

R-HTA in LMICs

Increasing accessibility to R for HTA in LMICs

R-HTA: a brief background

- R-HTA is a consortium focused on popularising the use of R for health economics and health technology assessment (HTA)
- The main body of R-HTA includes members primarily from the Americas and UK, who have diverse
 experience in government (including <u>NICE</u> in the UK), academia, and industry
- The aims of R-HTA, in general, are to:
 - Provide discussion on the many R <u>packages</u> available to HTA analysts;
 - Assist users to get the most out of R for cost-effectiveness analysis; and
 - Host <u>presentations</u> and <u>public discussions</u> to facilitate the development of R for HTA

- 'R-HTA in LMICs' is the LMIC-focused chapter of this consortium that aims to introduce and showcase the strengths of R specifically to LMIC analysts and health care institutions

The Problem: why an LMIC chapter?

- Microsoft Excel and TreeAge remain popular software for HTA modelling, especially in LMICs.
 - Many standard software used for HTA and health economics require costly subscriptions
 - R is a free, open source software an obvious benefit in LMICs
- Because LMICs are moving towards the principles of Universal Health Coverage (UHC) there will be an increased demand for complex HTA methodology, especially in oncology and other rare diseases
 - This will make the need for more efficient and comprehensive software for HTA within LMICs gradually more necessary
- Most LMIC institutions do not offer in-depth HTA tutorials in R
 - There is a need to provide accessible workshops that showcase the strengths of R while also providing online tutorial and coding resources for LMIC analysts

But why R?



- R scales efficiently

 Especially true when an HTA model becomes increasingly complex compared to other <u>commonly used software</u>

- R has an established user-base

- There are several health economics packages which make coding in R more user-friendly:
 - <u>BCEA</u>, <u>hesim</u>, <u>heemod</u>, and <u>dampack</u>

- R ensures reproducibility

- Models can easily and safely be hosted and shared via services such as <u>Github</u>
- Using '<u>version control</u>', updates do not 'break' models
- With <u>RMarkdown</u> and <u>Shiny</u>, analysts can deliver transparent, reproducible reports and interactive models



















Our Vision and Value Proposition

The **aim** of the *LMIC chapter* is to bridge the gap in the use of R software among HTA analysts in LMICs

How?

- By hosting both presentation-focused and tutorial-focused R workshops

Short term:

 Host R-HTA in LMICs events and encourage LMIC Masters and PhD students at universities and members of other partnership organisations to present their R related HTA work

Long term:

- Introductory, intermediate and advanced workshops, applied within an LMIC context, will focus on in-depth topics, for example: R-HTA models in interactive formats using Shiny (click here for details)

Timeline

4 workshops will be held on an annual basis, split by a quarterly cycle

February 2022 May 2022 August 2022 November 2022

Presentation workshop

Individuals in LMICs will be invited to present their HTA and other health economics work in R; e.g., experience in switching from spreadsheet software to R

Introduction to R-HTA

The first practical workshop of the year will cover the basics of R for HTA and introduce participants to the pros and cons of using R

Intermediate workshop

The second practical R-HTA in LMICs workshop will discuss more advanced topics, such as incorporating survival analysis into your economic model, using R

Advanced workshop

The last practical workshop of the year will discuss more advanced technical topics and its relation to the efficiency of R for HTA

Target Market

Who do we want to reach?

- HTA/Health Economics/Biostatistics students in LMICs
 - E.g., HTA analysts as well as Masters and PhD students in LMIC institutions
- Universal Healthcare Coverage committees
 - E.g., Health Technology Assessment units, National Health Insurance
- Healthcare insurers
 - E.g., Medscheme, Discovery Health Insurance (in South Africa); Government Employees Medical Scheme (GEMS)
- Pharmaceutical companies operating in LMICs
- Individuals from *The Professional Society for Health Economics and Outcomes Research* (ISPOR) LMIC chapters

Topic areas for February

- Some suggested topics for the presentation segment:

- Covid-19 related modelling using R
- Translation of model built in Excel into R
- First time experiences with R
- Useful <u>frameworks</u> for R-HTA modelling in LMICs
- Expected difficulties in making R more accessible to LMIC analysts (potential panel discussion)

Some expected topics for the tutorial segments:

- Integrating survival modelling and decision models in R
- Presenting interactive HTA models using Shiny
- Performing parameter sensitivity analysis in R
- Using R for reproducibility: Creating secure, online repositories for your models and reports

The Team: R-HTA in LMICS

Founding Members of R-HTA in LMICs



Carina Behr, MSc Industrial Engineering, PhD Candidate HTA; NL



Federico Cairoli, MD, MSc in Clinical Effectiveness, IECS, AR



Yanga Nokhepheyi, MSc HTA Candidate (UK); ZA



Buhle Ndweni, Co-chair: R-HTA in LMICs; MSc Health Economics & Decision Modelling (UK); ZA



Joshua Soboil, Co-chair, R-HTA in LMICs; MPH, Health Economics; ZA



R-HTA Advisory Panel



Prof. Gianluca Baio, Co-chair: R-HTA; Head of Statistical Science: University College London, UK



Dr Howard Thom, Co-chair: R-HTA; Lecturer in Health Economics: University of Bristol, UK



Ass. Prof. Fernando
Alarid-Escudero, R-HTA; founding
partner of DARTHgroup; Center for
Research and Teaching in
Economics (CIDE), MX

We are supported by individuals who are a part of the following institutions and organisations:















