

Social determinants of health and health technology assessment

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Equity in health technology assessment policy

Current approaches and challenges

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Public preferences on health inequalities

NICE Listens public engagement exercise focused on health inequalities

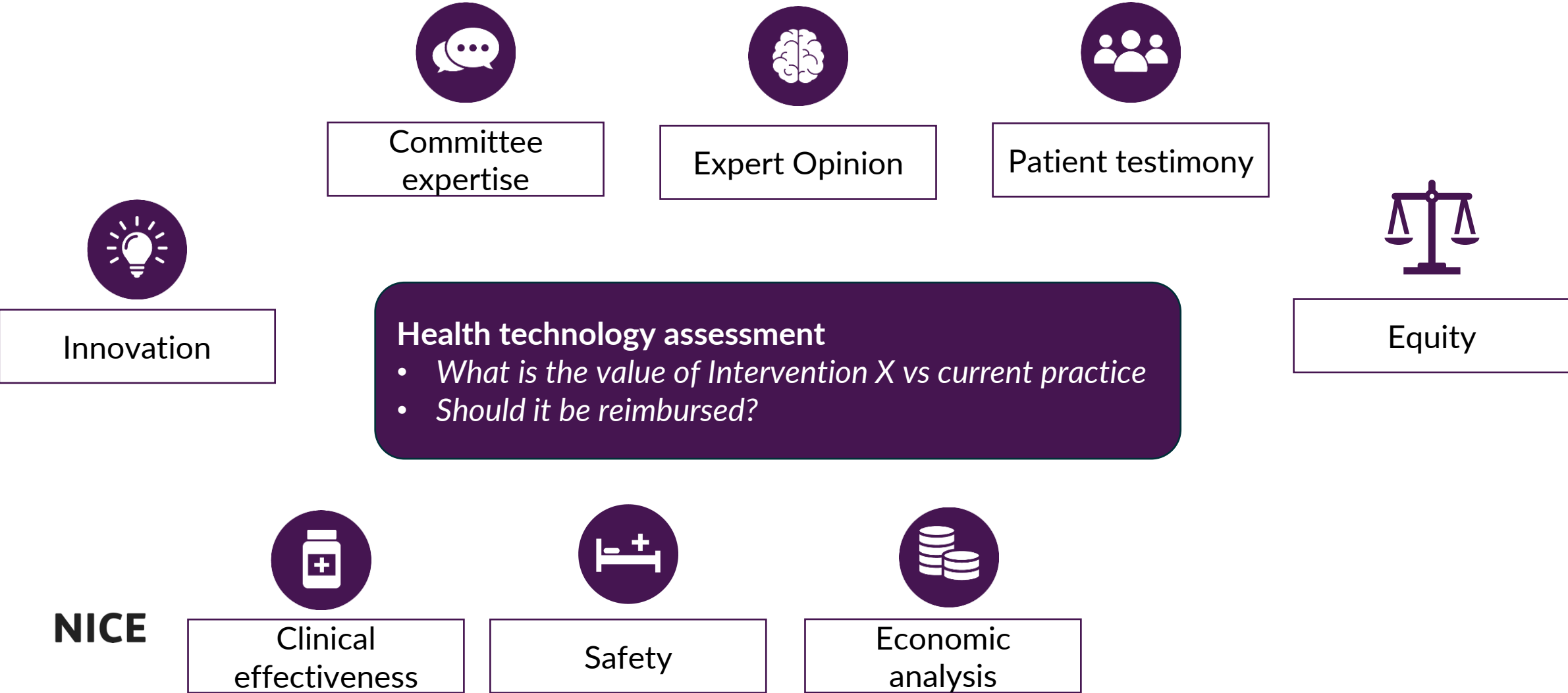
- Health system just one of many levers for tackling inequalities
- Inequality reduction is a priority but disagreement over trading-off against health maximisation
- Implementation key to ensure guidance reduces (or at least mitigates against increasing) inequalities

Applicability of these findings to other HC systems depends on social objectives of payer

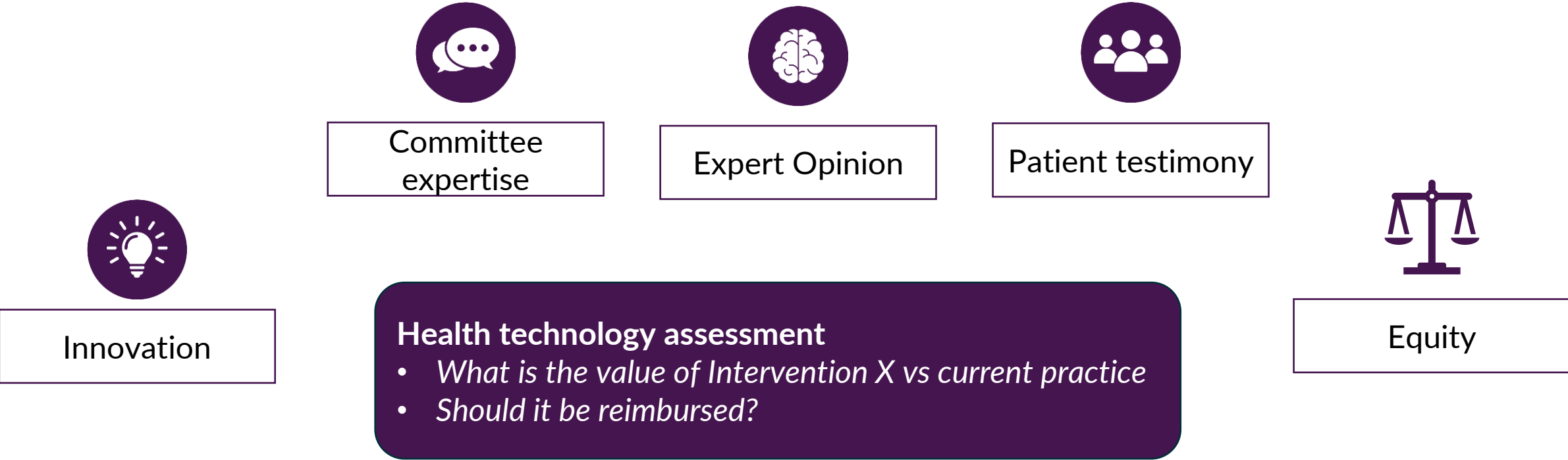
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How does equity feature in HTA?



