

Productivity and the wider societal perspective in HTA: Beyond MSDs

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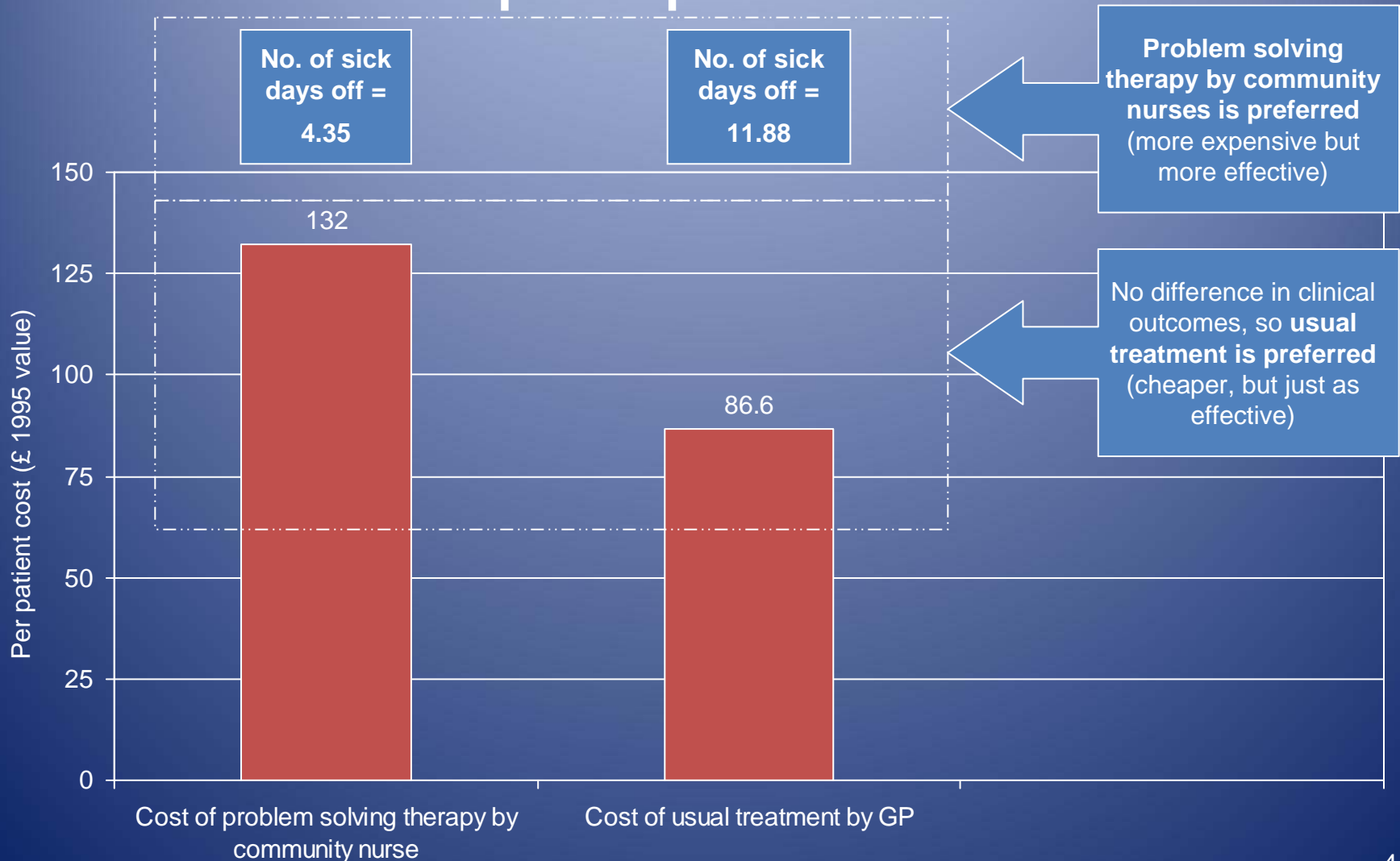
Outline

- Why include productivity in HTA?
- Problem solving therapy delivered by nurses vs GP usual care in UK as an example
- Productivity in HTA in research
- Productivity in HTA in practice
- Inconsistencies
- Consensus?
- Scope for collaborative networks to encourage inclusion of productivity?

