Online Advanced Methods for Cost-Effectiveness Analysis

Presentation 6: Model structure
6.7: Summary and conclusions

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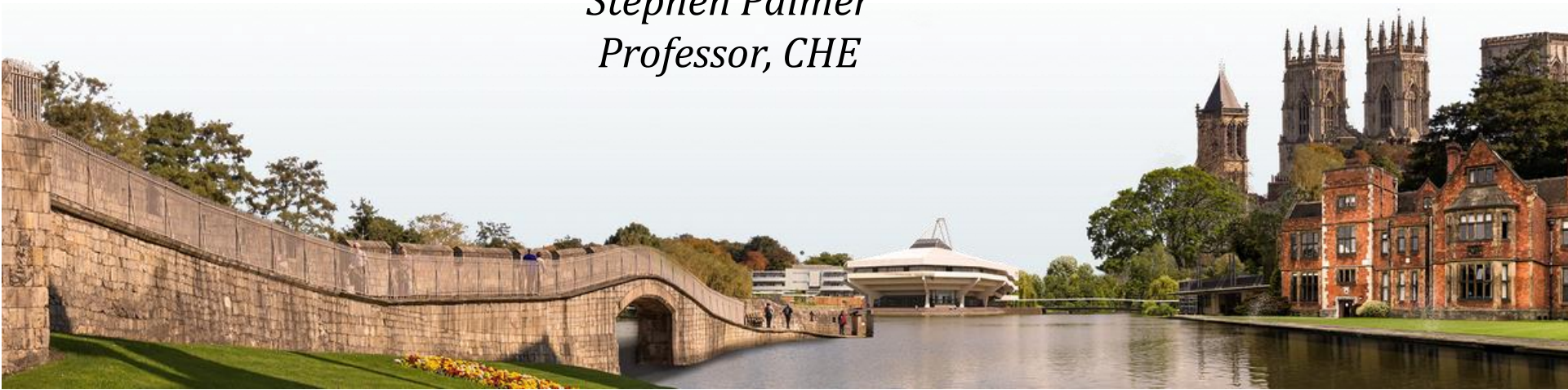

Conclusions

- Models need to be ‘fit for purpose’
  - Expected ‘mean’ cost-effectiveness
  - Uncertainty
- Models are inevitably a simplification of reality
  - Approximation of cohort models will be reasonable in many circumstances
- But PLS models may be considered necessary
  - Complex history/time dependencies
  - Treatment sequences
- Need to accept ‘trade-offs’ with PLS
  - Computational burden
  - Evidence requirements

Further reading

Good practice and state-transition modelling approaches

- Caro J *et al*. Modeling good research practices - overview: a report of the ISPOR-SMDM Modeling Good Research Practices Task Force-1. *Value Health*. 2012;15:796-803.
- Siebert *et al*. State-transition modeling: a report of the ISPOR-SMDM modeling good research practices task force-3. *Value Health*. 2012; 15: 812-820.

AUC modelling

- Woods B *et al*. NICE DSU Technical Support Document 19. Partitioned Survival Analysis for Decision Modelling in Health Care: A Critical Review. 2017 [*Available from http://www.nicedsu.org.uk*]

Patient-level simulation

- Davis S *et al*. NICE DSU Technical Support Document 15: Cost-effectiveness modelling using patient-level simulation. 2014. [*Available from http://www.nicedsu.org.uk*]