and patients have disparate views of desired and actual interaction around pivotal decisions.

Regardless of specific elements, guidance needs to reflect the reality that different countries view shared decision making differently. The approach should be to start with the current reality in each particular setting and work toward improvement.

RECOMMENDED ACTIONS

ROUNDTABLE RECOMMENDATION: A set of standards to be used globally

While a single global set of guidelines is not feasible, roundtable members agree that an important step toward improving outcomes is to develop a set of standards that should be addressed by or included in all guidelines. Such standards could include:

- A clear definition of atopic eczema that is used globally
- How to address the challenge of diagnosing people with varying skin tones
- Guidance on how to stratify patients—e.g., a person whose atopic eczema is not controlled—to help triage who needs systemic therapy and when
- Best practices in incorporating patient input into guideline development
- Means to ensure guidelines address the broad spectrum of health care providers
- Definitions of ways in which shared decision making can incorporated in the guidelines of countries with widely varying cultures around patient-physician interaction

WHAT REMAINS TO BE DONE?

Developing a set of standards requires a clear, thoughtful process, and should include input from all key stakeholders, including patients, patient advocacy groups, doctors, pharmaceutical companies, payers, and others. That input will address issues such as:

- Who finalizes the recommendations?
- How are the recommendations shared—e.g., academic conferences, peer-reviewed publication, etc.?
- How can uptake of these recommendations be monitored and encouraged?
- What might the recommendations include?

This process should begin by mid-2024 to maintain momentum from the group, with a goal of completing work by the end of 2025.