

# Health Economics, Cost Effectiveness & Health Technology Assessment

Dr. Michael P. Craven
Health Economist, NUH
CHEATA









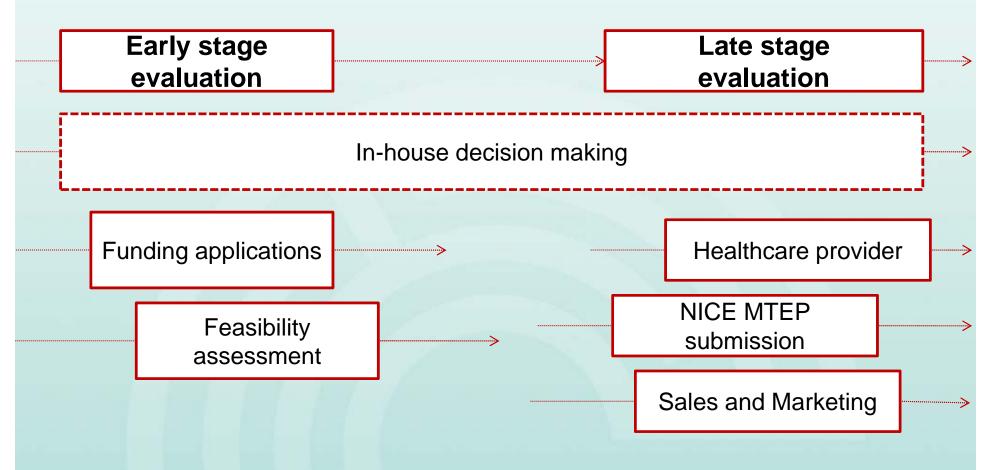
### Rationale



- Health Economics (HE) methods already well established in Pharmaceutical & larger Medical Device companies, providing evidence of value to reimbursement & HTA agencies
- NHS and other health providers more demanding of evidence of benefits as well as costs in their evaluation of healthcare innovations
- Medical device manufacturers show broader value of their innovations to justify price and to show how they improve patient quality-of-life
- Procurement practice not only about cost saving, but about demonstrating benefits of services: 'costeffectiveness'



# Health Technology Assessment in Practice





## Model perspectives

NHS or Social Care (e.g, NICE or SCIE appraisals) 'The payer perspective'

Societal (e.g., HMT 'Green Book')

- Important to define early, as the choice of perspective influences which costs are to be included in an analysis.
- Note: In UK, most models is based on the NHS or social care payer perspective.





## Modelling approach

- Elucidate existing clinical pathway for the disease
- Articulate change made by the innovation
- **Develop economic model** (decision tree or Markov)
- Gather data (population, costs, probabilities, utilities)
- Assign costs & benefit measures to the model based on plausible usage scenarios
- Deal with uncertainty (sensitivity of the results to model data and parameters)
- Appreciate limitations especially in early stage models



# Decision support

		Patient Benefit		
		-	II	+
Cost	-	?	Υ	Υ
	The second	N	٠.	Υ
	+	N	N	5

Introduction of a new device or intervention into the patient pathway will deliver either improved, equivalent or reduced patient benefit and will be either cheaper, about the same or more expensive.

Modelling will also illustrate sensitivity of the result to input values.



# Some examples

 Inditherm patient warming electric blanket, alternative to forced air (NICE Med Tech Guidance MTG7)





 Vacuum Assisted Closure® therapy CEP 08017 (Evidence review)



 ProTetanus rapid tetanus immunity point of care test CEP10001&2 (Review & Economic Report)



 Big White Wall™ online peer support & therapy (EMAHSN with MindTech)

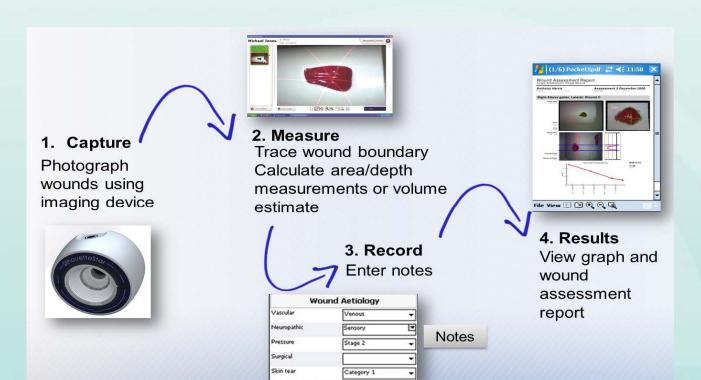


 Novel interventions & service improvements for Diabetic Foot Ulcer, COPD etc.



# Silhouette 3D camera Digital Wound Imaging, Assessment & Information Management System

 East Midlands Academic Health Sciences Network sponsored project for Diabetic Foot service transformation



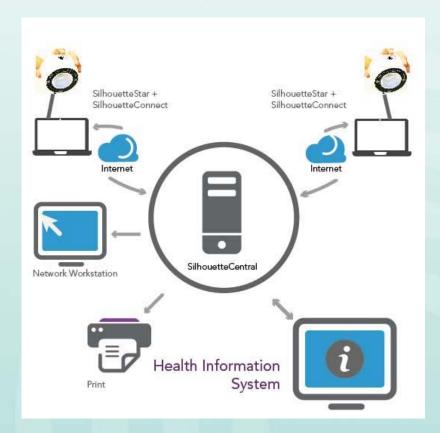
Point of care 3D wound camera

Smart software for measuring wounds

Wound information database

#### Silhouette Deployment Plan Derbyshire Integrated Diabetic Foot Service

Multi-disciplinary Team care across hospital and community



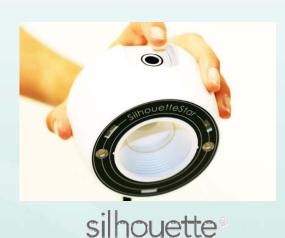
#### **Supporting MDT Care**

Royal Derby Hospital and Community Clinicians able to access Silhouette Data from SilhouetteConnect application on computer AND SilhouetteCentral database from networked Trust PC or via N3 connectivity to RDH server



### **Expected outcomes**

- Support multi-disciplinary care of Diabetic Foot patients
- 2. Release capacity in hospital outpatient DF clinic
- 3. Improve DF service access in community
- 4. Reduce cost of DF service delivery
- Improved patient convenience, experience







### Partnership

- Industry & NHS partners: Entec Health/Aranz medical & Royal Derby Hospital outpatient foot clinic
- Deploy system and evaluate during one year
- Predict and track impact CHEATA is modelling the cost
   saving from the service
   transformation, contracted by
   EM AHSN (funding sponsor)











WWW.CHEATA.CO.UK

CALL US ON - 0115 924 9924 EXT: 64458

OR EMAIL - INFO@CHEATA.CO.UK

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