

HEALTH ECONOMIC EVALUATION ALONGSIDE RANDOMIZED CLINICAL TRIALS STEP-BY-STEP METHODOLOGY

A tutorial by Alfredo Polo MD, PhD

June 2020



health

economics



HEE ALONGSIDE RCT: STEP-BY-STEP METHODOLOGY

THE 9 STEPS TO CONDUCT A HEALTH ECONOMIC EVALUATION FROM A RCT DATA

1. Calculate point estimates for cost and outcomes from raw trial data
2. Manage uncertainties in raw data (re-sampling data)
3. Calculate ICER (incremental cost-effectiveness ratio) and NMB (net monetary benefit)
4. Plot the cost-effectiveness plane
5. Plot the iNMB (incremental net monetary benefit)
6. Calculate and plot the CEAC (cost-effectiveness acceptability curve)
7. Perform BIA (budget impact analysis)
8. Programme budgeting and marginal analysis (PBMA)
9. Overall interpretation

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CALCULATE POINT ESTIMATES FOR COSTS AND OUTCOMES FROM RAW TRIAL DATA

Group (arm)	Patient ID	Cost A (component A of the treatment, e.g. drugs, hospital expenses...)	Cost B (component B of the treatment, e.g. RT related costs...)	Outcome (baseline)	Outcome 1 (e.g. 1 year)	Outcome 2 (e.g. 2 years)	QALY
Arm 1	#1						
Arm1	#2						
...	...						
Arm 2	#n-1						
Arm 2	#n						

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Arm 1	#1						
Arm1	#2						
...	...						
Arm 2	#n-1						
Arm 2	#n						
		Total costs A	Total costs B				Effect

Total costs for each arm

Total effect for each arm

C1 = Total cost (A+B) for arm 1
C2 = Total cost (A+B) for arm 2

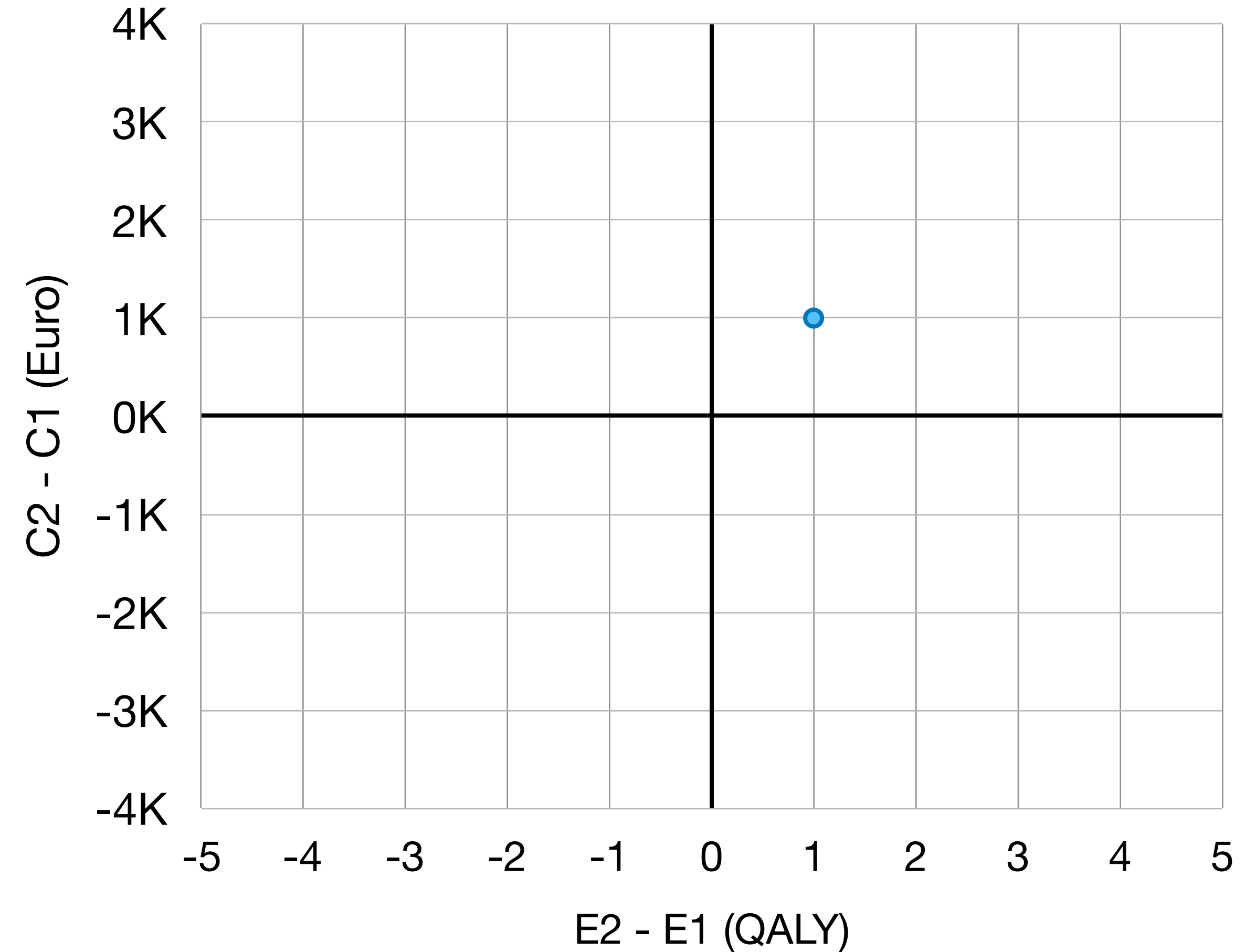
E1 = Total effect for arm 1
E2 = Total effect for arm 2

CALCULATE POINT ESTIMATES FOR COSTS AND OUTCOMES FROM RAW TRIAL DATA

$$\text{ICER} = \frac{C2 - C1}{E2 - E1}$$

$$\text{ICER} = \frac{20000 - 19000}{2 - 1}$$

$$\text{ICER} = 1000 \text{ EUR/QALY}$$



CALCULATE POINT ESTIMATES FOR COSTS AND OUTCOMES FROM RAW TRIAL DATA

A PRACTICAL EXAMPLE

Standard arm (1)					
Patient	Cost	EQ-5D_base	EQ-5D_12m	EQ-5D_24m	QALYs
1	£1.364	0,778	0,843	0,873	1,669
2	£1.217	0,753	0,852	0,742	1,600
3	£1.636	0,762	0,643	0,761	1,404
4	£1.385	0,696	0,842	0,700	1,540
5	£1.385	0,763	0,806	0,698	1,537
6	£1.349	0,720	0,766	0,775	1,514
7	£1.706	0,746	0,758	0,773	1,518
8	£1.148	0,672	0,756	0,692	1,438
9	£1.239	0,626	0,710	0,758	1,402
10	£1.367	0,775	0,856	0,775	1,630
11	£1.914	0,778	0,775	0,631	1,480
12	£1.365	0,649	0,719	0,799	1,443
13	£2.109	0,688	0,705	0,738	1,418
14	£1.449	0,770	0,691	0,777	1,464
15	£1.745	0,902	0,774	0,781	1,616
16	£1.277	0,686	0,792	0,839	1,554
17	£1.738	0,812	0,656	0,730	1,427
18	£1.430	0,805	0,689	0,888	1,535
19	£1.681	0,898	0,698	0,667	1,481
20	£1.306	0,792	0,879	0,727	1,638
21	£1.737	0,777	0,713	0,767	1,485
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23	£1.142	0,634	0,792	0,755	1,487
24	£1.790	0,757	0,652	0,803	1,432
25	£1.240	0,692	0,826	0,756	1,550
26	£886	0,637	0,841	0,607	1,463
27	£1.278	0,746	0,704	0,803	1,478
28	£1.247	0,677	0,833	0,742	1,542
29	£1.632	0,649	0,769	0,886	1,537
30	£1.528	0,729	0,796	0,705	1,513
Mean	£1.470	0,733	0,763	0,757	1,508

