



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Measuring outcomes in Ireland: What we do and what we should do

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Generals Fight the Previous War

Outline of Presentation

- General dilemmas in outcome measurement
- Economic evaluation in HTA in Ireland
- Fighting the next wars
- Where next?



Some general dilemmas

- Sensitivity versus comparability
- Simple versus complex (transparent versus opaque)
- Context sensitive versus context neutral
- Narrow versus broad
- Important versus urgent



Sensitivity versus comparability

- Tools that allow comparison between very different settings tend to be insensitive in some
- Goals of care differ, but this is difficult to accommodate in measures that can be used in many settings
- Tools in common use tend not to measure differences where people have complex needs (mental health, end of life etc.)
- Ideally we want to be able to translate between scores from sensitive measures.



Simple versus complex (transparent versus opaque)

- There are advantages in measurement tools to be simple and transparent
- Such tools tend not to capture the full breadth of potential benefits
- More complex tools can be difficult to use and difficult to understand
- For example, EQ5D ignores effects on caregivers, and limits the domains to simple versions of functioning.



Context sensitive versus context neutral

- If a tool is well adapted to one setting (say vision or mobility) it is unlikely to perform well for mental health or end of life use
- If a tool is context free it tends not to be sensitive to particular goals of complex care
- Most tools are best when the illness is simple and the objectives simple.



Important versus urgent

- It is always difficult to get people to engage when the need is urgent (if perhaps not very important)
- Decision making always tends to favour the urgent over the important.



Narrow versus broad

- Ease of measurement helps encourage measurement
- Narrowing the scope of costs and benefits assessed makes things simpler
- Current approaches largely ignore costs and benefits outside the health system, for wider family and caregivers and for economy and society more generally
- This leads to systematic bias towards some types of intervention.

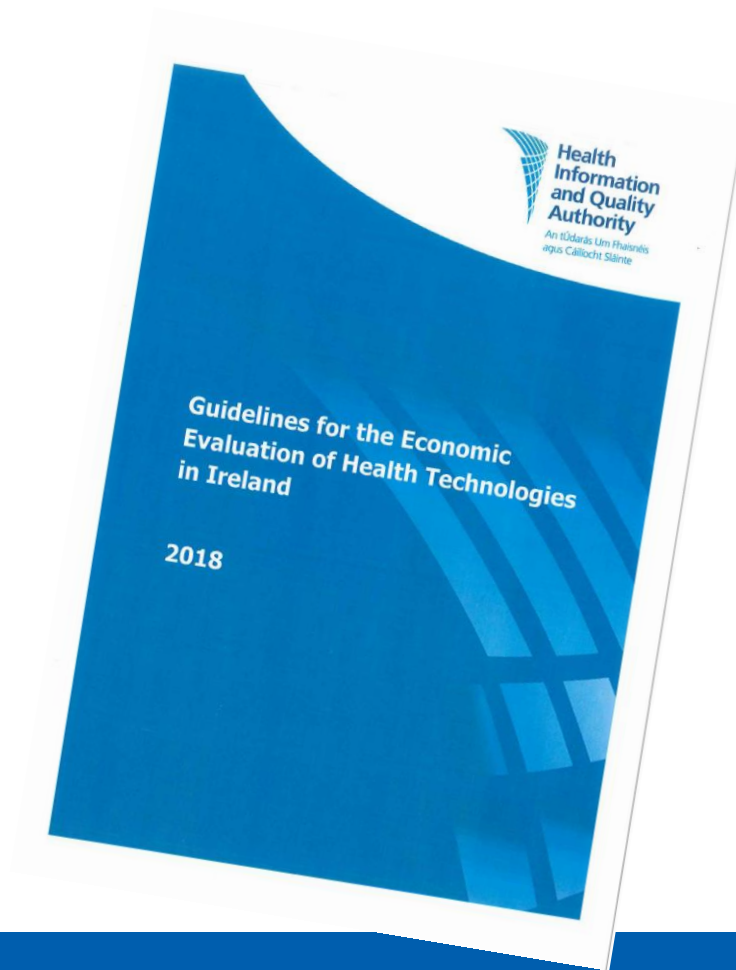


HTA in Ireland

- Guidelines are similar to England
- Perspective narrower than Washington Second Panel
- Reference case uses QALYs
- Preference for EQ5D or similar
- QALYs come from longer survival and improvements in *measured* quality of life
- Preferred data are from experimental studies and trials.



The Rules



HTA in Ireland

- In line with ‘best practice’ internationally
- Has helped to focus on effectiveness and value
- Outcomes have been more ‘generous’ than some countries
- Works well where treatment goals are relatively simple and these are well described in generic QoL.



Fighting the Next War 1

- Most patients are old or very old
- Most have two or more chronic conditions
- Most treatments are to manage chronic conditions or treat exacerbations
- Most care involved informal caregivers and other stakeholders
- Many (most?) studies exclude those who are most likely to receive treatments.



Fighting the Next War 2

- Subtle and small effects can make major difference to ADL and particularly IADL capacities
- Measurement of effect is more difficult in the presence of multimorbidity
- Many treatments are continuous or long term
- Goals may often be as much to facilitate caregivers as to help the patient directly
- Including only atypical patients risks giving atypical results.



Where Next? 1

- As we move away from simple treatments for simple needs for single curable illness, we need to accept broader goals
- Time is not additive, and is not independent of context – some days/weeks/months are more important than others
- Experiences are not simply measured by duration
- Tools will have to accommodate more domains of benefit, more beneficiaries, context, complexity.



Where Next? 2

- Measures need to accommodate uncertainty and contingent needs (eg availability rather than use)
- Calibration needs to recognise that small changes may not be small
- Duration of effect cannot be seen as additive and independent of context
- We need to embrace complexity and use complex tools to measure complex changes.



Concluding Remarks

- Health care systems have not yet adapted to the reality of chronic disease and multimorbidity
- HTA has not yet adapted either
- There are many developments that might be useful (eg ICECAP, mapping across measures, POSe)
- Current approaches are like the leaving cert – they measure what the measure well, but do not always measure the right things.





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Thank You