



## Introduction to Cost-Effectiveness Analysis in Health

### Health Economics Short Course

For more information and course dates, please visit our website: <http://go.unimelb.edu.au/8eqn>

Or email us: [health-economics@unimelb.edu.au](mailto:health-economics@unimelb.edu.au)



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## Module 1 – What is economics and economic evaluation?

Centre for Health Policy  
Melbourne School of Population and Global Health



### Overview of the day

- **Module 1:** *Introduction to Health Economics*
- **Module 2:** *Identifying, Measuring, Valuing and Analysing Costs*
- **Module 3:** *Identifying, Measuring, Valuing and Analysing Outcome*
- **Module 4:** *Policy Use and Interpretation of Cost-effectiveness Analysis*
- **Group exercise:** *Application of Economic Evaluation Methods*

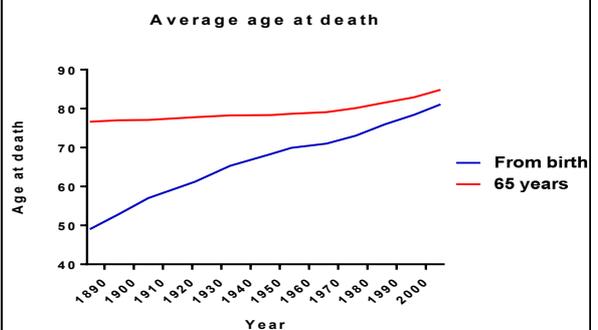


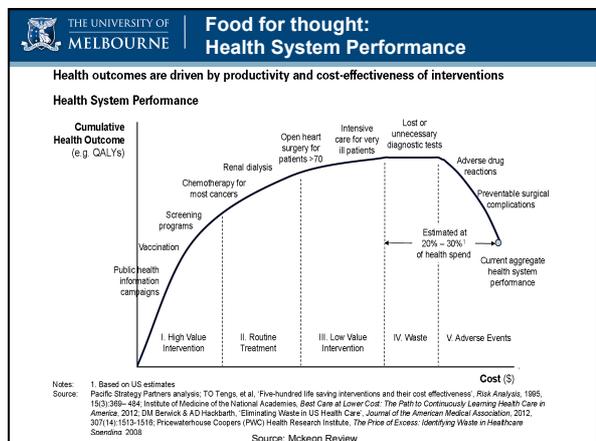
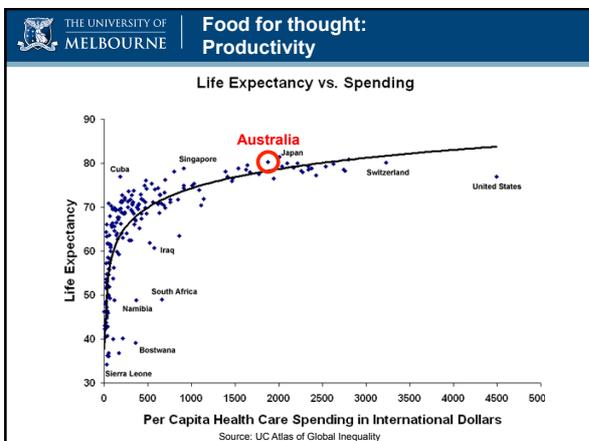
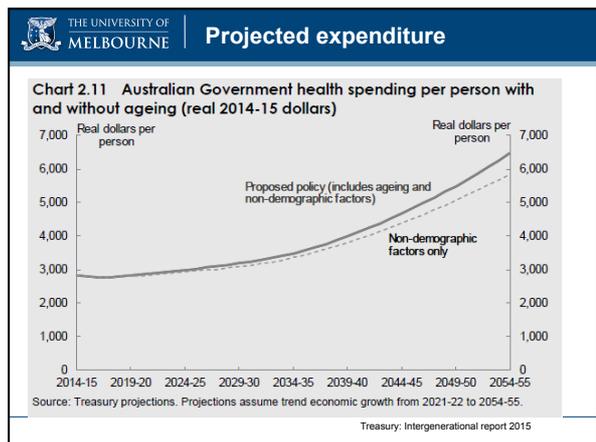
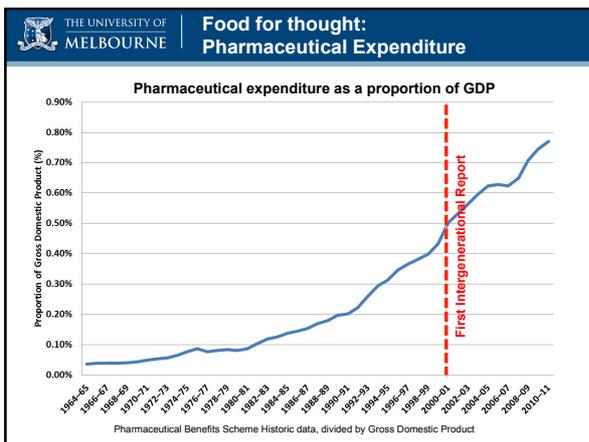
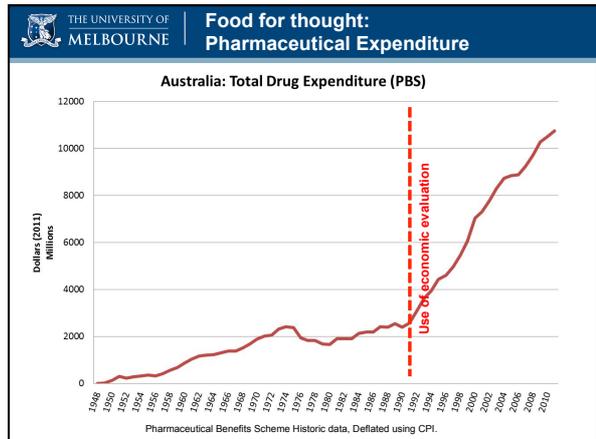
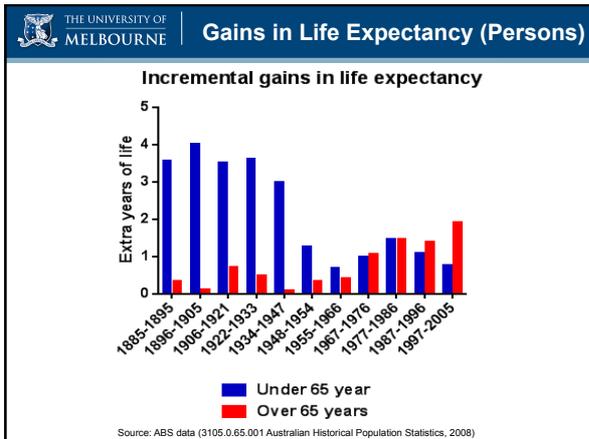
### Overview of presentation

- Food for thought
- What is economics?
- Types of economic evaluation



### Australian Life Expectancy



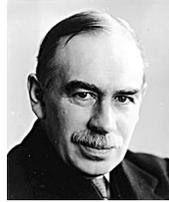


### What is economics?

- Economics is concerned with the allocation of scarce resources
- Resources (labour, materials, natural resources etc.) are broadly fixed at any moment in time
- Therefore choices have to be made concerning how to use these resources:
  - more on housing or more on a car
  - more health care or tax cut

### Economics is...

- Not a cookbook....



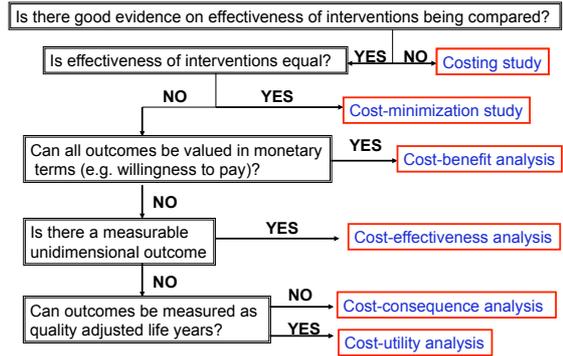
J. M. Keynes

*“...economics is a branch of logic, a way of thinking. The theory of economics does not furnish a body of settled conclusions, immediately applicable to policy. It is a method rather than a doctrine, an apparatus of the mind, a technique of thinking.”*

### What is economic evaluation?

- Premise: scarce (health care) resources
- Aim: to maximise health gain with the available resources
- Method: compare cost and effectiveness of therapies
- Balance: about costs and effects
- Economic evaluation: explicit criteria for making choices.

### Types of economic evaluation



### Cost of illness

- Form of cost analysis
- Attempts to quantify burden - lost productivity, costs of health care, social services, courts etc.
- Often used for advocacy
- Tells you the size of the problem, but not what you should do about it
- Partial analyses and rarely provides context of cost in relation to overall expenditure.

### Cost of illness in 1906

*"TUBERCULOSIS causes annually more than 150,000 deaths in the United States... If we assume that the net value of a year of human life ... is at least \$50, the real loss to the Nation... may be estimated at \$240,000,000 per annum. These astounding and almost incomprehensible figures are far from being an exaggeration..."*

(\$50 in 1906 ~ \$1300 in 2016)

Source: Huber, Consumption: It's relation to man (1906)

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*"In addition to the tremendous human cost, chronic diseases exact a tremendous financial toll on our health care resources. Care for patients with diabetes costs **\$130 billion each year alone**, and this amount is growing. Tackling chronic diseases is also straining our public health departments..."*

Barack Obama, Health Care Plan, 2008

**THE UNIVERSITY OF MELBOURNE | An Australian example**

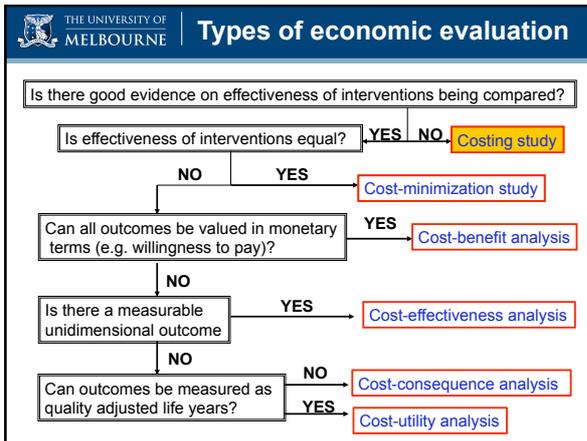
Table 1 Annual costs of foodborne illness in Australia

Area to which costs apply	Cost (\$ million)
Individuals and business: all productivity and lifestyle	771.6
Individuals: premature mortality	231.5
Health care services	221.9
Business: food safety recalls	14.0
Governments: foodborne illness surveillance and investigation, and maintaining food safety systems	10.0
<b>Total</b>	<b>1,249.0</b>

The annual cost of foodborne illness in Australia, DOHA 2006

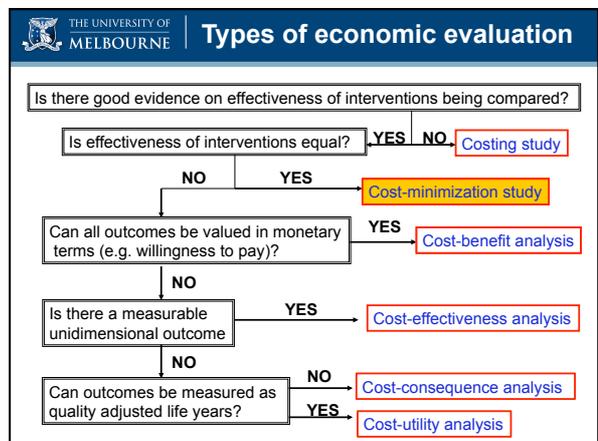
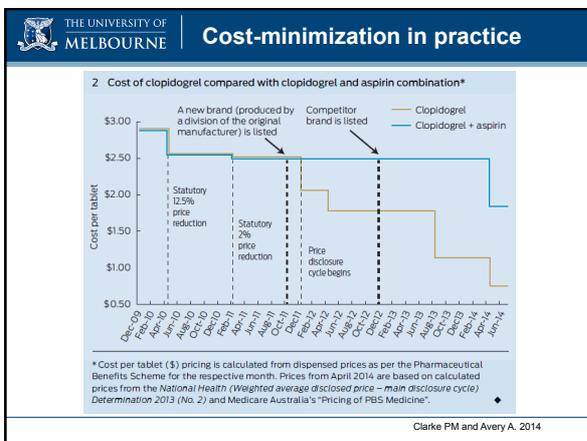
Economic impact ~1% GDP ; ~0.2% of total health spending

**771/998.274**                      **221/94.000**



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- Special form of cost effectiveness analysis
- Compare at least two treatments
- Used in pharmaceutical submissions to Pharmaceutical Benefits Advisory Committee
- Outcomes should be statistically equivalent
  - with sufficient power to say that they are the same; not just to say that there is no evidence of difference
- What minimizes costs today may not minimize costs tomorrow
- Cost-effectiveness analysis is preferable



### Cost-benefit analysis

- Measure outcomes and inputs in dollars
- Enables comparisons across sectors and different clinical outcomes
- Addresses issues such as net gain to society
- Addresses the question of whether the program is worthwhile to society.

### Evaluation of Mobile Mammographic Screening

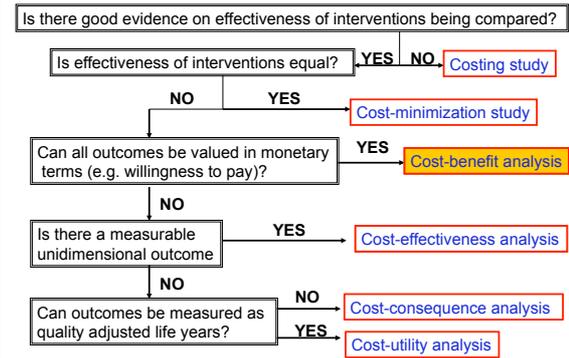
- In small Australian towns do you take the health services to the patients, or make patients come to health services?
- Travel costs can be used to measure the demand for a service and the gains from improving access.
- One of the only cost-benefit analyses in Australia is to determine which rural towns should receive mobile mammographic screening services

### Cost-benefit example

Table 3  
Benefits and costs of mobile screening

Town	Distance	Problem of being screened (average)		Average CV	Total benefits ΣCV	Total cost	Benefit-cost ratio
		Fixed unit	Mobile unit				
1	15 km	0.37	0.37	\$1.46	\$2521	\$12776	0.2
2	20 km	0.24	0.27	\$3.59	\$8743	\$18484	0.5
3	20 km	0.32	0.34	\$4.75	\$8346	\$14513	0.6
4	50 km	0.38	0.42	\$20.37	\$35803	\$19897	1.8
5	50 km	0.28	0.32	\$15.59	\$16516	\$9874	1.7
6	65 km	0.32	0.36	\$24.39	\$37546	\$15579	2.4
7	95 km	0.26	0.35	\$32.65	\$34503	\$14340	2.4
8	130 km	0.23	0.32	\$43.11	\$77144	\$23210	3.3
9	135 km	0.19	0.29	\$39.05	\$80024	\$26845	2.9
10	160 km	0.21	0.32	\$48.20	\$120436	\$36056	3.3

### Types of economic evaluation



### Cost-effectiveness analysis

- Most common used method of economic evaluation
- Compares costs and outcomes
- Requires a common, unambiguous outcome measure
  - cases detected
  - deaths prevented
  - life years gained

$$ICER = \frac{Cost(intervention) - Cost(comparator)}{Outcomes(intervention) - Outcomes(comparator)}$$

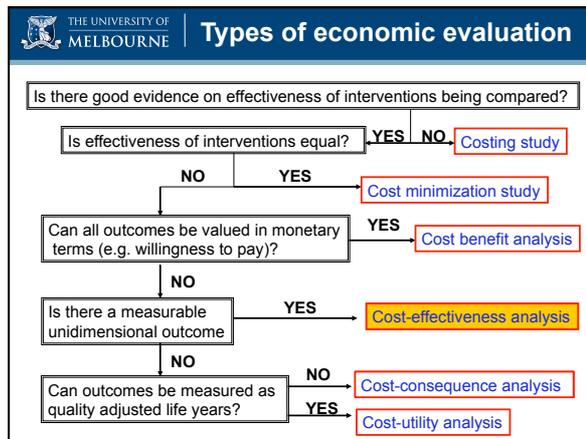
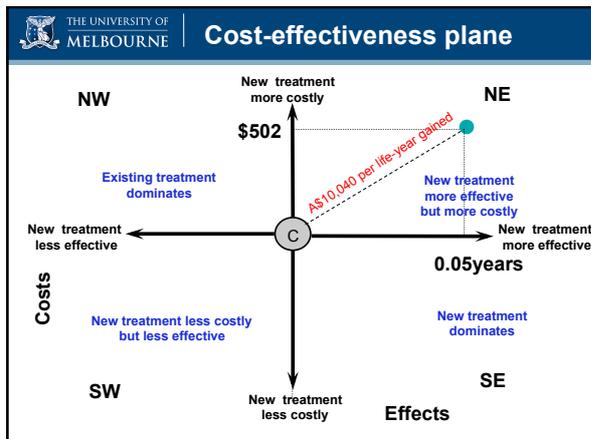
- ICER is Incremental cost-effectiveness ratio

