



Introduction to Cost-Effectiveness Analysis in Health

Health Economics Short Course

For more information and course dates, please visit our website: <http://go.unimelb.edu.au/8eqn>

Or email us: health-economics@unimelb.edu.au



COMMONWEALTH OF AUSTRALIA

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Module 1 – What is economics and economic evaluation?

Centre for Health Policy
Melbourne School of Population of Global Health



Overview of the day

- **Module 1:** *Introduction to Health Economics*
- **Module 2:** *Identifying, Measuring, Valuing and Analysing Costs*
- **Module 3:** *Identifying, Measuring, Valuing and Analysing Outcome*
- **Module 4:** *Policy Use and Interpretation of Cost-effectiveness Analysis*
- **Group exercise:** *Application of Economic Evaluation Methods*

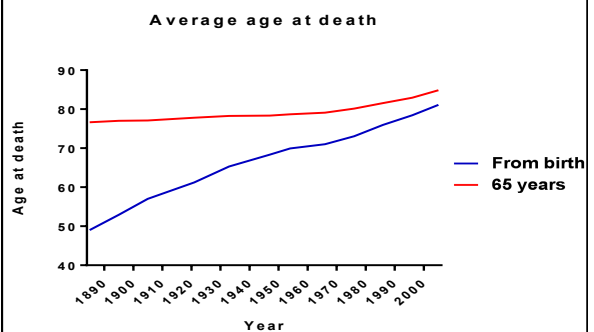


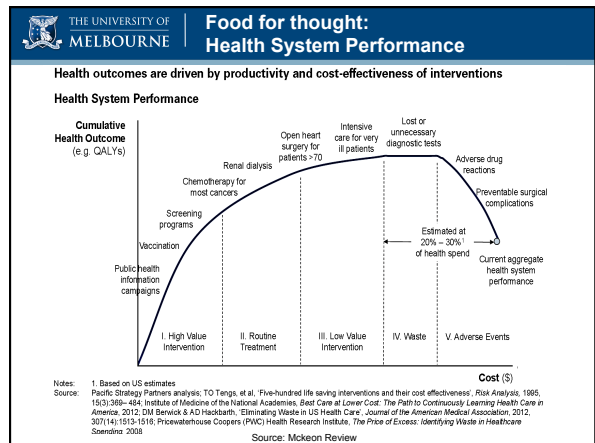
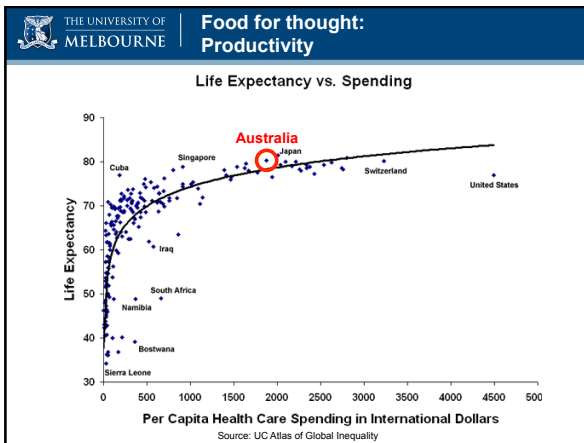
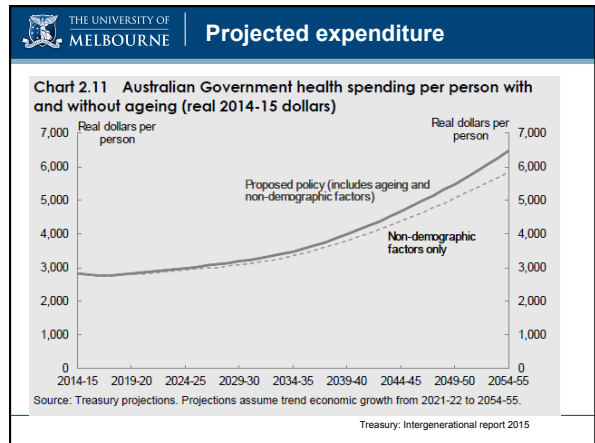
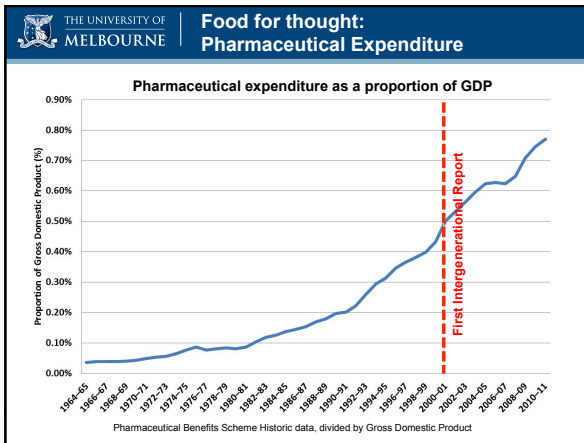
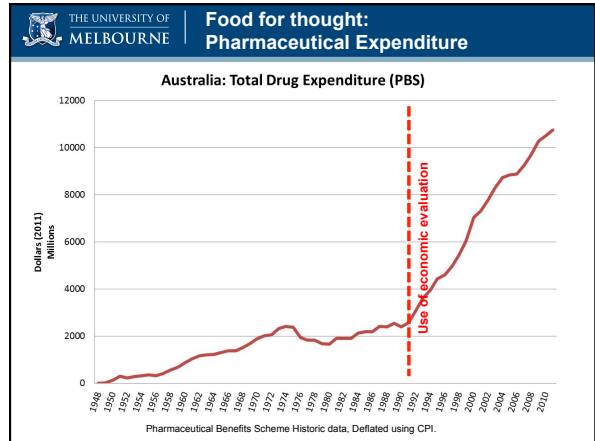
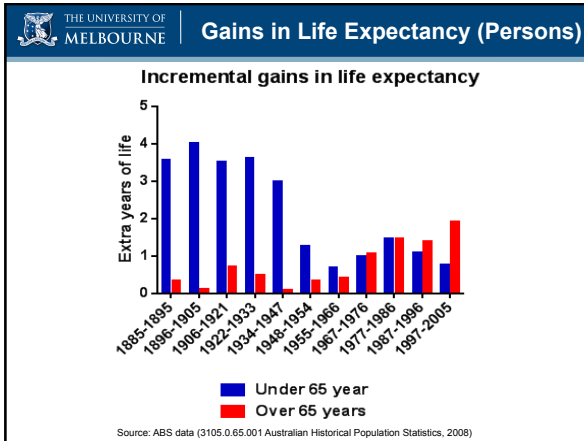
Overview of presentation

