

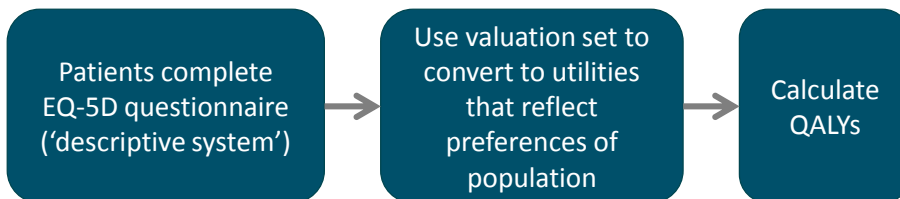
EQ-5D: Is NICE ready for the next level?

Rosie Lovett, Science Policy & Research Programme

ISPOR, Glasgow, November 2017

NICE National Institute for
Health and Care Excellence

Background



- '5D' = 5 dimensions of health
 - Mobility
 - Ability to self-care
 - Ability to undertake usual activities
 - Pain and discomfort
 - Anxiety and depression
- Original version: EQ-5D-3L
- 3 response levels:
 1. No problems
 2. Some/moderate problems
 3. Extreme problems/unable to

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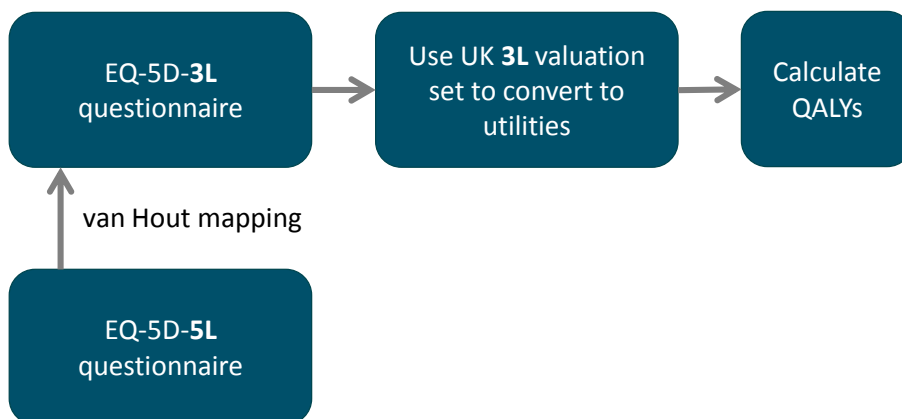
2008 guide to methods of technology appraisal



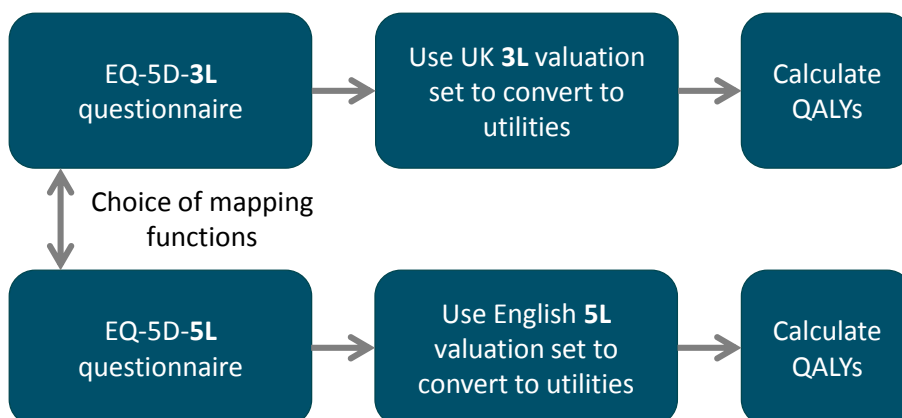
EQ-5D-5L questionnaire (published 2009)

- Intended to be more sensitive and reduce ceiling effects
- Same 5 dimensions of health
- **5L** = 5 response levels:
 1. **No** problems
 2. **Slight** problems
 3. **Moderate** problems
 4. **Severe** problems
 5. **Extreme** problems (or 'unable to')
- Differences in wording, e.g. mobility:
 - 3L worst state = confined to bed
 - 5L worst state = unable to walk about

2013 guide to methods of technology appraisal (still current)



Options in 2016-2017



Impact of using 5L rather than 3L

- Incremental QALY gains differ when valued using 3L or 5L
- Direction and magnitude of difference depends on utility and source of QALY gains in model...difference can be substantial
- Risk of inconsistency between appraisals if both are used

- What should companies/academic groups/committees do?

NICE policy on 5L: guiding principles

- Keen to update methods to reflect current best practice, but need due diligence
- Aiming for consistency and fairness:
 - Between ongoing appraisals
 - Between current and past appraisals
 - Between conditions and types of intervention
- Need to understand:
 - Why 2 measures are different
 - Impact on NICE guidance if we recommend 5L valuation set
- Overall approach: maintain current methods guide whilst commissioning and supporting further research

NICE position statement on 5L valuation set

3 August 2017

- Key points for reference case:
 - Use 3L valuation set, not 5L
 - If data were gathered using 5L descriptive system, map onto 3L valuation set
 - Don't use mix of valuation sets: map everything onto 3L valuation set
 - Use mapping function developed by van Hout et al. (2012)
 - Support continuing use of 5L descriptive system in clinical studies

Ongoing research

- Decision Support Unit analysing past appraisals that used 3L:
 - Map 3L utility values onto 5L utility values
 - Explore impact on cost-effectiveness
- Liaising with Department of Health:
 - Independent quality assurance of 5L valuation set for England
 - Collect data from UK patients completing both 3L and 5L descriptive systems; derive new mapping function
- Liaising with EuroQol group, Dept. of Health, industry
- Intend to develop longer-term policy in summer 2018