Why include productivity in HTA?

- HTA is part of the decision making process and is concerned with resource allocation and priority setting
- Failing to include productivity can lead to investment in interventions which offer less value for money than others; leaving society bearing the opportunity costs

Impact of taking societal perspective



Productivity and HTA Research

- Indicators of frequency that productivity considered in research on HTA:
 - Search for “HTA and productivity”¹ in Econlit = ZERO hits
 - Search for “HTA and productivity” in International Journal of Technology Assessment in Health Care = 148 hits, 6 of which broadly concerned with productivity²
- Admittedly *very simple*³ but raises questions about how often productivity is considered
- Where productivity is discussed, appears to be uncertainty in appropriate methodology and whether it should be included in numerator or denominator⁴ and little on ‘presenteeism’

Sources: Search on Econlit conducted in June 09 using no restrictions, search on International Journal of Technology Assessment in Health Care website in June 09 using no restrictions

¹ Also searched for HTA and employment/work/labour market outcomes ² Based on scanning title alone ³ Clearly a number of other terms should also be used in searching, and a comprehensive review of HTA reports, academic research etc completed but limited time and resources to complete such work and not aware of published work focused on whether and how productivity ⁴ included within HTA ⁵ See references in appendix

Productivity in HTA in Practice

- Not aware of global benchmarking of HTA in practice....however appears to be many who do not explicitly include productivity
- NICE for example uses a reference case which takes the NHS and personal social services perspective and considers health effects only:

Perspective on costs	NHS and PSS
Perspective on outcomes	All health effects on individuals

- IQWiG considers the perspective of the community of German citizens insured by the statutory health insurance

Recommendations of costing guidelines regarding inclusion of productivity (2005)

Productivity:	Australia	Canada	England	Finland	France	Holland	Norway	Ontario	Scotland	Spain	US
Patient related to paid work	*	*	†	†	**	*	**	*	**	**	**
Patient related to unpaid work	*	*	†	†	**		**		**	**	**
Caregiver related to paid work	*	*	†	†	**	*	**	*	**	**	*
Caregiver related to unpaid work	*	*	†	†	**	*	**		**	**	*

=> Mixed picture at best and this refers only to guidance in conducting economic evaluation so actual practice may differ

Inconsistencies

- Within NICE scope to consider the impact beyond the NHS and PSS perspective when considering public health interventions
- Eg evaluation of a public health education campaign to reduce substance abuse CAN consider the potential savings in the costs of crime BUT an evaluation of a drug maintenance program for addicts

CANNOT

Sources: International Group for HTA Advancement, Key principles for the improved conduct of health technology assessments for resource allocation decisions, International Journal of Technology Assessment in Health Care, 24:3 (2008), 1–15

NICE Public Health Guidance PH4 Interventions to reduce substance misuse among vulnerable young people <http://guidance.nice.org.uk/PH4>

<http://www.nice.org.uk/PH4/intercept/index.jsp?action=download&o=31920> and <http://www.nice.org.uk/guidance/index.jsp?action=download&o=31923>

NICE Technology appraisals TA114 Drug misuse - methadone and buprenorphine <http://guidance.nice.org.uk/TA114> and

<http://guidance.nice.org.uk/index.jsp?action=download&o=33834>

**Long-term sickness absence and incapacity for work
Business case - Organisation level**

This worksheet may be of benefit to large organisations to estimate the potential impact at a organisational level. Information contained within the blue cells are assumptions and can be changed, as necessary, to reflect actual figures and local circumstances.

		Note
Total number of employees in organisation	8640	1
Prevalence of sickness absence from work	3.40%	2
Proportion of which on long-term sickness absence	34%	3
Estimated number on long-term sickness absence	100	
Expected proportion that would benefit from intervention	100%	4
Target population for interventions	100	

Cost of the intervention

The estimates used in the table below are indicative figures based on data taken from the health economic model. It is recommend organisations update these figure to better reflect their individual circumstances. Organisations should use to this table to account for interventions that are provided by the NHS, at no cost to the employer. For example if CBT is available on the NHS, and therefore no cost to the employer, a cost of £0 should be entered in cell C30.

