

Transferability of HTAs

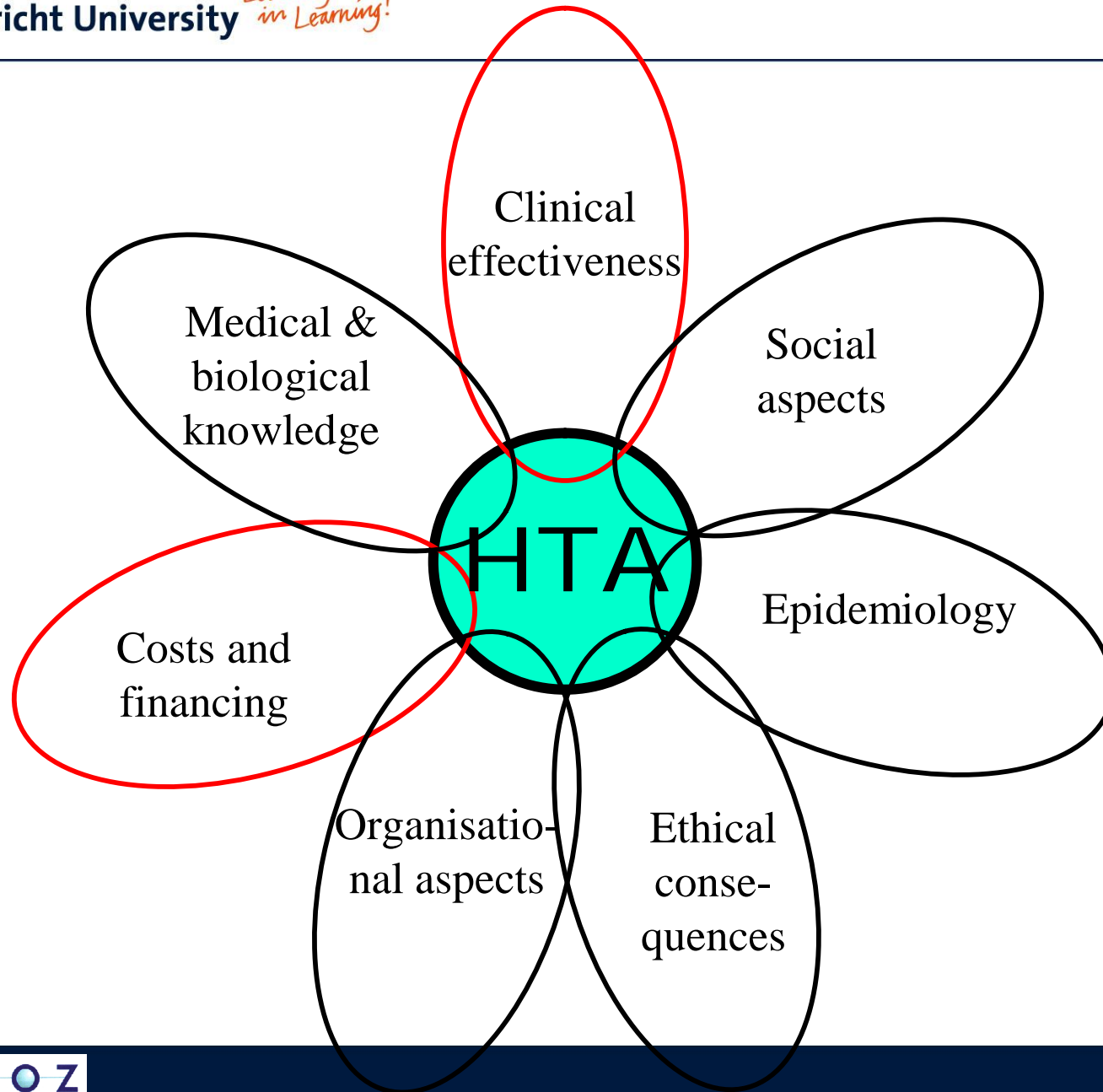
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Health technology assessment; definition

HTA provides a broad perspective on the **evaluation** of new or existing **health technologies** that in principle can cover every activity in health care that is patient orientated, from individual patient interventions such as a specific drug to disease management and population based care programmes, in order to provide **decision makers** necessary **information**.



Objective of HTA

- Collecting and reporting evidence regarding a health technology
- Evidence regarding effects, side-effects, costs, and societal consequences of a health technology
- Health technology: anything that is used with the aim of improving a person's health (for example, drug, diagnostic test, screening program, medical protocol, nursing procedure)

