EQ-5D: Is NICE ready for the next level?

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Background

- ‘5D’ = 5 dimensions of health
  - Mobility
  - Ability to self-care
  - Ability to undertake usual activities
  - Pain and discomfort
  - Anxiety and depression

- Original version: EQ-5D-3L

- 3 response levels:
  1. No problems
  2. Some/moderate problems
  3. Extreme problems/unable to

- Patients complete EQ-5D questionnaire (‘descriptive system’)
- Use valuation set to convert to utilities that reflect preferences of population
- Calculate QALYs
2008 guide to methods of technology appraisal

EQ-5D-3L questionnaire → Use UK 3L valuation set to convert to utilities → Calculate QALYs

EQ-5D-5L questionnaire (published 2009)

• Intended to be more sensitive and reduce ceiling effects
• Same 5 dimensions of health
• 5L = 5 response levels:
  1. No problems
  2. Slight problems
  3. Moderate problems
  4. Severe problems
  5. Extreme problems (or ‘unable to’)
• Differences in wording, e.g. mobility:
  - 3L worst state = confined to bed
  - 5L worst state = unable to walk about
2013 guide to methods of technology appraisal (still current)

- EQ-5D-3L questionnaire
  
  van Hout mapping

- Use UK 3L valuation set to convert to utilities

- Calculate QALYs

Options in 2016-2017

- EQ-5D-3L questionnaire
  
  Choice of mapping functions

- Use UK 3L valuation set to convert to utilities

- Calculate QALYs

- EQ-5D-5L questionnaire

- Use English 5L valuation set to convert to utilities

- Calculate QALYs
Impact of using 5L rather than 3L

• Incremental QALY gains differ when valued using 3L or 5L
• Direction and magnitude of difference depends on utility and source of QALY gains in model...difference can be substantial
• Risk of inconsistency between appraisals if both are used

• What should companies/academic groups/committees do?

NICE policy on 5L: guiding principles

• Keen to update methods to reflect current best practice, but need due diligence
• Aiming for consistency and fairness:
  − Between ongoing appraisals
  − Between current and past appraisals
  − Between conditions and types of intervention
• Need to understand:
  − Why 2 measures are different
  − Impact on NICE guidance if we recommend 5L valuation set
• Overall approach: maintain current methods guide whilst commissioning and supporting further research
NICE position statement on 5L valuation set
3 August 2017

• Key points for reference case:
  − Use 3L valuation set, not 5L
  − If data were gathered using 5L descriptive system, map onto 3L valuation set
  − Don’t use mix of valuation sets: map everything onto 3L valuation set
  − Use mapping function developed by van Hout et al. (2012)
  − Support continuing use of 5L descriptive system in clinical studies


Ongoing research

• Decision Support Unit analysing past appraisals that used 3L:
  − Map 3L utility values onto 5L utility values
  − Explore impact on cost-effectiveness

• Liaising with Department of Health:
  − Independent quality assurance of 5L valuation set for England
  − Collect data from UK patients completing both 3L and 5L descriptive systems; derive new mapping function

• Liaising with EuroQol group, Dept. of Health, industry

• Intend to develop longer-term policy in summer 2018