How does equity feature in HTA?



Around the world...

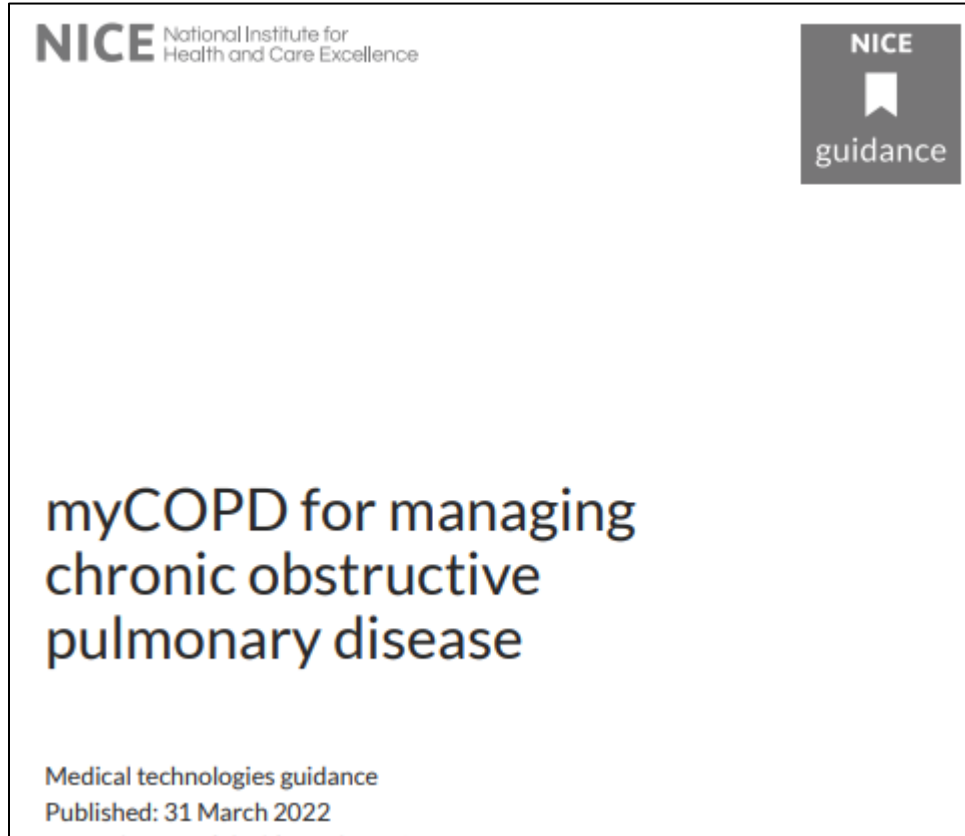
Agency	Deliberative approach to inequalities / equity
NICE	Structured decision making can include “broader social considerations” such as inequality reductions
ICER	Contextual considerations include “society’s goal of reducing health inequities”
PBAC	Issues influencing decision making can include “how the proposed medicine might promote (or hinder) patient equity or access”

- Panteli et al. (2015) review of 19 HTA bodies found that “equity was not a standard consideration in HTA reports”

Source: Panteli, D., Kreis, J., & Busse, R. (2015). Considering equity in health technology assessment: an exploratory analysis of agency practices. *International Journal of Technology Assessment in Health Care*, 31(5), 314–323.

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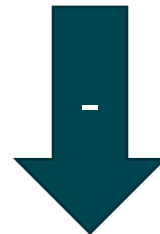
Deliberative considerations in NICE guidance



- Section of guidance discusses “myCOPD could have an impact on health inequalities”



Equity effect



Implementation of myCOPD improved patients' access in areas of deprivation

- Could be underused by those with
 - Low language skills
 - Visual, hearing or cognitive impairment,
 - limited manual dexterity

“Further evidence is needed”

- Concluded that “**further evidence** of myCOPD's use in a wide range of socioeconomic backgrounds, ethnicities and ages **is needed** to understand its effect on health inequalities.”
- Panteli et al. (2015) review noted limiting factor for incorporating equity was lack of evidence on equity-relevant outcome, often caused by insufficient data
- Issues for HTA agencies:



Bringing in evidence on equity



Around the world again

Agency	Position on quantitative analysis of inequalities
CADTH	<i>“In the reference case, all outcomes should be weighted equally, regardless of the characteristics of people receiving, or affected by, the intervention in question.”</i>
ICER	<i>“Data to support application of available methods are lacking in the US, and none of these methods have been adopted as standards within other HTA agencies.”</i>
NICE	<i>“There remains a case to include a [health inequalities] formal modifier. However... we first need to fully explore the complexities.”</i>

