

Beyond the Health Sector: *Embedding Labor Market Effects and Productivity in HTA*

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Disclosures

- Employee of ICER, which produces publicly-accessible reports on comparative effectiveness and value of new and established interventions
- Current member of Board of ISPOR, the professional society for health economics and outcomes research (HEOR) practitioners

Labor Market Effects in HTA: Feasible?

- Yes
 - Publicly-available data on workforce participation, wage rates, etc., often supplied by governments
 - Data on informal labor force participation is also now increasingly available
 - Instruments (e.g., WPAI) available to assess absenteeism and presenteeism in clinical trials and observational studies
 - Even if not directly tied to data on treatment effects, can nevertheless often be integrated in economic models if information on productivity is linked to distinct states of health

Labor Market Effects in HTA: Routine?

- *No*
 - Trial-based or disease-specific data remains lacking in many instances
 - Academic research using available instruments may be limited because of other funding priorities
 - Productivity effects only one of many possible nonhealth impacts to consider
 - Direct conflict with typical HTA remit (to inform health-system or insurer budgets)
 - Majority of published reference cases adopt a health sector perspective (even NITAGs!)

Labor Market Effects in HTA: Should We?

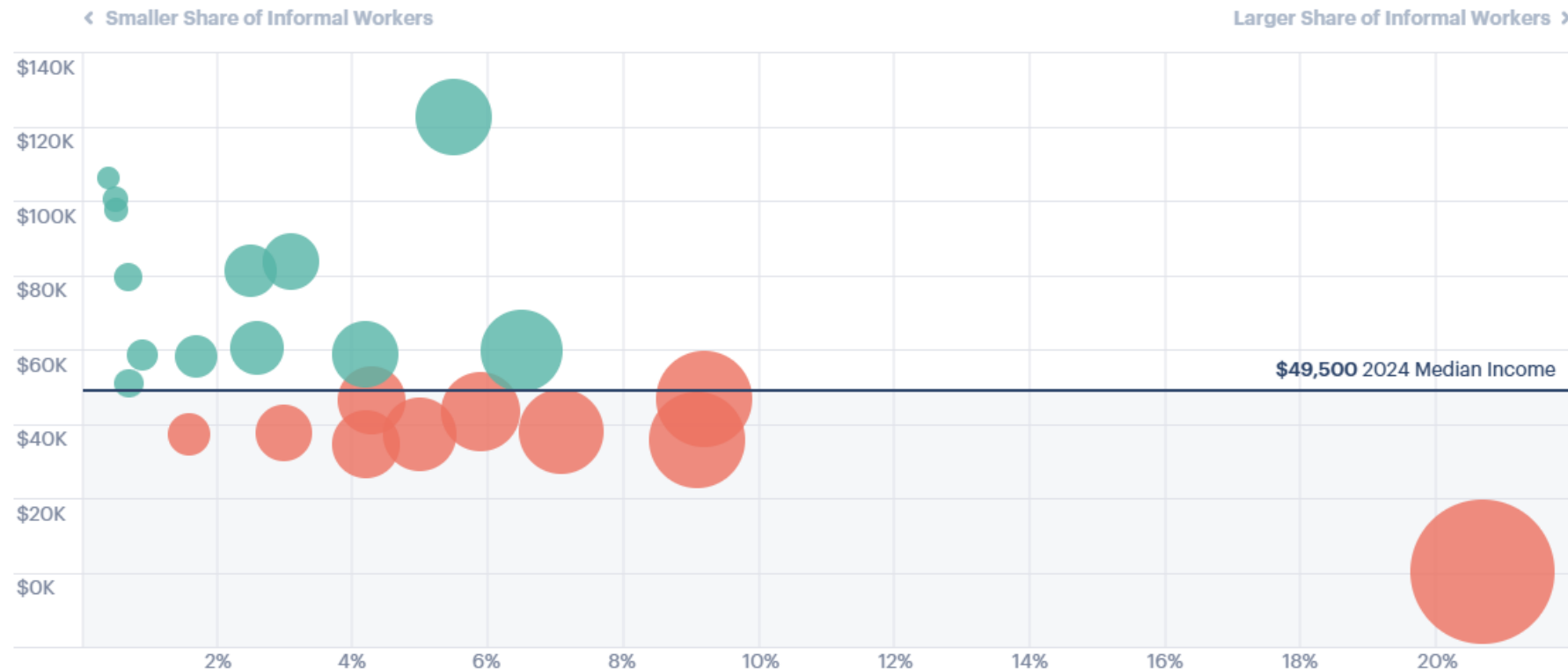
- *Hmm...*
 - Concerns regarding bias toward working-age populations/conditions
 - Increases complexity of opportunity cost considerations and cross-sector tradeoffs
 - Much attention paid to “spillover” benefits of treatments on productivity, education, etc.:
 - Little attention paid to what we would also be obligated to measure: investment of other sectors in the development and marketing of treatments

Valuing Formal vs. Informal Labor: Food for Thought

Top Sectors for Informal Work

2003–2024

Select any point on the chart to see the data for that sector.



