

Valuing Diagnostics: Do we need Different Metrics?

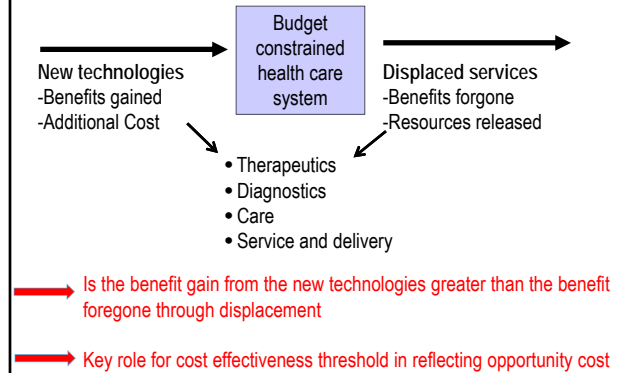
*Mark Sculpher, PhD
Professor of Health Economics
University of York, UK*

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Resource allocation decisions: unavoidable reality



Key features of a benefit measure in CEA

- Cardinal properties
- Incorporates the important dimensions of benefit
- Generic
 - (Dis)benefits and opportunity costs fall across diseases
- Represents trade-offs within & between dimensions of benefit
 - 'Rate of exchange' between dimensions
 - Reflects relevant preferences
- Can reflect opportunity costs (reflected in threshold)
- Standard QALYs fit for purpose if:
 - Individual health is only important dimension of benefit
 - Trade-offs reasonably reflect preferences

QALY limitations: specific to diagnostics?

- Interpersonal comparison ×
 - e.g. Severity and burden
 - QALY ≠ QALY
 - Strong assumptions underlie trade-offs ×
 - Non-health dimensions of benefit ignored ×
 - Process characteristics
 - Levels of information
- √

Addressing the QALY's limitations

- Perfect measure of benefit not possible
 - Standard QALY best tool available given health key dimension
 - Continued role for deliberation
- How often are limitations manifest?
 - Strong argument to extend QALY in some areas
 - Can others be taken into account through deliberation?
 - Diagnostics and information – a major issue?
- Incorporating additional dimensions into the benefit measure
 - Appropriate levels and weights for additional dimension
 - Trade offs with health

→ How much health are we willing to forgo to generate 'pure information' from collectively funded health care

Willingness to pay as an alternative measure of benefit

- WTP in diagnostics indicates individuals value information provided
- Neither necessary nor sufficient condition for use in supporting resource allocation decisions
 - Normative: should individuals forgo health to provide (non-health bearing) information to others?
 - Positive: what trade-off will society make between health and information
- But WTP may have a role more generally, but:
 - Need to quantify trade-offs between all relevant dimensions
 - Cannot avoid need to quantify threshold
 - Does WTP perform adequately as a measurement tool?

Conclusions

- Major challenges in diagnostics
 - Appropriate levels and types of evidence to support reimbursement
- QALY useful measure of health to guide decisions
- Deliberation in decision-making will remain essential
- Further development in benefit measurement warranted
 - Better reflect social preferences around interpersonal comparison of health (e.g. Severity)
- How important is information value in diagnostics
 - How often relevant?
 - Normative: should we trade health for information?
- Extending benefit measures possible but technically challenging