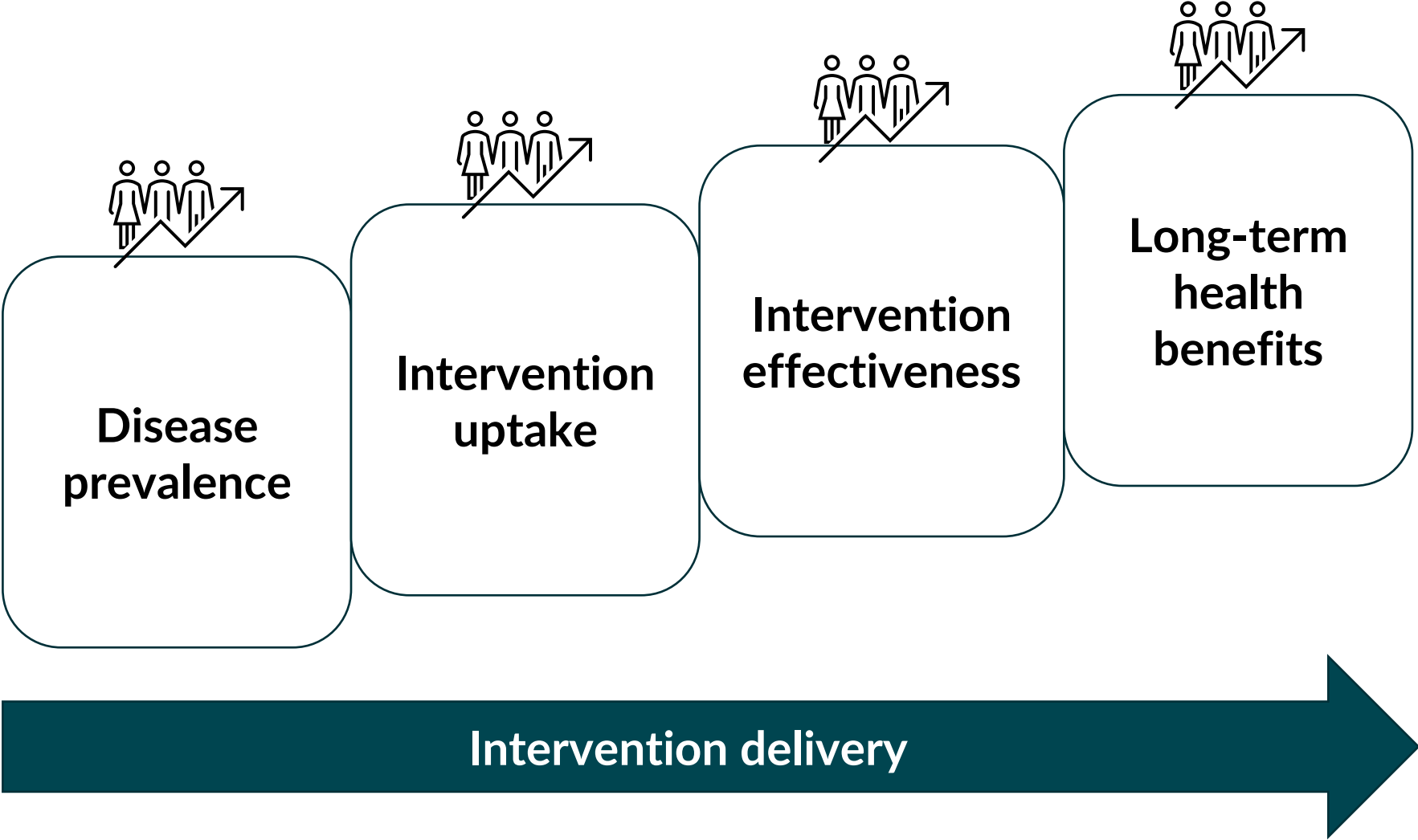
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Data requirements for distributional analysis of health interventions

