Presentations of the cost effectiveness simulation model and related simulation tools: WP6

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#EConDAconf www.econdaproject.eu

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WP6: Development of the cost-effectiveness model

OBJECTIVES

- Develop a demonstration model of cost-effectiveness
- Develop a tool to evaluate the cost-effectiveness of an intervention applied to a cohort of interest.

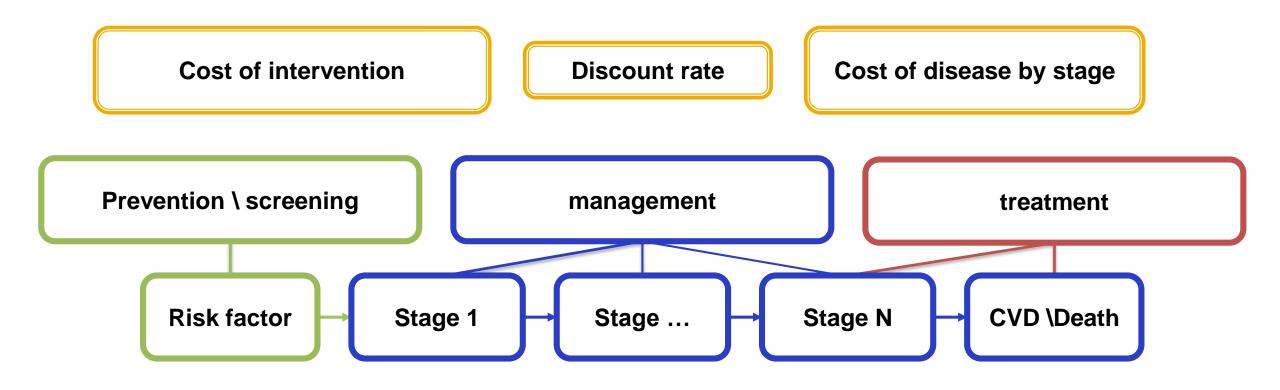
ACTIVITIES

- Collection of cost-effectiveness and intervention data
- Implement and simulate various interventions
- Implement the model in 7 EU countries

DELIVERABLES

Develop a cost-effectiveness simulation model and tool.

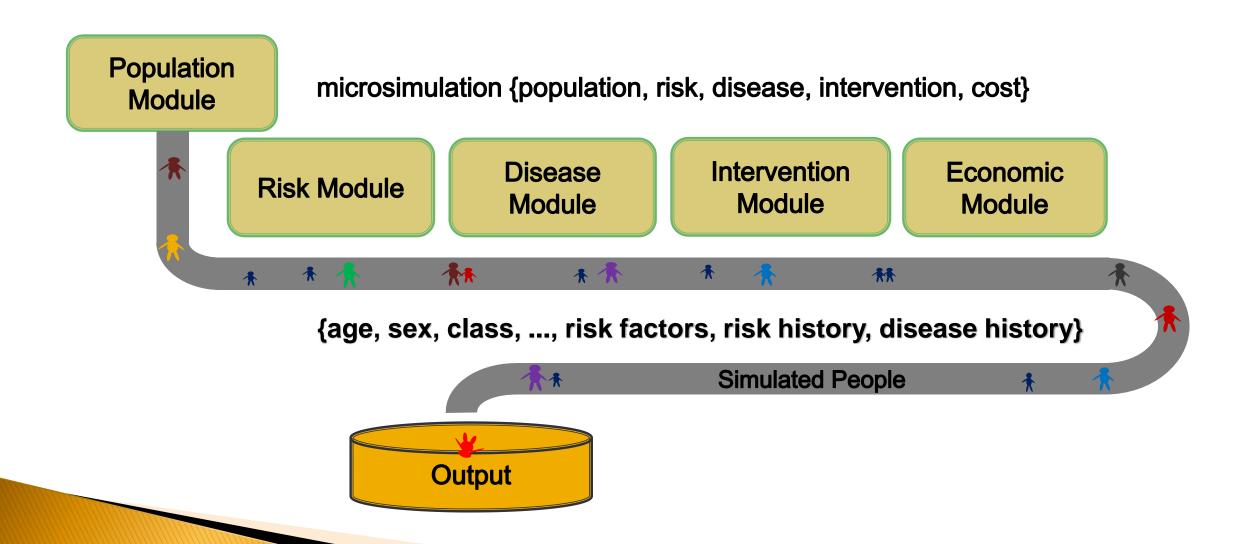
Cost-effectiveness of interventions



Outputs: prevalence, incidence, QALY, DALY, total health care cost, indirect cost, ICER

Proxy data (NL, UK) general cost-of-illness study, as the RIVM has performed for The Netherlands since 2003

Diagram of the microsimulation model



Interventions

- Hypothetical e.g. 1% or 5% reduction in BMI
- Policy interventions
- Prevention, screening and treatment











Disease data and stages

Epidemiological data

```
inc → incidence
rem → remission
pre → prevalence
mor → mortality
sur → survival
bmi → body mass index
smk → smoking
....
```