Experimental arm (2)					
Patient	Cost	EQ-5D_base	EQ-5D_12m	EQ-5D_24m	QALYs
1	£3.650	0,926	1,000	1,000	1,963
2	£4.491	0,828	0,940	0,917	1,813
3	£4.991	0,712	0,809	0,789	1,559
4	£3.475	0,786	0,882	0,854	1,702
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17	£3.700	0,700	0,820	0,803	1,571
18	£4.566	0,753	0,830	0,832	1,623
19	£1.279	0,754	0,831	0,835	1,626
20	£3.272	0,835	0,961	0,903	1,830
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23	£2.327	0,641	0,750	0,700	1,421
24	£2.817	0,789	0,899	0,835	1,710
25	£4.389	0,682	0,799	0,762	1,520
26	£3.859	0,671	0,765	0,771	1,486
27	£5.305	0,828	0,924	0,905	1,791
28	£1.832	0,803	0,905	0,863	1,738
29	£2.448	0,695	0,795	0,772	1,529
30	£2.329	0,738	0,823	0,853	1,619
Mean	£3.450	0,738	0,838	0,821	1,617

CALCULATE POINT ESTIMATES FOR COSTS AND OUTCOMES FROM RAW TRIAL DATA

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ICER = $\frac{C2 - C1}{E2 - E1}$

