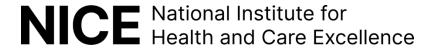
Using health-related quality of life data from children and youth to strengthen HTA

Koonal Shah
Science Policy and Research
ISPOR Europe, November 2024





Declarations

I am an employee of NICE, and a EuroQol member.

My attendance at ISPOR Europe 2024 has been funded by EuroQol.

The views expressed do not necessarily reflect the views of NICE or of EuroQol.

2

About NICE

NICE helps practitioners and commissioners get the best care to people, fast, while ensuring value for the taxpayer.

We do this by:



Producing useful and usable guidance for health and care practitioners.



Focusing on what matters most by prioritising topics that are most important to the health and care system or address an unmet need.



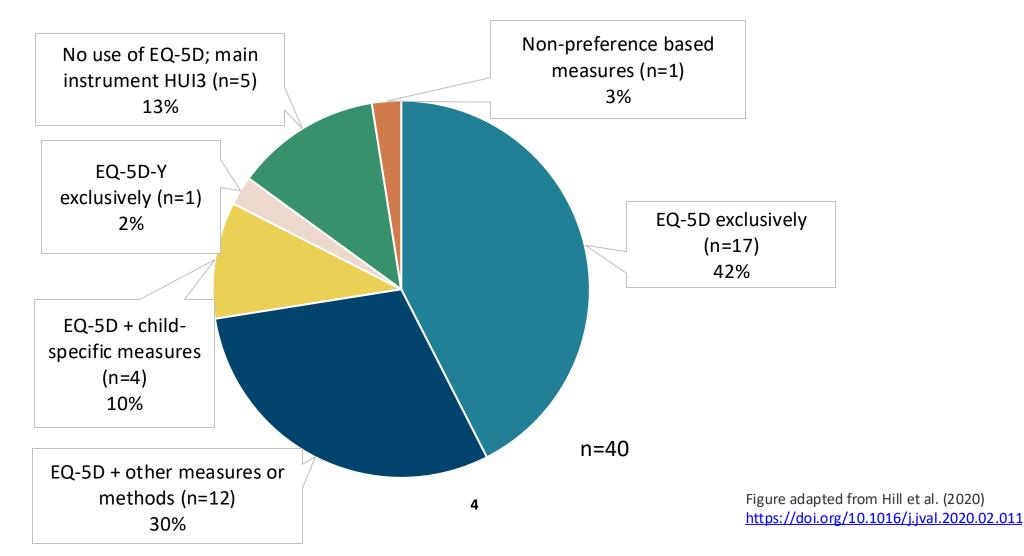
Providing rigorous, independent assessment of complex evidence for new health technologies.



Encouraging the uptake of best practice to improve outcomes for everyone.

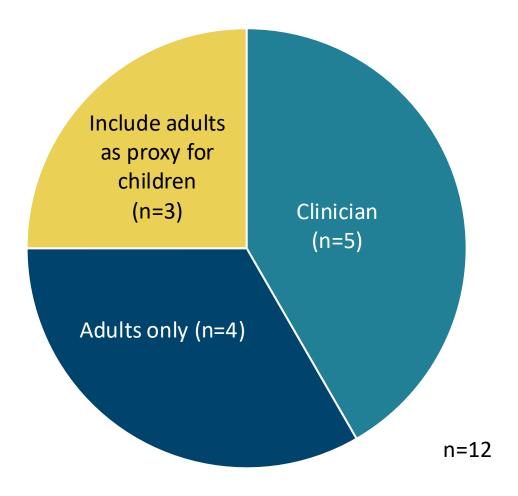
Instruments used in NICE technology evaluations

Generating utilities for children and young people



Focus on pre-school children (under 5s)

Source of utility values in NICE evaluations



NICE methods update (2022)

- Academic literature was not deemed mature enough to recommend specific measure(s) and value set(s) for children and young people
- The chosen measure should
 - be a generic measure
 - have good psychometric performance in the relevant age ranges
- Important to report who completed the measure
 - adults / children and young people / on behalf of children





Challenges and barriers for NICE

Which instrument & completed by whom?

More age-appropriate evidence on psychometric performance More age-appropriate evidence on content validity Head-to-head comparisons

Valuation

Population – whose preferences?

Perspective – whose health?

Methods – which valuation technique?