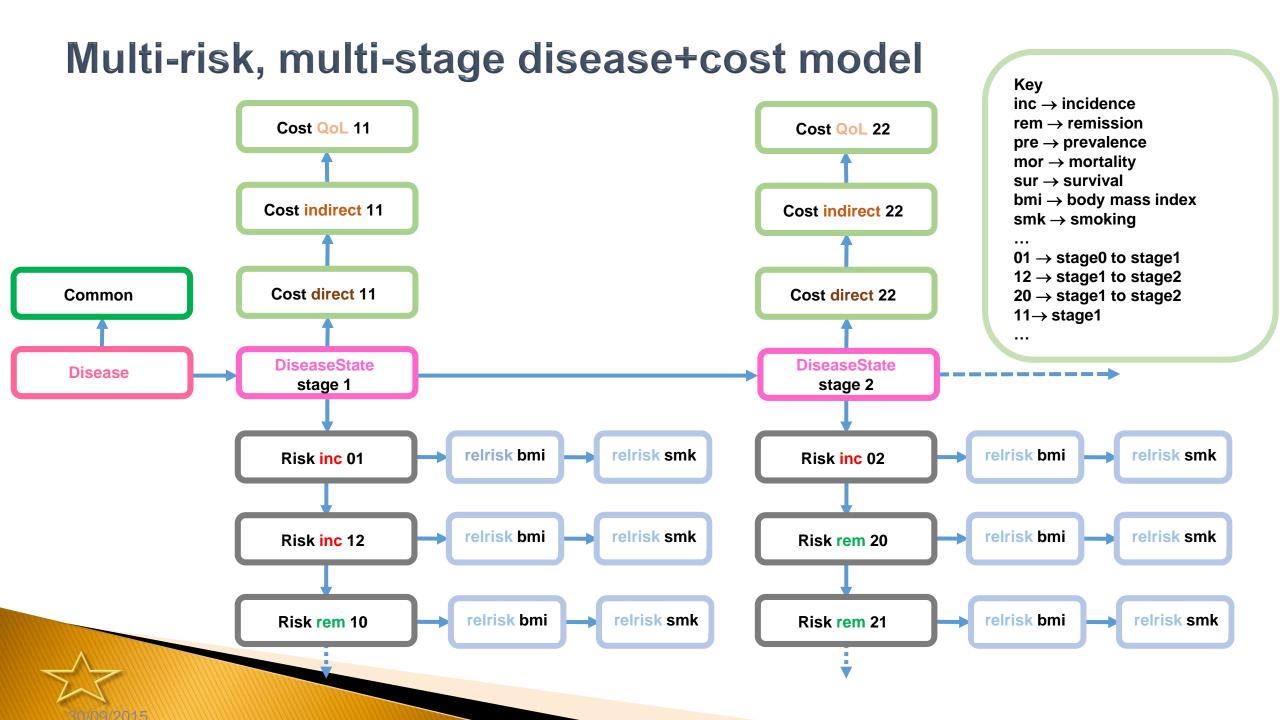
Disease data stage transition

01 → stage0 to stage1

12 → stage1 to stage2

20 → stage1 to stage2

11→ **stage1**



Interventions modelled in EConDA

Upstream

Sugar-sweetened beverage tax (SSB tax)

Community-based prevention

- Multi-component lifestyle interventions
- Smoking cessation services

Screening

Albumin screening for chronic kidney disease

Treatment

Romiflast for COPD

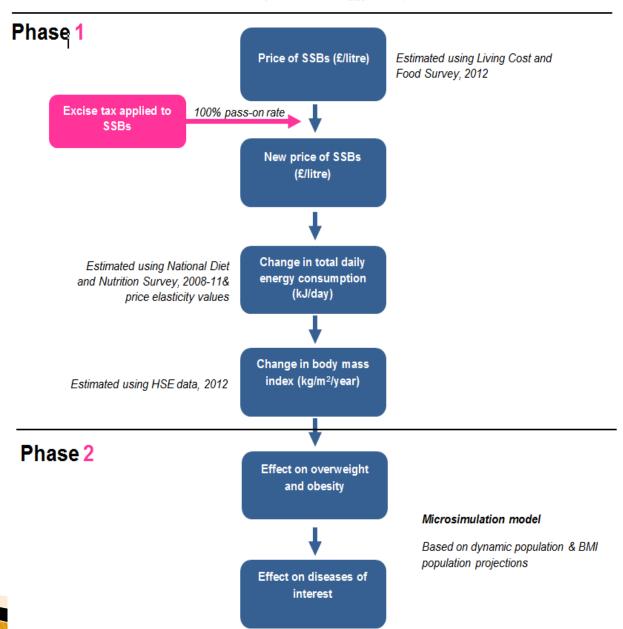
Hypothetical

'What if' scenarios



Flow Diagram of the impact fiscal policy measures applied to SSBs has on health outcomes.

Source: Adapted from Briggs et al, 2012



SSB Tax

Country	Mean reduction in BMI (kg/m²)
Bulgaria	-0.01
Finland	-0.01
Greece	-0.01
Lithuania	0
Netherlands	-0.02
Poland	-0.01
Portugal	-0.01
UK	-0.05



Multi-component lifestyle interventions (MCLI)

Definition:

A programme that aims to **reduce a person's energy intake** and help them to be more physically active by **changing their behaviour** (NICE, 2013).

A MCLI must include the following components:

- Diet
- Physical activity
- Behavioural therapy (for example, counselling, goal setting, action planning, barrier identification and problem solving, self-monitoring of behaviour, feedback)

