The Inclusion of Utility Values for Carers and Family Members in HTAs: A Case Study of Recent NICE Appraisals in the UK

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BACKGROUND

• The inclusion of utility values for carers and family members in economic evaluations, when relevant, is encouraged but not enforced. This follows from the NICE Methods Guide (Table 1).
• The Centre for Health and Economic Evaluation at NICE (in the UK) promotes the inclusion of ‘all direct health effects for patients as, when relevant, care’ in its methods guide.
• ‘Care’ refers to a person who provides unpaid care by looking after someone who has a health problem or disability because of an ill, frail, or disabled health condition.

Table 1. Guidelines on Inclusion of Care and Family Member Utility in the Methods Guides of Selected HTA Agencies

<table>
<thead>
<tr>
<th>Agency</th>
<th>Statements From Methods Guide</th>
<th>Base Case Required</th>
<th>Scenario Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE (UK)</td>
<td>Perspective on outcome: all direct health effects for patients as, when relevant, care</td>
<td>Yes</td>
<td>Yes and No</td>
</tr>
<tr>
<td>SMC (Scotland)</td>
<td>The perspective on outcomes should be ‘care’ for patients, when relevant, otherwise ‘as for care’</td>
<td>Yes</td>
<td>Yes and No</td>
</tr>
<tr>
<td>HAS (France)</td>
<td>The population concerned can be extended to include other individuals whose QoL is affected by the health condition (the dependent)</td>
<td>Yes</td>
<td>Yes and No</td>
</tr>
<tr>
<td>TVG (Sweden)</td>
<td>The health-economic analysis should aim to include all health-related costs of health care, including those related to the use of informal care</td>
<td>Yes</td>
<td>Yes and No</td>
</tr>
</tbody>
</table>

METHODS

The Technology Appraisal Guidance of the HTAs and HST completed and published by NICE in 2018 was reviewed to examine the impact of the inclusion of family member utility weights.

• The following information was reviewed in identified articles:
  • The methods for estimation of care and family member utility weights.
  • The perspective of the analysis.
  • Their inclusion in the base case or as part of a scenario analysis.
  • The impact of the incremental care cost-effectiveness ratio (ICER) (where reported).
  • Comments in the technology appraisal/Dr guidance document.

OBJECTIVE

To examine whether the utility values for carers and family members have been included in the recent NICE appraisals and how these were estimated in the economic evaluations by NICE published in the calendar year 2019.

RESULTS

• Out of the 58 appraisals completed in 2018 (46 HTAs and 2 HTTs), 3 included care utility values in the economic evaluation (Table 2).
• Out of the 3 appraisals that included care utility, two studies provided different utilities for several scenarios and one for a single hypothed scenario in children and young people.

In the 58, the inclusion of care utilities was part of the base case, whereas in the HST, it was assessed as part of a scenario analysis.

Table 2. Details on the NICE Appraisals That Included Carer or Family Member Utility Values

<table>
<thead>
<tr>
<th>Thesis</th>
<th>Utility in the Methods Guides of Selected HTA Agencies</th>
<th>Utility in NICE Methods Guide</th>
<th>Base Case</th>
<th>Scenario Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>CADTH (Canada)</td>
<td>Relevant Party and Analysis</td>
<td>Base case</td>
<td>Yes and No</td>
<td></td>
</tr>
<tr>
<td>HAS (France)</td>
<td>Relevant Party and Analysis</td>
<td>Base case</td>
<td>Yes and No</td>
<td></td>
</tr>
<tr>
<td>TVG (Sweden)</td>
<td>Relevant Party and Analysis</td>
<td>Base case</td>
<td>Yes and No</td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

• Many health conditions have profound impacts on the QoL of informal carers and family members who, due to their pivotal role in the care of patients, may have their QoL severely impacted as a result. The economic evaluation is carried out to inform how the treatments being evaluated are cost-effective. However, there is still a lag in the practice for their inclusion in economic models, and the availability of suitable utility measures for carers/family members.
• As outlined in Table 1, HTA agencies (including NICE) may encourage the inclusion of care-family member QOL in economic evaluations when relevant. When relevant, family member QOL was captured in only 58 NICE appraisals published in 2018.
• Measurement of care utility is challenging. Although general agreement that such ICERs of care or family QOL should be designed and may be underestimated for certain conditions. Several ICERs are available for carers (e.g., Care Experience Scale [CES], Care-related quality of life [CareQoL]) that can be used to estimate utility values. However, these presently cannot be used to estimate utility values for all carers. Hence, the panel of the SMC recommended the choice of methods.
• The 58 appraisals that did not include care or family member weights, the BDA and/or approval was in line with the NICE reference case. The companies and the Assessment Group did not include care utility values in their base-case analyses. The base cases were completed and published by NICE in 2018. This finding is in agreement with the previous NICE appraisals that did not include disutility for carers to carers. The ICER in all 3 appraisals, and the appraisals were concluded with a recommendation for a low level of care or family member utility values. The company included a scenario analysis including a disutility estimate of 0.05 for the most severe health state when the burden to carers of patients with MS (such as dimethyl fumarate) was included. The company included a scenario analysis including a disutility estimate of 0.08 was used for the carers of the patients in the moderate and severe health state, based on TA on daclizumab 2017. The company acknowledged that a specific value could not be identified and concluded that the effects of the treatments being evaluated. However, these presently cannot be used to estimate utility values for all carers. Hence, the panel of the SMC suggested that the inclusion of carer utility values in economic models, and the availability of suitable utility measures for carers/family members.

CONCLUSIONS

• Although the inclusion of carer and family member utility values is encouraged by some HTA authorities such as NICE, this may not be the case in economic evaluations. This may be attributed to the fact that there is still a lag in the practice for their inclusion in economic evaluations. However, these presently cannot be used to estimate utility values for all carers. Hence, the panel of the SMC recommended the choice of methods.

REFERENCES

See handouts for references.

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