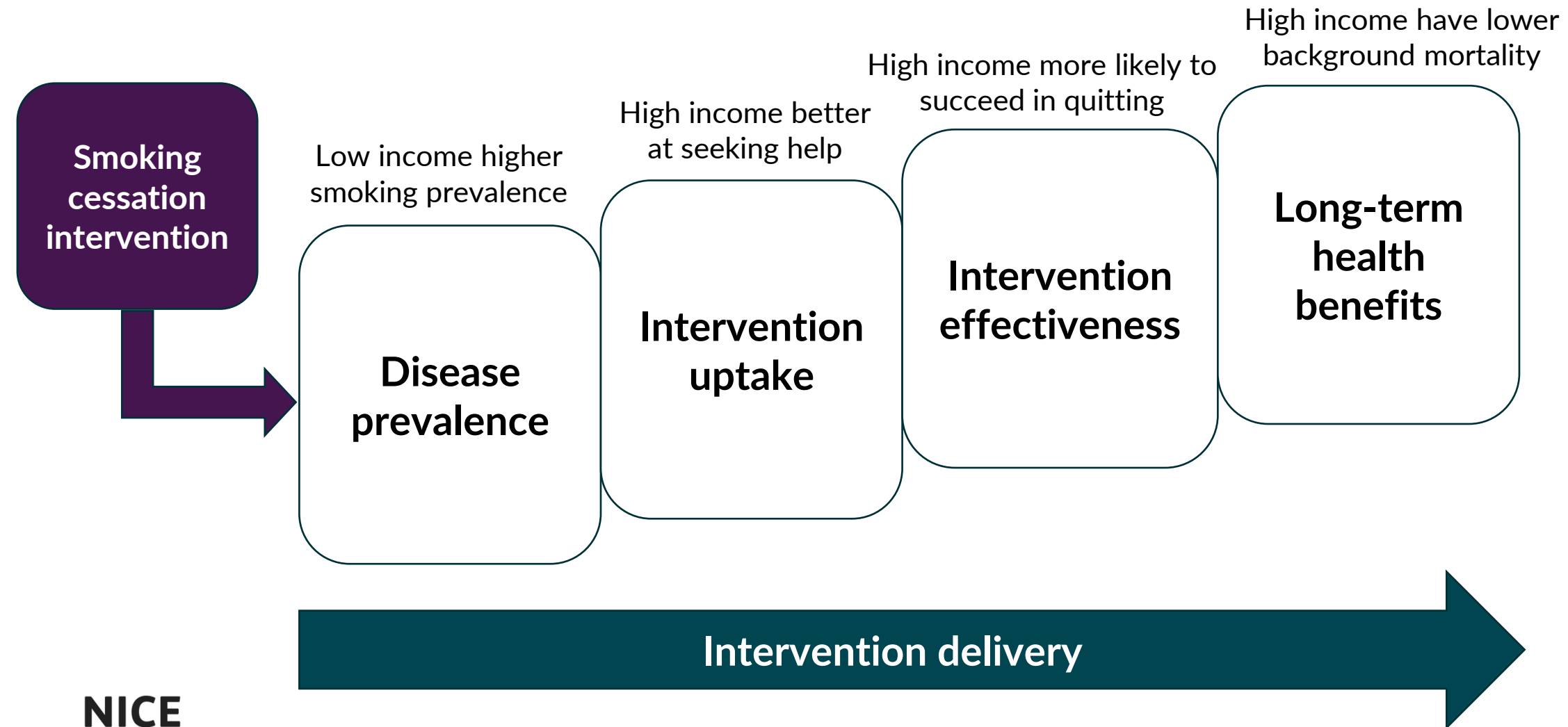
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Evidence framework for considering inequalities

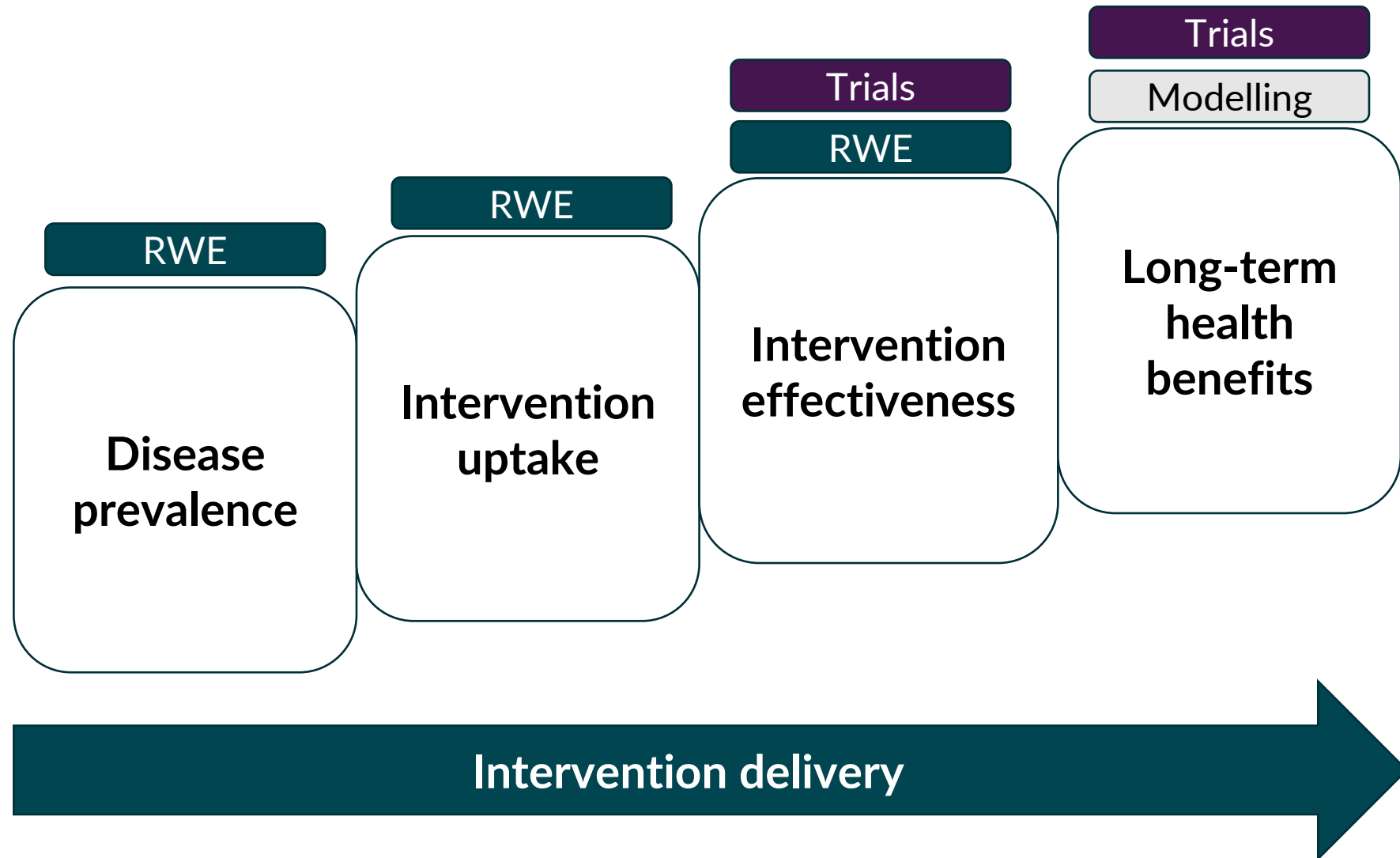


Evidence framework for considering inequalities



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Evidence framework for considering inequalities



