



# Advanced Al Assessment

CEA





#### CEA

- Cost-effectiveness analysis (CEA) is a form of economic analysis that compares the relative costs and outcomes (effects) of different courses of action;
- Should do as much good as possible with scarce public resources;

→ Decision makers may also be concerned about reducing unfair differences in health ("health inequities")





- Limited resources;
- Growing demand for care;
- Many options for improving outcomes.

WHICH ONE IS THE BEST ALTERNATIVE?





### OBTAINING EFFECTIVENESS DATA

Cost considerations

Assumptions about clinical evidence

Existing medical literature

Alongside clinical trial





Key equity relevant variables Key drivers of health outcomes QUESTIONS Where the opportunity cost fall TO BE Importance of non-health benefits **ANSWERED** Trade offs between improving health and reducing BY THE CEA inequalities





COSTS:

monetary terms

CONSEQUENCES:

single outcome variable

RESULT: ICER

$$ICER = \frac{\Delta \ Costs}{\Delta \ Health \ Benefits}$$





### INDICATORS FOR DECISION MAKING

## DALY – DISABILITY ADJUSTED LIFE YEAR

Measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. It was developed in the 1990s as a way of comparing the overall health and life expectancy of different countries.

## QALY – QUALITY ADJUSTED LIFE YEAR

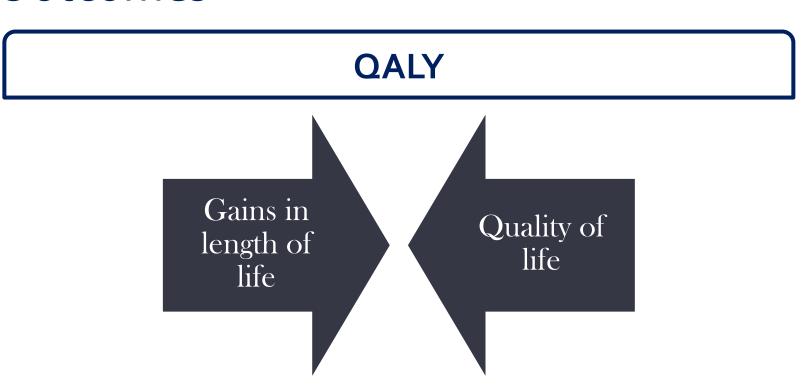
Generic measure of disease burden, including both the quality and the quantity of life lived. It is used in economic evaluation to assess the value for money of medical interventions.

QALY 1 = 1 year in perfect health;
QALY < 1 = an individual's health is below this maximum;
QALY o = death.





## Health Outcomes



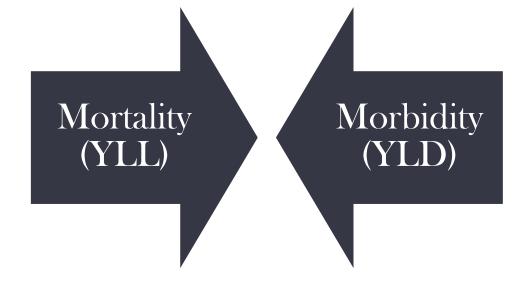
QALY 1 = 1 year in perfect health; QALY < 1 =an individual's health is below this maximum; QALY 0 =death.





## Health Outcomes

## **DALY**



DALY = YLL + YLD





#### IS IT WORTH IT?

Costs

<del>|</del>

Health Benefits

DOMINATED ALTERNATIVES

ICER Ratio	YES
NO	ICER Ratio





## **COST EFFECTIVENESS THRESHOLD**

- There are broadly two approaches to understanding the cost-effectiveness threshold. Cost-effectiveness thresholds can be viewed as:
- 1) A supply-side concept:

What the health system is 'able' to provide given resource constraints. This requires assessment of the opportunity costs of scarce healthcare resources.

## • 2) A demand-side concept:

The value that is placed upon health improvement. This approach is not helpful for the allocation of scarce healthcare resources though may have some merit in setting budgets. It is based upon expressions of the value of health (for example, from individuals, international organisations, doctors/experts).





#### WHICH ONE IS THE BEST ALTERNATIVE?

Correct approach is to choose the most effective strategy whose ICER is less than the threshold cost/LY after excluding dominated strategies

WHO Commission on Macroeconomics and Health provides guidance on how to define the threshold cost/LY

- Per capita GDP;
- Benchmark intervention;
- League tables.





# Thank you