	Unit cost £	Note
Workplace intervention	527	5
Physiotherapy/physical activity	163	6
Cognitive behavioural therapy (CBT)	620	7
Workplace visit	46	8

Intervention	Estimated cost of the intervention (employer perspective) £	Total cost to the organisation £
Physical activity and education (CBT)	783	78,300
Workplace intervention	527	52,700
Physical activity and education and workplace visit	829	82,900

Estimated reduction in sick days for staff on long-term sickness absence

The estimates used in the table below are indicative figures based on data taken from the health economic model. It is recommend organisations update these figure to better reflect their individual circumstances.

Intervention	Estimated total no. of days sickness absence per employee (with intervention)	Estimated total no. of days sickness absence per employee (without intervention)	Estimated total no. of days sickness absence per employee (with intervention) - Estimated total no. of days sickness absence per employee (without intervention)	Estimated total no. of days sickness absence per employee (with intervention) x Total number of employees	Estimated total no. of days sickness absence per employee (without intervention) x Total number of employees	Estimated total no. of days sickness absence per employee (with intervention) x Total number of employees - Estimated total no. of days sickness absence per employee (without intervention) x Total number of employees
Physical activity and education (CBT)	67	72	-5	6748	7153	-405
Workplace intervention	64	72	-8	6386	7153	-767
Physical activity and education and workplace visit	50	72	-22	5002	7153	-2151

Quantifiable financial savings for the organisation

Local users may be able to identify the daily cost associated with employees being on long-term sickness absence. If this data are available, a simple calculation can be made estimating the financial benefits to the organization in reducing the annual number of sick days. This 'daily cost' would need to incorporate:


- loss of revenue earned by employee
- costs associated with temporary recruitment
- staff turnover leading to recruitment costs
- payments to cover employee absence, for example occupational sick pay

- Loss of revenues earned by employees
- Costs associated with temporary recruitment
- Staff turnover leading to recruitment costs
- Payments to cover employee absence

Some consensus?

- Seems to be some consensus that productivity should be included:
 - International Group for HTA Advancement (2008)
 - IFPMA and EFPIA principles on HTA
- Opportunities from European collaboration?

- And in... productivity assessment... compl... eff... er



The image contains two logos. On the left is the logo for ENWHP (European Network for Workplace Health Promotion), which features the acronym 'ENWHP' in yellow and blue, a stylized human figure with arms raised, and the full name 'EUROPEAN NETWORK FOR WORKPLACE HEALTH PROMOTION' below. On the right is the logo for Health Work Wellbeing, which features three stylized sun/gear icons in yellow and blue, and the text 'HEALTH WORK WELLBEING' below.

health and work

EUnetHTA Members

EU Member States:

Austria: **LBI@HTA**, AHI, Hauptverband der Österreichischen Socialversicherungsträger

Belgium: **KCE**

Cyprus: **MoH**

Denmark: **CAST**, **DSI**, **DACEHTA**, Centre for Public Health

Estonia: **University of Tatu**

France: **HAS**, CEDIT

Finland: **FINOHTA**

Germany: **DAHTA@DIMDI**, University of Lubeck, Technische Universitaet Berlin, University of Bremen, German HTA Assoc, IQWIG, PHGEN&DZPHG

Norway: **NOKC**

Hungary: **HunHTA**

Ireland: **HIQA**

Italy: **ASSR Regione Emilia-Romagna**, Age.na.s, **Universita Cattolica del Sacro Cuore**, Regione Veneto

Latvia: **VSMTVA**

Lithuania: **MoH**

Poland: **AHTAPol**, **CEESTAHC**

Portugal: Institute of Molecular Medicine

Romania: National School of Pub Health and Health Services Management

Slovenia: **Institute of Public Health**

Spain: **AETS**, **AETSA**, **CAHTA**, Galicien Agency for HTA, **OSTEBA**, Servicio Canario de la Salud, **UETS**

Sweden: **SBU**

Netherlands: **CVZ**, **ZonMw**

UK: **NCCHTA**, **CRD**, **NICE**

Canada:
CADTH

USA: **AHRQ**, **CMTP**

Iceland: Directorate of Health

Serbia: **MoH**

Switzerland: **SNHTA**

Israel: **ITCAHC**

International Organisations:

Cochrane Collaboration

Council of Europe

European Observatory on Healthcare Systems

Euroscan

GIN Executive

HTAi

INAHTA

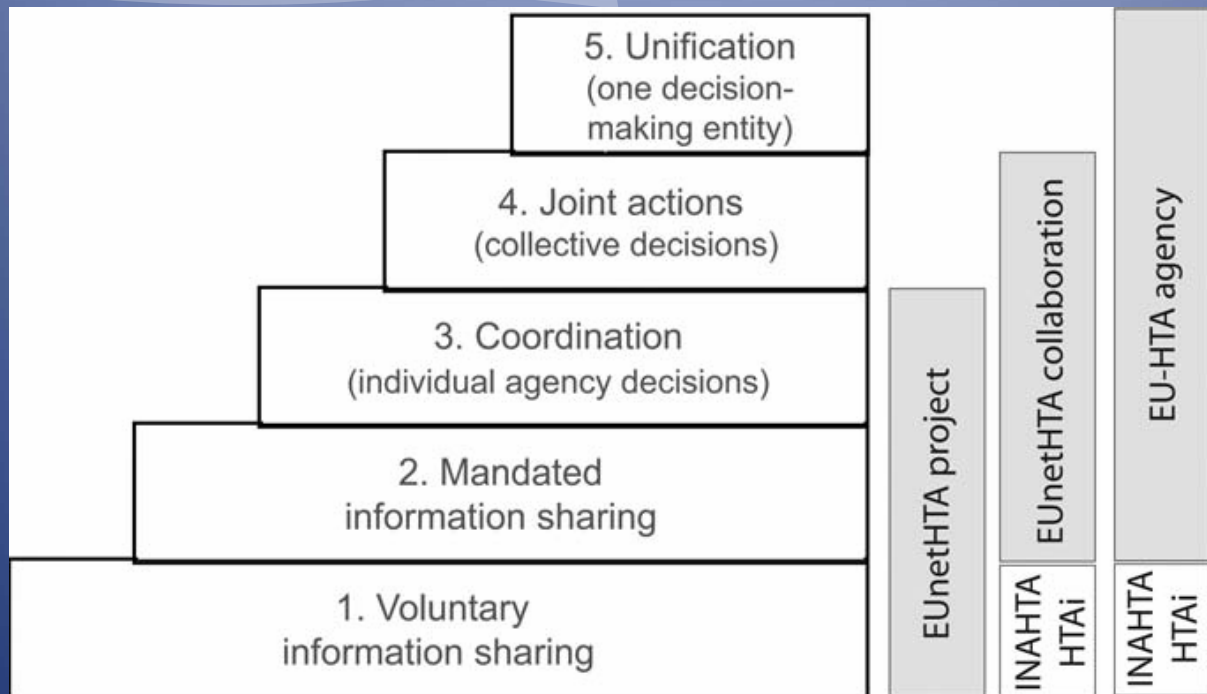
OECD

WHO - HEN

Australia:
MSAC

“Levels of collaboration”

*“Will there ever be a European drug pricing and reimbursement agency? Probably not within 5 years, but possibly within 10”
Michael Drummond (2003)*



Thank you

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Appendix: Selected studies on productivity

- Birnbaum, B Friction-Cost Method as an Alternative to the Human-Capital Approach in Calculating Indirect Costs, *Pharmacoeconomics* 2005; 23 (2): 103-104
- Liljas, B How to Calculate Indirect Costs in Economic Evaluations, *Pharmacoeconomics* 1998 Jan; 13 (1 Pt 1): 1-7
- Brouwer , WBF and Koopmanschap , MA How to Calculate Indirect Costs in Economic Evaluations ,*Pharmacoeconomics* 1998 May; 13 (5 Pt 1): 563-566
- Brouwer , WBF and Koopmanschap , MA The Friction-Cost Method Replacement for Nothing and Leisure for Free? *Pharmacoeconomics* 2005; 23 (2): 105-111
- Brouwer , WBF et al The Relationship between Productivity and Health-Related QOL An Exploration, *Pharmacoeconomics* 2005; 23 (3): 209-218
- Koopmanschap , M Measuring Productivity Changes in Economic Evaluation Setting the Research Agenda *Pharmacoeconomics* 2005; 23 (1): 47-54
- Krol , M Productivity Costs in Health-State Valuations Does Explicit Instruction Matter? *Pharmacoeconomics* 2006; 24 (4): 401-414