



Health Economics News

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Welcome to the CHE Newsletter

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Courses and workshops

York Summer Workshops in Health Economic Evaluation

Foundations of Economic Evaluation in Health Care
18 - 22 June 2018

Advanced Methods for Cost-Effectiveness Analysis: Meeting Decision-Makers' Requirements
25 - 29 June 2018

Outcomes Measurement and Valuation for Health Technology Assessment
2 - 4 July 2018

Further details: 



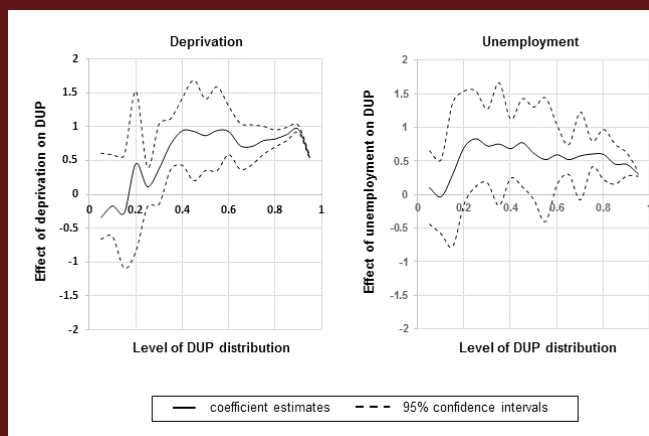
Socioeconomic inequalities in duration of untreated psychosis

Project team: Anika Reichert and Rowena Jacobs

A new study has examined the relationship between the duration of untreated psychosis (DUP) and socioeconomic inequalities. DUP is broadly defined as the time between the onset of psychotic symptoms and the first treatment. It is an important measure of access to care since a longer DUP is linked to poorer outcomes. Socioeconomic factors such as unemployment, but also reduced social networks and less family involvement in the help-seeking process, may contribute to a longer DUP.

The study investigated whether the distribution of DUP for patients experiencing a first episode of psychosis in England, varied with socioeconomic factors.

Results revealed significant inequalities in DUP regarding the level of socioeconomic deprivation and unemployment. Patients living in more deprived neighbourhoods faced around a month longer DUP than patients from the least deprived neighbourhoods. Unemployment was associated with a 40 day longer DUP. The paper suggests policies to improve equitable access to care.



The graph shows the effect of deprivation (left) and unemployment (right) on DUP. It shows that the difference in DUP between more and less deprived patients increased as DUP increased.

In contrast, at any length of DUP, unemployed patients were facing a longer DUP compared to employed ones.

More details: 

Professor Alan Maynard, founder of CHE

We are very sorry about the recent loss of an inspirational friend and colleague, Alan Maynard who passed away on 2 February 2018. The founder of CHE, a massive influence in the national and international world of health economics and policy, and quite simply, a lovely and genuine person, he will be missed greatly by all of us.

Obituaries and tributes page link 



War and Peace: the health and health system consequences of conflict in Colombia

Project Team: Rodrigo Moreno-Serra, Noemi Kreif, Andrew Mirelman, Alex Rollinger, Marc Suhrcke (CHE), Oscar Bernal, German Casas, Amy Ritterbusch (Universidad de los Andes, Colombia), Nina Caspersen (Politics, University of York), Bayard Roberts (LSHTM)

The goal of the War and Peace project, a 30-month research programme funded through the Joint Health Systems Research Initiative (MRC/ESRC/DFID/Wellcome Trust) that will start this April, is to examine the impacts of long-term internal conflict for population health, the health system and post-conflict health policymaking. We will achieve this through an in-depth study of the experience of conflict and peace agreement in Colombia. Since 1958 an estimated 220,000 people have died in Colombia due to the civil conflict and more than six million (13% of the population) have been forcibly displaced. A peace accord between the largest rebel group and the government was agreed in December 2016 and has ended hostilities, creating a unique window of opportunity to conduct research of immediate policy relevance.

Through quantitative and qualitative methods, this project will provide much needed evidence on issues such as the consequences of conflict for health service organisation and delivery, as well as the post-conflict health needs of often overlooked populations including internally displaced families. Our work programme is built on comprehensive stakeholder engagement, including a partnership with the Colombian Ministry of Health. The conclusions drawn from our analyses will support evidence-based health policy recommendations for Colombia and other conflict-affected countries.



Medical mission in rural Colombia (photo by Oscar Bernal)

CHE authors article in the top 10 list in the British Journal of General Practice for 2017

Identifying primary care quality indicators for people with serious mental illness: a systematic review. C Kronenberg, T Doran, M Goddard, T Kendrick, S Gilbody, C Dare, L Aylott and R Jacobs.

Research identifying primary care quality indicators for people with serious mental illness makes the top 10 list in the British Journal of General Practice for 2017. The study provided a systematic review of potential quality indicators which could be captured using routine data and which could be used to monitor or incentivise better-quality primary care for patients with schizophrenia, bipolar disorder, and other psychoses. The authors identified 59 indicators of which 52 could be assessed using routine data. They conclude that the evidence base underpinning these indicators is relatively weak and before the indicators can be used to monitor or incentivise primary care quality; more robust links need to be established with improved patient outcomes. Full article www.bjgp.org



Scoping review on social care economic evaluation methods

Project team: Helen Weatherly, Rita Faria, Mark Sculpher (CHE), Bernard Van den Berg (University of Groningen), Peter O'Neill, Kay Nolan (National Institute for Health and Care Excellence), Julie Glanville, Jaana Isojarvi, Erin Baragula, Mary Edwards (York Health Economics Consortium).

Methods of economic evaluations to inform decisions about health care interventions are recognised internationally. Approaches to social care economic evaluation are substantially less well developed. NICE is the first organisation worldwide to develop a methods "reference case" for the economic evaluation of social care interventions. NICE commissioned the research to review relevant methods for the economic evaluation of social care interventions, the methods challenges faced and ongoing methods research in the area.



By undertaking a systematic review of the published literature and a survey of experts, we extracted data on key requirements for economic evaluation: the perspective of the analysis, the interventions compared, the evidence used on costs and effects, opportunity cost, uncertainty, and equity. Thirty social care economic evaluations were identified and experts provided feedback on the findings. We concluded that methods guidance for the economic evaluation of social care interventions needs to reflect what is feasible given the available evidence and what is appropriate for social care. A more developed evidence base is required, and this should include undertaking primary studies where the evidence is not sufficient. Studies based on decision models and secondary evidence should be used where there is sufficient evidence available to do so.

Further details, see CHE Research Paper 150



The many faces of precision medicine

Written by Andrea Manca

Precision medicine (also referred to as personalised or person-centred medicine) is rapidly becoming one of the most debated topics on the public and private health agenda worldwide. The idea is to move away from the traditional 'one size fits all' approach to medicine and recognise that population health can be improved by tailoring healthcare interventions to account for those individuals' characteristics that affect health outcomes. Factors that need be taken into account to inform clinical and health policy decisions include the disease susceptibility of an individual, their disease diagnostic and/or prognostic information, preferences, values and also information on how they are responding to treatment.

This approach to decision making in healthcare has many supporters among the industry, patients' organisations, healthcare professionals, academics, funders and politicians. Devoting energies and resources to pursuing (and hopefully realising) the promises of precision medicine seems to be a win-win strategy for a number of stakeholders.

CHE's contributions in this area include a number of multidisciplinary collaborative research initiatives aimed at developing and applying high quality and rigorous methods to produce research findings of national and international policy relevance.

Details about our research programme, current projects and relevant publications can be found here www.cheprecision.org



Presentations and staff news

CHE said farewell to **Frances Sharp** who retired at the end of December 2017 after working 32 years for CHE. Frances's roles included Publications manager in CHE and Editorial assistant for Health Economics since it began in 1992.

Between October and February, a large number of CHE staff gave presentations or held research meetings at various national and international events. These included the launch events for two of our new global health economics research projects, held in Washington DC (**Marc Suhrcke, Rodrigo Moreno-Serra, Noemi Kreif, Andrew Mirelman, Paul Revill, Alex Rollinger**) and in Malawi (**Paul Revill, Alex Rollinger, Martin Chalkley, Mark Sculpher**). Staff gave presentations in conferences and events in a number of countries including New Mexico (**Mike Drummond**), Australia (**Mark Sculpher**), Germany (**Noemi Kreif, Nils Gutacker, Anika Reichert**), USA (**Susan Griffin**), Uganda, Kenya (**Paul Revill, Simon Walker**), Italy (**Helen Weatherly**), Japan, Lebanon (**Andrew Mirelman**), India (**Jessica Ochalek, Karl Claxton, James Lomas, Sumit Mazumdar, Miqdad Asaria**) Malaysia (**Mike Drummond**) Brazil

