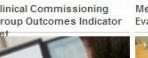


MCDA at NICE

Professor Sarah Garner
Associate Director
R&D NICE

NICE guidance and information programmes

| Technology Appraisals | Clinical Guidelines | Public Health | Quality Standards |
|---|---|---|--|
|  Are recommendations for the use of new and existing medicines and treatments within the NHS in England and Wales. Potential topics are identified by the National Institute for Health Research Horizon Scanning Centre. Find out more |  Recommendations based on the appropriate treatment of care of people with specific diseases and conditions within the NHS in England and Wales. Clinical guidelines are based on the best available evidence. Find out more |  Guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health. Find out more |  Are a concise set of statements describing what is known about a particular area of care. Topics will be referred to NICE by the NHS Commissioning Board, health-related areas, and by the Department of Health and Department for Education for non-health areas such as social care. Find out more |
|  Rewards practices for the provision of 'quality care and helps to improve the delivery of clinical care. NICE is responsible for managing an independent and transparent approach to developing the QOF clinical and health improvement indicators. Find out more |  CCG OIS is part of the NHS Commissioning Board's systematic approach to clinical and health improvement. NICE is responsible for developing indicators for the CCG OIS from quality standards. Find out more |  Selects and evaluates new or innovative medical technologies (including medical devices and diagnostics). Sponsors can notify medical devices and diagnostics that meet the eligibility criteria directly to the programme or topic selection consideration. Find out more |  Focuses on the evaluation of innovative medical diagnostic technologies. It aims to ensure that the NHS is able to adopt clinically and cost effective technologies rapidly and consistently. Find out more |
|  IP assesses the safety and efficacy of (mainly) new procedures that are used for diagnosis or treatment that involve radiotherapy, surgery and into a body cavity or the use of ionising, electromagnetic or acoustic energy. Find out more |  Summaries of the best available evidence for selected new medicines, or for existing medicines with new indications, to inform local NHS planning and decision-making. Find out more |  Providing summaries of the best available evidence on selected unlicensed and off-label medicines, designed to meet demand and support local NHS planning and decision-making. Find out more |  NICE liaises closely with AHSNs on highly specialised technologies. The work of the Topic Selection team will continue to feed into the NICE MCDA and Specialised Technologies programme when it launches in April 2013. Find out more |
| NICE | | | |

The Process



Cost-consequences at NICE

Issue date: April 2011

Medical Technologies Evaluation Programme

Methods guide

Developing NICE guidelines: the manual

<http://www.nice.org.uk/article/prmg20>

Published: 31 October 2014

Recommendations for interventions informed by cost-consequences analysis

The Committee should ensure that, where possible, the different sets of consequences do not double count costs or benefits. The way that the sets of consequences have been implicitly weighted should be recorded as openly, transparently and as accurately as possible. Cost-consequences analysis then requires the decision-maker to decide which interventions represent the best value using a systematic and transparent process. Various tools, such as multi-criteria decision analysis (MCDA), are available to support this part of the process. MCDA is currently in its infancy in healthcare evaluation and if it is to be used, it should only be used experimentally.

Interim methods guide for developing service guidance 2014

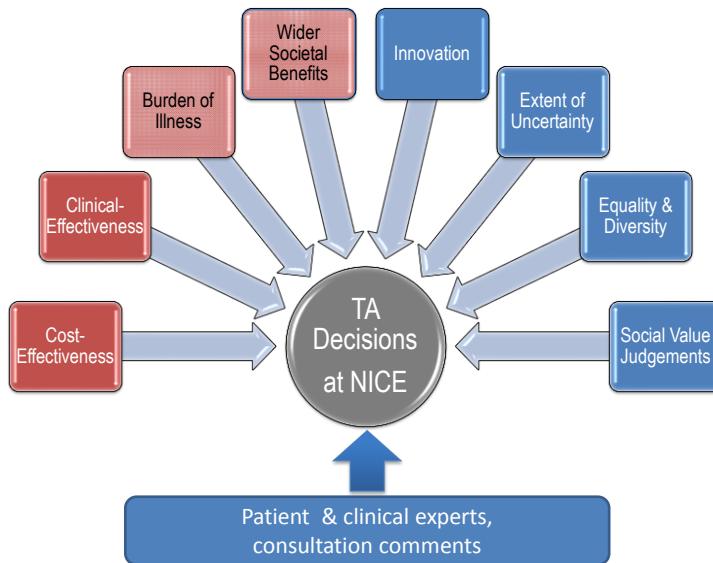
<http://publications.nice.org.uk/prmg8>

Published: 31 October 2014

Methods for the development of NICE public health guidance (third edition)

http://www.nice.org.uk/aboutnice/howwe-work/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/public_health_guidance_process_and_method_guides.jsp