- Food for thought
- What is economics?
- Types of economic evaluation



Australian Life Expectancy



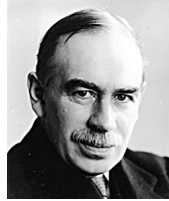


What is economics?

- Economics is concerned with the allocation of scarce resources
- Resources (labour, materials, natural resources etc.) are broadly fixed at any moment in time
- Therefore choices have to be made concerning how to use these resources:
 - more on housing or more on a car
 - more health care or tax cut

Economics is...

- Not a cookbook....



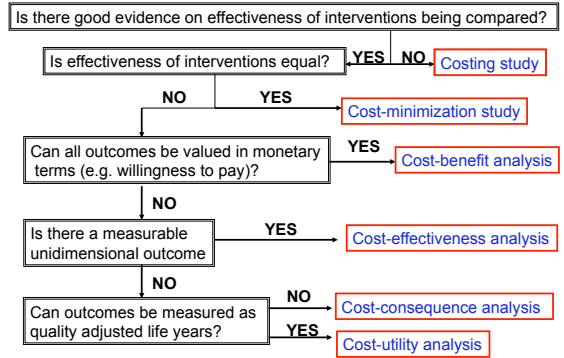
J. M. Keynes

“...economics is a branch of logic, a way of thinking. The theory of economics does not furnish a body of settled conclusions, immediately applicable to policy. It is a method rather than a doctrine, an apparatus of the mind, a technique of thinking.”

What is economic evaluation?

- Premise: scarce (health care) resources
- Aim: to maximise health gain with the available resources
- Method: compare cost and effectiveness of therapies
- Balance: about costs and effects
- Economic evaluation: explicit criteria for making choices.

Types of economic evaluation



Cost of illness

- Form of cost analysis
- Attempts to quantify burden - lost productivity, costs of health care, social services, courts etc.
- Often used for advocacy
- Tells you the size of the problem, but not what you should do about it
- Partial analyses and rarely provides context of cost in relation to overall expenditure.

