

# Do Novel Value Measures Have a Place in European HTA?

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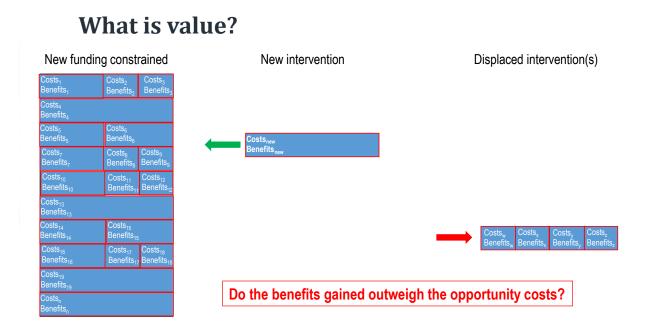


## Questions to address

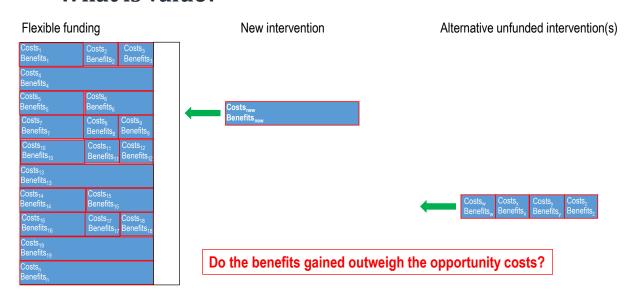
- Which decision?
- What should we understand by value?
- Which benefits?
- Who decides?
- What would a broader measure of benefit mean?
- What about opportunity costs?

### Which decision?

- Allocating resources within collectively funded systems
  - Investments and disinvestments
  - Beyond medical technologies



## What is value?



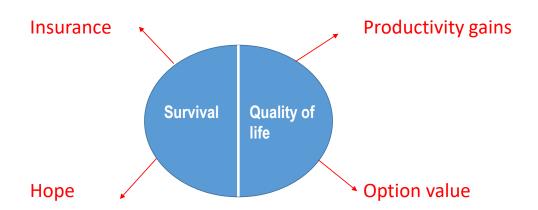
## Which benefits?



## Whose benefits?



## Which type of health?



## Which broader benefits?

- Independence
- Social interaction
- Being informed

### Who decides?

- 3 QALYs
- Mild
- No cure
- Common
- Unproductive

Versus

- 1.5 QALYs
- Severe
- Chance of cure
- Rare
- Unproductive

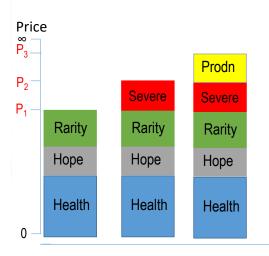
Versus

- 2 QALYs
- End of life
- No cure
- Intermediate
- Productive

- What's in the benefit function?
- Whose preferences?

- Value judgements
- Non-technical
- No consensus

## What's this mean?



- Finding 'new' benefits doesn't increase funding
- Same resources get redistributed
- 'New' benefits present in many other interventions

## What about opportunity costs?

Burden - QALY loss (absolute shortfall)	
Liver cancer	10.7
Schizophrenia	7.62
Emphysema & COPD	3.8
Depression	3.63
Average forgone	2.07
Asthma	1.86
Prostate cancer	1.06
Breast cancer	0.55
Psoriasis	0.19

Net production	
Rheumatoid arthritis	£30,034
Depression	£23,489
Multiple sclerosis	£15,482
Psoriasis	£11,890
Average forgone	£11,611
Breast cancer	£2,888
Dementia	- £2,430
Myeloma	- £23,382
Lung cancer	- £36,067

Claxton et al, Health Economics 2015;24;1-7

#### **Conclusions**

- Selecting benefits is a value judgement
- Some putative benefits more coherent than others
- Ultimate responsibility lies with decision makers
- Claims for wider benefits not unique to new pharmaceuticals
- Quantifying trade-offs challenging
- Often dealt with deliberatively
- Wider the benefit measure needs to be reflected in opportunity costs

## Thank you!

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