



Health Economics News

issue 35 • July 2019
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Welcome to the CHE Newsletter

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Courses and Workshops

The Centre for Health Economics (CHE) offers a programme of short courses and workshops in health economics.

More details here [www](http://www.york.ac.uk/che/courses)

We recently released the 2018 annual report for the CHE.

The full report can be found here [www](http://www.york.ac.uk/che/publications)



Good value compared to what, and for whom? Empirical analysis to inform Health Technology Assessment in India

Project Team: Jessica Ochalek, James Lomas, Sumit Mazumdar, Karl Claxton (CHE), Miqdad Asaria (LSE), Pei Fen Chuar (Monash University Malaysia)

In recent years, much attention has been devoted to ongoing healthcare reform in India as part of the effort to achieve universal health coverage. Of note is Health Technology Assessment in India (HTA-In), which has recently been established with a view to 'maximise health, minimise out-of-pocket expenditures and counter inequities'.

In order to improve, rather than reduce, overall health outcomes, we need to quantify the health that would have been possible if the money required to reimburse or fund one intervention was instead made available for other interventions (i.e. the health opportunity cost).

Quantifying these health opportunity costs is challenging in such a complex and heterogeneous healthcare system as India. However, it is important that efforts be made to address this question empirically, rather than resorting to outdated international norms that do not reflect the nuances of healthcare in India.

Our research focuses on quantifying the health returns from expanding public expenditure on healthcare in 21 Indian states, which represents an alternative use of resources to committing them towards specific interventions or types of health insurance. We find that the cost-effectiveness of such an expansion varies greatly across states, but is always much greater (lower cost-per-disability adjusted life year) than implied by international norms. This suggests that HTA-In employing a single national cost-effectiveness threshold based on these norms could lead to recommended interventions doing more harm than good.

Link to CHE Research Paper 161 here [www](http://www.york.ac.uk/che/publications)

Photo by kind consent of the Health Policy Research Unit, IEG, Delhi

Congratulations to Rachel Meacock who was awarded a visiting [CHE Research Fellowship](http://www.york.ac.uk/che/publications) and will start her visit to CHE later this year. Rachel is from the University of Manchester and her research project will be 'Developing a method for estimating the impact of health policy interventions in terms of QALYs'.

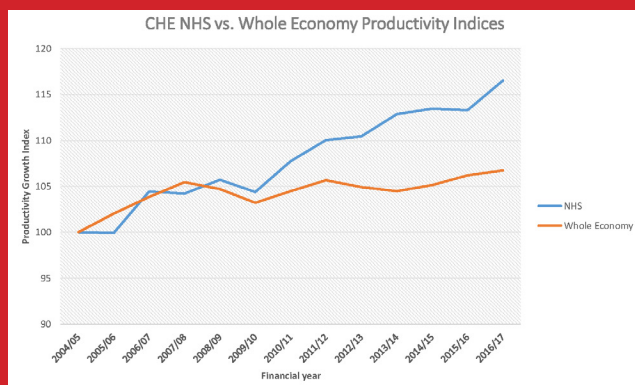


In 2018 Research fellowships were awarded to Giancarlo Buitrago Gutierrez and Ankur Pandya, who are both at present visiting CHE.

National Health Service (NHS) productivity growing twice as fast as the economy

CHE Project Team: Adriana Castelli, Martin Chalkley, James Gaughan, Idaira Rodriguez Santana, Maria Lucia Pace

CHE has produced an annual update of the growth in NHS productivity since 2012. Productivity is measured as the ratio of outputs - treatments provided to patients adjusted for their quality (e.g. survival rates, change in health status before and after treatment, blood pressure monitoring) - to inputs - (i.e. labour, capital and materials). Productivity growth is positive when the growth in outputs is higher than growth in inputs.



The latest update shows that overall NHS productivity grew by 2.86% between 2015/16 and 2016/17, a rate that is higher than both the average productivity growth in the NHS between 2004/05 and 2016/17 (1.3%) and that of the wider economy in England (see graph below). It also represents a sharp increase from the growth registered between 2014/15 and 2015/16, (-0.15%).

Overall, quality adjusted output growth between 2015/16 and 2016/17 amounted to 3.51%, equivalent to £3.96bn of value in 2015/16 prices. Using our preferred measure, inputs grew by 0.64% (£722 million in 2015/16 prices). A detailed breakdown of growth in specific care settings for

outputs and input groups is also provided. The largest contributor to overall output growth is inpatient care (33%) and for input growth it is expenditure on labour (42%).

CHE Research Paper 163 can be found here www.cheproducity.org.uk

Using economic evidence in WHO global health goals and disease management guidelines

Paul Revill and Mark Sculpher

International organizations can influence health sector priorities in low- and middle-income countries (LMICs) by affecting how much funding is available for healthcare delivery and by imposing restrictions on how that funding is used. The World Health Organization (WHO) holds particular influence, through the formulation of overarching goals and guidelines for specific disease areas. Ministries of health can feel compelled to follow these and there is a perception that receipt of overseas funding sometimes depends on doing so. But, for the most part, the ways in which goals and guidelines have been set do not account for limited country resources or the potential alternative uses of those resources. As such, they risk distorting resource allocation and result in missed opportunities to improve health.

A Working Group co-convened by the Center for Global Development, the CHE-led Thanzila Onse programme and the HIV Modelling Consortium explored how economic evidence could be incorporated into WHO goals and guidelines, in ways congruent with widely varying budgets, contexts and social preferences across countries. Launched in May, the Working Group report gave recommendations under two objectives. Firstly, to empower countries to develop and analyse appropriate evidence to set health priorities for their populations e.g. through investment in local analytic capacity. Secondly, to strengthen the WHO guidelines program to inform resource allocation e.g. by establishing clear and robust principles, methods and standards for economic evidence to be included within WHO guidelines.

Links to the full report here www.cheproducity.org.uk and key findings summarised here www.cheproducity.org.uk

MSc Health Economics students in CHE

We are delighted this summer to welcome a bumper set of Health Economics students from the University's residential MSc course. Thirteen students are undertaking their placements at CHE, working on a wide range of topics with CHE supervisors and producing their dissertation in September. The placements address a whole host of interesting issues of national and international relevance, including: evaluation of digital interventions in depression, analysis of emergency re-admissions, impact of conflict on health in Colombia, role of GPs, and impact of the smoking ban on birth weight, amongst others. We look forward to hosting and working with all the students and we are pleased to be able to contribute to capacity building in the health economics community.

The association between antipsychotic polypharmacy, use of hospital care and mortality

Project team: Panagiotis Kasteridis, Jemimah Ride, Nils Gutacker, Maria Goddard, Hugh Gravelle, Anne Mason, Nigel Rice, Rowena Jacobs (CHE), Tim Doran, Simon Gilbody, Najma Siddiqi (Dept of Health Sciences), Tony Kendrick (University of Southampton), Rachael Williams (MHRA), Lauren Aylott, Ceri Dare (Experts by Experience)

Serious mental illness (SMI) includes schizophrenia, bipolar disorder and other psychoses for which patients may often be prescribed an antipsychotic medication. Although UK and international guidelines recommend the use of a single antipsychotic at a time, antipsychotic polypharmacy – the concurrent use of two or more different antipsychotic agents – is common in clinical practice.

Because of concerns about significant risks associated with polypharmacy, it is widely believed that polypharmacy increases mortality and hospitalisations. However, there is a lack of sound evidence to support this assumption.

Our research used patient-level linked primary care, hospital and mortality data to investigate associations between polypharmacy and patient outcomes. We found no evidence of a positive or negative effect of polypharmacy on mortality, inpatient hospitalisations, and A&E presentations. However, our results showed a negative association between monotherapy and hospitalisations, providing support for current UK guidance of antipsychotic monotherapy as a treatment option.

These findings do not rule out polypharmacy options but highlight the need for further research that assesses the appropriateness of polypharmacy against other clinical outcomes such as efficacy and tolerability. The contribution of this study lies in providing real-world evidence on the effectiveness of polypharmacy.

More information on this research can be found [here](#)  and [here](#) .



Staff news



Congratulations to CHE staff recently promoted, **Ana Duarte** and **James Lomas**.



On 27 March, CHE hosted delegates from the HTA Center, New Sunshine Charity Foundation, Beijing. **Mark Sculpher** presented an overview of CHE, HTA in the UK and CHE international activity. **Andrea Manca**, **James Lomas**, **Helen Weatherly**, **Fan Yang** and **Han I Wang** (Health Sciences, University of York) gave a range of presentations



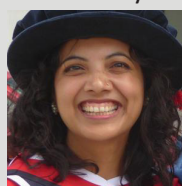
At the Fourteenth Workshop on Costs and Assessment in Psychiatry, held in Venice, on 29 March 2019.

Rowena Jacobs received the Willard Manning Award in Mental Health Policy and Economics Research for 2019, on behalf of Valerie Moran and herself. This was received for their paper '[Costs and Performance of English Mental Health Providers](#)' published in the Journal of Mental Health Policy and Economics.



We were very saddened by the news that a former York MSc health economics student has recently passed away.

Jeshika Singh was known to several CHE staff and will be very much missed.



Adriana Castelli, **Martin Chalkley**, **James Gaughan**, **Idaira Rodriguez Santana** and **Rodrigo Moreno Serra** hosted two governmental officials from the Malaysian Productivity and Competitiveness Corporation (MPC), 30 April - 1 May, during which time they held a workshop on healthcare system productivity and discussed potential future collaborations.



Please visit our website for more of CHE's [latest news items](#)

See our website for full details of CHE staff presentations and visits [Presentations and visits](#).

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These and other CHE publications can be found on our website here: www.york.ac.uk/che

Latest CHE research papers

162 Effects of market structure and patient choice on hospital quality for planned patients. Giuseppe Moscelli, Hugh Gravelle, Luigi Siciliani.

163 Productivity of the English National Health Service: 2016/17 update. Adriana Castelli, Martin Chalkley, James Gaughan, Maria Lucia Pace, Idaira Rodriguez Santana.

164 The impact of primary care incentive schemes on care home placements for people with dementia. Panos Kasteridis, Dan Liu, Anne Mason, Maria Goddard, Rowena Jacobs, Raphael Wittenberg, Daniel Howdon.

165 Economic analysis for health benefits package design. James Love-Koh, Simon Walker, Edward Kataika, Sibusiso Sibandze, Matthias Arnold, Jessica Ochalek, Susan Griffin, Paul Revill, Mark Sculpher.

166 Is an ounce of prevention worth a pound of cure? Estimates of the impact of English public health grant on mortality and morbidity. Stephen Martin, James Lomas, Karl Claxton.

Free to download here: www.york.ac.uk/che

New funding

(TRACT) Transfusion and Treatment of severe Anaemia in African Children: a randomised controlled trial

Pedro Saramago Goncalves, Martin Harker, Paul Revill, Simon Walker, Aimee Fox
Funder: MRC Global Health
Sept 2018 - Sept 2019

MIND-ECON - The longer term, average & distributional effects of mental health interventions & the causal impact of mental illness on economic outcomes
Rowena Jacobs, Andrew Mirelman, Marc Suhrcke, Noemi Kreif
Funder: MRC
Jan 2019 - Dec 2021