ICER = $\frac{3450 - 1470}{1.617 - 1.508}$

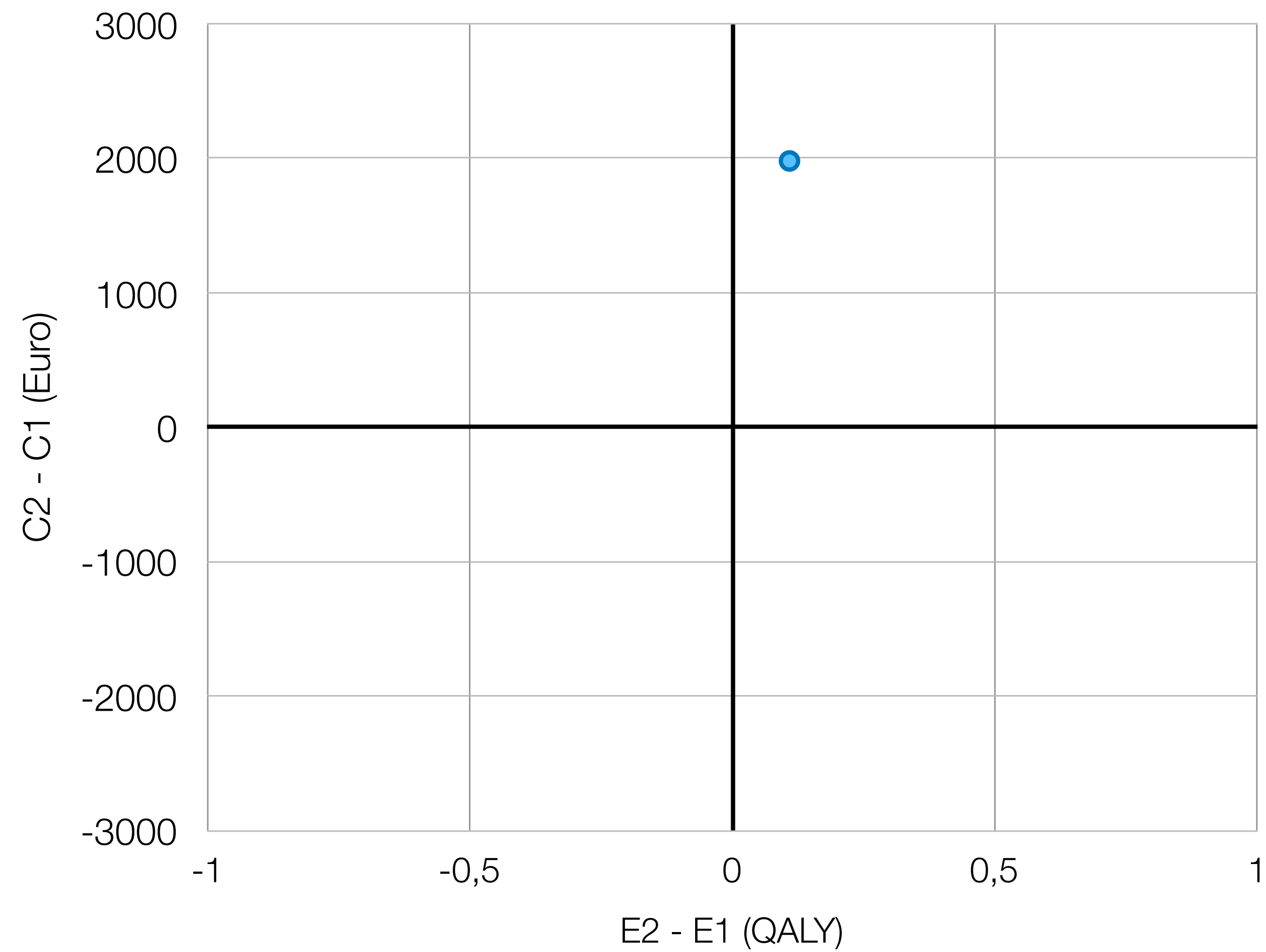
ICER = 18165 EUR/QALY

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		0,690	0,789	0,794	1,531
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		0,702	0,797	0,770	1,533
		0,700	0,820	0,803	1,571
		0,753	0,830	0,832	1,623
		0,754	0,831	0,835	1,626
		0,835	0,961	0,903	1,830
		0,608	0,714	0,747	1,391
		0,781	0,882	0,836	1,691
		0,641	0,750	0,700	1,421
		0,789	0,899	0,835	1,710
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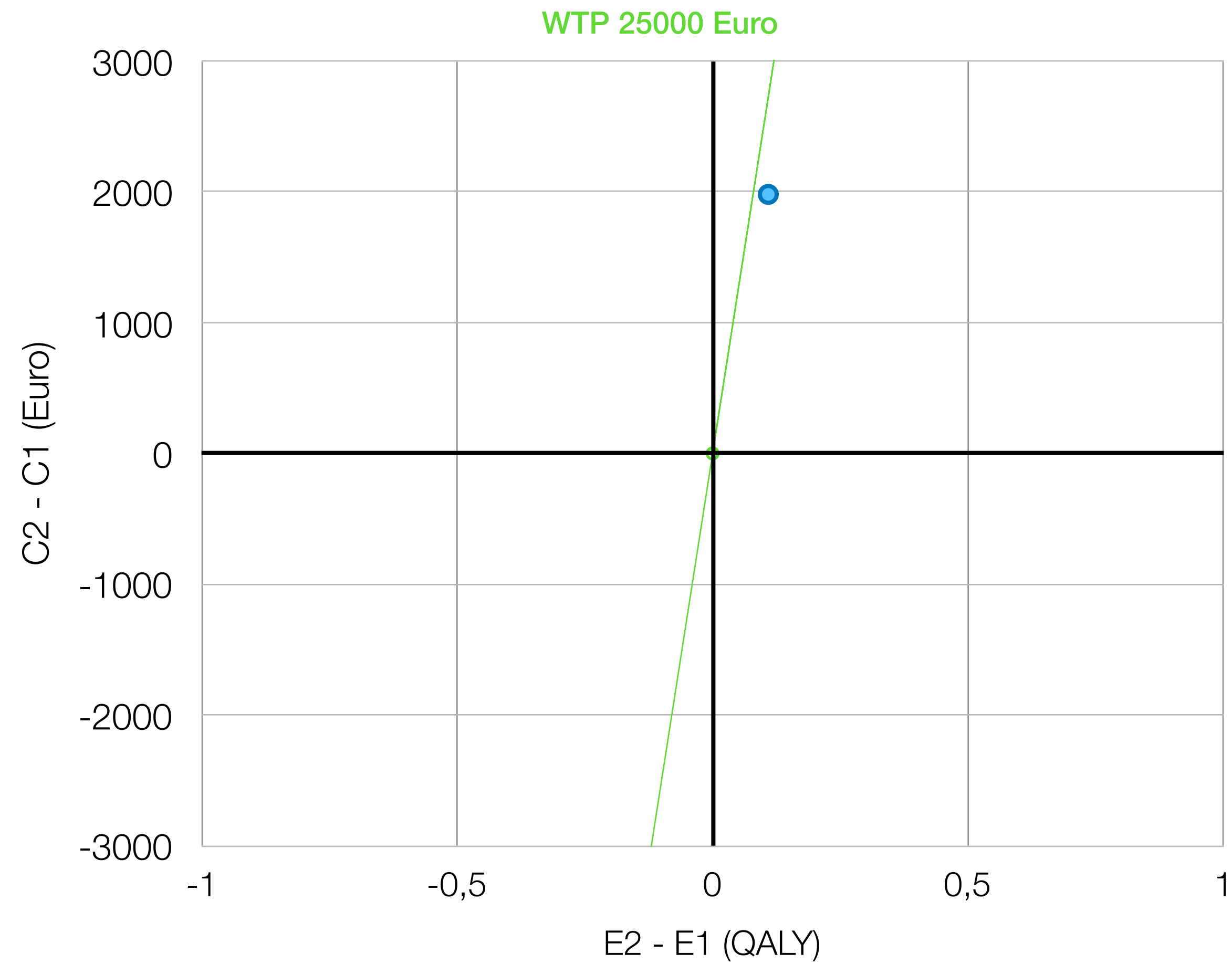
A PRACTICAL EXAMPLE

WHAT DOES AN ICER 18165 €/QALY MEAN?
IS THIS ICER COST-EFFECTIVE?
SHOULD WE DO ACCEPT THE NEW TREATMENT?



