Economic evaluation to inform policy: methods, practice and challenges

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Our work: Economic evaluation

- Within-trial evaluations
- Decision-modelling
- Evidence synthesis
- And many more

Also:
- Short courses on economic evaluation.
- Distance learning programme.

Team for Economic Evaluation and Health Technology Assessment (TEEHTA)

TEEHTA undertakes a range of methodological research in economic evaluation. Also, a major activity for all members of the team is the design, conduct and analysis of applied economic evaluations. These include integrated economic and clinical randomised trials, decision analytic modelling studies and economic and statistical evaluation of observational and retrospective data sets.

Research staff
- **Mark Sculpher**, Professor and Director
- **Stephen Palmer**, Professor, Deputy Director and Head of NICE Programme
- **Miqdad Asaria**, Research Fellow
- **Laura Bojke**, Senior Research Fellow
- **Fadi Chehabah**, Research Fellow
- **Karl Claxton**, Professor
- **Richard Cookson**, Professor
- **Edward Cox**, Research Fellow
- **Tony Culver**, Professor, Internal Affiliate
- **Michael Drummond**, Professor
- **Ana Duarte**, Research Fellow

Projects
- Research Prioritisation
- NICE Threshold
- Technology assessments for NICE
- Methodological research
- Applied research
- Research design service
- The Economics Evaluation Policy Research Unit (EEPRU) at University of York

Training and workshops
- Decision analytic modelling for economic evaluation
Economic evaluation to inform decisions in health

Fixed budget

Multiple alternatives

Opportunity cost

The cost of selecting a particular intervention measured in terms of the benefits that might have been achieved if the next best intervention were chosen

Efficiency

The use of resources to maximise the production of services.
Stages in an economic evaluation

1. Formulate the decision problem and the perspective
2. Identify interventions
3. Establish their effectiveness
4. Identify, measure and value costs and benefits
5. Compare benefits to their opportunity cost
Case study: Surgery for chronic reflux (i)

Is laparoscopic surgery effective and cost-effective for chronic reflux?
- Randomised controlled trial surgery vs medical management
- Follow-up: 5 years
- Collected health resource use and quality of life

Original article

Cost-effectiveness of laparoscopic fundoplication versus continued medical management for the treatment of gastro-oesophageal reflux disease based on long-term follow-up of the REFLUX trial

R. Faria¹, L. Bojke¹, D. Epstein¹,³, B. Corbacho², M. Sculpher¹ and on behalf of the REFLUX trial group†

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Case study: Surgery for chronic reflux (ii)

Surgery is cost-effective. Now recommended by NICE clinical guideline.
Areas of research

• Economic evaluation of care and complex interventions
  – Reablement to help people regain independence.
  – Support for carers of people with dementia.
• Measuring and valuing carer input.
• Use of observational data and single arm studies.
• Conflating perspectives:
  – Individual patient vs carer
  – Health care vs public sector vs private vs society
• Adapting economic evaluation to different settings
Reablement helps people to adapt to their illness and maximise their level of independence by relearning skills or using equipment.

Funded by local councils (w/ or w/o NHS involvement).

Objectives:
- Identify types of reablement services in the UK
- Compare the costs and benefits of different types

Design: prospective cohort study.
Evaluation of complex interventions: support for carers

Carers of people with dementia can be supported by specialist nurses.

Specialist nurses available in some areas and funded by local councils.

Objectives:

– Develop postal questionnaire to collect resource use, costs and quality of life.

– Compare costs and quality of life of carers in areas with and without specialist support.
Measuring and valuing carer input

Valuing Informal Care for Economic Evaluation

H. Weatherly, R. Faria, B. Van den Berg

Abstract
Informal care is the mainstay of support for many people living in the community, particularly those with long-term care needs. Informal care does not have an explicit value to reflect the resources required to provide informal care-related activities, or the benefits of doing so. Few economic evaluations value informal care. To include informal care in economic evaluations requires methods to measure and value the benefits and costs of informal care. This article reviews the methods used for measuring and valuing informal care in monetary and nonmonetary terms.
Adapting economic evaluation to different settings

• Is economic evaluation a new ‘Black Ship’?
• How can economic evaluation help Japan make decisions?
Thank you
ありがとうございました

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