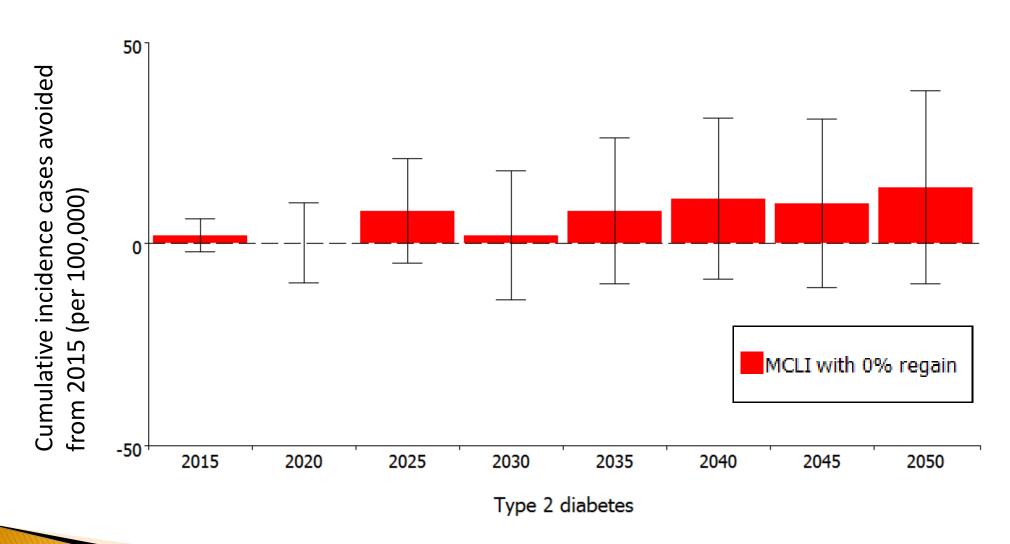
MCLI - assumptions

Country	Reduction in BMI*	% BMI lost regained after 5 years	Cost of intervention per patient
Greece	0.6	100	175 Euros
UK	0.7	100	£91.87
Finland	1.6	100	110 Euros (Proxy)
Netherlands	1.1	100	110 Euros (Proxy)
Portugal	2.2	100	110 Euros
Lithuania	Greece Proxy	Greece Proxy	Greece Proxy
Poland	Greece Proxy	Greece Proxy	Greece Proxy
Bulgaria	Greece Proxy	Greece Proxy	Greece Proxy

^{*} Absolute units of BMI; reduction in intervention group at 12 moths for UK, Finland, Netherlands and Portugal and at 3 months for Greece



UK Results – cumulative incidence cases avoided



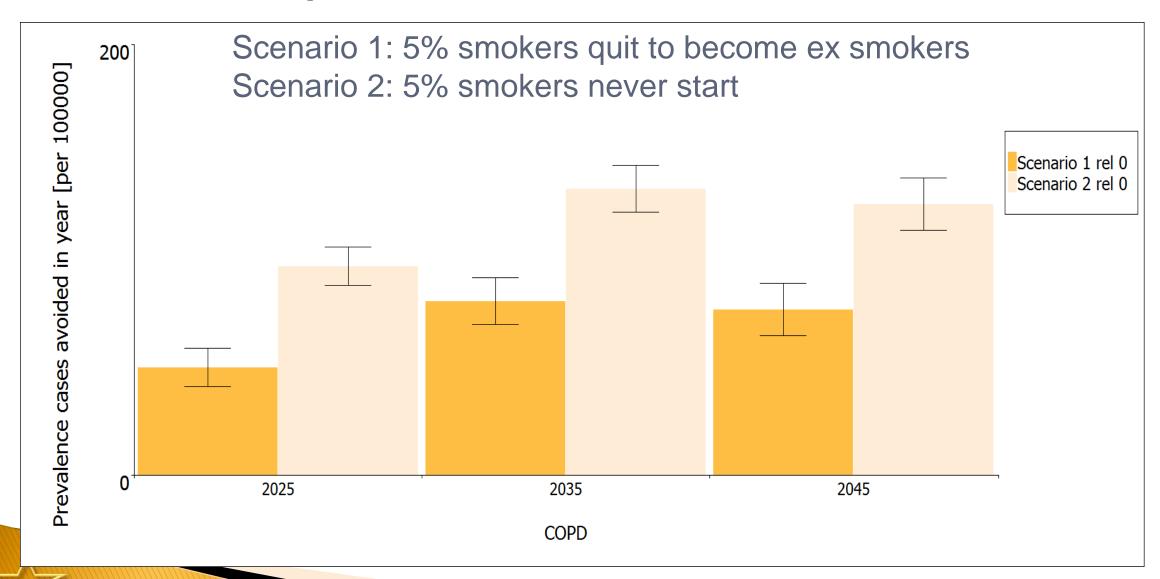


Smoking cessation scenario (hypothetical)

- What if 5% smokers became ex-smokers (smoking cessation)
- What if 5% smokers had never started
- Poland as an example



Poland COPD prevalence: cases avoided



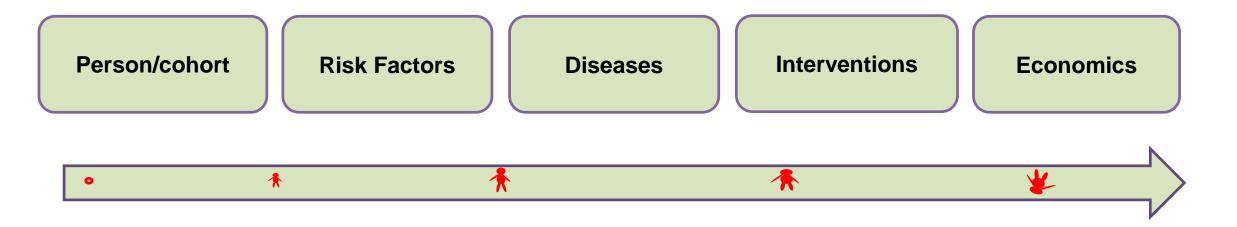
The downloadable tool (WP6)

- Downloadable tool
- Deterministic model
- Download here: econdaproject.eu
- Survey monkey: https://www.surveymonkey.com/r/EConDATool



Tool: Deterministic person(s) simulation

Deterministic simulation of individual person & groups of individuals

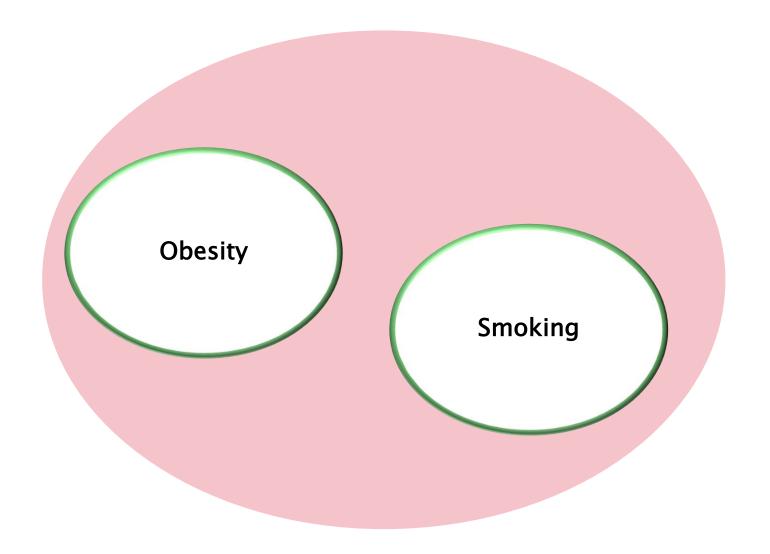


Person=person(age, sex, class, education, ..., risk factors, risk history, disease history)

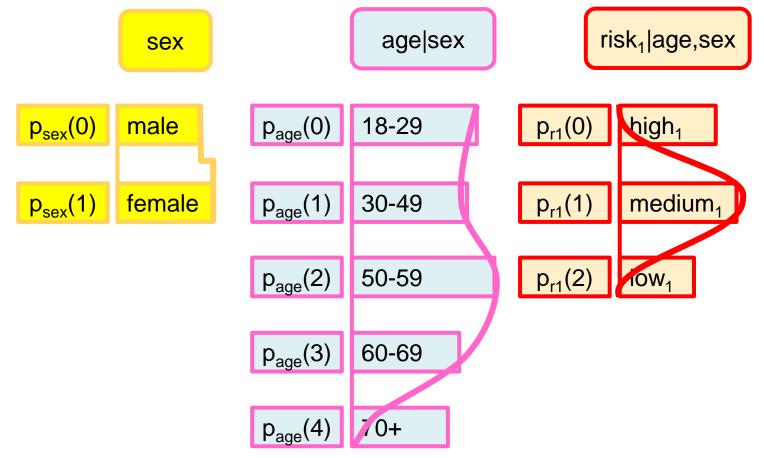
Crucially –identical distributional data and methods as in the micro simulation

Groups (possibly weighted) of persons can be made into cohorts

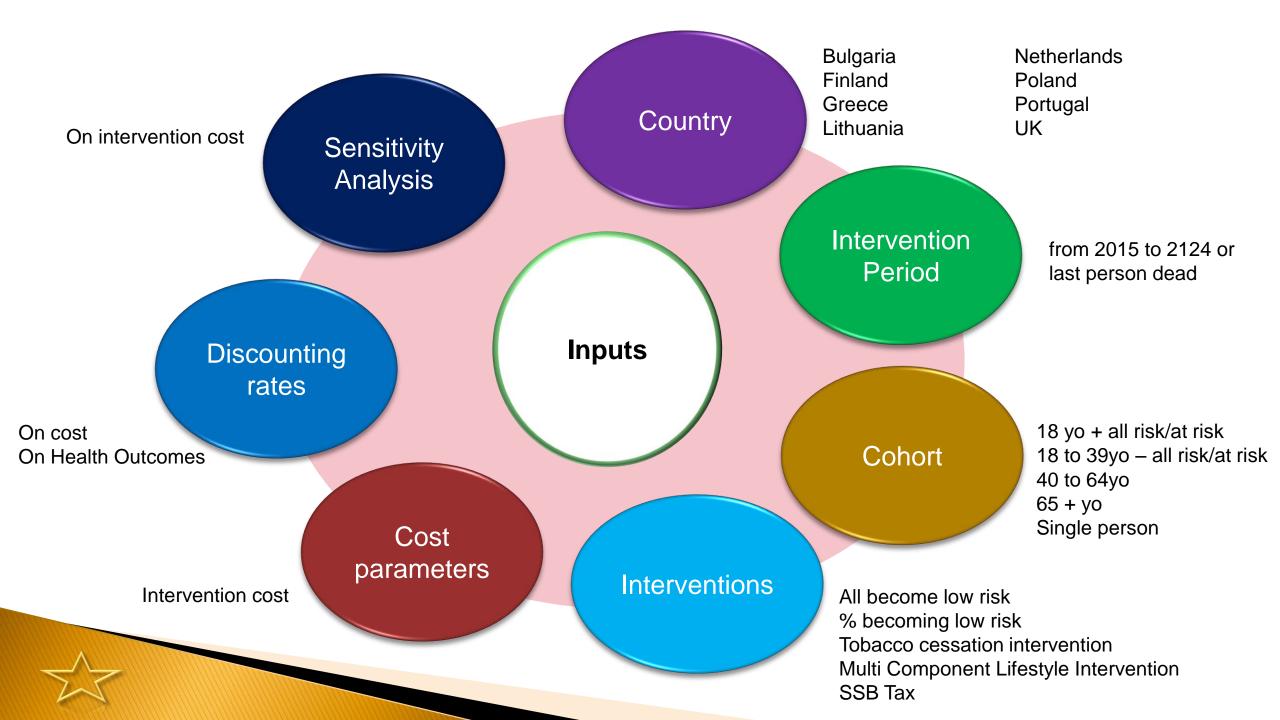
Tool



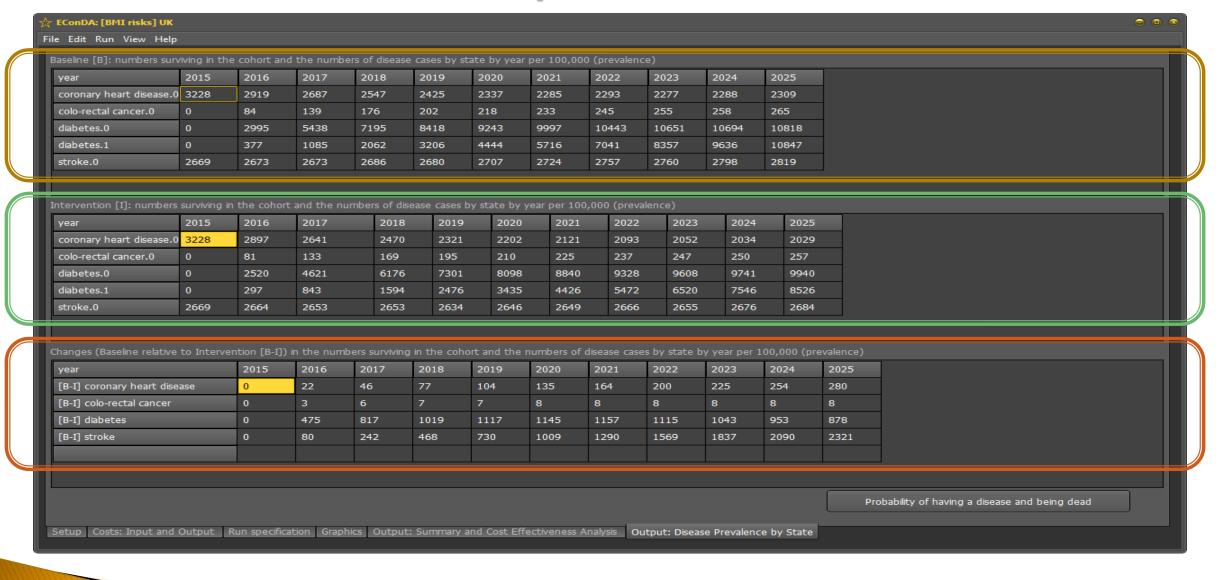
MIDRiFs System Architecture (ECONDA Tool) \ cohort structure [eg 2x5x3=90 people]



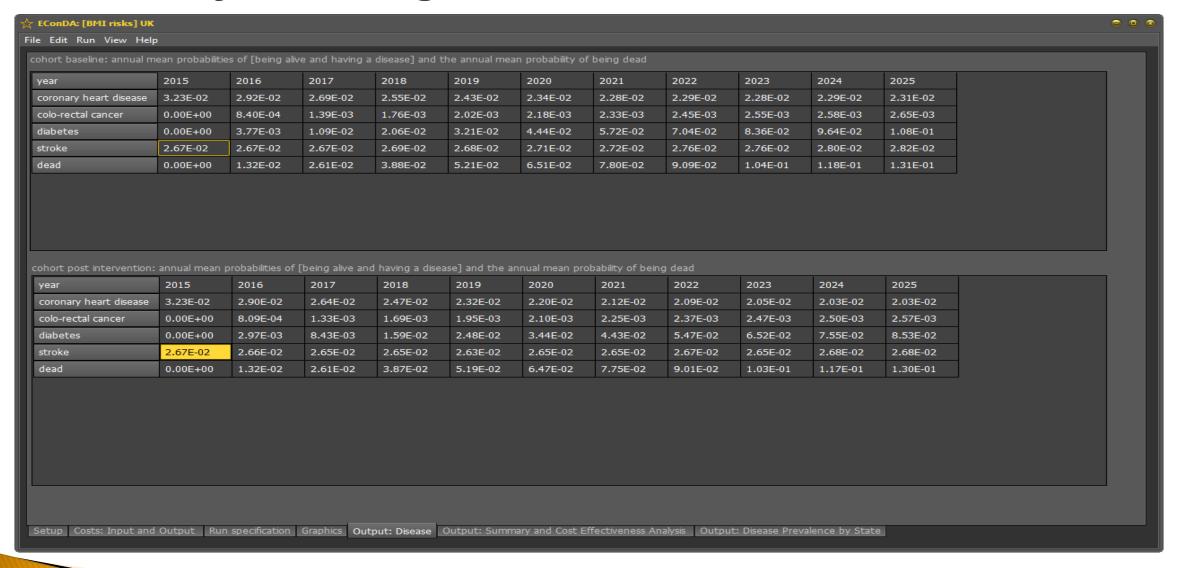
cohort member[i, j, k, l] weight = $p_{sex}(i) \times p_{age}(j|i) \times p_{r1}(k|i,j) \times p_{r2}(l|i,j)$ where $i \in [0,1]$, $j \in [0,4]$, $k \in [0,2]$, $l \in [0,2]$