### CEA example

Cost-effectiveness of lowering blood pressure with a fixed combination of perindopril and indapamide in type 2 diabetes mellitus: an ADVANCE trial-based analysis

Paul P Glasziou, Philip Clarke, Jan Alexander, Mohana Rajmohan, Elaine Beller, Mark Woodward, John Chalmers, Neil Foulter and Anushka Patel

- Intervention involved use of blood pressure drugs in diabetes
- Intervention cost \$1350 (over four years)
- Intervention group experienced lower hospital & other health care costs ~\$800 in savings
- Net cost was around \$502.
- Increase in life expectancy 0.05 life years over remaining lifetimes

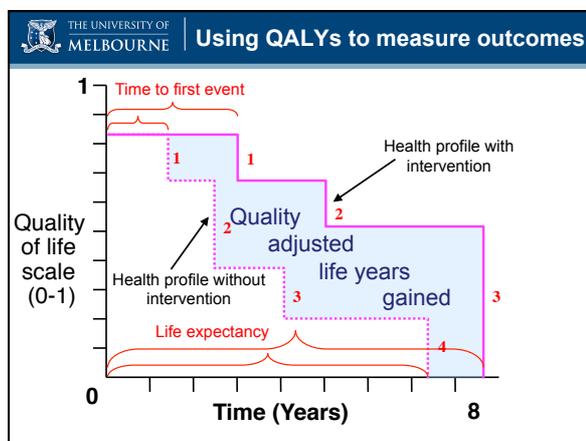
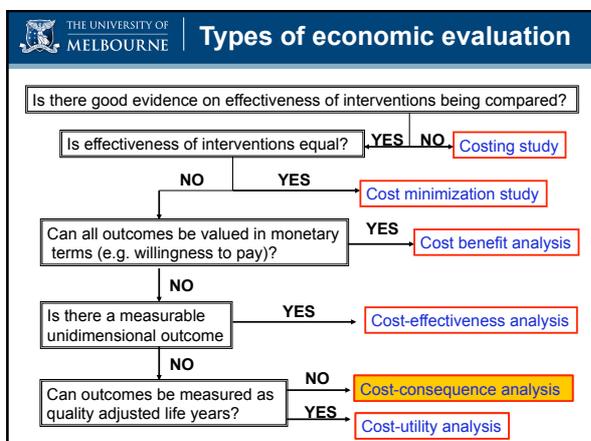


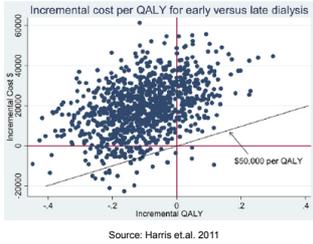
- Cost-consequence analysis (CCA)**
- This is a form of economic evaluation in which the multi-dimensional outcomes are reported separately from costs.
  - Provide information to the decision maker on the costs and consequences of an intervention
  - Does not explicitly value outcomes relative to costs
  - Mainly applied in complex public health interventions with multiple outcomes

**Example Evaluation of an Exercise Referral Scheme**

Measures in analysis	Potential impact of ERSs on measures
<b>Costs</b>	
Intervention cost to providers	£22 200 000 (2010 prices)
Intervention cost to participants	£12 000 000 (2010 prices)
<b>Benefits</b>	
Physically active state	3900 additional physically active people
Non-disease health state	152 extra people in non-disease health state
<b>Mental health</b>	
Anxiety	Reduced anxiety in participants with the magnitude of the effect size being 0.219
Depression	Increased the success rate to 67–74% reduction in depressive symptoms
<b>Metabolic</b>	
Diabetes	Avoided 86 extra cases of type II diabetes Led to small but significant reduction in glycosylated haemoglobin (0.7%). This amount is likely to reduce diabetes complications
<b>Cancer</b>	
Colon cancer	A 30–40% reduction in the risk of developing colon cancer
Breast cancer	A 20–30% reduction in the risk of developing breast cancer
Lung cancer	A 20% reduction in the risk of developing lung cancer

*Trueman and Anokye 2013*





- Early vs. late initiation of dialysis
- Early intervention more costly:  
\$ 10,777 (95% CI \$313 to \$22,081)
- Less QALYs:  
-0.09 (-0.12, .31)

Late (existing) treatment dominates