DECISION MAKING IN EMERGING MARKETS OF LATINOAMERICA:

Requirements of local decision-makers for transferability of economic evaluations

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HTA AND ECONOMIC EVALUATIONS IN EMERGING MARKETS OF LAC

• México
  – Consejo de Salubridad General
    • Generation and update of a statutory minimum package
    • It makes decisions about coverage of new technologies healthcare for the public healthcare system (45% of the Mexican population)
    • Process lasts 7-9 months on average

• Colombia
  – Instituto de Evaluación de Tecnologías Sanitarias (2012-2013)
    • Produces recommendations about coverage of new technologies
    • It considers cost-effectiveness to produce these recommendations
HTA AND ECONOMIC EVALUATIONS IN EMERGING MARKETS OF LAC

• Brazil
  – Agencia Nacional de Vigilância Sanitária (ANVISA)
    • Registry of medicaments and price fixing
    • Uses HTA (including economic evaluation) for price fixing
  – Comissão Nacional de Incorporação de Tecnologias em Saúde (CONITEC)
    • HTA to make decisions about coverage in the public sector

• Uruguay
  – Fondo Nacional de Recursos (FNR)
    • Use economic evaluations to make decision about coverage of high cost drugs

• Chile
  – Comisión Nacional de Evaluación de Tecnologías Sanitarias (ETESA) (2013)
    • Elaborating a proposal to implement HTA in Chile

GUIDELINES FOR TRANSFERABILITY

• EURONHEED transferability sub-checklist (16-point)

1. Is the intervention described in sufficient detail?
2. Is (are) the comparator(s) described in sufficient detail?
3. Is (are) the country(ies) in which the economic study took place clearly specified?
4. Did the authors correctly state which perspective they adopted for the economic analysis?
5. Is the target population of the health technology clearly stated by the authors, or when it is not done can it be inferred by reading the article?
6. Does the article provide sufficient detail about the study sample?
7. Have the principal estimates of effectiveness measures been reported?
8. Does the article provide the results of a statistical analysis of the effectiveness results?
9. Is the level of reporting of benefit data adequate (incremental, statistical analysis)?
10. Are the cost components/items used in the economic analysis presented?
11. Are unit prices for resources given?
12. Are costs and quantities reported separately?
13. Is the price year given?
14. Is the currency unit reported?
15. Are quantitative and/or descriptive analysis conducted to explore variability from place to place?
16. Did the authors discuss caveats regarding the generalizability of their results?
GUIDELINES FOR TRANSFERABILITY

- EURONHEED transferability sub-checklist (16-point)
  - Transferability Score: yes (1), partially (0.5), no (0)
  - Advantage: Transferability based solely on the paper’s information
  - Disadvantages:
    - No weights for different questions
    - What does the metric represent?
  - Checklist is still underused in LAC

GUIDELINES FOR TRANSFERABILITY

WELTE’S CHART

- Advantages
  - Knock-out criteria
  - Identifies need for adjustments
- Disadvantages
  - Not all criteria included
  - Quality knock-out criterion is not specified
TRANSFERABILITY OF DECISION MODELS

- Need to reflect the decision problem of a particular jurisdiction
  - Which elements of the model structure might vary across jurisdictions?
- Transferability of parameter estimates from secondary sources
  - Treatment effect more generalizable
  - Unit costs, resource use, baseline risk, life tables less generalizable
  - Researchers might provide a judgment about the generalizability of specific parameters
- Generalizability implies additional scenarios that might be explored with further sensitivity analysis

FURTHER REQUIREMENTS
HETEROGENEITY

- Need to identify subgroups with greater capacity to benefit and where interventions are most cost-effective

- Elements to define subgroups are jurisdiction specific (need to operationalize subgroup guidelines in practice, equity constraints)

- More generalizable studies could incorporate more subgroup analysis
FURTHER REQUIREMENTS

EQUITY

• Equity is a central element of the agenda in many countries of LAC
• Cost-effectiveness analysis usually does not include explicitly equity analysis
• Some methods available:
  – Equity weights (QALYs is not a QALY is not a QALY)
  – Characterization of opportunity costs of equity constraints through mathematical programming
  – Multi-criteria decision analysis
  – Estimation of trade-off between equity and efficiency
• Decision models should be built to easily account for equity concerns such as:
  – Socioeconomic inequalities in incidence and prevalence
  – Socioeconomic inequalities in access to healthcare


FURTHER REQUIREMENTS

• PUBLIC & PRIVATE MIX
  – Cost-effectiveness analysis implies one budget constraint (collectively funded)
  – CEA decision rules also apply where complementary health insurance exists
  – CEA decision rules do not apply when people can buy healthcare not included in a statutory package out-of-pocket
  – CEA decision rules do not apply with substitute private insurance
• FREE CHOICE
  – Autonomy and right to choose as a central tenets of healthcare
  – How much we should be willing to forgo to allow free choice?
  – In which cases we should forgo health for choice?
• OUTCOMES
  – Difficulties of adopting QALYs constructed with foreign utility values
  – Reports might include DALYs, Life Years
CONCLUSIONS:
MODEL……OR SOMETHING ELSE?

• It is about the model
  – Use transferability checklists
  – Make judgments about the transferability of the model structure
  – Make judgments about the transferability for specific parameters

• It is also about something else
  – Further understanding of heterogeneity
  – Free choice
  – Decision rules in health systems with substitute insurance
  – Not just QALYs