(**Rodrigo Moreno-Serra**) as well at many UK based events including Bristol (**Adriana Castelli**), London (**Jemimah Ride, Ana Duarte, Susan Griffin, Anika Reichert, Noemi Kreif, Andrew Mirelman, Adriana Castelli, Hugh Gravelle, Dan Liu, Francesco Longo, Peter C Smith**), Glasgow (**Mark Sculpher, Marta Soares, Claire Rothery, Beth Woods, Rita Faria, Rodrigo Moreno-Serra, Marc Suhrcke**), York (**Idaira Rodriguez Santana, Martin Chalkley, Maria Goddard, Mark Sculpher**) Nottingham (**Andrea Manca**) and Birmingham (**Mark Sculpher**).

For further details please visit [our website for news events and presentations](http://www.cheprecision.org).

New funding

Locally priced services
Martin Chalkley, Rowena Jacobs, Adriana Castelli, Maria Jose Aragon, Irena Sanchez, Idaira Rodriguez Santana
Funder: NHS England via ESHCRU
01/07/2017 - 31/12 /2018

Mental health outcomes in London:
Clinical engagement with HONOS (Health of the Nation Outcomes Scales)
Rowena Jacobs, Jemimah Ride
Funder: NHS London Clinical Networks, Healthy London Partnerships
01/10/2017-31/03/2018

Does commuting affect health & well being?

Nigel Rice

Funder: ESRC

01/08/2017 -31/01/2019

Implementation of COPD case finding and self-management action plans in low and middle income countries

Andrew Mirelman, Marta Soares

Funder: MRC

19/07/2017 - 18/07/2020

Extension to economic analysis of REALITY (Reduction of Early mortality in HIV-infected adults and children starting antiretroviral therapy)

Simon Walker, Mark Schulpher, Paul, Revill, Ed Cox

Funder: MRC CTU

01/10/2017 -31/05/2018

Evaluation of South Africa's excise tax on sugar-sweetened beverages

Marc Suhrcke, Andrew Mirelman

Funder: IRDC

01/11/2017 -31/12/2018

Yorkshire lung cancer screening

Mark Sculpher, Seb Hinde

Funder: YCR

01/07/2017 - 30/06/2024

Development of a new paradigm in differentiated care for HIV patients

Paul Revill, Simon Walker

Funder: MRC

23/06/2017 -23/10/2018

General Practitioners and Emergency Department (GPED)

Nils Gutacker, Dan Liu

Funder: NIHR HS&DR

1/06/2017 - 31/05/2020

Abongomera G, Chiwaula L, **Revill P**, Mabugu T, et al. Patient-level benefits associated with decentralization of antiretroviral therapy services to primary health facilities in Malawi and Uganda. *International Health* 2018;10(1):8-19.

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Jones A, Laporte A, Zucchelli E, **Rice N**. Dynamic panel data estimation of an integrated Grossman and Becker-Murphy model of health and addiction. *Empirical Economics* 2018; doi: org/10.1007/s00181-017-1367-6.

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Phillips A, Cambiano V, Nakagawa F, **Revill P**, et al & Working Group on Modelling Potential Responses to High Levels of Pre-ART Drug Resistance in Sub-Saharan Africa 2017. Cost-effectiveness of public-health policy options in the presence of pre-treatment NNRTI drug resistance in sub-Saharan Africa: a modelling study. *Lancet HIV* 2018;5(3):e146-e154.

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Walker S, Spackman E, Conrad N, Edmin CA, Griffin E, Rahimi K, **Sculpher M**. Impact of missed treatment opportunities on outcomes in hospitalised patients with heart failure. *Open Heart* 2017;4(2):e000726.

These and other CHE publications here: www.che.ac.uk

Latest CHE research papers

148 Pricing implications of non-marginal budgetary impacts in health technology assessment: a conceptual model. Daniel Howdon, James Lomas.

149 Does hospital competition improve efficiency? The effect of the patient choice reform in England. Francesco Longo, Luigi Siciliani, Giuseppe Moscelli, Hugh Gravelle.

150 Scoping review on social care economic evaluation methods. Helen Weatherly, Rita Faria, Bernard Van den Berg, Mark Sculpher, Peter O'Neill, Kay Nolan, Julie Glanville, Jaana Isojarvi, Erin Baragula, Mary Edwards.

151 Spatial competition and quality: evidence from the English family doctor market. Hugh Gravelle, Dan Liu, Carol Propper, Rita Santos.

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