

# R-HTA in LMICs

Increasing accessibility to R for HTA in LMICs

# R-HTA: a brief background

- R-HTA is an 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 <a href="here">here</a> 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**



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**R-HTA Advisory Panel** 



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