Data environment in England



Clinical Practice Research Datalink

Longitudinal sample of 700+ GP practices, 19 million patient records

Patient, practice, staff, consultation, referral, prescription



Hospital Episode Statistics

Administrative dataset covering all NHS hospitals in England

Diagnoses and procedures for admitted, A&E, outpatient, maternity, critical care

Linkable:
To each other, but
not non-health
administrative
datasets

Patient
characteristics:
age, gender,
ethnicity, postcode

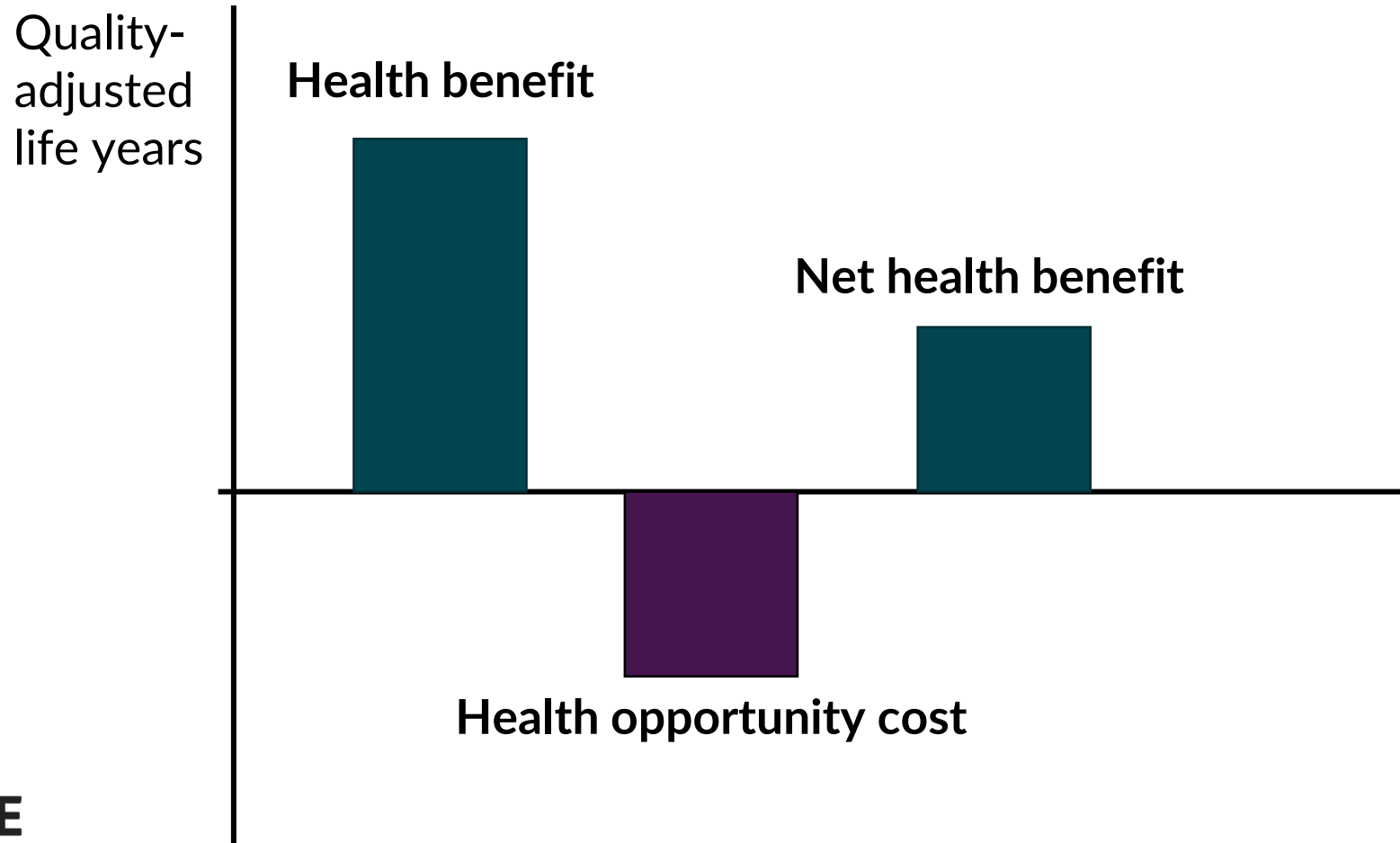
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Distributional economic evaluation methods

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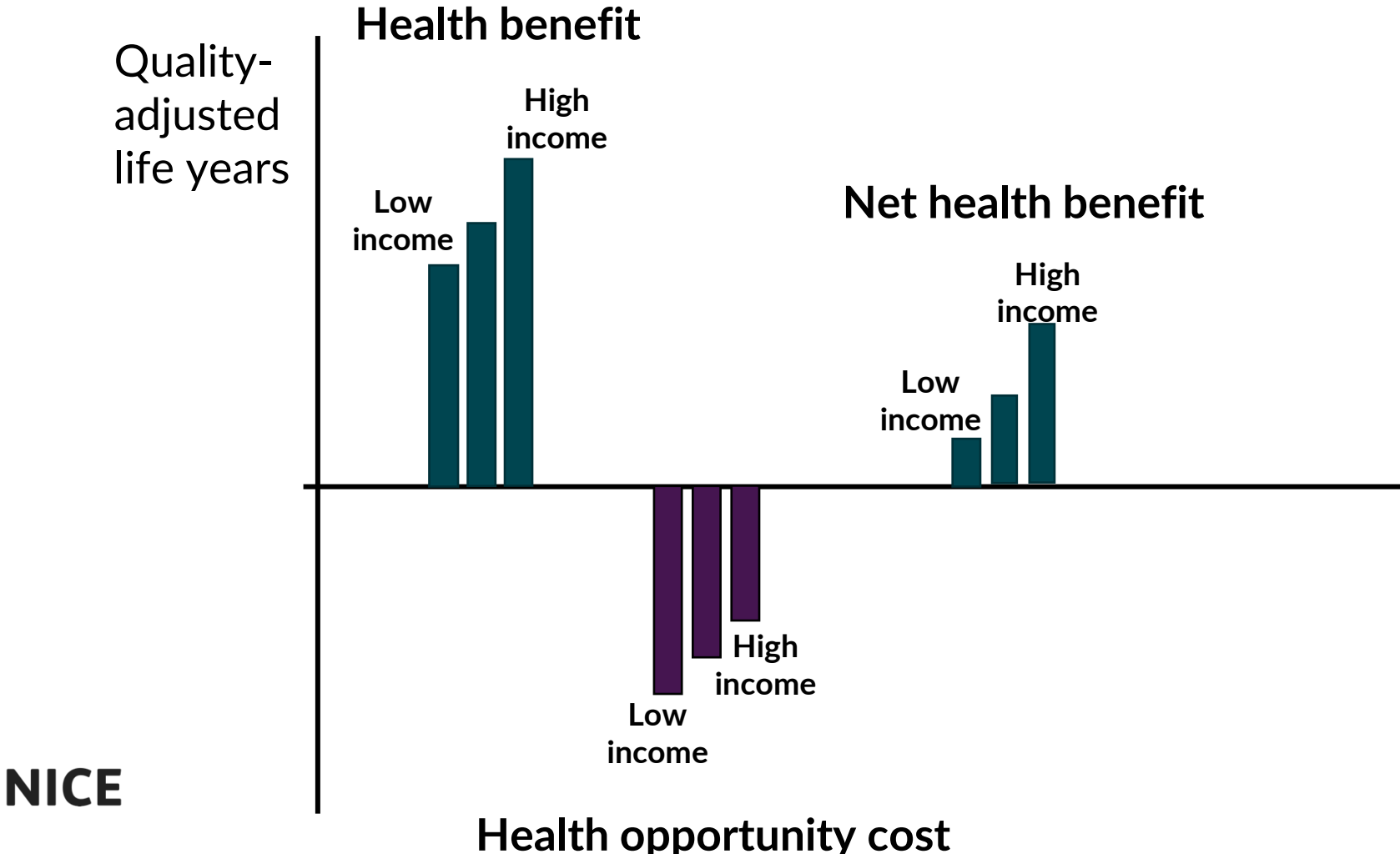
Cost-effectiveness paradigm



Positive net health benefit
=
Population health increased
=
Cost-effective

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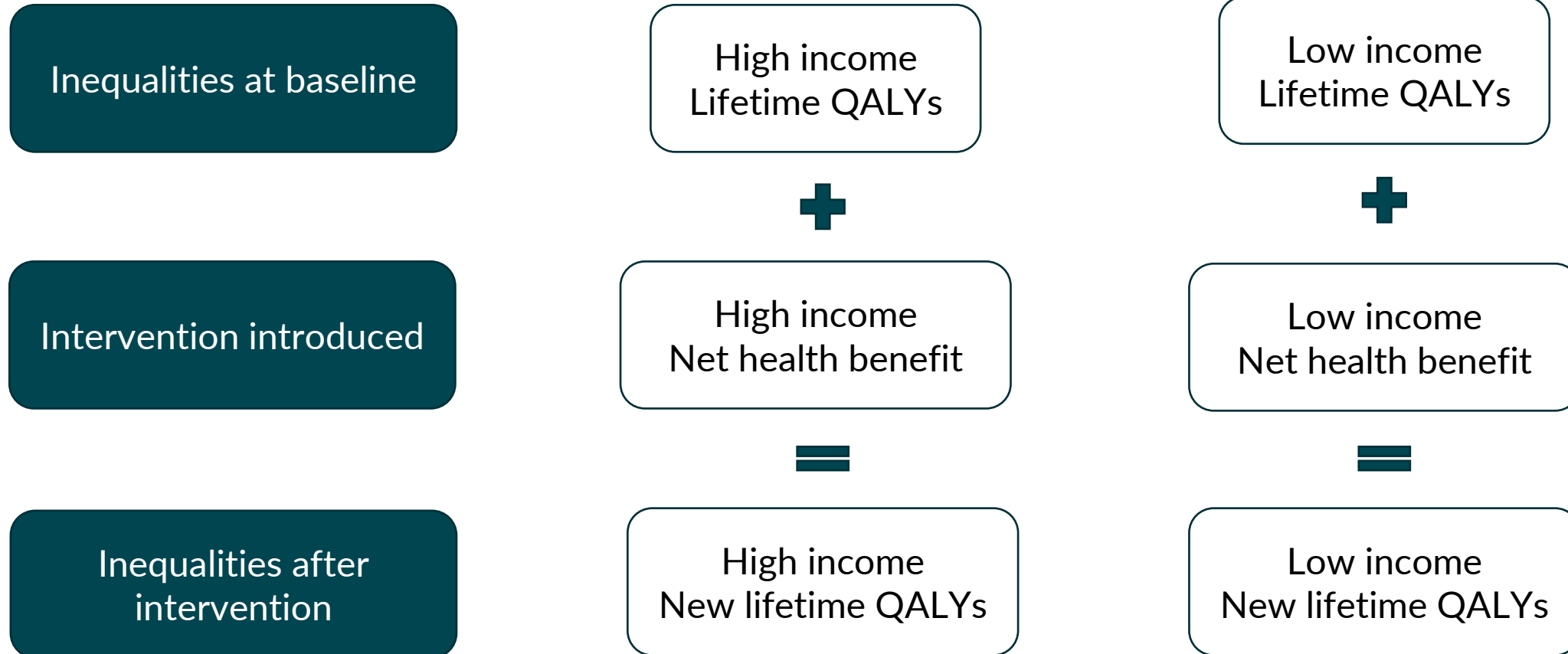
Introducing distributional concerns



