

Structured Elicitation for Cost-Effectiveness Analyses, an overview

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What is expert elicitation?

*“systematic process of formalizing and quantifying, typically in probabilistic terms, expert judgments about **uncertain quantities**” [White paper on elicitation]*

- Subjective priors for Bayesian inference.
- Uncertainty = degree of belief (imperfect knowledge)
- Good elicitation (structured expert elicitation, SEE) should minimise bias and heuristics, but inevitably, the probabilities elicited are personal
- Formally used in decision making in, e.g., food safety [EFSA]

Use of SEE within decision modelling

- Cost-effectiveness typically requires multiple evidence sources to be considered -- decision models
- Uncertainty in the evidence can result in uncertain cost-effectiveness estimates.
 - Approval/rejection can be conditioned on research being conducted



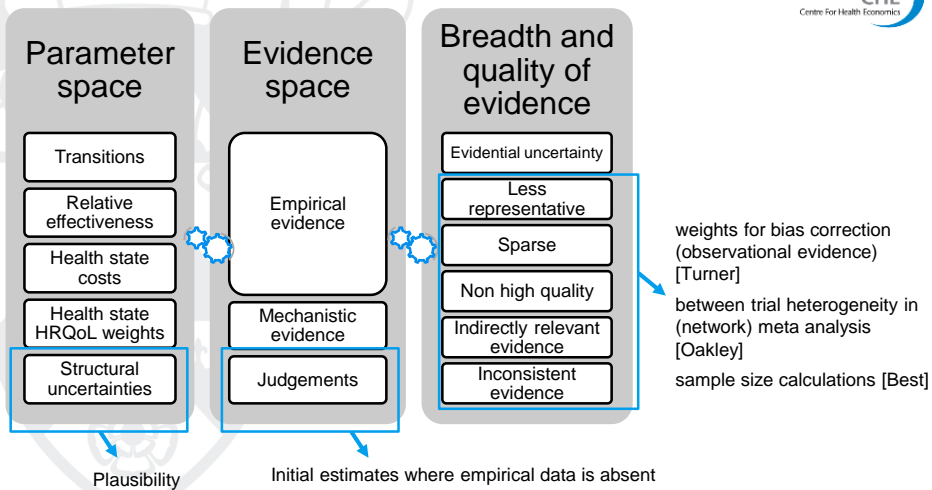
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Statistics in Medicine
Methods to elicit experts' beliefs over uncertain quantities: application to a cost effectiveness transition model of negative pressure wound therapy for severe pressure ulceration

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Use of SEE within decision modelling



- Judgements are **ALWAYS** required, SEE can contribute to accountability

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Developing an elicitation exercise

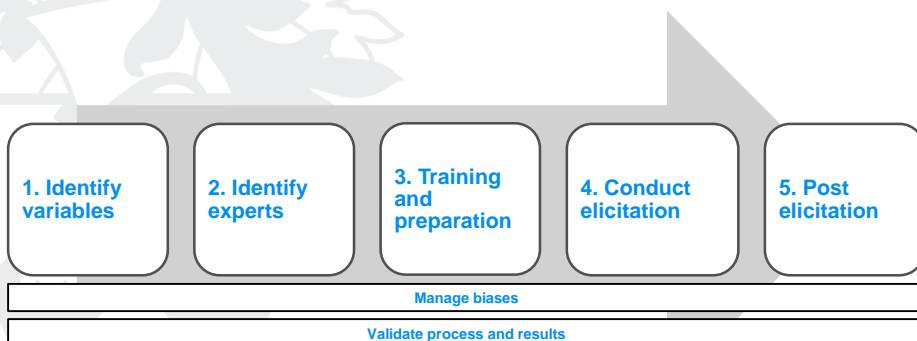
- This presentation takes you through the required methodological options relating to aspects of design, conduct and analyses
- These were identified in a review of existing protocols for elicitation, conducted within an MRC funded project:

Developing a reference protocol for expert elicitation in health care decision making

Project team: Bojke L, Claxton K, Fox A, Jankovic D, Soares M (U of York), Taylor A (U of Leeds), Sharples L (LSHTM), Jackson C (U of Cambridge), Morton A, Colson A (U of Strathclyde)

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Overview of elicitation



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Overview of elicitation

1. Identify variables



Soares et al

1.1 Quantities to elicit

Parameter to elicit: e.g. probability in a Markov model

Quantity to elicit: Probability patient dying/surviving within x years, time to x% patients die, or mean time to death.

Section 1 - Treatment (3/4)

Think of UK patients with at least one debrided grade 3 or 4 pressure ulcer (greater than 5 cm² in area). Patients start treatment with a **non-silver spun hydrocolloid/hydrofibre dressing** as the primary contact layer. If patients have multiple grade 3 or 4 ulcers, assume that you are treating the deepest ulcer (we will refer to this as the reference ulcer).