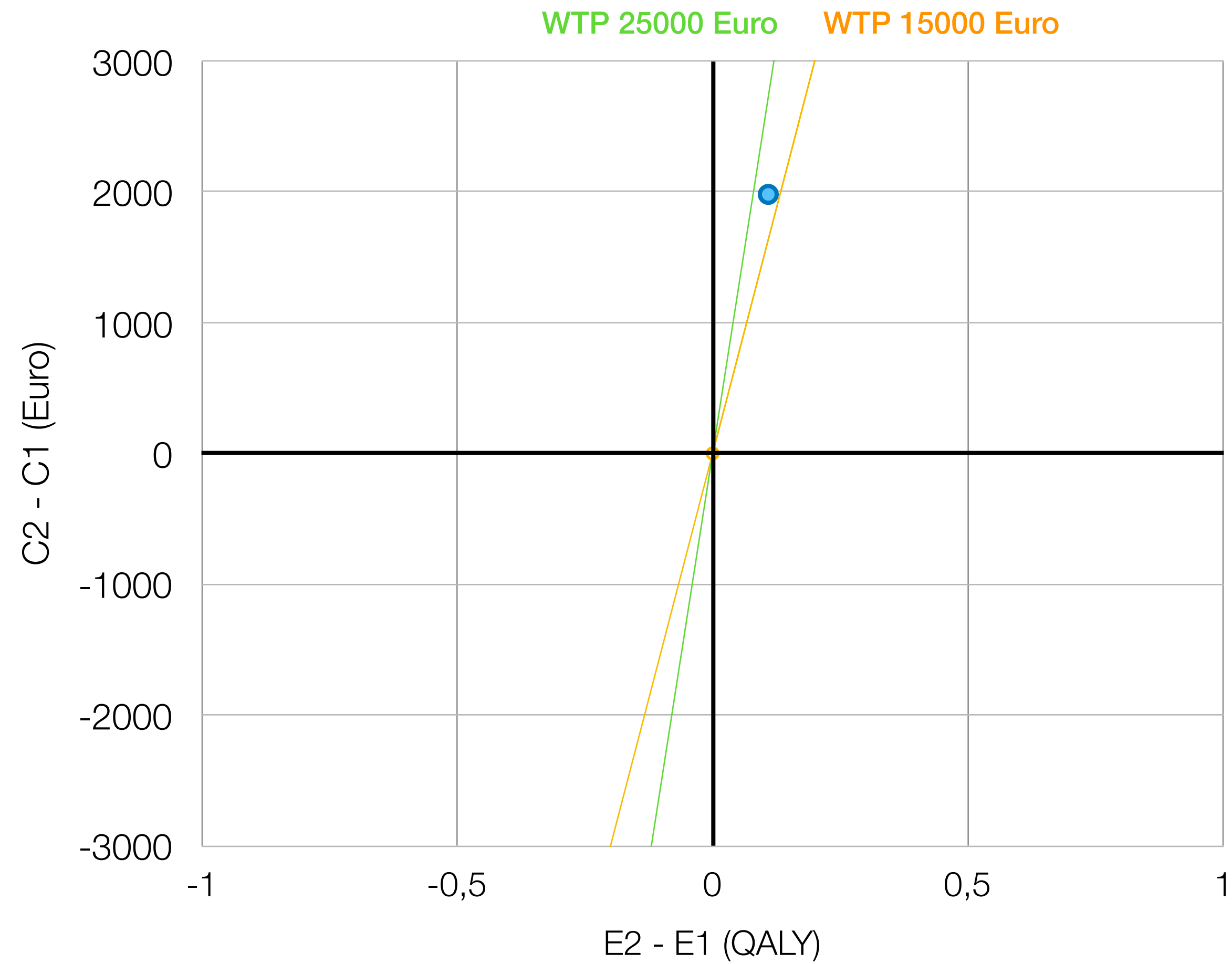
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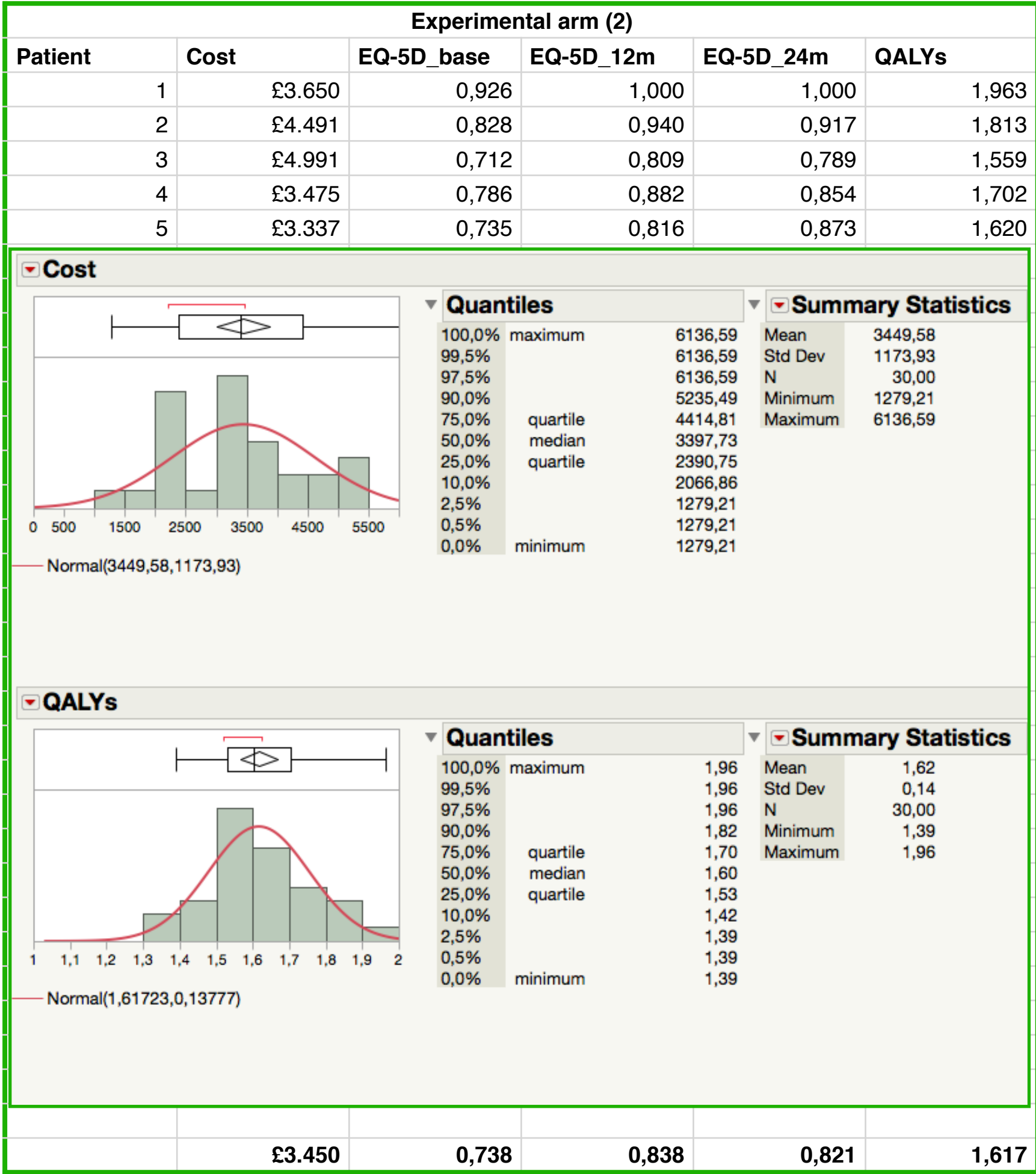
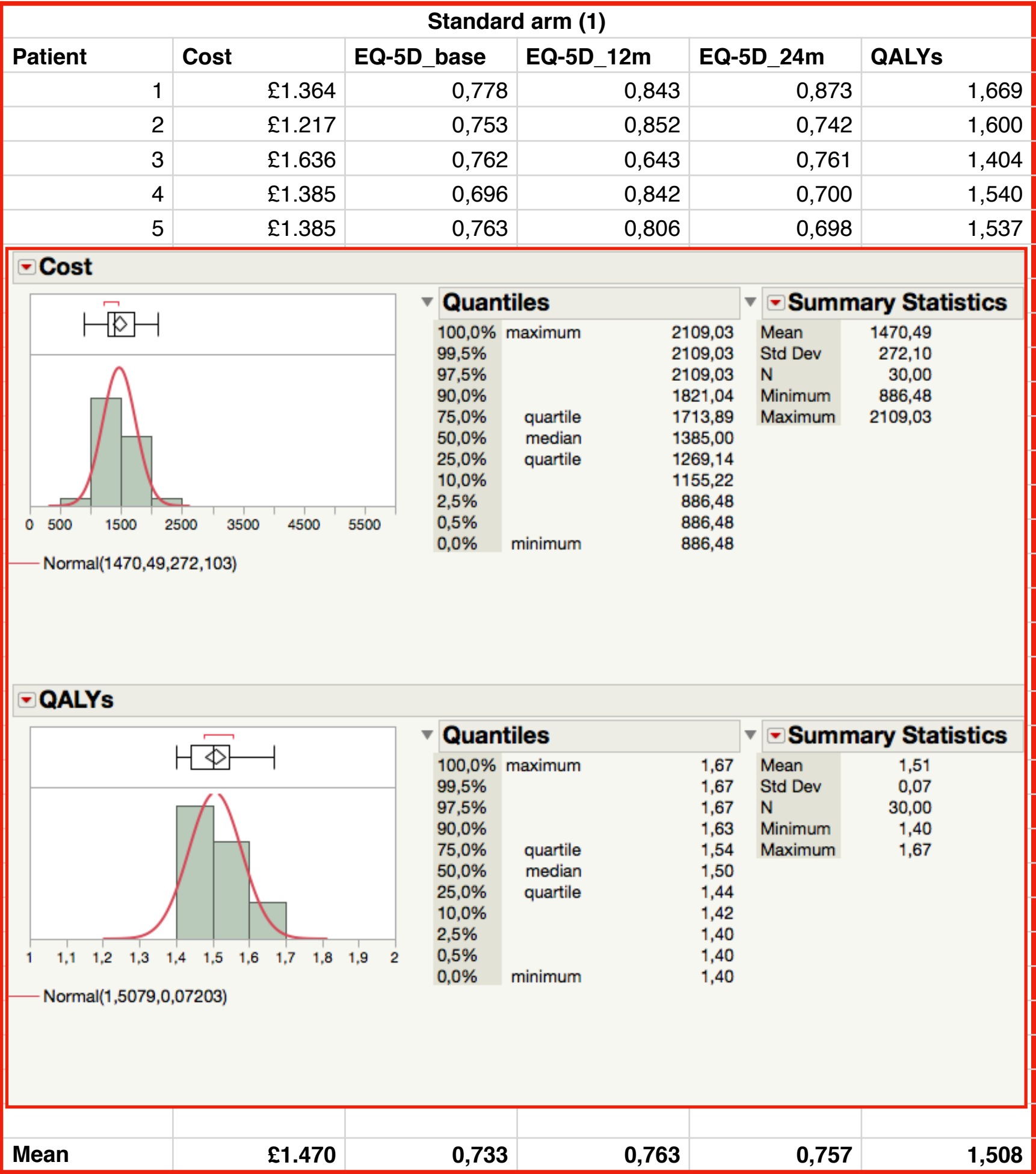
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MANAGE UNCERTAINTIES IN RAW DATA (RE-SAMPLING DATA)

A PRACTICAL EXAMPLE USING BOOTSTRAPPING



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A PRACTICAL EXAMPLE USING BOOTSTRAPPING

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A PRACTICAL EXAMPLE USING BOOTSTRAPPING