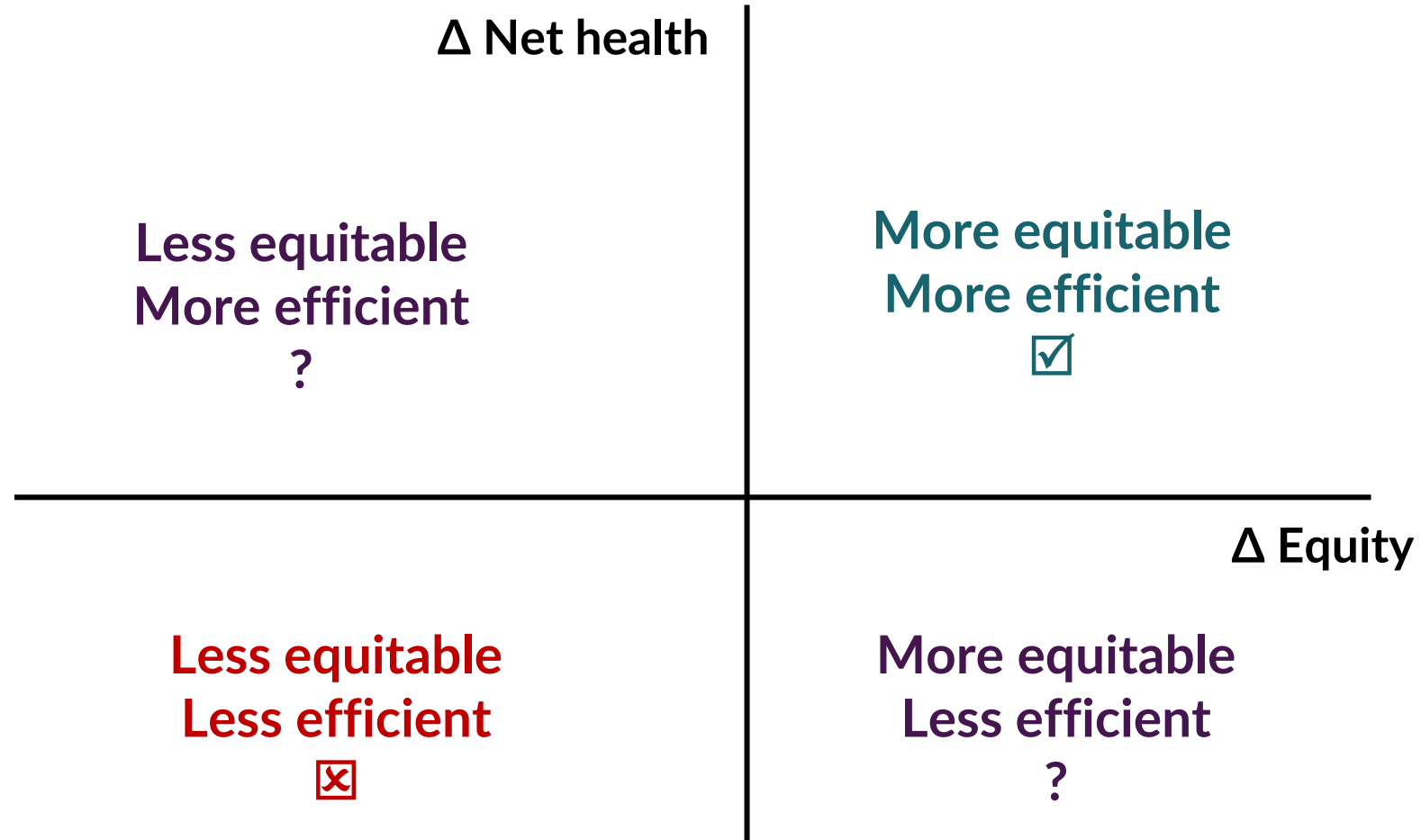
Positive net health benefit
 +
 Inequality increases
 =
 'Equity-efficiency' trade-off

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Distributional cost-effectiveness analysis

