
Weighting the QALY for “severity”

Perspectives from one HTA organization

QALY weighting

- “Reasons for weighting the QALY are normative; reasons against are practical”?
- Possible QALY weighting for:
 - Severity (?proportional QALY shortfall)
 - Lifetime burden of illness (?absolute QALY shortfall)
 - “Satisfactory” amount of benefit
 - Timing (Discounting)
 - Number of individuals affected and magnitude of gain (aggregation problem)
 - Distributional goals, e.g. racial/ethnic, rural/urban, historical equity
 - Age (Fair innings)
 - Uncertainty
 - First ever treatment for the condition

ICER experience of “weighting” severity

- The work of Nord and others informed ICER’s early efforts
- Early attempts at MCDA failed miserably
- Deliberation on severity and other “values” without voting
- Proposal for stepwise ICERs following Norway or Holland
- Deliberation with voting, multiple versions, including provision of absolute and proportional shortfalls with mini shortfall league tables – a form of “MCDA lite” as will be shown

Value Assessment Framework: What is “Value”?

Special Social/Ethical Priorities

Benefits Beyond “Health”

Total Cost Overall
Including Cost Offsets

Health Benefits:
Return of Function, Fewer Side Effects

Health Benefits:
Longer Life

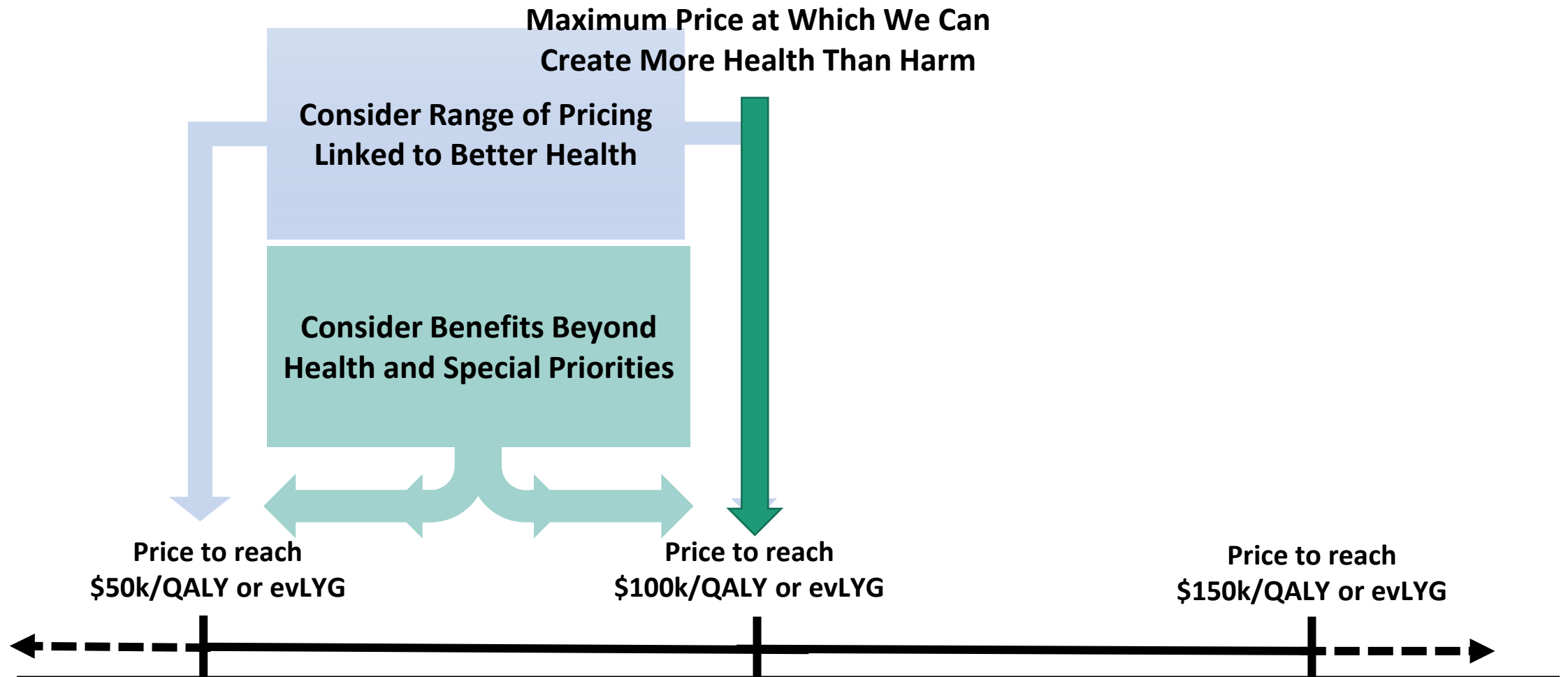
Benefits Beyond Health and Special Priorities

- When making judgments of overall long-term value for money, what is the relative priority that should be given to any effective treatment for [condition], on the basis of the following contextual considerations:
 1. **Acuity of need** for treatment of individual patients based on short-term risk of death or progression to permanent disability
 2. **Magnitude of the lifetime impact** on individual patients of the condition being treated

Benefits Beyond Health and Special Priorities

- What are the relative effects of [Drug X] versus standard-of-care alone on the following outcomes that inform judgment of the overall long-term value for money of [Drug X]?
 1. Patients' ability to achieve major life goals related to education, work, or family life
 2. Caregivers' quality of life and/or ability to achieve major life goals related to education, work, or family life
 3. Patients' ability to manage and sustain treatment given the complexity of regimen
 4. Society's goal of reducing health inequities
 5. Other (as relevant)

Cost-effectiveness as a part of pricing to value



Looking forward

- Why we use the QALY in the first place suggests we should learn how to weight it transparently, consistently
- Trade-offs between categorical versus continuous modifiers for the QALY
- How does weighting affect the opportunity cost threshold?
- Tension between giving more QALY weight and whether that means we want higher prices; updating core methods risks historical fairness to previous reviews
- Unlike other HTA groups, ICER doesn't have a single decision-maker – is it better that we allow decision-makers to apply their own implicit or explicit weights to QALY gains? What about other weights, such as racial/ethnic equity?
- ICER's next value assessment framework update is in 2023....