Standard arm (1)					
Patient	Cost	EQ-5D_base	EQ-5D_12m	EQ-5D_24m	QALYs
1	£1.364	0,778	0,843	0,873	1,669
2	£1.217	0,753	0,852	0,742	1,600
3	£1.636	0,762	0,643	0,761	1,404
4	£1.385	0,696	0,842	0,700	1,540
5	£1.385	0,763	0,806	0,698	1,537
6	£1.349	0,720	0,766	0,775	1,514
7	£1.706	0,746	0,758	0,773	1,518
8	£1.148	0,672	0,756	0,692	1,438
9	£1.239	0,626	0,710	0,758	1,402
10	£1.367	0,775	0,856	0,775	1,630
11	£1.914	0,778	0,775	0,631	1,480
12	£1.365	0,649	0,719	0,799	1,443
13	£2.109	0,688	0,705	0,738	1,418
14	£1.449	0,770	0,691	0,777	1,464
15	£1.745	0,902	0,774	0,781	1,616
16	£1.277	0,686	0,792	0,839	1,554
17	£1.738	0,812	0,656	0,730	1,427
18	£1.430	0,805	0,689	0,888	1,535
19	£1.681	0,898	0,698	0,667	1,481
20	£1.306	0,792	0,879	0,727	1,638
21	£1.737	0,777	0,713	0,767	1,485
22	£1.824	0,623	0,746	0,762	1,438
23	£1.142	0,634	0,792	0,755	1,487
24	£1.790	0,757	0,652	0,803	1,432
25	£1.240	0,692	0,826	0,756	1,550
26	£886	0,637	0,841	0,607	1,463
27	£1.278	0,746	0,704	0,803	1,478
28	£1.247	0,677	0,833	0,742	1,542
29	£1.632	0,649	0,769	0,886	1,537
30	£1.528	0,729	0,796	0,705	1,513
Mean	£1.470	0,733	0,763	0,757	1,508

Experimental arm (2)					
Patient	Cost	EQ-5D_base	EQ-5D_12m	EQ-5D_24m	QALYs
1	£3.650	0,926	1,000	1,000	1,963
2	£4.491	0,828	0,940	0,917	1,813
3	£4.991	0,712	0,809	0,789	1,559
4	£3.475	0,786	0,882	0,854	1,702
5	£3.337	0,735	0,816	0,873	1,620
6	£2.205	0,734	0,812	0,823	1,590
7	£3.165	0,692	0,805	0,758	1,530
8	£6.137	0,727	0,814	0,780	1,567
9	£2.411	0,625	0,720	0,716	1,390
10	£5.255	0,818	0,947	0,928	1,820
11	£3.689	0,720	0,836	0,784	1,588
12	£2.051	0,643	0,746	0,771	1,453
13	£2.282	0,745	0,852	0,788	1,619
14	£3.087	0,690	0,789	0,794	1,531
15	£3.472	0,773	0,868	0,878	1,694
16	£5.058	0,702	0,797	0,770	1,533
17	£3.700	0,700	0,820	0,803	1,571
18	£4.566	0,753	0,830	0,832	1,623
19	£1.279	0,754	0,831	0,835	1,626
20	£3.272	0,835	0,961	0,903	1,830
21	£3.147	0,608	0,714	0,747	1,391
22	£3.459	0,781	0,882	0,836	1,691
23	£2.327	0,641	0,750	0,700	1,421
24	£2.817	0,789	0,899	0,835	1,710
25	£4.389	0,682	0,799	0,762	1,520
26	£3.859	0,671	0,765	0,771	1,486
27	£5.305	0,828	0,924	0,905	1,791
28	£1.832	0,803	0,905	0,863	1,738
29	£2.448	0,695	0,795	0,772	1,529
30	£2.329	0,738	0,823	0,853	1,619
	£3.450	0,738	0,838	0,821	1,617

MANAGE UNCERTAINTIES IN RAW DATA (RE-SAMPLING DATA)

A PRACTICAL EXAMPLE USING BOOTSTRAPPING

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REPEAT 1000 TIMES...

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		0,625	0,720	0,716	1,390
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HEE ALONGSIDE RCT: STEP-BY-STEP METHODOLOGY

THE 9 STEPS TO CONDUCT A HEALTH ECONOMIC EVALUATION FROM A RCT DATA

1. Calculate point estimates for cost and outcomes from raw trial data
2. Manage uncertainties in raw data (re-sampling data)
3. Calculate ICER (incremental cost-effectiveness ratio) and NMB (net monetary benefit)
4. Plot the cost-effectiveness plane
5. Plot the iNMB (incremental net monetary benefit)
6. Calculate and plot the CEAC (cost-effectiveness acceptability curve)
7. Perform BIA (budget impact analysis)
8. Programme budgeting and marginal analysis (PBMA)
9. Overall interpretation

MANAGE UNCERTAINTIES IN RAW DATA (RE-SAMPLING DATA)

A PRACTICAL EXAMPLE USING BOOTSTRAPPING

RESAMPLED DATA						
Repetition	C2-C1	E2-E1	ICER (Euro/QALY)	iNMB (Euro) for WTP = 15000	INMB (Euro) for WTP = 25000	
1	-554	0,214	-2588	3764	5904	
2	686	0,275	2494	3439	6189	
3	1539	0,345	4460	3636	7086	
4	1950	0,103	18932	-405	625	
5	3200	0,120	26666	-1400	-200	
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1000	2286	0,106	21566	-696	364	