Cost of illness in 1906

"TUBERCULOSIS causes annually more than 150,000 deaths in the United States... If we assume that the net value of a year of human life ... is at least \$50, the real loss to the Nation... may be estimated at \$240,000,000 per annum. These astounding and almost incomprehensible figures are far from being an exaggeration..."

(\$50 in 1906 ~ \$1300 in 2016)

Source: Huber, Consumption: It's relation to man (1906)

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*"In addition to the tremendous human cost, chronic diseases exact a tremendous financial toll on our health care resources. Care for patients with diabetes costs **\$130 billion each year alone**, and this amount is growing. Tackling chronic diseases is also straining our public health departments..."*

Barack Obama, Health Care Plan, 2008

THE UNIVERSITY OF MELBOURNE | An Australian example

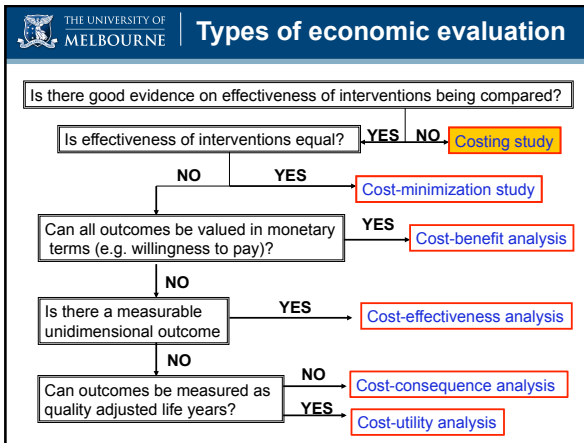
Table 1 Annual costs of foodborne illness in Australia

Area to which costs apply	Cost (\$ million)
Individuals and business: all productivity and lifestyle	771.6
Individuals: premature mortality	231.5
Health care services	221.9
Business: food safety recalls	14.0
Governments: foodborne illness surveillance and investigation, and maintaining food safety systems	10.0
Total	1,249.0

The annual cost of foodborne illness in Australia, DOHA 2006

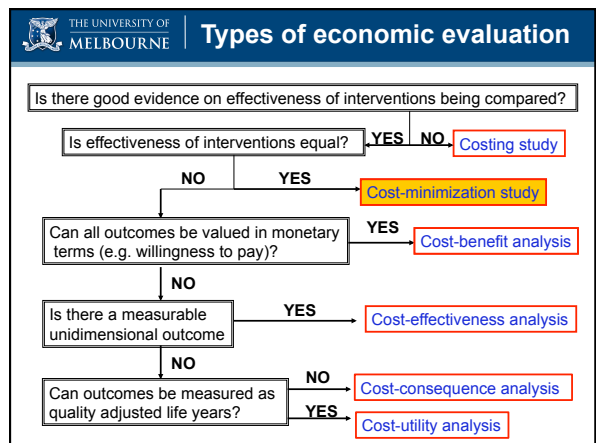
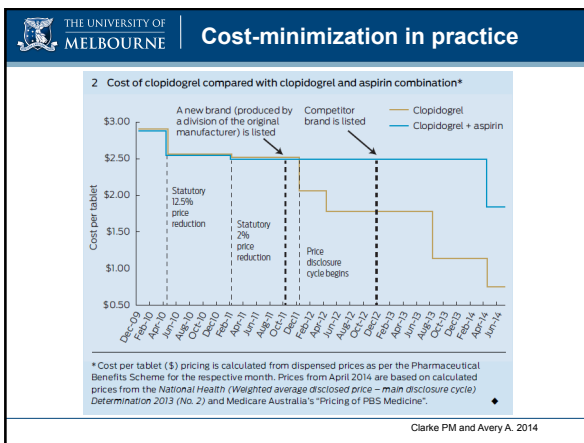
Economic impact ~1% GDP ; ~0.2% of total health spending

771/998.274 **221/94.000**



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- Special form of cost effectiveness analysis
- Compare at least two treatments
- Used in pharmaceutical submissions to Pharmaceutical Benefits Advisory Committee
- Outcomes should be statistically equivalent
 - with sufficient power to say that they are the same; not just to say that there is no evidence of difference
- What minimizes costs today may not minimize costs tomorrow
- Cost-effectiveness analysis is preferable



Cost-benefit analysis

- Measure outcomes and inputs in dollars
- Enables comparisons across sectors and different clinical outcomes
- Addresses issues such as net gain to society
- Addresses the question of whether the program is worthwhile to society.

