Understanding the Disconnect: Characterizing Trends in Inclusion of Family and Informal Caregiver Spillover in US Value Assessments

Cheng, Spencer^{1,2}; Pandey, Rajshree³; Kang, Ashley³; Kowal, Stacey²

¹The CHOICE Institute, Department of Pharmacy, University of Washington, Seattle, WA; ²Genentech, South San Francisco, CA; ³Curta Inc., Seattle, WA

BACKGROUND

- Informal caregiver burden and family spillover is increasingly recommended as an instrumental value element for costeffectiveness analyses and health technology assessments from the societal perspective^{1,2}
- In 2020, the Institute for Clinical and Economic Review (ICER) updated their value assessment framework to explicitly include elements of caregiver burden and family spillover³
- Although increasing amounts of information on caregiver burden are collected and shared by patient and caregiver advocacy groups, it is unclear how this information is incorporated into United States (US) value assessment reports

OBJECTIVE

This review sought to characterize the inclusion of family and informal caregiver spillover effects in value assessments conducted by ICER

METHODS

We conducted a targeted thematic analysis of ICER value assessments published between February 2019 and April 2023 that evaluated a pharmaceutical drug (no medical devices or diagnostics)

Step 1: Review ICER report sections

- Long-term cost effectiveness (model inputs)
- Other relevant information (patient and caregiver perspectives, potential other benefits, contextual considerations)
- Public comments (submitted by patient advocacy groups)

Step 2: Characterize spillover type

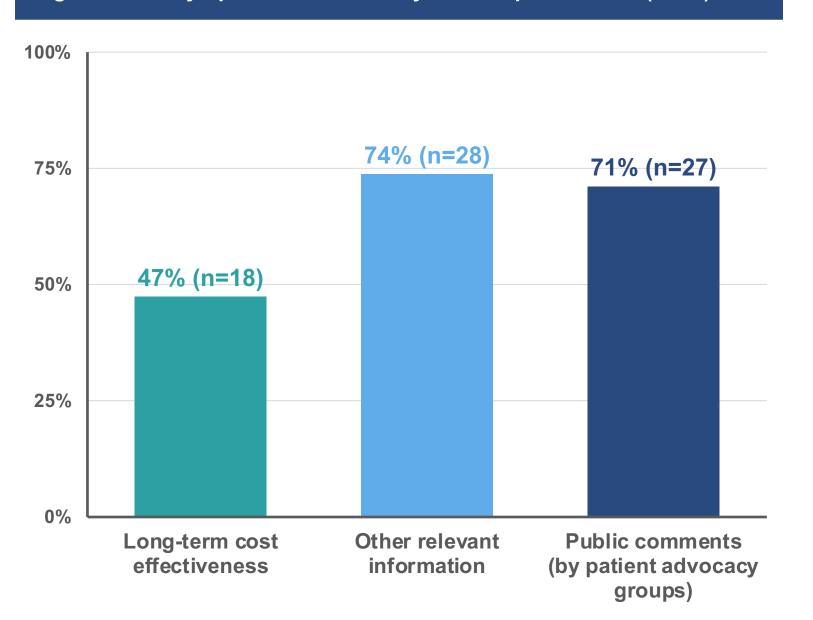
- Financial burden (unpaid caregiver time or direct costs)
- Quality of life
- Productivity
- Health
- Opportunity cost Nonspecific impact*

*Not containing any information on the type of spillover information that fits into the prespecified categories (eg, "burden," "impact")

RESULTS

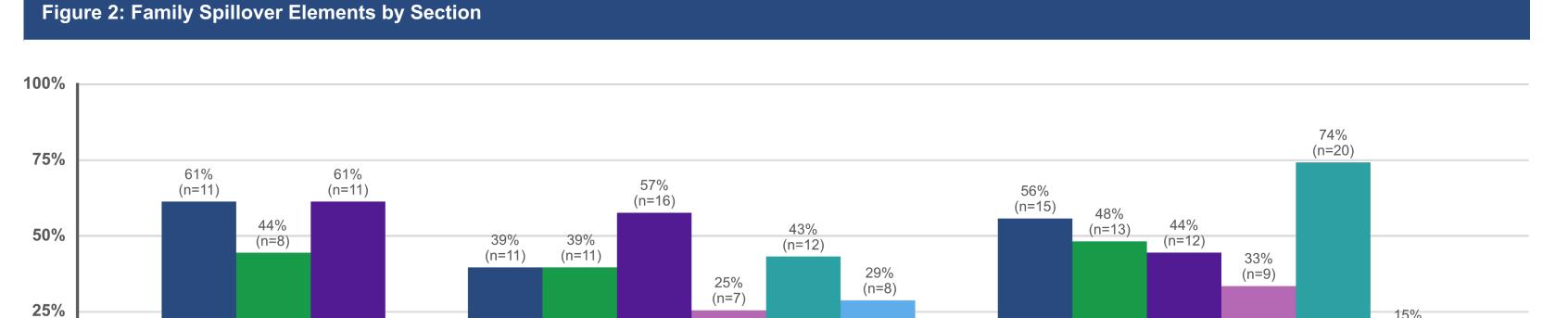
- A total of 38 reports were reviewed, and 31 (82%) included information on family spillover effects
- Although these effects were highlighted in most public comments by advocacy groups (71%) and discussed qualitatively in the relevant sections of ICER reports (74%), caregiver burden was only integrated in the economic models in 47% of assessments (Figure 1)

