Cost-Effectiveness and Decision Modeling in R

Markov Model Variants Exercise

The DARTH workgroup

Developed by the Decision Analysis in R for Technologies in Health (DARTH) workgroup:

Fernando Alarid-Escudero, PhD (1)

Eva A. Enns, MS, PhD (2)

M.G. Myriam Hunink, MD, PhD (3,4)

Hawre J. Jalal, MD, PhD (5)

Eline M. Krijkamp, MSc (3)

Petros Pechlivanoglou, PhD (6,7)

Alan Yang, MSc (7)

In collaboration of:

- 1. Division of Public Administration, Center for Research and Teaching in Economics (CIDE), Aguas-calientes, Mexico
- 2. University of Minnesota School of Public Health, Minneapolis, MN, USA
- 3. Erasmus MC, Rotterdam, The Netherlands
- 4. Harvard T.H. Chan School of Public Health, Boston, USA
- 5. University of Pittsburgh Graduate School of Public Health, Pittsburgh, PA, USA
- 6. University of Toronto, Toronto ON, Canada
- 7. The Hospital for Sick Children, Toronto ON, Canada

Please cite our publications when using this code:

- Jalal H, Pechlivanoglou P, Krijkamp E, Alarid-Escudero F, Enns E, Hunink MG. An Overview of R in Health Decision Sciences. Med Decis Making. 2017; 37(3): 735-746. https://journals.sagepub.com/doi/abs/10.1177/0272989X16686559
- Alarid-Escudero F, Krijkamp EM, Enns EA, Yang A, Hunink MGM Pechlivanoglou P, Jalal H. Cohort State-Transition Models in R: A Tutorial. arXiv:200107824v2. 2020:1-48. http://arxiv.org/abs/2001. 07824
- Krijkamp EM, Alarid-Escudero F, Enns EA, Jalal HJ, Hunink MGM, Pechlivanoglou P. Microsimulation modeling for health decision sciences using R: A tutorial. Med Decis Making. 2018;38(3):400–22. https://journals.sagepub.com/doi/abs/10.1177/0272989X18754513
- Krijkamp EM, Alarid-Escudero F, Enns E, Pechlivanoglou P, Hunink MM, Jalal H. A Multidimensional Array Representation of State-Transition Model Dynamics. Med Decis Mak. 2020;40(2):242-248. https://doi.org/10.1177/0272989X19893973

Copyright 2017, THE HOSPITAL FOR SICK CHILDREN AND THE COLLABORATING INSTITUTIONS. All rights reserved in Canada, the United States and worldwide. Copyright, trademarks, trade names and any and all associated intellectual property are exclusively owned by THE HOSPITAL FOR Sick CHILDREN and the collaborating institutions. These materials may be used, reproduced, modified, distributed and adapted with proper attribution.

Exercise I: Variations on the Sick-Sicker Markov Model

Previously, you built a Markov of the Sick-Sicker model where transition probabilities were assumed to be constant over time. In this exercise, you will expand on that model to incorporate age-dependence (time-varying probabilities) and history-dependence.

History-dependence

It has been recently discovered that the risk of progression from Sick to Sicker increases the longer a person has been sick. This increase follows a Weibull growth curve, calculated as

$$p_{S1S2(t)} = \lambda_{\gamma} t^{(\gamma - 1)}$$

where t is the t-th cycle (year) that a person has been in the Sick state. $\lambda = 0.08$ and $\gamma = 1.1$ are the scale and shape parameters of the Weibull function, respectively.

We will now expand the age-dependent model to include this history dependence by adding tunnel states for S1, as shown in Figure 2.

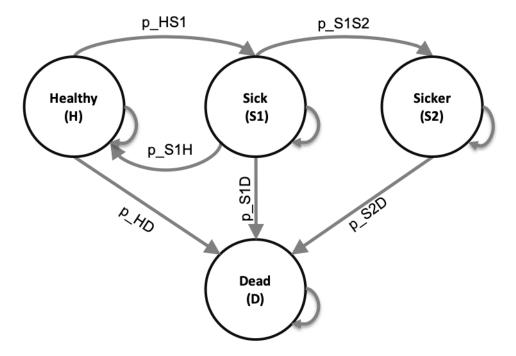


Figure 1: Schematic representation of the Sick-Sicker model

Tasks

1. Starting from the age-dependent Markov model in the R function "Markov_Sick-Sicker_time.R", expand the 3D transition probability array to account for tunnels.

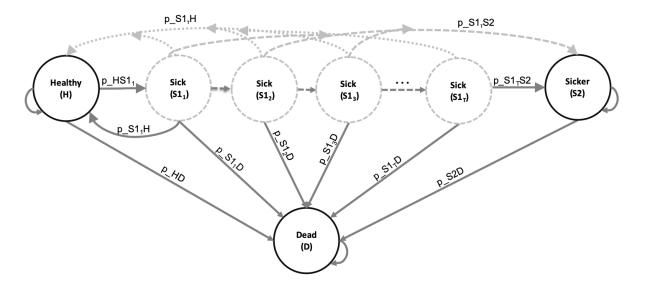


Figure 2: Schematic representation of the Sick-Sicker model with tunnels states for S1

- 2. Create the parameter ${\tt p_S1S2}$ as a Weibull function as follows:
- p_S1S2 <- l*g*(1:tunnel_size)^{g-1}, where
- 1 <- 0.08 (scale)
- g <- 1.1 (shape)
- 3. Fill in the 3D transition probability array accounting for the tunnel states for S1
- 4. Plot the survival curve for the cohort under no treatment. Extra challenge: plot the survival curves for all three Markov model versions (time-homogenous, age-dependent, and history-dependent) in one graph so you can compare.

