Do we really need QALYs?

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Why the QALY?

Because we need it & have nothing better
Why is it said we need it?

- QALY maximization (utilitarianism)
- Pragmatic: need to assess if price is acceptable

What would we pay?
- WTP
  - Many technical & cognitive problems
  - Doesn’t respect a budget limit
  - Not good negotiating tactic

What should we pay?
- 1-3 GDP

What do we pay?
- Opportunity cost
  - Respect the budget
  - Requires the QALY.

Opportunity cost: the theory
Opportunity cost: the reality

Neonate & maternal: 2,969

Threshold!

Cost-effectiveness (GBP/QALY)

Total cost (£millions)

ID: 21
Cancer: 17
GI: 7
Respiratory: 2
Neonate & maternal: 2,969
Neurological: 5
Endocrine: 3
GU: 44
Circulatory: 7
Hearing: 6
Poison: 113
Skin: 101
Learning: 149
Vision: 46
Dental: 42
ID: 21
MSK: 16
GU: 44
Cancer: 17
Mental health: 19

Options

 Persist with the devil you know
 Modify the QALY
 Therapeutic-area specific efficiency frontiers
Don’t need the QALY

Modify the question

What will we pay?
What should we pay?
What would we pay?
What do we pay?
Options

- Persist with the devil you know
- Modify the QALY
- Therapeutic-area specific efficiency frontiers
  - Don’t need QALY
  - Much closer to how decisions are actually made
- Move to direct trade-off (as in some hospital HTAs)
- MCDA?
- New measure
  - BADIE