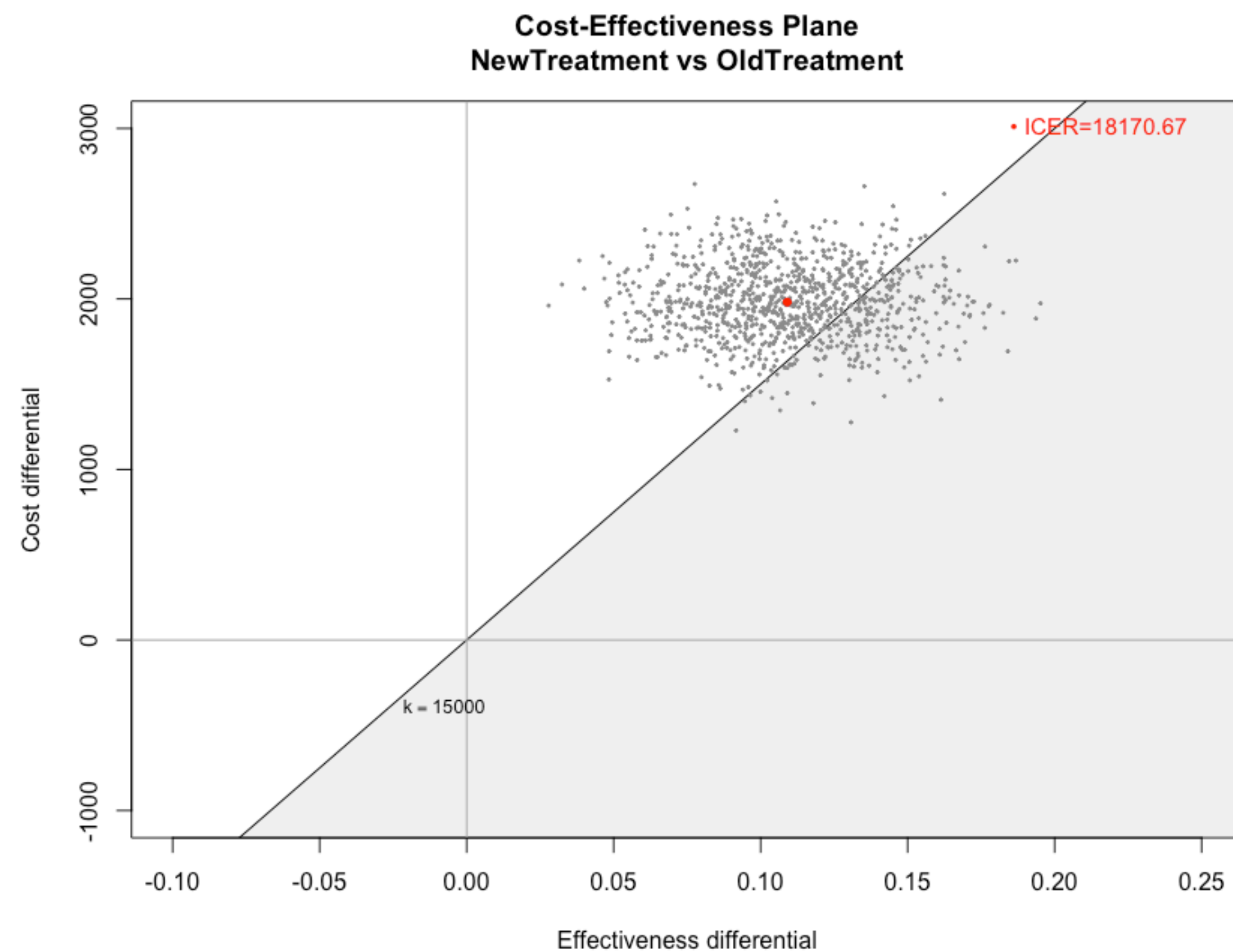
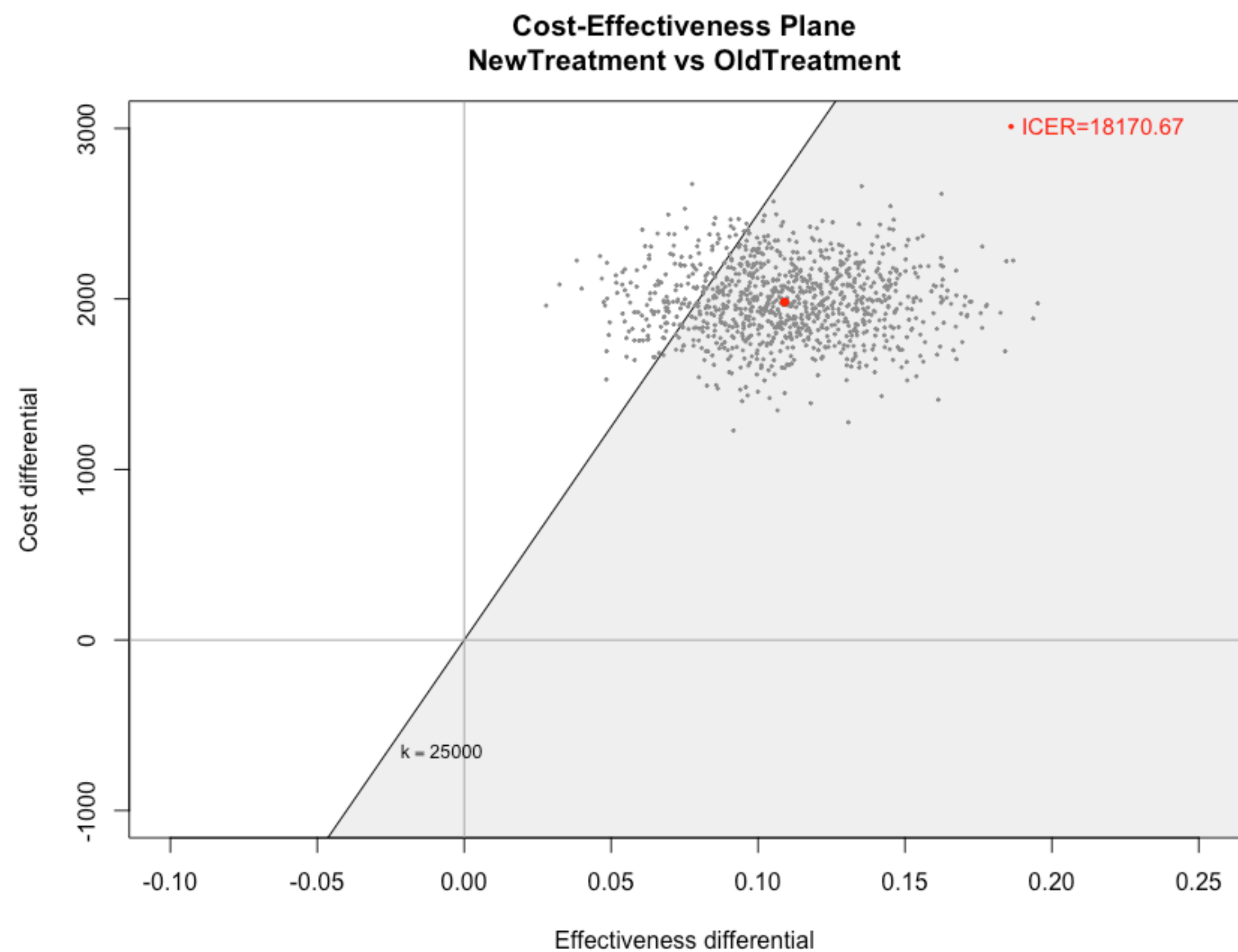
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PLOT THE COST-EFFECTIVENESS PLANE

