THE STATUS OF QUALITY OF LIFE DATA IN HEALTH TECHNOLOGY ASSESSMENTS: EVIDENCE FROM PUBLISHED NICE APPRAISALS

Kind P
Outcomes Research Group, York, UK

The requirements for health technology assessments conducted for the National Institute for Clinical Effectiveness (NICE) are similar to those deemed applicable by other groups (for example the Washington Panel). Benefits are represented in terms of quality-adjusted life years (QALYs) where the quality adjustment is based on the utility weights of the relevant reference population. A single index, utility-weighted scoring function that captures the preferences of the general population is problematic. Access to such a weighting system is typically mediated through quality of life (QoL) data that capture the benefits of therapy. Where QoL data do not meet these requirements then alternative methods have to be adopted.

OBJECTIVES: To assess the status of QoL data in the published NICE record and to review the procedures used to estimate utilities based on those data.

METHODS: The 31 assessment reports published by NICE in the period 1999–2001 were systematically reviewed. Particular attention was paid to information provided about QoL measures incorporated in the studies referenced by the appraisal. Of special note was the type of measure (i.e. index or profile), its weighting system and the source of reference values.

RESULTS: QoL data was reported with varying completeness. This contrasts with the data abstraction covering other aspects of the appraisal. Methods used to weight QoL data ranged from the deliberation of expert panels to the use of standardised QoL measures with utility weights elicited from the general population. Evidence of subjective assessment of QALY estimates included their being “based on reasonable assumptions using well-accepted measures”.

CONCLUSIONS: Evidence of the variability in the quality of QoL data and their use in QALY calculations indicates the need for clearer guidance and rigour in reporting and analysis. Findings impact on all parties to this form of technology assessment.

A UTILITY-MAXIMISATION MODEL OF CHOICE BETWEEN MEDICAL INTERVENTIONS INVOLVING RISK

Walsh R
University of Cologne, Cologne, Germany

OBJECTIVES: To develop a utility-maximisation model of choice between alternative treatments of specific disorders on the basis of microeconomic consumption theory. The model is to take into account patients’ preferences for clinical procedures, possible outcomes and risks involved in alternative treatments.

METHODS: The optimisation problem facing a patient is presented by geometrical and algebraic analysis using an ordinal von Neumann Morgenstern (vNM) utility function in a simple example involving two treatment alternatives, T1 and T2. As the treatments are perfect substitutes, the ratio of marginal utilities (dT2/dT1) which determines the slope of a patient’s indifference curves is constant and can be identified by means of a modified standard gamble (MSG). By including relative prices of...