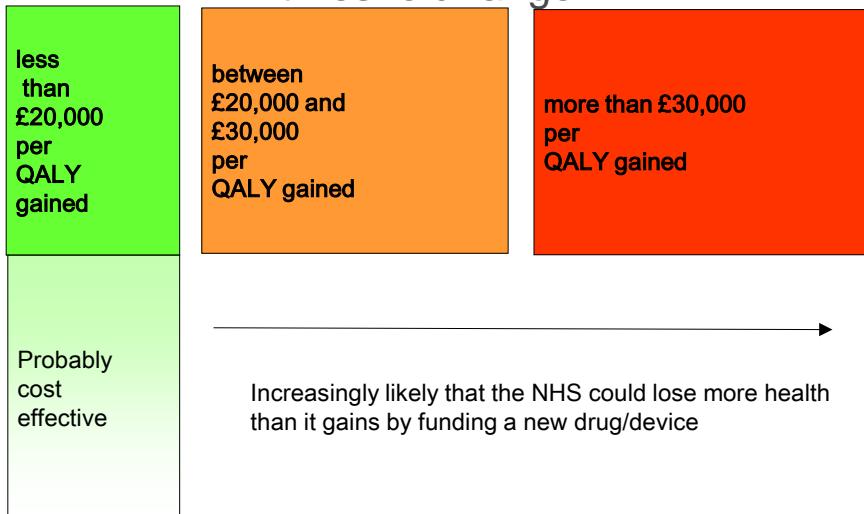
Published: 26 September 2012



What evidence does NICE use?

NICE

Consideration of cost effectiveness: threshold range



NICE

Consideration of cost effectiveness: threshold range

| less than £20,000 per QALY gained | between £20,000 and £30,000 per QALY gained | more than £30,000 per QALY gained |
|-----------------------------------|--|---|
| Probably cost effective | <p>Make explicit reference to these factors:</p> <ul style="list-style-type: none"> • Uncertainty • Quality of life adequately captured? • Innovation | Need to identify an increasingly strong case with regard to same factors. |

NICE

NICE Decision Support Unit

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MULTIPLE CRITERIA DECISION ANALYSIS (MCDA)

[DSU Report](#)

[Multiple Criteria Decision Analysis for health technology assessment \(February 2011\)](#)

Related publication

[Thokala P, Duenas A - The applicability of Multi Criteria Decision Analysis for Health Technology Assessment.](#)

[Value in Health 2012; 15\(8\): 1172-1181](#)

[Executive summary.](#)

This paper aims to look at the applicability of multi criteria decision analysis (MCDA) for health technology assessment.

MCDA is aimed at supporting decision makers faced with evaluating alternatives, taking into account multiple, and often conflictive, criteria. This manuscript begins with a critical review of state-of-the-art methods for incorporating multiple criteria in health technology assessment (HTA). An overview of MCDA is provided and is compared against the current NICE (National Institute for Health and Clinical Excellence) health technology appraisal process. A generic MCDA modelling approach is described and the most common types of MCDA models are detailed. The different MCDA modelling approaches are applied to a hypothetical case study. Finally, the issues that need to be considered for the application of MCDA in HTA are examined along with recommendations for future research.

Most of the proposed MCDA approaches in literature use the same technique (weighted sum approach) which may lead to the researchers/health professionals assuming that it is the only relevant MCDA method. MCDA does not just stop at simple weighting and scoring; more flexible approaches are available that appear to be more relevant to the NICE appraisal process and value based pricing (VBP).

There is a semblance between main MCDA modelling approaches and other techniques (such as programme prioritisation and marginal analysis (PPMA) VBP and NICE recommended table of the summary characteristics).