Parameter	R name	Value
Time horizon	n_t	30 years
Cycle length		1 year
Names of health states	v_n	H, S1, S2, D
Annual discount rate (costs/QALYs)	d_r	3%
Annual transition probabilities		
- Disease onset (H to S1)	p_HS1	0.15
- Recovery (S1 to H)	p_S1H	0.5
- Disease progression (S1 to S2)	p_S1S2	Weibull function
Annual mortality		
- All-cause mortality (H to D)	p_HD	$1 - \exp(-v_r_{HD})$
- Hazard ratio of death in S1 vs H	hr_S1	3
- Hazard ratio of death in S2 vs H	hr_S2	10
Annual costs		
- Healthy individuals	c_H	\$2,000
- Sick individuals in S1	c_S1	\$4,000
- Sick individuals in S2	c_S2	\$15,000
- Dead individuals	c_D	\$0
- Additional costs of sick individuals treated in S1 or S2 $$	c_trt	\$12,000

Parameter	R name	Value
Utility weights		
- Healthy individuals	u_H	1.00
- Sick individuals in S1	u_S1	0.75
- Sick individuals in S2	u_S2	0.50
- Dead individuals	u_D	0.00
Intervention effect		
- Utility for treated individuals in S1	$\mathtt{u_trt}$	0.95

^{*}Note: To calculate the probability of dying from S1 and S2, use the hazard ratios provided. To do so, first convert the probability of dying from healthy, p_{HD} , to a rate; then multiply this rate by the appropriate hazard ratio; finally, convert this rate back to a probability. Recall that you can convert between rates and probabilities using the following formulas: r = -log(1-p) and $p = 1 - e^{(-rt)}$

Exercise II: Probabilistic sensitivity analysis of the Sick-Sicker Markov model

This exercise continues based on the age-and-history-dependent deterministic Markov model of the Sick-Sicker model from Exercise I. In this exercise, you will do a probabilistic sensitivity analysis (PSA) with 1000 simulations (n_sim). The Table describes the distributions for the variables you used in the previous exercise.

Table II: Input parameters for probabilistic analysis

Parameter	Distribution	Distribution values
Number of simulation	n_sim	1000
Annual transition probabilities		
- Disease onset (H to S1)	Beta	$\alpha = 30, \ \beta = 170$
- Recovery (S1 to H)	Beta	$\alpha = 60, \ \beta = 60$
- Disease progression (S1 to S2) in	Beta	$\alpha = 84, \ \beta = 716$
the time-homogeneous model		
Annual mortality		
- All-cause mortality (H to D)	Beta	$\alpha = 10, \ \beta = 1990$
- Hazard ratio of death in S1 vs ${\rm H}$	Lognormal	$\mu = log(3), \ \sigma = 0.01$
- Hazard ratio of death in S2 vs ${\cal H}$	Lognormal	$\mu = log(10), \ \sigma = 0.02$
Annual costs		
- Healthy individuals	Gamma	shape = 100.0 , scale = 20.0
- Sick individuals in S1	Gamma	shape = 177.8, scale = 22.5
- Sick individuals in S2	Gamma	shape = 225.0 , scale = 66.7
- Additional costs of sick	Gamma	shape = 73.5 , scale = 163.3
individuals treated in S1 or S2		
Utility weights		
- Healthy individuals	Tr. Normal	$\mu = 1.00, \ \sigma = 0.01, \ b = 1$
- Sick individuals in S1	Tr. Normal	$\mu = 0.75, \ \sigma = 0.02, \ b = 1$
- Sick individuals in S2	Tr. Normal	$\mu = 0.50, \ \sigma = 0.03, \ b = 1$
Intervention effect		
- Utility for treated individuals in	Tr. Normal	$\mu = 0.95, \ \sigma = 0.02, \ b = 1$
S1		

Tasks

- 5. Create the calculate_ce_out R function of the Sick-Sicker Markov model in the file "Functions_markov_sick-sicker_tunnels.R".
- 6. Create a function called gen_psa to sample values for the uncertain parameters using the appropriate distributions. Hint: package truncnorm deals with truncated normal distributions.
- 7. Open the file "markov_sick-sicker_tunnels_SA_template.R" and conduct a probabilistic Cost-Effectiveness analysis of treatment vs no-treatment.
- 8. Create histograms of model inputs.
- 9. Create a cost-effectiveness plane to present discounted costs and QALYs.
- 10. Create the cost-effectiveness acceptability curves (CEAC) and frontier (CEAF) for the treatment comparison assuming WTP thresholds of \$0 to \$200,000.
- 11. Create the expected loss curves (ELCs) plot
- 12. Create an expected value of perfect information (EVPI) plot.