

Q&A with Allan Wailoo

Mapping to Estimate Health-State Utility Values from Non-Preference-Based Outcomes Measures for Cost Per QALY Economic Analysis: An Interview with Allan Wailoo, PhD, Chair, for the Mapping to Estimate Health-State Utility from Non-Preference-Based Outcome Measures: An ISPOR Good Practices for Outcomes Research Task Force



Value & Outcomes Spotlight had the opportunity to speak with Allan Wailoo, PhD, about the recent Task Force Report, “Mapping to Estimate Health-State Utility from Non-Preference-Based Outcome Measures: An ISPOR Good Practices for Outcomes Research Task Force Report,” that appeared in the January 2017 issue of *Value in Health*.

In this brief interview, Dr. Wailoo sets the context for the role of “mapping” in economic evaluations by illustrating how these studies can be used to inform future research and the decision makers who apply these results in the real world. Highlights of our conversation follows.

Wailoo AJ, Hernandez-Alava M, Manca A, et al. Mapping to Estimate Health-State Utility from Non-Preference-Based Outcome Measures: An ISPOR Good Practices for Outcomes Research Task Force Report. Value Health 2017;20(1):18-27.

Value & Outcomes Spotlight: What is “Mapping”?



Wailoo: We often want to conduct an economic evaluation in terms of cost per quality-adjusted life-year (QALY), but clinical studies of the health technology of interest have not included a preference-based outcome measure (such as EQ5D, for example) that allows QALYs to be estimated. “Mapping” is a means of bridging this evidence gap. It requires a dataset that records both patient responses to a preference-based measure and the outcome measure(s) that were included in the clinical studies. This external dataset is used to estimate a statistical

relationship between the two types of outcome measure.

We then use the mapping to go back to the clinical effectiveness data and predict what effect the technology would have had on health utility (and thus QALYs) if only these had been measured in the first place.

VOS: What do you see as the current challenge(s) when mapping?

Wailoo: Mapping is undertaken frequently to support health technology assessment (HTA) submissions. The number of publications on the topic has ballooned in recent years, but there are a number of variable practices, poorly performing mappings, and misunderstandings in the area. Because of this, mapping is often viewed with a great deal of suspicion. Worse, when poorly performing mappings are used, they underestimate the true value of a health technology. Yet when mapping is applied appropriately, using the right methods, it is a very powerful, reliable approach. If we also report studies properly, there, is no need for suspicion. Therefore, the challenge, essentially, is to ensure that future mapping studies are fit for purpose. We hope the work of the Task Force will be used to help achieve this.

VOS: Who is the audience for this report, and how will they benefit?

Wailoo: It is very broad. There are analysts that conduct mapping studies, those that have to review those mappings (which may be as part of the publication process or often, as part of an HTA process), others that have to use the results of mapping studies in economic evaluations and decision makers who act on the results. The guidance in the report aims to encourage consistent application of the right analytical methods, correct use of the results in economic evaluation (including reflecting variability and uncertainty), and easy assessment of fitness for purpose.

VOS: What’s next for the task force?

Wailoo: We are developing plans to deliver short courses at the various ISPOR meetings with the aim of teaching participants how to conduct all the methods referred to in the Task Force report. ■