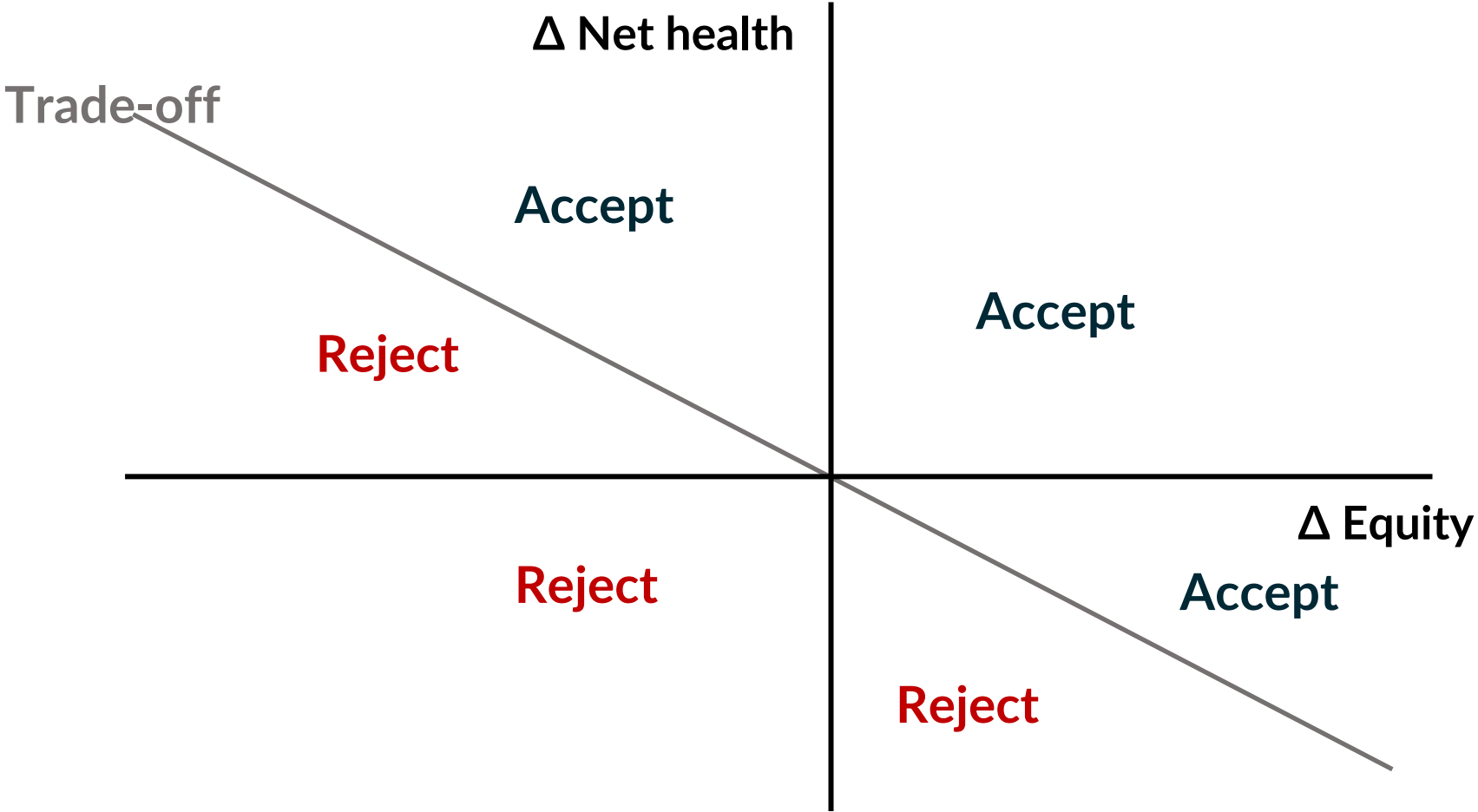


Equity vs health maximisation trade-offs



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Equity vs health maximisation trade-offs

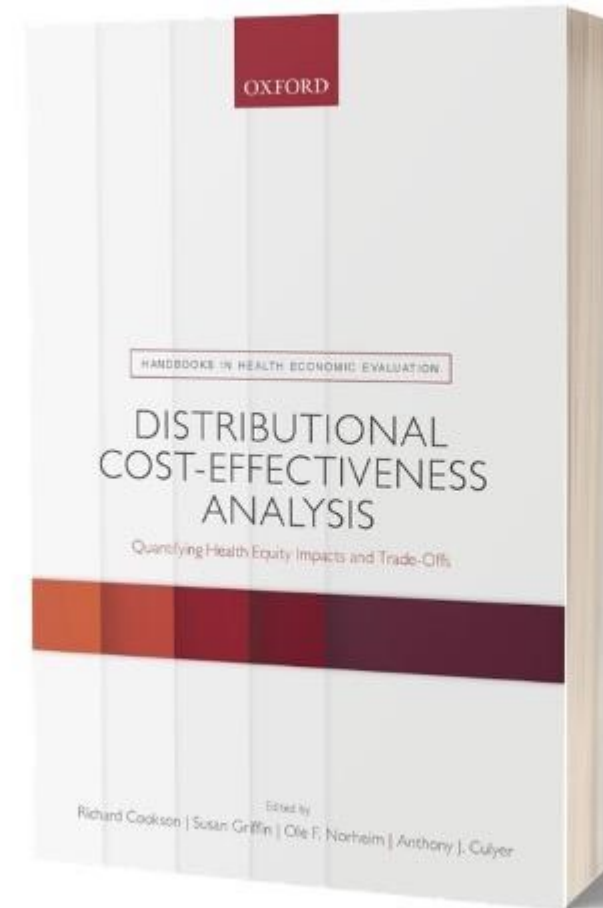


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The handbook

Distributional Cost-Effectiveness Analysis: Quantifying Health Equity Impacts and Trade-Offs

Edited by Richard Cookson, Susan Griffin, Ole F. Norheim and Anthony J. Culyer



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Thank you