

Value in Health Volume 19, Issue 5

The following articles will be included in the July/August 2016 issue of *Value in Health* (Volume 19, Issue 5):

In this issue of *Value in Health*, we introduce our first “themed section” to our readers. As the name implies, a themed section is a group of papers that are grouped under a particular topic or theme that is outside our usual table of content categories. Not surprisingly, the first “theme” for *Value in Health* is “value.” The lead paper by Lou Garrison provides an overview of the topic and describes how cost-effectiveness analyses and pharmacoeconomics could play a central role in defining and assessing value.

Topics for themed sections are decided upon by the editorial board and a guest editor is assigned to manage and oversee the theme. The guest editor solicits manuscripts and facilitates peer-review of submissions related to the theme. We are grateful to Dr. Garrison for filling the role of guest editor for this inaugural themed section.

Kind regards,

Michael F. Drummond, MCom, DPhil and **C. Daniel Mullins, PhD**, Co-Editors-in-Chief, *Value in Health*



FEATURED ARTICLES:

THEMED SECTION: COST-EFFECTIVENESS AND CLINICAL PRACTICE GUIDELINES: HAVE WE REACHED A TIPPING POINT?

Guest Editor: Louis P. Garrison, Jr.

Introduction—Cost-Effectiveness and Clinical Practice Guidelines: Have We Reached a Tipping Point?

Louis P. Garrison, Jr.

Considering Cost-Effectiveness in Cardiology Clinical Guidelines: Progress and Prospects

Mark A. Hlatky, MD

Clinical Guidelines: A NICE Way to Introduce Cost-effectiveness Considerations?

Michael Drummond PhD

Challenges in Measuring Cost and Value in Oncology: Making It Personal

Peter P. Yu, MD, FACP, FASCO

ISSUE HIGHLIGHTS:

DECISION-MAKER COMMENTARY

Breakthrough Cancer Pain: Ten Commandments

This commentary provides the golden rules, namely the “Ten Commandments,” for a correct diagnostic pathway of breakthrough cancer pain—a consequent personalized pharmacological treatment.

ECONOMIC EVALUATION

Cost Utility Analysis of Long-Acting Beta Agonists Versus Leukotriene Receptor Antagonists in Older Adults with Persistent Asthma Receiving Concomitant Inhaled Corticosteroid Therapy

This article evaluates the cost-utility of inhaled corticosteroids + long-acting beta agonists compared with inhaled corticosteroids + leukotriene receptor agonists in older adults with asthma.

PATIENT-REPORTED OUTCOMES

Performance and Validation of Chronic Liver Disease Questionnaire-Hepatitis C Version (CLDQ-HCV) in Clinical Trials of Patients with Chronic Hepatitis C

This article systematically validates a hepatitis C-specific health-related quality-of-life instrument, the chronic liver disease questionnaire-HCV, in patients with chronic hepatitis C.

PREFERENCE-BASED ASSESSMENTS

Health or Happiness? A Note on Trading Off Health and Happiness in Rationing Decisions

In this study, the authors find that nearly half of the respondents were willing to discriminate between patient groups based on their health and happiness levels before and after treatment.

COMPARATIVE EFFECTIVENESS RESEARCH / HTA

On the Estimation of the Cost-Effectiveness Threshold: Why, What, How?

This article provides an in-depth discussion of different conceptual views and undertakes a systematic review of empirical analyses on health care systems.

HEALTH POLICY ANALYSIS

A Tale of Two Thresholds: A Framework for Prioritisation within the Cancer Drugs Fund

The objective of this article was to estimate cancer drugs fund willingness (CDF) and ability-to-pay for cancer drugs, providing guidance regarding where CDF funds are best spent, and determining the number of NHS quality-adjusted life years displaced through the existence of the fund.