Once patients have started this treatment they continue to receive standard pressure ulcer care (i.e. support surfaces). Over time treatment with spun hydrocolloid/hydrofibre may or may not stop depending on clinical decisions made.

start

6 months

healed

unhealed

6 months after starting treatment with spun hydrocolloid what proportion of patients who are alive do you think would have a healed reference ulcer?

This is regardless of whether patients are still receiving treatment with spun hydrocolloid at this 6 month point.

Click here to answer

0 10 20 30 40 50 60 70 80 90 100

Proportion of patients (%)

Back to previous screen

Continue to next screen

please click "Continue to next screen" only after answering all the questions

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Overview of elicitation

1. Identify variables

1.2 How to encode judgements on uncertainty (methods of elicitation)

Fixed interval method: here illustrated using chips and bins [Soares et al]

6 months after starting treatment with spun hydrocolloid what proportion of patients who are alive do you think would have a healed reference ulcer?

You have inserted 20 crosses in the grid, please insert 1 more cross.

Please include a total of 21 crosses

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100%

Clear grid

Return to the previous screen

Variable interval methods: here illustrated eliciting single bounds of an 80% credible intervals

I am very certain (90% certain) that the true value for this quantity is *higher* than: _____

I am very certain (90% certain) that the true value for this quantity is *lower* than: _____

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Overview of elicitation

2. Identify experts

2.1 Who is an expert?

skills: substantive, normative, adaptive

2.2 Number of experts and recruitment

typically multiple experts are required

3. Training and preparation

3.1 Pilot (and refine) the protocol

3.2 Train and prepare experts

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Overview of elicitation

4. Conduct elicitation

4.1 Mode of administration

Face-to-face or remote

4.2 Levels of elicitation and interaction

individual, group, individual followed by group

4.3 Feedback and revision

- Type of feedback (graphical, written description, etc)
- What to feedback (individual's judgments, aggregated group judgments, judgments from other individual experts)
- Opportunity for revision (Iterate elicitation/feedback rounds, update after future data is collected, update for revisions/clarifications after circulating draft elicitation report)

4.4 Opportunity for interaction

- No interaction
- Group discussion prior to individual elicitation
- Group discussion and group elicitation
- Group discussion following individual elicitation (with opportunity for revision)

4.5 Collect rationales

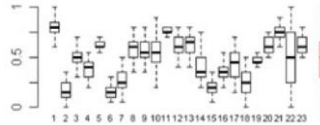
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Overview of elicitation

4. Conduct elicitation or 5. Post elicitation

4/5.1 Aggregation *

- Aggregate, don't aggregate, analyst provides a distribution that captures knowledge from all experts (the Kaplan approach)
- Method of aggregation
 - Mathematical: equal-weighting, performance-based weighting (with seed questions), analyst-defined weighting (based on rationales, expert qualifications, or other criteria)
 - Bayesian aggregation
 - Behavioural
 - Combination
 - Other



4/5.2 Fit to distributions *

- Fit to parametric distribution; use non-parametric approaches; don't fit at all
- Choice of distribution
- Choice of fitting method

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Overview of elicitation

5. Post-elicitation

5.1 Feedback on process

5.2 Adjusting judgements

5.3 Documentation

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Use of elicitation in CE



Experiences of Structured Elicitation for Model-Based Cost-Effectiveness Analyses

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Study	Type of strategy under investigation	Study	Type of strategy under investigation
Garthwaite et al. [14]	Treatment	Colbourn et al. [28]	Diagnostic/screening
Leal et al. [10]	Diagnostic/screening	Soares et al. [9]	Treatment
Girling et al. [15]	Treatment	Bojke et al. [18]	Treatment
Stevenson et al. [16]	Prevents transmission	Cao et al. [11]	Diagnostic/screening
Meads et al. [12]	Diagnostic/screening	Fischer et al. [23]	Treatment
McKenna et al. [19]	Treatment	Poncet et al. [27]	Diagnostic/screening
Haakma et al. [13]	Diagnostic/screening	Grigore et al. [24]	Treatment
Stevenson et al. [17]	Treatment	Wilson et al. [20]	Treatment
Speight et al. [25]	Diagnostic/screening	Meeyai et al. [21]	Vaccine
Sperber et al. [22]	Treatment	Grimm et al. [35]	Diagnostic/screening
Brodtkorb [26]	Several exercises conducted		

R&D, research and development.
* Rate of implementation in clinical practice over time.

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Discussion

- Little research to support the choices that need to be made.
 - Accuracy cannot be measured as expert beliefs are inherently unobservable
 - Existing methodological research: noncommittal, inconsistent, poor quality...
- Methodological uncertainties may be main reason for the limited use of SEE in the context of HTA.
- There are no guides to good practice in HTA, but:
 - Our systematic review identified 16 unique SEE guidelines, 5 generic and 11 domain-specific
 - Examples of generic guidelines are: Sheffield elicitation framework (SHELF) or Cooke's classical method (Cooke R.M 1991)
- Not clear if any can appropriately be used to inform HTA

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Thanks!

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