

Health economic evaluation, health policy decisions: A patient-oriented approach

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Disclosures

- I am not aware of any actual or potential conflicts of interest in relation to this presentation
- Some of my relevant current activities:
 - Senior Scientist, Centre for Clinical Epidemiology & Evaluation, VCHRI (HTA contract with BC MoH)
 - Professor, School of Population & Public Health, UBC
 - Board Chair, CIHR's Institute for Health Services & Policy Research
 - Board member, Canadian Association for Health Services & Policy Research
- No industry consultancy



The Strategy for Patient-Oriented Research (SPOR)

Canada's strategy to ensure that the **right patient** receives the **right intervention** at the **right time** by increasing the amount of research being conducted **with and by research knowledge users** – including patients and families, health care providers, and health system decision-makers.



Patient-oriented research

- A continuum of research that engages **patients as partners**
- Focuses on **patient-identified priorities** in order to improve patient-centred outcomes
- Conducted by multidisciplinary teams in **partnership with relevant stakeholders**
- Aims to apply the knowledge generated to **improve health care systems and practices**



Patients as “partners” in health economics

- Examples of where a “lived experience” lens can be important:
 - Establishing research priorities
 - Ensuring appropriate assessment of benefits
 - Providing a fuller understanding of costs
 - Supporting care pathway modelling
 - Interpreting data and results



Selecting quality of life instruments

Whitehurst *et al. Health and Quality of Life Outcomes* 2014, **12**:50
<http://www.hqlo.com/content/12/1/50>



RESEARCH

Open Access

Perceptions of individuals living with spinal cord injury toward preference-based quality of life instruments: a qualitative exploration

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Abstract

Background: Generic preference-based health-related quality of life instruments are widely used to measure health benefit within economic evaluation. The availability of multiple instruments raises questions about their relative merits and recent studies have highlighted the paucity of evidence regarding measurement properties in the context of spinal cord injury (SCI). This qualitative study explores the views of individuals living with SCI towards six established instruments with the objective of identifying 'preferred' outcome measures (from the perspective of the study participants).

Methods: Individuals living with SCI were invited to participate in one of three focus groups. Eligible participants were identified from Vancouver General Hospital's Spine Program database; purposive sampling was used to ensure representation of different demographics and injury characteristics. Perceptions and opinions were solicited on the following questionnaires: 15D, Assessment of Quality of Life 8-dimension (AQoL-8D), EQ-5D-5L, Health Utilities Index (HUI), Quality of Well-Being Scale Self-Administered (QWB-SA), and the SF-36v2. Framework analysis was used to analyse the qualitative information gathered during discussion. Strengths and limitations of each questionnaire were thematically identified and managed using NVivo 9 software.

Results: Major emergent themes were (i) general perceptions, (ii) comprehensiveness, (iii) content, (iv) wording and



Health economics modelling & POR

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CURRENT OPINION

The Missing Stakeholder Group: Why Patients Should be Involved in Health Economic Modelling

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Abstract Evaluations of healthcare interventions, e.g. new drugs or other new treatment strategies, commonly include a cost-effectiveness analysis (CEA) that is based on the application of health economic (HE) models. As end users, patients are important stakeholders regarding the outcomes of CEAs, yet their knowledge of HE model development and application, or their involvement therein, is absent. This paper considers possible benefits and risks of patient involvement in HE model development and application for modellers and patients. An exploratory review of the literature has been performed on stakeholder-involved modelling in various disciplines. In addition,

application. Benefits of becoming involved would include a greater understanding and possible acceptance by patients of HE model application, improved model validation, and a more direct infusion of patient expertise. Risks would include patient bias and increased costs of modelling. Patient involvement in HE modelling seems to carry several benefits as well as risks. We claim that the benefits may outweigh the risks and that patients should become involved.

Key Points for Decision Makers



Why Do Health Economists Promote Technology Adoption Rather Than the Search for Efficiency? A Proposal for a Change in Our Approach to Economic Evaluation in Health Care

Graham Scotland, PhD, Stirling Bryan, PhD

At a time of intense pressure on health care budgets, the technology management challenge is for disinvestment in low-value technologies and reinvestment in higher value alternatives. The aim of this article is to explore ways in which health economists might begin to redress the observed imbalance between the evaluation of new and existing in-use technologies. The argument is not against evaluating new technologies but in favor of the “search for efficiency,” where the ultimate objective is to identify reallocations that improve population health in the face

