



INTERNATIONAL SOCIETY FOR PHARMACOECONOMICS AND OUTCOMES RESEARCH
ISPOR NEW ZEALAND CHAPTER

NZ HEALTH TECHNOLOGY ASSESSMENT: LOCAL DATA AND TOOLS

Thursday 3 August 2017, 1.00pm–5 .30pm

“Front + Centre”, Cnr Tory & Tennyson St, Wellington

SPEAKERS

Dr. Jonathan Coleman is the Minister of Health and Minister for Sport and Recreation. He was elected to Parliament in 2005 as the MP for Northcote. Prior to entering Parliament, Dr. Coleman worked as a GP in the UK. After returning to NZ he worked in clinical medicine and management consultancy for PricewaterhouseCoopers. He has a Diploma in Obstetrics from Auckland University and an MBA from the London Business School.

Nisha Nair is a public health medicine doctor and senior research fellow with the BODE3 research programme, co-directed by Tony Blakely and Nick Wilson. She leads the research translation component of the programme.

Conal Smith has worked as a senior economist at the OECD and in managerial and senior policy roles in a range of different government agencies. He led development of the first international guidelines on the measurement of subjective wellbeing and the OECD's first wellbeing themed country report. Current research areas include the measurement of trust, social capital, and the policy uses of wellbeing measures.

This meeting is suited to anyone working in the health industry who would like a better understanding of how local data can be used to inform health technology assessment (HTA).

PROGRAMME

- 1.00 pm **Welcome**
James Harris, President, ISPOR (NZ)
- 1.10-1.30pm **Opening Address: How the New Zealand government prioritises funding for health services**
Hon. Dr. Jonathan Coleman, Minister of Health, Minister of Sports and Recreation
- 1.30-2:15pm **Interactive league table: a tool for decision-makers?**
Nisha Nair
The BODE (Burden of Disease Epidemiology, Equity, and Cost-effectiveness) research programme at University of Otago Wellington uses modelling to assess the health gains, health system costs, impact on inequalities, and cost-effectiveness of a range of health interventions. We are now collating multiple interventions into interactive league tables that policy makers can use to sort and rank interventions by QALYs, costs, and ICERs. This presentation is a demonstration of an early version of the league table.
- 2.15-3.00pm **Wellbeing, health and evaluating health interventions: what do we know about measuring human welfare and how can this be used to inform health policy?**
Conal Smith
There is now a broad-based agreement that wellbeing can be meaningfully measured, offering the possibility of obtaining significantly better values for health states that can be incorporated into cost benefit analyses and can inform medical decisions. This presentation provides a brief overview of how wellbeing economics has developed between 2000 and the present day, before focusing on the use of measures of subjective wellbeing to elicit values for non-market outcomes, such as health states.



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Michael Rains worked in academia, with consulting actuaries and with a health insurer before joining the Health Funding Authority in 1998. Since 1999 he has been the leader of the New Zealand Casemix Project Group, now the DHB and Ministry of Health *National Cost Collection and Pricing Program*.

The Casemix Project Group reviews casemix weights used by DHBs to fund admitted patient hospital events, and specifies which admitted patient events are to be casemix funded.

Anita Fitzgerald is an analyst for the Northern Region Clinical Practice Committee (NZ) and a Senior Consultant at York Health Economics Consortium (UK). In NZ, she conducts hospital-based HTA to inform investment and disinvestment decisions for the four northern DHBs. In the UK, Anita does systematic reviews for York Health Economics Consortium to inform economic models for the NHS, NICE, pharmaceutical and other healthcare companies. Anita is currently pursuing a PhD at Auckland University examining approaches to disinvestment in NZ hospitals, to offer a potential platform for local and regional disinvestment initiatives.

PROGRAMME (CONTINUED)

3.00-3.30pm Afternoon tea

3.30-4.15pm **Understanding Diagnosis-Related Groups (DRGs)**
Michael Rains

A brief introduction to the casemix environment in New Zealand, including which costs are used and how they are used, including:

- the use of clinical coding and DRG classifications
- complexity ranking
- identification of specific types of events
 - procedures or specific diagnoses versus DRGs
 - examples
- possible effects of coding standards

A primer on casemix in New Zealand can be found at <https://www.health.govt.nz/publication/new-zealand-casemix-system-overview-0>.

4.15-5.00pm **Practical application of local data to the HTA process**
Anita Fitzgerald

Since 2005, Auckland District Health Board has operated a hospital-based Health Technology Assessments (HTA) committee, evaluating a wide variety of new health technologies for various stakeholders. The committee compares current patient pathways with those proposed, using the best available evidence for safety, efficacy and cost-utility. In the past few years, more in-depth projects have accessed both local and regional data to better inform decisions about implementation criteria, patient outcomes and affordability. In some cases, they have found that access to detailed data has made stark differences to the decisions made locally, compared with those made regionally and nationally. Anita will give examples and discuss how local data can be used in HTA decision-making.

5.00-5.30pm Wine and nibbles/networking



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REGISTRATION FORM

To register for the meeting please fill in the registration form below and send to:

ispornewzealand@gmail.com

Name: _____

Company or Institution: _____

Email address: _____

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- Cost:
- \$100 non-member
 - \$50 ISPOR (NZ) member
 - \$50 ISPOR (International) member

Payment by electronic credit to: ISPOR NZ Chapter, Acc no. 03-1702-0365754-00

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