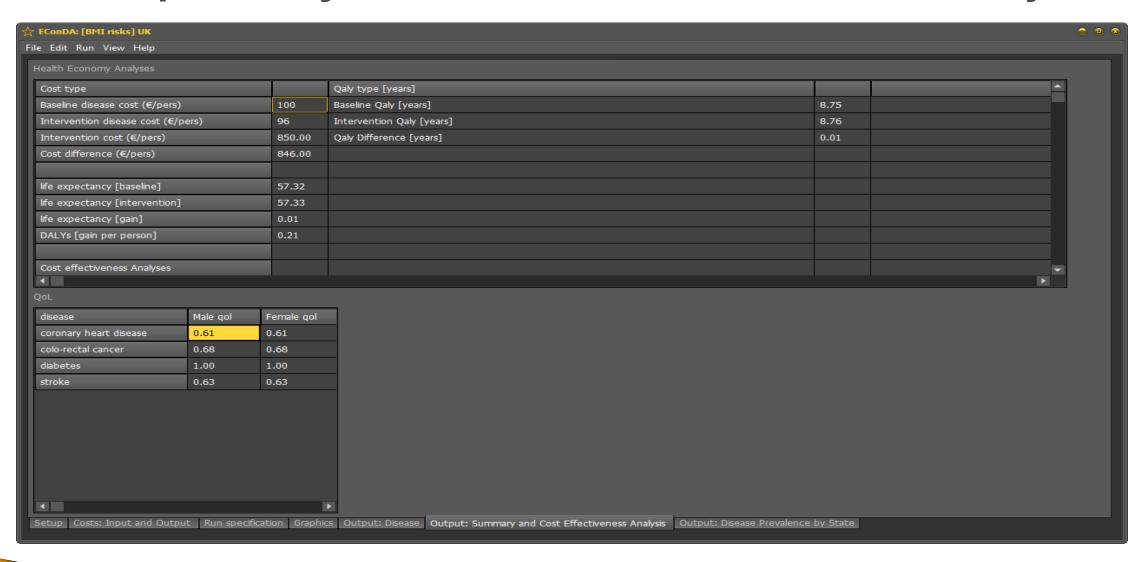
Prevalence of a disease per 100,000



Probability of having a disease



Life expectancy, DALY and Health Economic Analysis

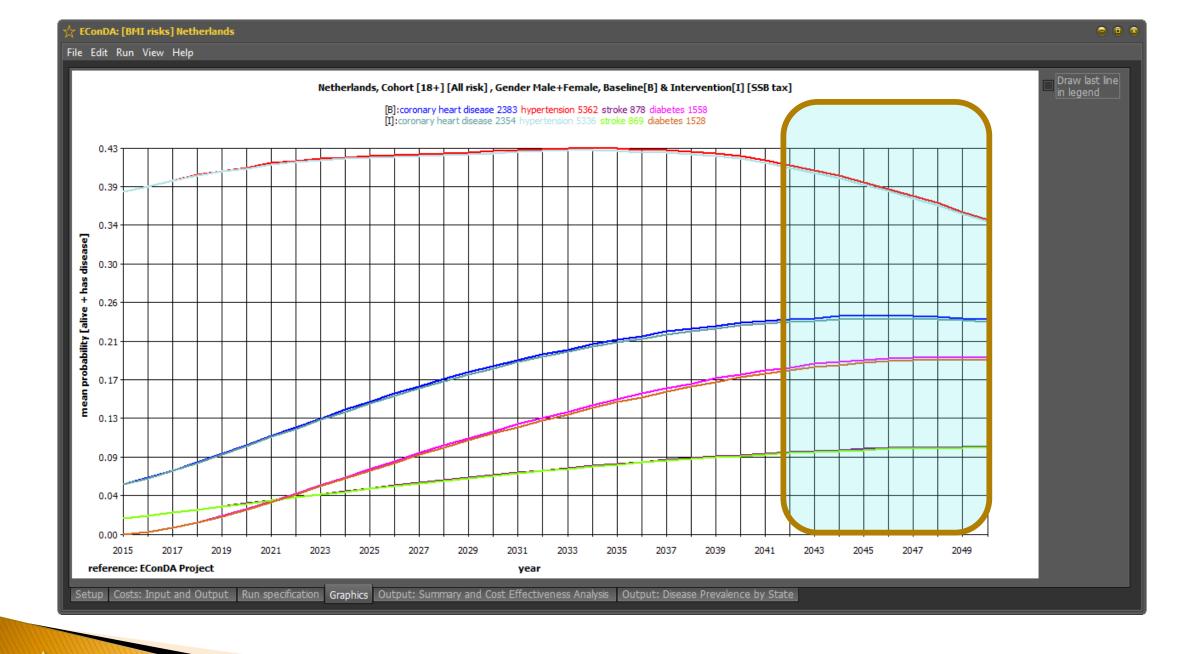


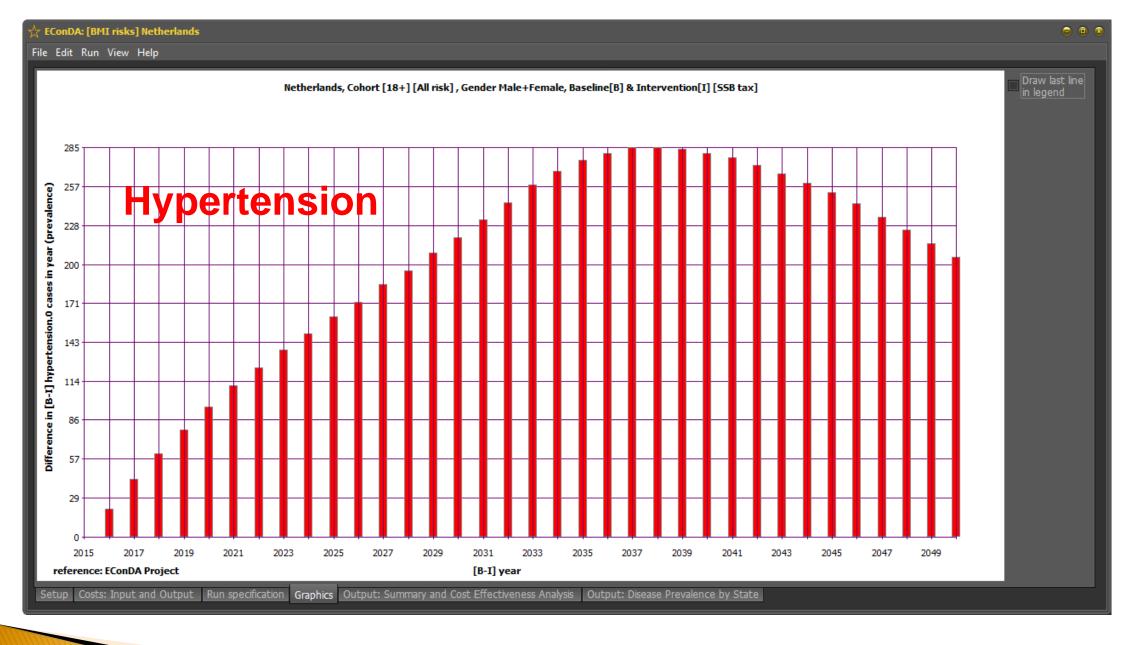


Netherlands: 20% SSB Tax

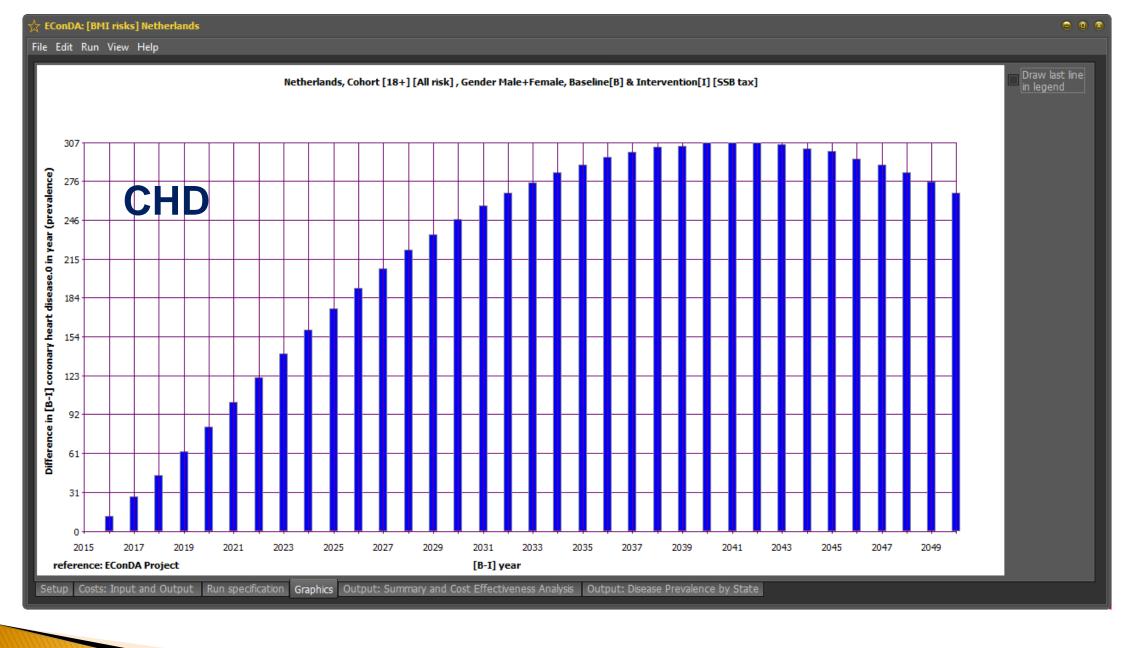
- Assuming a 0.03% reduction in the prevalence of obesity.