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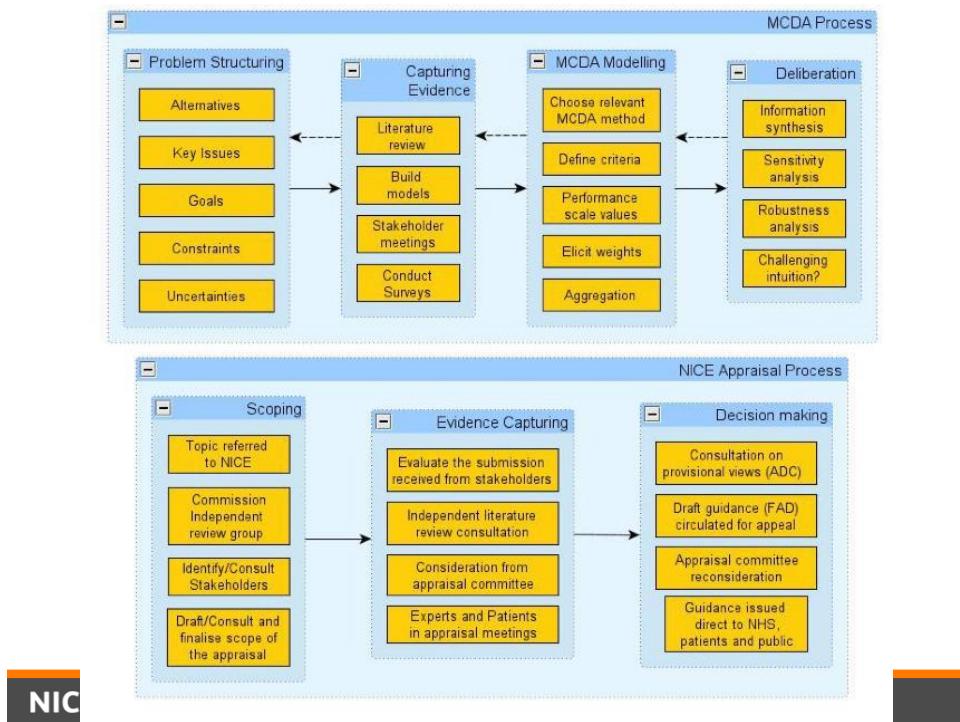
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NICE

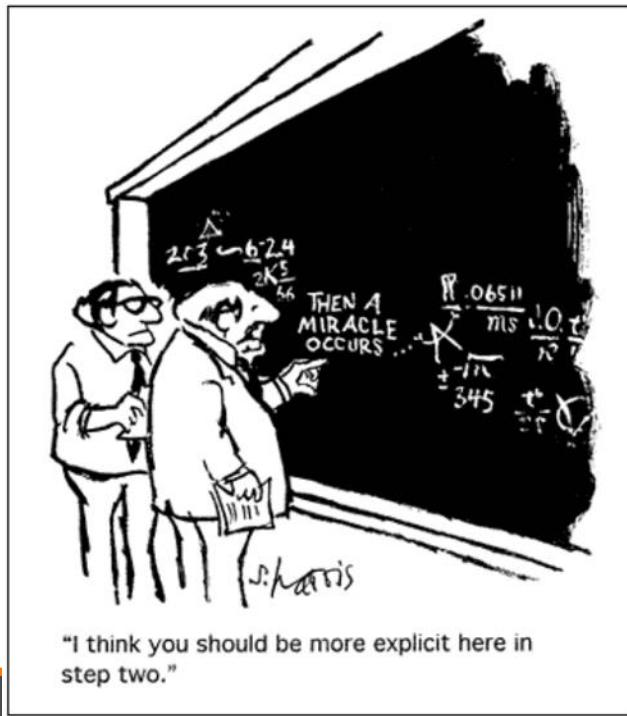


NIC

MCDA in Technology Appraisals?

1. Purpose of appraisal and role of ranking?
2. Practicalities
3. When to agree the criteria and collect evidence?
4. How to integrate cost-utility analysis?
5. QALY maximization and Opportunity cost?
6. Can all the decision inputs be quantified and modeled?
7. Whose preferences/weights and when/how to collect them? 'Deliberation of the preferences'...
 - Committee?
 - Public?
 - Patients
 - Company?
8. Consistency of preferences over time?
9. Everyone will agree until the decision is no....

NICE



NICE

"I think you should be more explicit here in step two."