Mix-up of terms

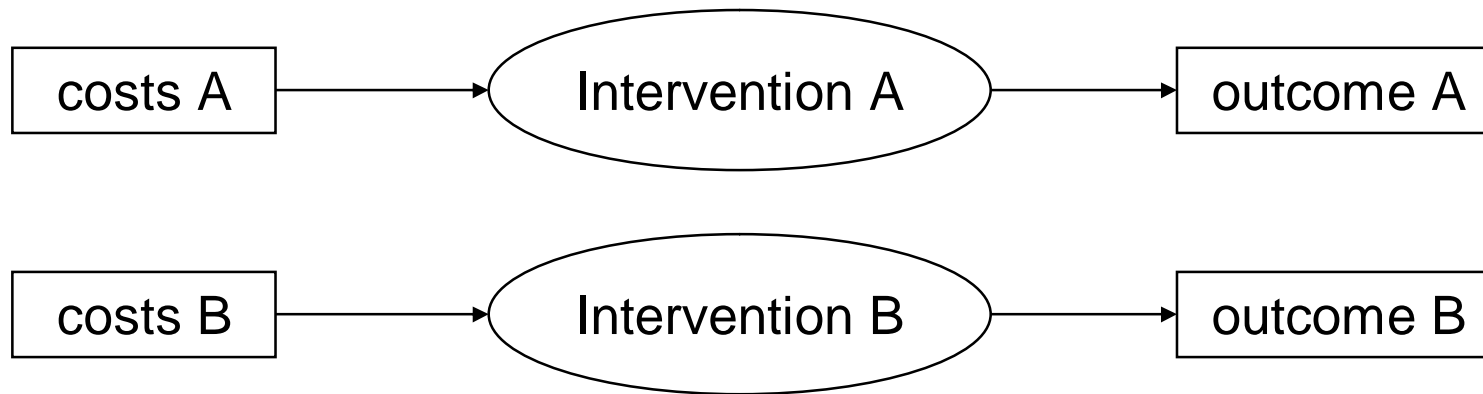
- Health technology assessment
 - Broad, multidisciplinary
 - Information for policy alternatives
- Economic evaluation
 - Evaluation of intervention in costs and effects
 - “Effectiveness”, part of the HTA flower
- Cost-effectiveness & cost-benefit analysis
 - “wrong” synonym for ‘economic evaluation’
 - Specific methods within economic evaluation

Economic evaluation

- Comparative analysis
- Between 2 or more alternatives
- In terms of costs and effects

- 4 main designs of full economic evaluation:
 - Cost minimisation analysis
 - Cost effectiveness analysis
 - Cost utility analysis
 - Cost benefit analysis

Economic evaluation



difference
in costs?

difference in
outcome?

relationship?

Economic evaluations: costs

- Direct health care costs:
costs of therapy, medicine, hospital admission
- Direct non health care costs:
travel, out-of-pocket expenses
- Indirect health care costs:
health care during life years gained
- Indirect non health care costs:
production losses due to absence from work

Economic evaluation: effectiveness

- Disease specific outcome: blood pressure, less epileptic seizures, successfully treated
- Generic outcome: SF36, Sickness Impact Profile
- Health state valuation: utilities and Quality Adjusted Life Years

Economic evaluation: perspective

- Societal perspective
 - considers all costs and consequences, regardless who pays or receives
 - general public for valuing consequences
 - often limited by national borders
- Decision makers perspective
 - health care; health care provider; third party payer; patient and family
 - more narrow definition of costs and consequences

Economic evaluation: intervention

Intervention should be clearly described for the purpose of:

- understanding of the subject
- identification of resources

- Who takes care?
- Does what?
- To whom?
- Where?
- How often?
- What are the results?

Economic evaluation: comparator

- Do-nothing
- Placebo
- Best alternative or cheapest alternative
- Competing product
- Standard care or care as usual:
 - most common
 - status quo: mixture of different approaches?
multiple comparators?

Why are economic evaluations carried out and used?

- Rising demand of health care
- Rapid development of medical technological possibilities
- Limitations of human resources
- Budget constraints

Thus: choices have to be made

Economic evaluation; problems

However,

- Limited number of study countries
- Pressure for use of evidence from other settings
 - Limited resources
 - Time
 - Lack of evidence

Economic evidence; problems (2)

- Not possible to transfer evidence directly
 - Problem: differences between countries and health care systems
- Results applicable in other settings or not?

Transferability, mix-up of terms

- Applicability
- Exchangeability
- Extrapolation
- External validity
- Generalisability
- Portability
- Relevance
- Transportability

Transferability; definitions

Extent to which the results of a study, as it applies to a particular setting, hold true for another population or setting

Description 'transferability' ISPOR taskforce: data are considered transferable if they can be adapted to apply to other settings or jurisdictions

Transferability issues

- Transferring results can save time and money
- Differences in several factors
 - Costs
 - Effects
 - Study design

Transferability issues; limiting factors

- Basic demography and epidemiology
- Availability of health resources and variation in clinical practice
- Incentives to health professionals and institutions
- Relative prices or costs
- Population values

Transferability issues; problems

- Differences in costs
 - Health care consumption
 - Availability of health care resources
 - Practice variation
 - Absolute and relative prices
- Differences in effects
 - Biological differences small (clinical effects)
 - Differences in population preferences? (utilities)

Transferability issues; research

- Focused on health care costs
- Statistical methods for multinational trials
- Assessment of transferability of data

- Less on adaptation of data to new settings
- Other influential transferability factors
- Transferability issues within countries

Transferability and decision makers

- Necessary to use and interpret available evaluations
- Differences can hinder transferability
- Difficulties with cost calculation models
- Biological differences
 - Study population
 - Qualification of health professionals
 - Service structure

Transferability and decision makers (2)

- Results depending on range of factors
- Factor could differ across settings
- Interaction between factors
- Clinical treatment practice
- Differences between systems
- Organisation of care

Transferability within countries

- Differences in health care practice
 - Professionals available
 - Local standards
 - Academic hospitals
- For example: effectiveness of screening programs

Transferability within countries (2)

- Societal versus health care perspective
 - Societal: all costs and effects
 - Health care: only costs and effects in health care
 - Organisation: only costs and effects in own organisation
- RCTs versus real life
- HTA modelling studies

Questions are sure in life,
answers are not



Thank you for your attention