

ECUSTEC trial: economic evaluation

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What is economic evaluation?

- Comparative analysis of alternative courses of action in terms of both costs and benefits (consequences)
 - to promote the efficient use of healthcare resources
 - maximum total benefit is derived from the finite resources available

Opportunity cost

 the value of the benefits forgone by choosing to deploy a resource in one way rather than in its best alternative use



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Incremental approach

- A typical economic evaluation seeks to answer the question:
 - 'What is the difference in costs and the difference in benefits of option A compared to option B?'
 - 'Is option A cost effective compared to option B?'



Incremental cost-effectiveness ratio (ICER)

Calculates the cost per extra unit of benefit (outcome)

ICER = <u>difference in costs</u> difference in benefits

 $= \frac{\text{costs A} - \text{costs B}(\pounds)}{\text{benefits A} - \text{benefits B}} = \frac{10,000 - 8,000}{1 - 0.5} = \frac{2,000}{0.5}$

= £4,000 per unit of benefit gained



Costs (NHS and PSS)

□ <u>Treatment and trial follow-up period</u>:

medicines, management, adverse effects, and treatment complications. Visits to health professionals and hospital admissions

- CRF data collection forms at days 8, 30, 60 and weeks 26 and 52
- □ Long-term:

care relating to treatment and adverse events

Literature-based cost estimates



Outcomes

Clinical severity score

Quality-Adjusted Life Years (QALYs)

- 'years of life' are adjusted to take account of 'quality of life'
- a measure of quality of life on a 0-1 scale is required
- measurement in children is a challenge!



Quality of life data

Age (years)	PedsQL version	CHU9D version
<1	1-12 months	No form
1	13-24 months	No form
2-4	2-4 years	Under 5 years
5-7	5-7 years	Standard
8-12	8-12 years	Standard
13-18	13-18 years	Standard

'Map' from CHU9D to PedsQL to estimate QoL in youngest children















Economic model - illustration



The cost-effectiveness plane



The cost-effectiveness plane