Consistency

Consistency within models

Consistency in decision making



CADTH Health Technology Review

Measuring and Valuing Health for Children: A Review of the Evidence

NICE

8

Common challenges in child health technology evaluations

- No health-related quality of life data collected in trials
- Or if data was collected, an unsuitable instrument was used
- Patient population spans childhood and adulthood
- Learning difficulties or cognitive impairment can make measurement of health states directly from patients difficult or impossible
- Data quality is inevitably poorer, so resulting estimates are more uncertain

NICE

9

Common enquiries to NICE

- Availability of EQ-5D-Y utility values for England
- Proxy measurement by carers / parents
- How to measure health-related quality of life in very young ages
- How to account for issues not captured by instruments, e.g. ability to socialise and engage with other children

10

- Assessment of carer quality of life (children typically require full time care when sick)
- Issues associated with trial design
 - Wide age range of the patient population
 - Learning disabilities









Assessing the content validity of child and adolescent-specific preference-based measures with potential to inform UK policy

June 2024



Articles Publish Topics Multimedia About Contact

PREFERENCE-BASED ASSESSMENTS · Articles in Press, October og, 2024 · Open Access

Practicality, Validity and Responsiveness of Using the Proxy Version of the CHU-9D with Children Aged 2 to 5 Years

Tracey H. Sach, PhD $\stackrel{\land}{\sim}$ 1,2 $\stackrel{\boxtimes}{\boxtimes}$ · Hywel C. Williams, DSc 3 on behalf of the BEEP study team * · ... · Hywel Williams 15 · Joanne Chalmers 15 · Susan Davies-Jones 15 ... Show more

Affiliations & Notes ✓ Article Info ✓



Show Outline 💸

Highlights:

- Measuring child utility in health economic evaluations is challenging. The Child Health Utility 9 dimension (CHU-9D) is a generic preference-based measure with 9 dimensions each with 5 levels that has been used with children aged ≥5 years. Few studies have examined the psychometric properties of CHU-9D in the under 5's.
- This paper explores the practicality, validity (construct and convergent), and responsiveness of the proxy CHU-9D in children aged 2 to 5 years using data collected as part of a previously reported clinical trial.
- The practicality of the proxy CHU-9D improved with age. In terms of validity and responsiveness only small changes and responsiveness were observed for the relatively healthy children aged under 5 years in this study. A small proportion found the 'School Work/Homework' question difficult particularly at the lower age range despite additional guidance. Further research is needed to corroborate these findings, examine other measurement properties, and consider the appropriateness of the value set for younger children.

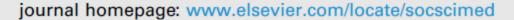
NICE

12



Contents lists available at ScienceDirect

Social Science & Medicine







Who should value children's health and how? An international Delphi study

Philip A. Powell a,*, Donna Rowen Anju Keetharuth Clara Mukuria Koonal Shah b

^a Sheffield Centre for Health and Related Research, University of Sheffield, UK

b National Institute for Health and Care Excellence, London, UK

Home > PharmacoEconomics > Article

Valuation of the Child Health Utility 9D Index

Original Research Article | Published: 23 December 2012

Volume 30, pages 729-747, (2012) Cite this article

Katherine Stevens



Social Science & Medicine

Volume 157, May 2016, Pages 48-59



Valuing the Child Health Utility 9D: Using profile case best worst scaling methods to develop a new adolescent specific scoring algorithm

Julie Ratcliffe a R M, Elisabeth Huynh b, Gang Chen a, Katherine Stevens c, Joffre Swait b, John Brazier c, Michael Sawyer d, Rachel Roberts c, Terry Flynn f



Value in Health

Available online 27 September 2024

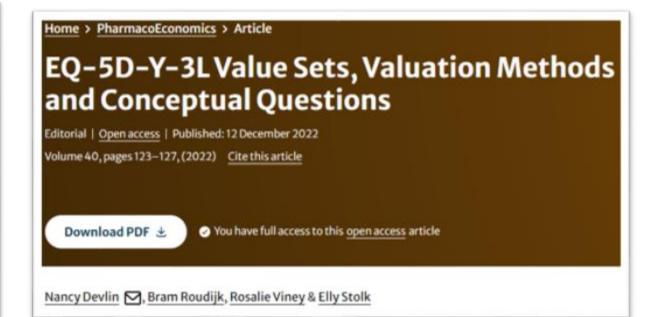
In Press, Journal Pre-proof (7) What's this?

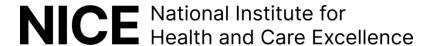




Development of a health state classification system for the PedsQL™ 4.0 Generic Core Scales for preference-based valuation in Australia

loseph Kwon PhD 1, Rakhee Raghunandan PhD 2, Son Hong Nghiem PhD 3, Kirsten Howard PhD 2, Emily Lancsar PhD 3, Elisabeth Huynh PhD 3, Martin Howell PhD 2, Stavros Petrou PhD 1 & 25 Sarah Smith PhD.





Thank you