

Making Decisions on 'End-of-Life Interventions'

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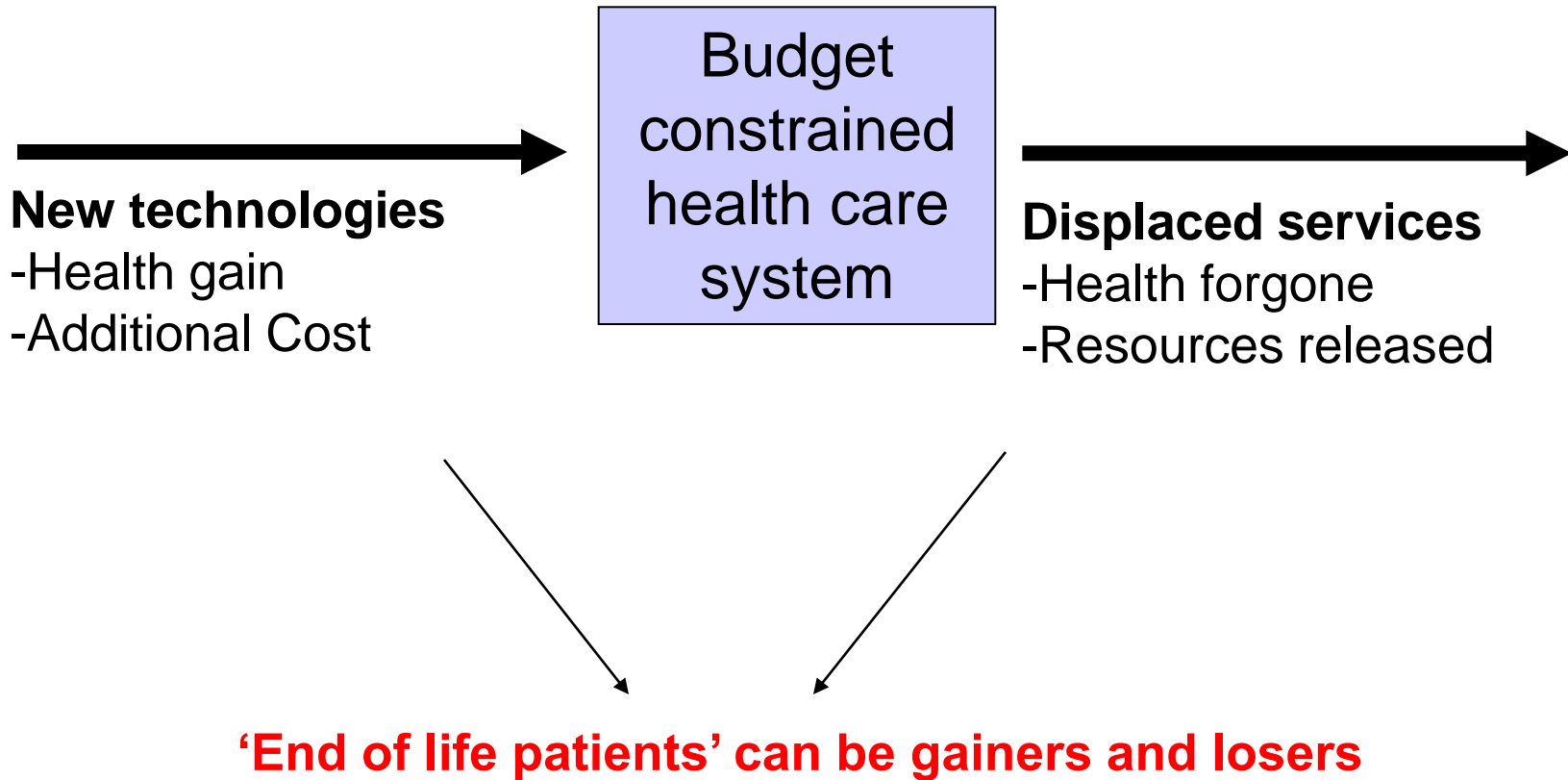
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Outline

- Cost effectiveness analysis increasingly used to inform decisions
- Many challenges
- Are end of life treatments different?
 - Health measurement
 - Interpersonal comparison
- Recent NICE guidance

The unavoidable realities of resource allocation

Budget constrained health systems



Implications

Measuring health

- Decisions are taken across diseases and clinical areas
- Health needs to be measured consistently (gains and losses)
 - ➔ Summary measure combining change in length and quality of life
 - ➔ QALYs most widely used and understood

The QALY as a summary measure of health

Is there something special about end of life?

Strong assumptions

- Constant proportional trade-off
- Additive independence
- Risk neutrality



Analytical solutions

Alternative measures X
Sensitivity analysis ✓
Evidence on trade offs ✓
Patient preferences ?

AC considers “the impact of giving greater weight to QALYs achieved in the later stages of terminal diseases, using the assumption that the extended survival period is experienced at the full quality of life anticipated for a healthy individual of the same age”.

NICE ‘End of Life’ Guidance, 2009.

<http://www.nice.org.uk/media/E4A/79/SupplementaryAdviceTACEoL.pdf>

Interpersonal comparison of health (social valuation)

Is there something special about end of life?

“A QALY is a QALY is a QALY”

- Severity
- Lifetime health experience
- Non health-related disadvantage
- **Short life expectancy**
- Degree of ‘blame’

Those that gain health

Generally known

Those that lose health

Generally unknown

Analytical versus deliberative approaches

Explicit social weights

- Equity-weighted QALYs
- Opportunity costs
- Which characteristics?
- Would end of life matter?
- Whose preferences?
- Ready for prime time?

Deliberative?

- Other factors taken into account
- More nuanced
- Lacking transparency?

Deliberation informed by analysis?

- Threshold analysis
- Which utilities?
- Which QALY weights?
- What opportunity cost?
- When do QALY limitations matter?

Deliberation informed by analysis

AC considers: “The magnitude of the additional weight that would need to be assigned to the QALY benefits in this patient group for the cost-effectiveness of the technology to fall within the current threshold range.”

NICE ‘End of Life’ Guidance, 2009.

<http://www.nice.org.uk/media/E4A/79/SupplementaryAdviceTACEoL.pdf>

Conclusions

- Many challenges in using cost-effectiveness
- Summary measure of health
 - End of life is not unique
- Interpersonal comparison of health
 - End of life is not unique
- Methods exist to address these problems