Evaluation of Mobile Mammographic Screening

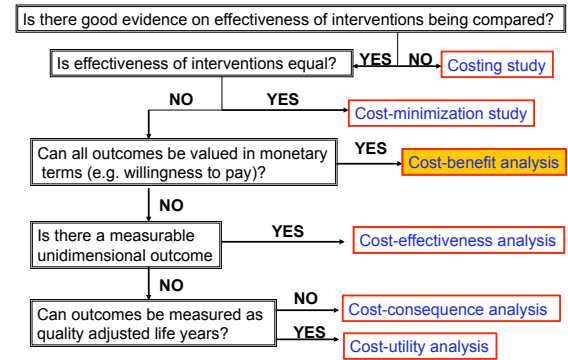
- In small Australian towns do you take the health services to the patients, or make patients come to health services?
- Travel costs can be used to measure the demand for a service and the gains from improving access.
- One of the only cost-benefit analyses in Australia is to determine which rural towns should receive mobile mammographic screening services

Cost-benefit example

Table 3
Benefits and costs of mobile screening

Town	Distance	Problem of being screened (average)		Average CV	Total benefits ΣCV	Total cost	Benefit-cost ratio
		Fixed unit	Mobile unit				
1	15 km	0.37	0.37	\$1.46	\$2521	\$12776	0.2
2	20 km	0.24	0.27	\$3.59	\$8743	\$18484	0.5
3	20 km	0.32	0.34	\$4.75	\$8346	\$14513	0.6
4	50 km	0.38	0.42	\$20.37	\$35803	\$19897	1.8
5	50 km	0.28	0.32	\$15.59	\$16516	\$9874	1.7
6	65 km	0.32	0.36	\$24.39	\$37546	\$15579	2.4
7	95 km	0.26	0.35	\$32.65	\$34503	\$14340	2.4
8	130 km	0.23	0.32	\$43.11	\$77144	\$23210	3.3
9	135 km	0.19	0.29	\$39.05	\$80024	\$26845	2.9
10	160 km	0.21	0.32	\$48.20	\$120436	\$36056	3.3

Types of economic evaluation



Cost-effectiveness analysis

- Most common used method of economic evaluation
- Compares costs and outcomes
- Requires a common, unambiguous outcome measure
 - cases detected
 - deaths prevented
 - life years gained

$$ICER = \frac{Cost(intervention) - Cost(comparator)}{Outcomes(intervention) - Outcomes(comparator)}$$

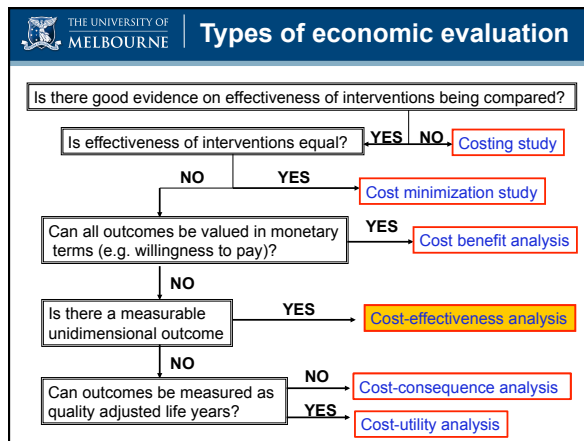
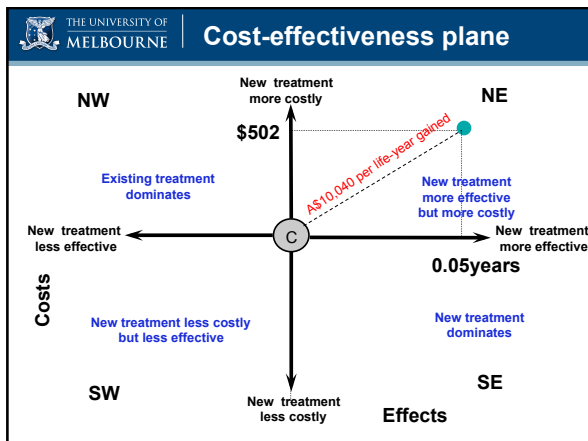
- ICER is Incremental cost-effectiveness ratio