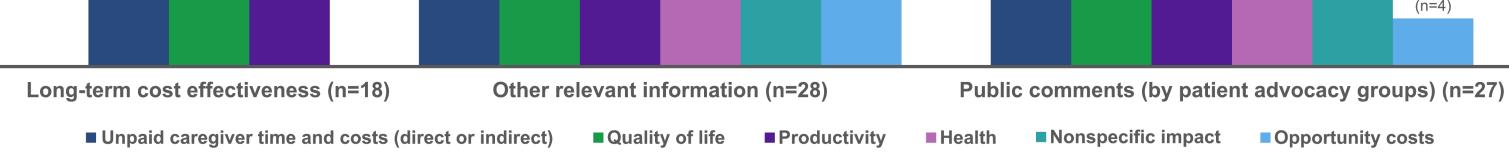
Figure 1: Family Spillover Inclusion by ICER Report Section (N=38)



Family Spillover Characterization (Figure 2)

- The long-term cost-effectiveness analyses solely reported unpaid caregiver time and costs (n=11; 61%), productivity (n=11; 61%), and quality of life (n=8; 44%)
- The other relevant information sections included broader burden
- The public comments underscored financial burden (n=15; 56%),





Potential other benefits and **Public comments Long-term cost effectiveness** contextual considerations (by patient advocacy groups) **Duchenne Muscular** [Quality of Life] Caregiver utilities elicited from the [Health] "The high caregiving burden for patients [Productivity] "In addition to direct costs, Duchenne Dystrophy (2019)⁴ EuroQol-5 Dimension 3 level (EQ-5D-3L) in a prior with DMD was often mentioned, including the was also associated with large productivity losses, for study and correlated with patient health states: early anxiety, depression, and isolation that can both patients and caregivers" ambulatory, late ambulatory, early nonambulatory, result from caring for a child (or children) with [Health] "It has a cascading effect on the patient with and late nonambulatory; the utility values were 0.845, a severe illness" Duchenne, affecting everything from ambulation, to 0.839, 0.784, and 0.810, respectively [Productivity] "Reduced caregiver burden may the ability of caregivers to lift and transfer the patient, to the social and psychological well-being of both the [Unpaid Caregiver Time and Costs] Costs to lead to greater ability of caregivers to continue caregivers in base-case modified societal perspective patient and his family" working/return to work" were used from the same study and included costs for nonmedical community services, informal care, indirect costs of illness, and out-of-pocket costs for home

Time Costs]

safely control symptoms

[Opportunity Costs] "Family members described the

tremendous responsibility of caregiving, including the

need to leave the work force to provide care for their

loved one while facing the impact of lost wages and

[Nonspecific Impact] "New therapies for acute

treatment of migraine may reduce caregiver and

family burden if outcomes are improved for those

in whom existing therapies do not effectively and

significant out-of-pocket expenses" [Unpaid Caregiver

alterations by health states used for quality of life Sickle Cell Disease [Quality of Life] Assumption that caregivers

- elements including health and opportunity costs
- quality of life (n=13; 48%), and productivity (n=12; 44%), but several reports had information that was not characterized (n=20; 74%)

[Health] "Likewise, there are notable financial and emotional burdens on the caregivers and families of patients with SCD"

[Nonspecific Impact] "The unmet need in this vulnerable population results in pain, disability, and high individual, family, societal, and economic burden"

CONCLUSIONS

- Recent ICER assessments routinely include information on informal caregiving spillover effects, and themes largely align with information submitted by patient advocacy organizations
- However, these effects were less frequently included in economic models, which may lead to challenges in understanding how caregiver burden impacts burden of disease across assessments
- Our findings suggest the need for alignment between ICER, advocacy organizations, and researchers on the specifications of the data needed to ensure that key family spillover themes can more routinely be included in economic evaluations and standardized in US value assessments

LIMITATIONS

- This review did not explore inclusion of elements over time or as a function of the disease type (eg, oncology vs rare disease vs chronic condition)
- We measured the frequency in which family spillover effects were included across assessments but did not quantify the magnitude of the effect within each report or how it should be valued

DISCLOSURES

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ACKNOWLEDGMENTS

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experience a 10% disutility of that experienced

[Productivity] It was assumed that for each acute

pain event the caregiver would miss 7 days of work

No caregiver data included in long-term

Table 1: Examples of Caregiver Spillover Characterization

by patients

cost effectiveness

Migraine: Acute

Therapies (2020)⁶