- ▶ SSB tax applied to **adults** (\geq 18 year olds).
- Cohort of individuals who are healthy weight, overweight and obese.



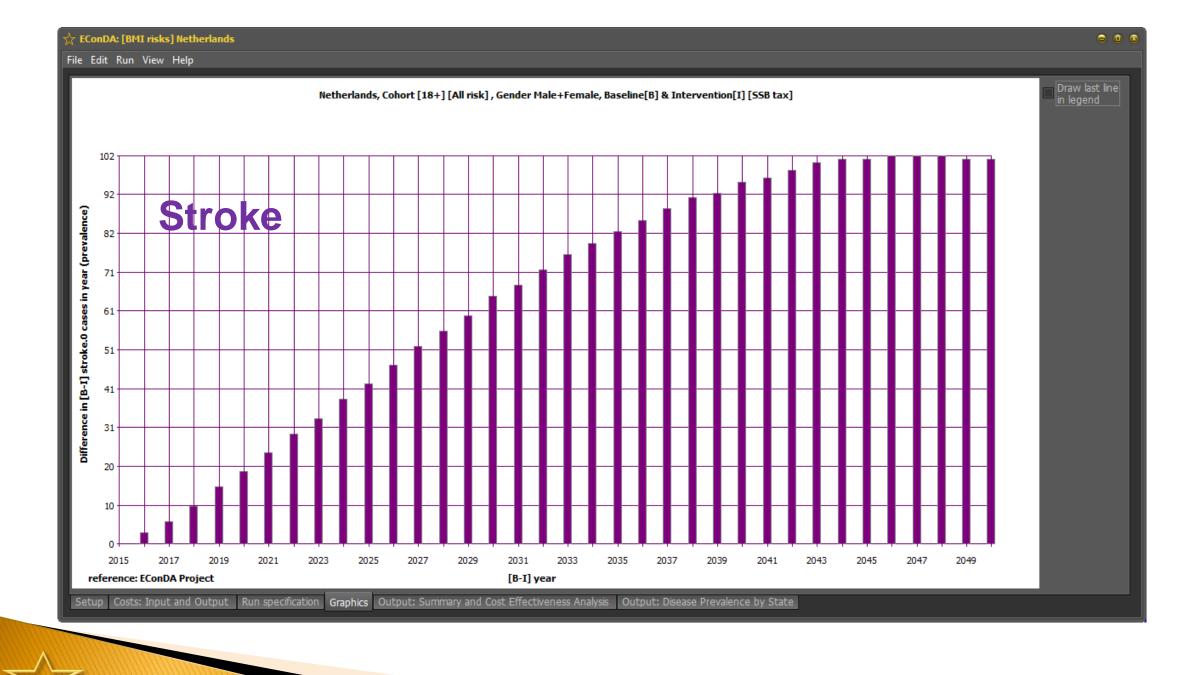












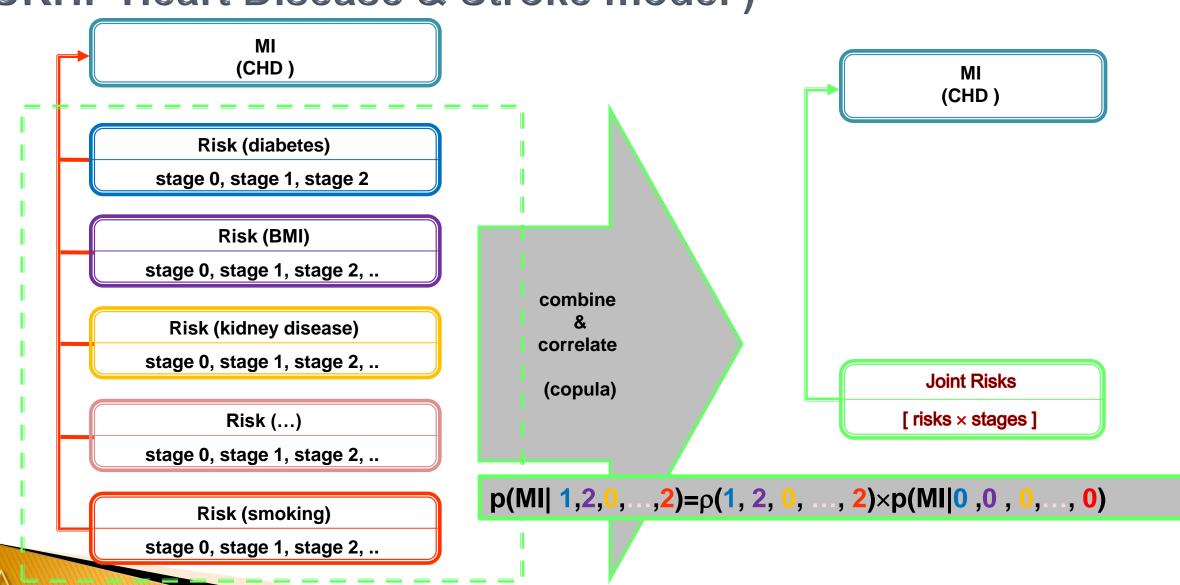
SSB tax in the Netherlands

Key	Value
ICER	-34,800 Euro/qol → DOMINANT
DALY gain per person	0.08 year
Life Expectancy gain per person	0.01 year (from 74.84 year)