A PRACTICAL EXAMPLE

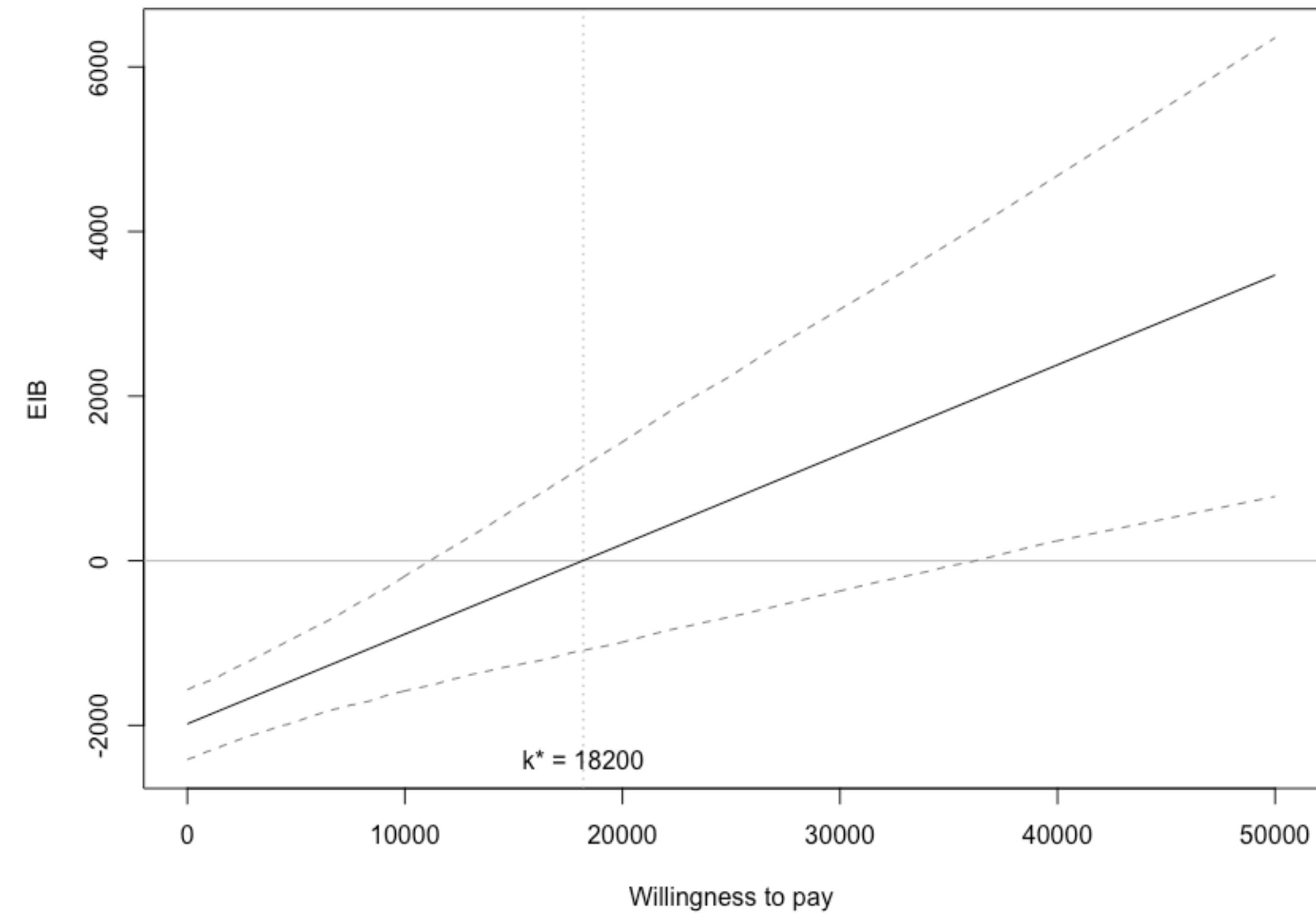


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**Expected Incremental Benefit
and 95% credible intervals**

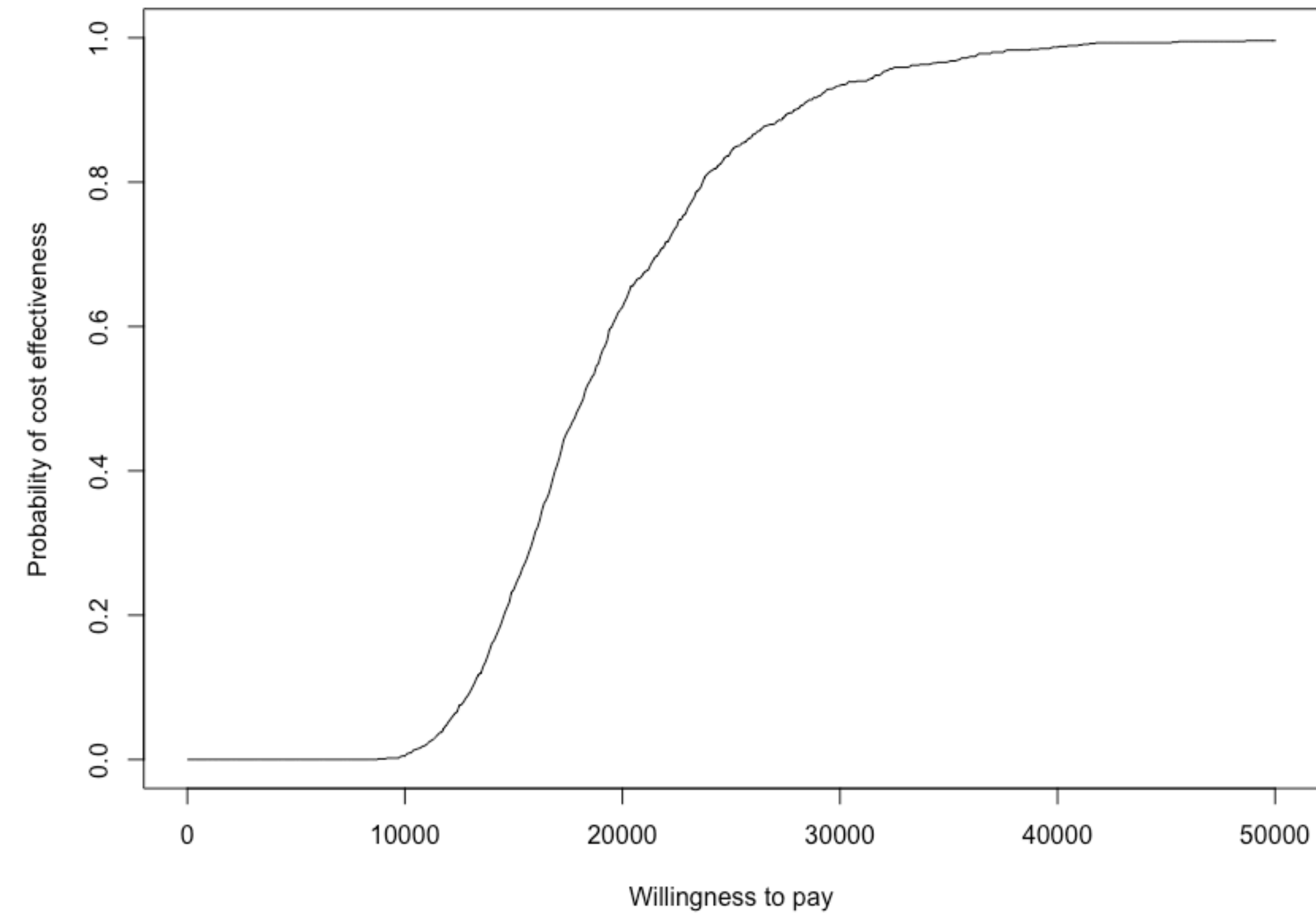


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Cost Effectiveness Acceptability Curve



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PERFORM A BUDGET IMPACT ANALYSIS (BIA)

THE 6 STEPS TO CONDUCT BUDGET IMPACT ANALYSIS

1. Estimating the target population
2. Selecting a time horizon
3. Identifying the current and projected case-mix
4. Estimating current and future treatment costs
5. Estimate changes in disease-related costs
6. Estimating and presenting changes in annual budget and health outcomes