*may be of low value and consider how economic evaluation analysts might embrace a broader efficiency lens, first through “technology management” (a process of analysis and evidence-informed decision making throughout a technology’s life cycle) and progressing through “pathway management” (the search for efficiency gains across entire clinical care pathways). A number of model-based examples are used to illustrate the approaches. **Key words:** health economics methods; decision analysis; economic evaluation; cost-effectiveness analysis. (*Med Decis**



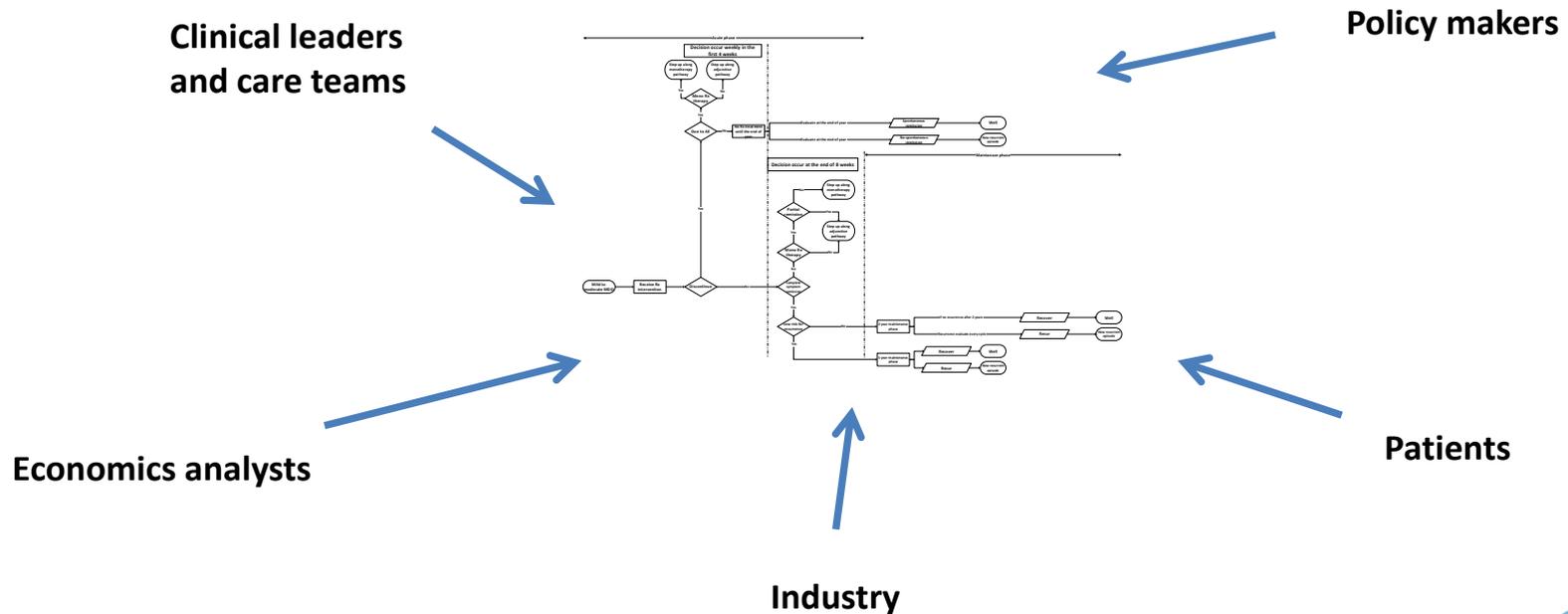
Example: Improving care in British Columbia for people with major depression

“What is the effectiveness and cost-effectiveness of introducing pharmacogenomic testing in British Columbia, as a routine component of clinical practice, in the care of people with major depression?”

| | |
|---------------------------|-----------------------------|
| Stirling Bryan | Project Lead |
| Jehannine Austin | Project Co-Lead |
| Louisa Edwards | Project Manager |
| 3 Patient Partners | |
| Andrea Gaedigk | Lead, Pharmacogenomics |
| Morgan Price | Lead, Clinical Practice |
| Kim McGrail | Lead, Administrative Data |
| Alison Hoens | Lead, Knowledge Translation |
| Shahzad Ghanbarian | Lead, Modelling |
| Tania Conte | Co-Lead, Modelling |
| Gavin Wong | Lead, Systematic Review |



“Resource stewardship” facilitated through pathway modelling



Pathway modelling and “resource stewardship”

- “Resource stewardship”
 - A culture where resource scarcity is openly acknowledged and a shared responsibility
- Pathway model development
 - With engagement of, and ownership by, key stakeholders (clinical leaders, policy makers, patients and analysts)
- Proposed changes to the clinical pathway evaluated using the pathway model



Thoughts, questions, comments...

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