Key	Value
Disease Expectancy reduction for CHD	29 days
Disease Expectancy reduction for diabetes	30 days
Disease Expectancy reduction for hypertension	26 days
Disease Expectancy reduction for stroke	9 days



Future work - Multi Risk Diseases (eg MI – EConDA & UKHF Heart Disease & Stroke model)



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SSB Tax

,	consumption	elasticities	consumption of SSBs (%)	consumption of SSBs (g/day)		U ,	in body weight (kg)	Reduction in BMI (kg/m²)
Bulgaria	19.92	-0.798	-15.96	-3.18	-4.77	-2.86	-0.0	3 -0.01
Finland	19.74	-0.798	-15.96	-3.15	-4.73	-2.84	- 0. 0	3 -0.01
Greece	13.1	-0.798	-15.96	-2.09	-3.14	-1.88	-O.C	2 -0.01
Lithuania	5.2	-0.798	-15.96	-0.83	-1.25	-0.75	-O.C	1 0
Netherlands	37.38	-0.798	-15.96	-5.97	-8.95	-5.37	· -0.0	5 -0.02
Poland	19.8	-0.798	-15.96	-3.16	-4.74	-2.84	-0.0	3 -0.01
Portugal	21.42	-0.798	-15.96	-3.42	-5.13	-3.08	-0.0	3 -0.01



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Кеу	Value	Comment
country	Netherlands	- the name of the country
start year	2015	- the simulation start year
stop year	2050	- simulation stop year
cohort	[18+] [All risk]	Cohorts are identified by their ages and their risk group in the start year
cohort gender	Male+Female	- the cohort gender
single person risk[rf_bmi]	Not required	- the initial risk level of the single person (Low:BMI<25, Medium:25<=BMI<30, High:BMI>=30)
single person age	Not required	- the initial age of the single person
intervention[rf_bmi]	[SSB tax]	Interventions are identified by their impact on the risk factor
[% become healthy weight]	31	- the percentage of people moving from the at risk category
options		
allow input cost editing	false	- must be set to true if the input costs are to be edited
risk factor	rf_bmi	- risk factor [single option] consumption
Intervention cost per person (€)	1 .	- the cost of the intervention
Baseline cost per person (€)	0	- the cost of the baseline intervention
Discounting rate [% per year]	3.5	- cost discounting rate
Health discounting rate [% per year]	3.5	- health discounting rate

Run Cohort

Close

Setup Costs: Input and Output Run specification Graphics Output: Summary and Cost Effectiveness Analysis Output: Disease Prevalence by State



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Cost type		Qaly type [years]	
life expectancy [intervention]	74.84		
life expectancy [gain]	0.01		
DALYs [gain per person]	0.08		
Cost effectiveness Analyses			
ICER (€/qaly/pers)	-34799.20	Intervention less costly and more effective (dominant)	
Average cost effectiveness ratio (€/qaly)	1237.93		
Sensitivity Analyses			

disease	Male qol	Female qol
coronary heart disease	0.71	0.71
hypertension	0.72	0.72
stroke	0.54	0.54
diabetes	1.00	1.00





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Cost type		Qaly type [years]	
Baseline disease cost (€/pers)	34255	Baseline Qaly [years]	27.38
Intervention disease cost (€/pers)	33906	Intervention Qaly [years]	27.39
Intervention cost (€/pers)	1.00	Qaly Difference [years]	0.01
Cost difference (€/pers)	-348.00		
life expectancy [baseline]	74.83		
life expectancy [intervention]	74.84		
life expectancy [gain]	0.01		

disease	Male qol	Female qol
coronary heart disease	0.71	0.71
hypertension	0.72	0.72
stroke	0.54	0.54
diabetes	1.00	1.00

[B-I] year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
[B-I] hypertension.0	0	20	42	61	78	95	111	124	137	149	161	172	185	195	208	219	
[B-I] stroke.0	0	3	6	10	15	19	24	29	33	38	42	47	52	56	60	65	
[B-I] diabetes.0	0	46	85	113	133	146	157	162	164	162	160	156	148	141	137	134	
[B-I] diabetes.1	0	7	18	32	50	67	87	106	128	146	166	184	202	220	235	249	
heah [I_R]	0	n	n	0	n	1	1	3	3	4	6	6	Q	٥	10	12	~

Right-click on the disease row in order to plot the prevalence gain of interest over time

Setup

Run specification | Graphics | Output: Summary and Cost Effectiveness Analysis

Prevalence for single state disease

Probability of having a disease and being dead

Output: Disease Prevalence by State

SSB Tax Results – UK BMI reduction

Baseline Male		Male			Female			Both		
		NW	OW	ОВ	NW	OW	ОВ	NW	OW	ОВ
	2025	23.50%	41.15%	35.35%	33.31%	33.39%	33.30%	28.50%	37.19%	34.30%
	2050	17.06%	31.65%	51.30%	25.12%	29.99%	44.89%	21.18%	30.80%	48.02%
SSB		Male			Female			Both		
		NW	OW	ОВ	NW	OW	ОВ	NW	OW	ОВ
	2025	23.09%	41.94%	34.97%	33.50%	33.46%	33.04%	28.40%	37.61%	33.99%
	2050	12.42%	36.46%	51.12%	19.25%	36.00%	44.76%	15.91%	36.22%	47.86%