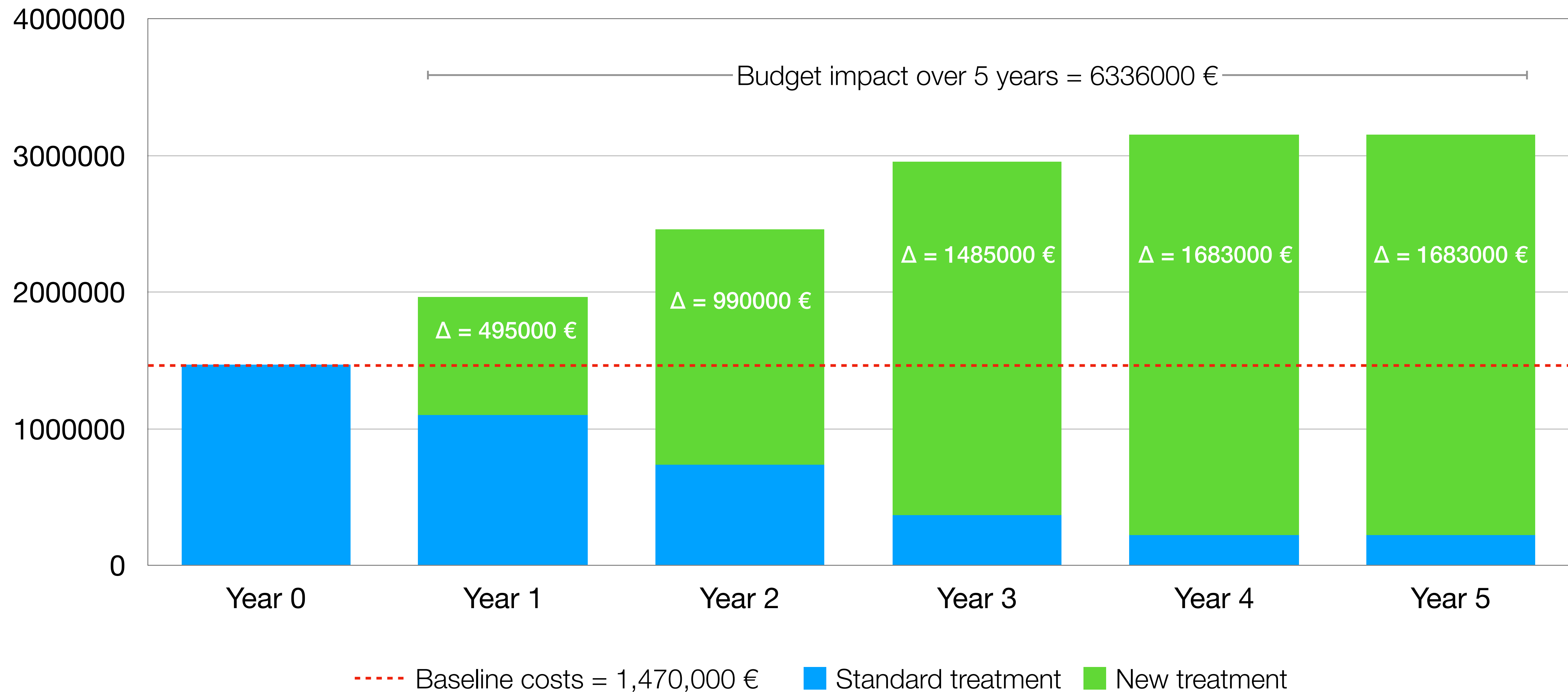
BUDGET IMPACT ANALYSIS

Year	Number of indications	Adoption of new treatment	Case mix (standard/new)	Cost standard treatment	Cost new treatment	Total cost	Budget impact	Health outcomes	Health outcome impact
1	1000	25 %	750/250	1102500	862500	1965000	495000	1535	27
2	1000	50 %	500/500	735000	1725000	2460000	990000	1562	54
3	1000	75 %	250/750	367500	2587500	2955000	1485000	1589	81
4	1000	85 %	150/850	220500	2932500	3153000	1683000	1600	92
5	1000	85 %	150/850	220500	2932500	3153000	1683000	1600	92
Total	5000	-	1800/3200	2646000	11040000	13686000	6336000 (*)	7888	348

Baseline (costs): 1000 patients per year treated with the standard treatment (1,470 €) during 5 years = 7,350,000 €
Baseline (effects): 1000 patients per year treated with the standard treatment (1.508 QALYs) during 5 years = 7540 QALYs
(*) Difference between baseline cost and actual cost = 13,686,000 - 7,350,000

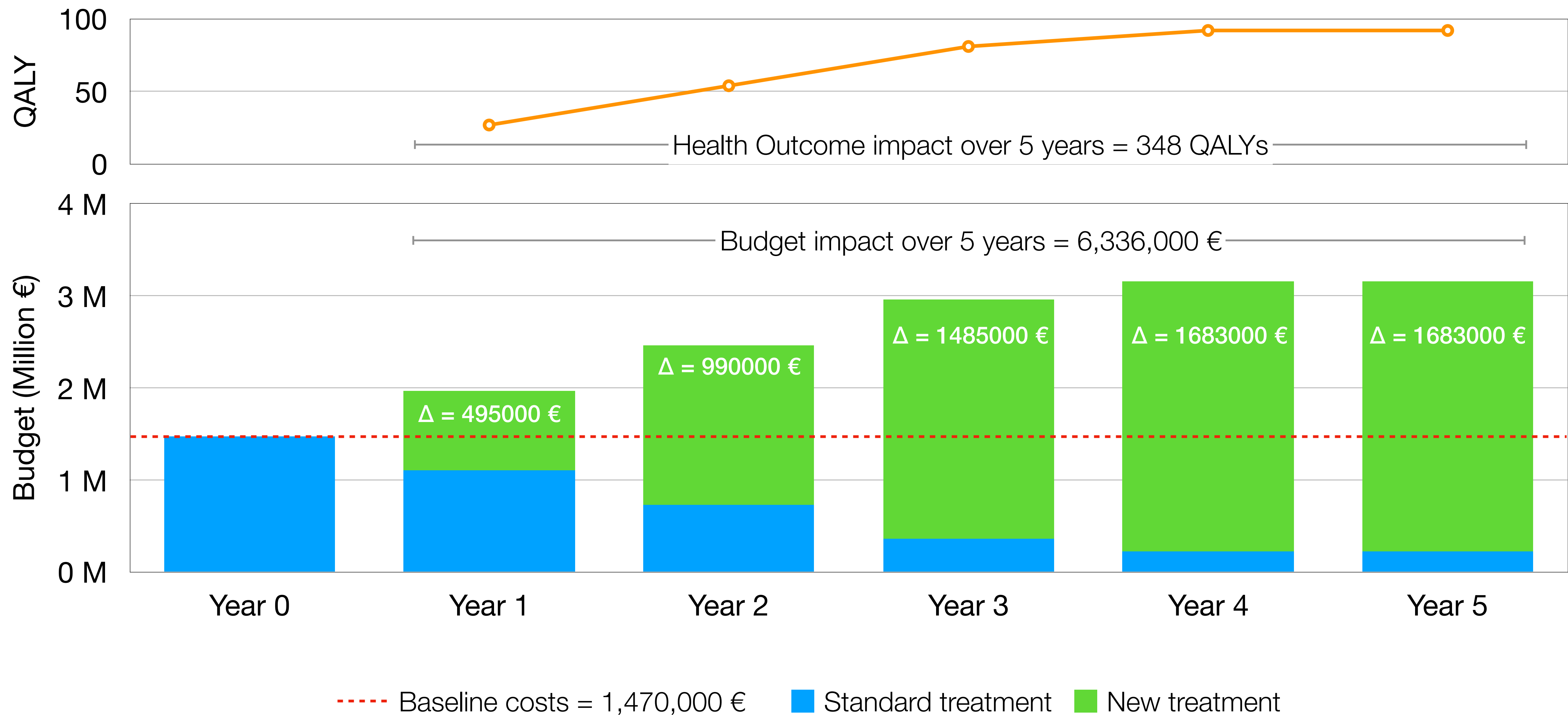
BUDGET IMPACT ANALYSIS

A PRACTICAL EXAMPLE



BUDGET IMPACT ANALYSIS

A PRACTICAL EXAMPLE



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PROGRAMME BUDGETING AND MARGINAL ANALYSIS (PBMA)

HOW TO MAXIMIZE HEALTH BENEFITS FOR THE ENTIRE POPULATION

PBMA is a tool to aid decision-making in setting priorities in the provision of health services. PBMA is based on the notion of allocative efficiency. Allocative efficiency is achieved when health related benefits from a service or a set of services are maximised for a group of individuals.

1. Defining programme areas to be examined (and create the programme budget)
2. Identify services which may be potential options for expansion or contraction
3. Rank these services in terms of CE and costs of delivery
4. Re-allocate resources

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OVERALL INTERPRETATION

COST-EFFECTIVENESS ANALYSIS SUMMARY

Optimal decision:

- $k < 18200$: choose OldTreatment
- $k \geq 18200$: choose NewTreatment

Analysis for willingness to pay parameter $k = 25000$

- ICER: 18171 €/QALY
- CEAC: 84%
- NMB: 744 €
- Optimal intervention: NewTreatment

BUDGET IMPACT ANALYSIS (BIA)

- 5000 patients over 5 years
- Progressive adoption of new treatment (25% to 85%)
- Budget impact 6.3 Million €