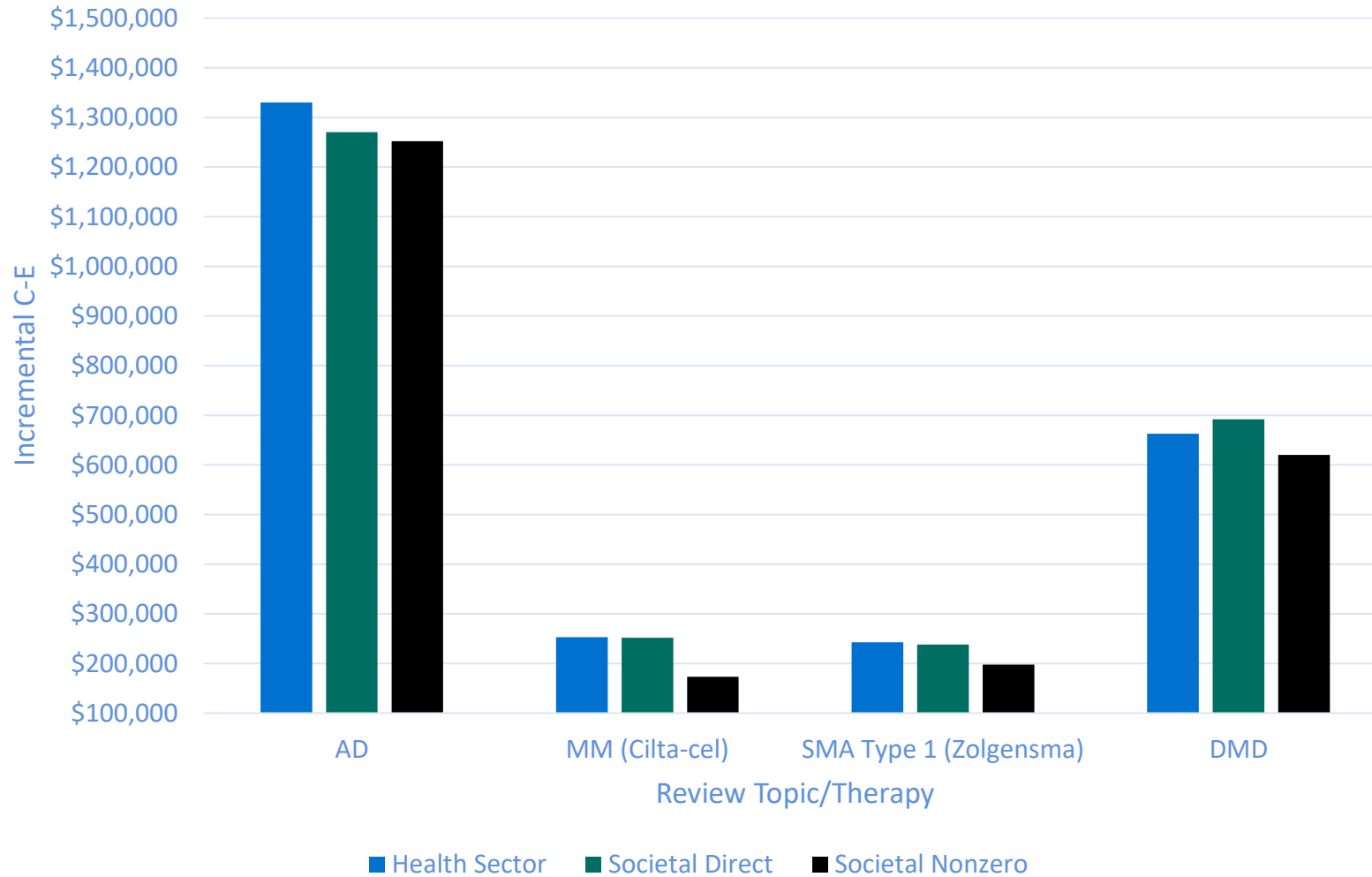
ICER's “Nonzero” Approach

- Recent developments in addressing missing societal data in economic evaluation
- Jiao/Basu regression algorithm linking QoL and time-use data to estimate societal impacts during life extension:
 - Patient productivity gains
 - Consumption costs
 - Patient time seeking care
 - Caregiver productivity loss
- ICER now routinely includes the algorithm in scenario analyses when direct societal data not available

“Nonzero” Approach: What Has the Impact Been?

- Ongoing effort to validate nonzero approach against prior reviews that have used direct, published evidence
 - Focus on 20 ICER reviews published 2017-2021
- To date, nonzero to direct comparisons for 4 topics
 - Alzheimer's Disease (amyloid-clearing biologics)
 - Multiple Myeloma (CAR-T)
 - Spinal muscular atrophy (monoclonal antibody)
 - Duchenne muscular dystrophy (exon-skipping therapies)

“Nonzero” Approach: What Has the Impact Been?



6-30% Change
No change in
Conclusions

Summary

- Technically feasible to include labor market effects in HTA
- Not routinely done, due to questions of data availability, fit with agency remit, and ethical/measurement conundrums
- Ongoing questions regarding whether HTA should embrace labor and other societal impacts more broadly
- ICER's work in this area suggests feasible approaches to embedding labor effects, even in absence of data
 - Early results suggest this does not move the needle on valuation or conclusions

Thank you!

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Questions?