MORE ISSUE HIGHLIGHTS:**POLICY PERSPECTIVE****Health Technology Assessment for Molecular Diagnostics: Practices, Challenges and Recommendations from the Medical Devices and Diagnostics Special Interest Group**

The ISPOR Devices and Diagnostics Special Interest Group reviewed diagnostic-specific health technology assessment programs and identified elements representing common and best practices

METHODOLOGY**A Framework for Developing the Structure of Public Health Economic Models**

(See summary below)

This article presents a framework informed by literature reviews of the key challenges in public health economic modelling and existing conceptual modelling frameworks; qualitative research to understand the experiences of modelers when developing public health economic models; and piloting a draft version of the framework.

For all articles in this issue, and to see what services *Value in Health* provides for its authors see:

http://www.ispor.org/valuehealth_index.asp.

Spotlight on *Value in Health*

From Volume 19, Issue 5 (July/August 2016):

METHODOLOGY**A Framework for Developing the Structure of Public Health Economic Models** (pp. 588-601)

Hazel Squires, James Chilcott, Ronald Akehurst, Jennifer Burr, Michael P. Kelly

Formal methods for the development of health economic model structures are relatively underdeveloped. The absence of such methods for formal conceptual modelling may lead to a plethora of errors (e.g., answering the wrong (or less useful) question; poor validity and credibility; absence of a basis for model verification, analysis of structural uncertainty, or specifying key areas for further research; poor transparency for stakeholders and model reuse; ignoring system variation; and inefficient model development). The lack of formal conceptual modelling approaches is particularly problematic for economic models of public health interventions. Public health interventions tend to operate within complex systems and require broader considerations than clinical interventions, making scoping particularly problematic. This research presents the first conceptual modelling framework for public health economic evaluation, and aims to assist modellers through the process of developing the model structure. The proposed conceptual modelling framework comprises four key principles of good practice and a proposed methodology: (1) apply a systems approach to modelling; (2) a documented understanding of the problem is imperative prior to and alongside developing and justifying the model structure; (3) strong communication with stakeholders and members of the team throughout model development is essential; and (4) a systematic consideration of the determinants of health is central to identifying the key impacts of public health interventions. Modellers are guided through four key phases within the framework: (1) aligning the framework with the decision-making process; (2) identifying relevant stakeholders; (3) understanding the problem; and (4) developing and justifying the model structure. Given the newness of research in this area, key areas for further research have been highlighted within the paper.

SYSTEMATIC REVIEWS**Estimating the Medical Care Costs of Obesity in the US: Systematic Review, Meta-Analysis and Empirical Analysis**

(See summary below)

This article provides a systematic review and a meta-analysis of the twelve recently published articles that reported the medical care costs associated with obesity. The authors also performed an original analysis to understand the impact of study methodology on the magnitude of the magnitude of the cost of obesity.

SYSTEMATIC REVIEWS**Estimating the Medical Care Costs of Obesity in the US: Systematic Review, Meta-Analysis and Empirical Analysis**

(pp. 602-613)

David D. Kim and Anirban Basu

This paper examines medical care costs of obesity in the United States through the lens of how variations in study design and methodology influence cost estimates. The alarming rates of obesity have posed a significant public health concern, as well as a substantial financial burden, because obesity is known to be a risk factor for many chronic diseases. Although the impact of obesity on medical spending is undeniably significant, our systematic review of the 12 recent cost studies showed that cost estimates attributable to obesity varied considerably. To generate a pooled estimate across these heterogeneous studies, a meta-analysis was conducted. The meta-analysis found that the annual medical spending attributable to obesity was \$1,901 per obese individual (\$1,239 - \$2,582) in 2014 USD. This estimate could translate into \$149.4 billion at the national level. Also, an original analysis was performed to understand the impact of age groups, statistical models, and confounder adjustment on cost estimates. The two most significant drivers of variability in cost estimates were age groups and adjustment for obesity-related diseases (ORDs). These findings highlighted that most, if not all, of the costs of obesity are mainly caused by ORDs. The study suggested that the utility of published cost estimates should be examined carefully because of wide variations, and the estimates should be applied carefully in future research and policy making.