CEA example

Cost-effectiveness of lowering blood pressure with a fixed combination of perindopril and indapamide in type 2 diabetes mellitus: an ADVANCE trial-based analysis

Paul P Glasziou, Philip Clarke, Jan Alexander, Mohana Rajmohan, Elaine Beller, Mark Woodward, John Chalmers, Neil Foulter and Anushka Patel

- Intervention involved use of blood pressure drugs in diabetes
- Intervention cost \$1350 (over four years)
- Intervention group experienced lower hospital & other health care costs ~\$800 in savings
- Net cost was around \$502.
- Increase in life expectancy 0.05 life years over remaining lifetimes

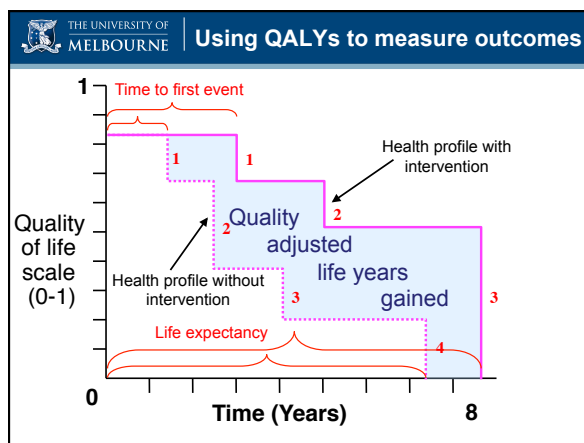
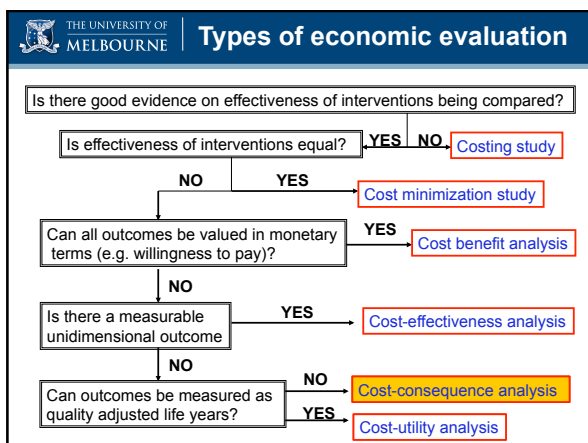


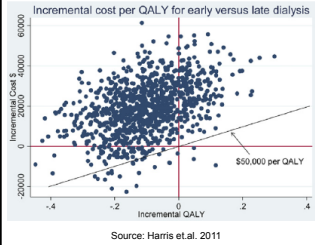
- Cost-consequence analysis (CCA)**
- This is a form of economic evaluation in which the multi-dimensional outcomes are reported separately from costs.
 - Provide information to the decision maker on the costs and consequences of an intervention
 - Does not explicitly value outcomes relative to costs
 - Mainly applied in complex public health interventions with multiple outcomes

Example Evaluation of an Exercise Referral Scheme

Measures in analysis	Potential impact of ERSs on measures
Costs	
Intervention cost to providers	£22 200 000 (2010 prices)
Intervention cost to participants	£12 000 000 (2010 prices)
Benefits	
Physically active state	3900 additional physically active people
Non-disease health state	152 extra people in non-disease health state
Mental health	
Anxiety	Reduced anxiety in participants with the magnitude of the effect size being 0.219
Depression	Increased the success rate to 67–74% reduction in depressive symptoms
Metabolic	
Diabetes	Avoided 86 extra cases of type II diabetes Led to small but significant reduction in glycosylated haemoglobin (0.7%). This amount is likely to reduce diabetes complications
Cancer	
Colon cancer	A 30–40% reduction in the risk of developing colon cancer
Breast cancer	A 20–30% reduction in the risk of developing breast cancer
Lung cancer	A 20% reduction in the risk of developing lung cancer

Trueman and Anokye 2013





Late (existing) treatment dominates

Source: Harris et al. 2011

- Early vs. late initiation of dialysis
- Early intervention more costly: \$ 10,777 (95% CI \$313 to \$22,081)
- Less QALYs: -0.09 (-0.12, .31)