NATS
Núcleo de Avaliação de Tecnologias em Saúde

Limitações

Instituto Nacional de Cardiologia
Ministério da Saúde - Brasil

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Preocupações da sociedade

Health Econ. 1999 Feb;8(1):25-39.

Incorporating societal concerns for fairness in numerical valuations of health programmes.

Nord E, Pinto JL, Richardson J, Menzel P, Ubel P.

National Institute of Public Health, Oslo, Norway.

Erratum in

Health Econ 1999 Sep;8(6):559.

Abstract

The paper addresses some limitations of the QALY approach and outlines a valuation procedure that may overcome these limitations. In particular, we focus on the following issues: the distinction between assessing individual utility and assessing societal value of health care; the need to incorporate concerns for severity of illness as an independent factor in a numerical model of societal valuations of health outcomes; similarly, the need to incorporate reluctance to discriminate against patients that happen to have lesser potentials for health than others; and finally, the need to combine measurements of health-related quality of life obtained from actual patients (or former patients) with measurements of distributive preferences in the general population when estimating societal value. We show how equity weights may serve to incorporate concerns for severity and potentials for health in QALY calculations. We also suggest that for chronically ill or disabled people a life year gained should count as one and no less than one as long as the year is considered preferable to being dead by the person concerned. We call our approach 'cost-value analysis'.

Preocupações da sociedade

HEALTH ECONOMICS
Health Econ. **14**: 197–208 (2005)
Published online 17 August 2004 in Wiley InterScience (www.interscience.wiley.com). **DOI:**10.1002/hec.924

ECONOMIC EVALUATION

QALY maximisation and people's preferences: a methodological review of the literature

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Summary

In cost-utility analysis, the numbers of quality-adjusted life years (QALYs) gained are aggregated according to the sum-ranking (or QALY maximisation) rule. This requires that the social value from health improvements is a simple product of gains in quality of life, length of life and the number of persons treated. The results from a systematic review of the literature suggest that QALY maximisation is descriptively flawed. Rather than being linear in quality and length of life, it would seem that social value diminishes in marginal increments of both. And rather than being neutral to the characteristics of people other than their propensity to generate QALYs, the social value of a health improvement seems to be higher if the person has worse lifetime health prospects and higher if that person has dependents. In addition, there is a desire to reduce inequalities in health. However, there are some uncertainties surrounding the results, particularly in relation to what might be affecting the responses, and there is the need for more studies of the general public that attempt to highlight the relative importance of various key factors.

Keywords QALYs; social value; equity

Valores diferentes

- Mover de 0,2 a 0,4 não tem o mesmo valor que mover de 0,4 a 0,6 e sim 0,8

- Qto < a utility, seu aumento é mais importante

- Dolan 1998

Valores diferentes

- Idade
  - Tratar todas as idades igualmente?
  - Prioridade para as crianças?
  - Prioridade a idade produtiva?

Gravidade da doença

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Review

Severity of illness and priority setting in healthcare: A review of the literature

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ARTICLE INFO

Keywords:
Health care rationing
Quality-adjusted life years
Severity
Health maximisation
Public preferences

ABSTRACT

Background: It is widely assumed that the principal objective of healthcare is to maximise health. However, people may be willing to sacrifice aggregate health gain in order to direct resources towards those who are worst off in terms of the severity of their pre-treatment health state.

Objectives: This paper reviews the literature on severity in the context of economic evaluation, with the aim of establishing the extent to which popular preferences concerning severity imply a departure from the health maximisation objective.

Methods: Data were obtained using a keyword search of major databases and a hand search of articles written by leading researchers in the subject area.

Results: The empirical evidence suggests that people are, on the whole, willing to sacrifice aggregate health in order to give priority to the severely ill. However, there remain unresolved issues regarding the elicitation and interpretation of severity preferences (and indeed popular preferences generally).

Conclusions: The use of severity as a priority setting criterion is supported by a large number of empirical studies of popular preferences. Further work is needed, however, to accurately estimate the strength of this support.

Gravidade da doença

- Quanto menor a expectativa de vida, aceita gastar mais (Inglaterra 2009)
  - < 24 meses
  - Ganho maior ou igual a 3 meses de vida
  - Literatura robusta
  - População de pacientes pequena

Desafios

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VALUE IN HEALTH

QALYs: Some Challenges

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Keywords: QALY, MAU, experience utility, subtraction method, fairness.

Equidade

- Anos ganhos para a pessoa saudável é diferente que para a pessoa com doença crônica

- Ambos ganham 5 anos

  - Vida saudável-prevenir acidente automobilístico X 1,0

  - Asmático com nova medicação X 0,7

Gravidade da doença e quidade

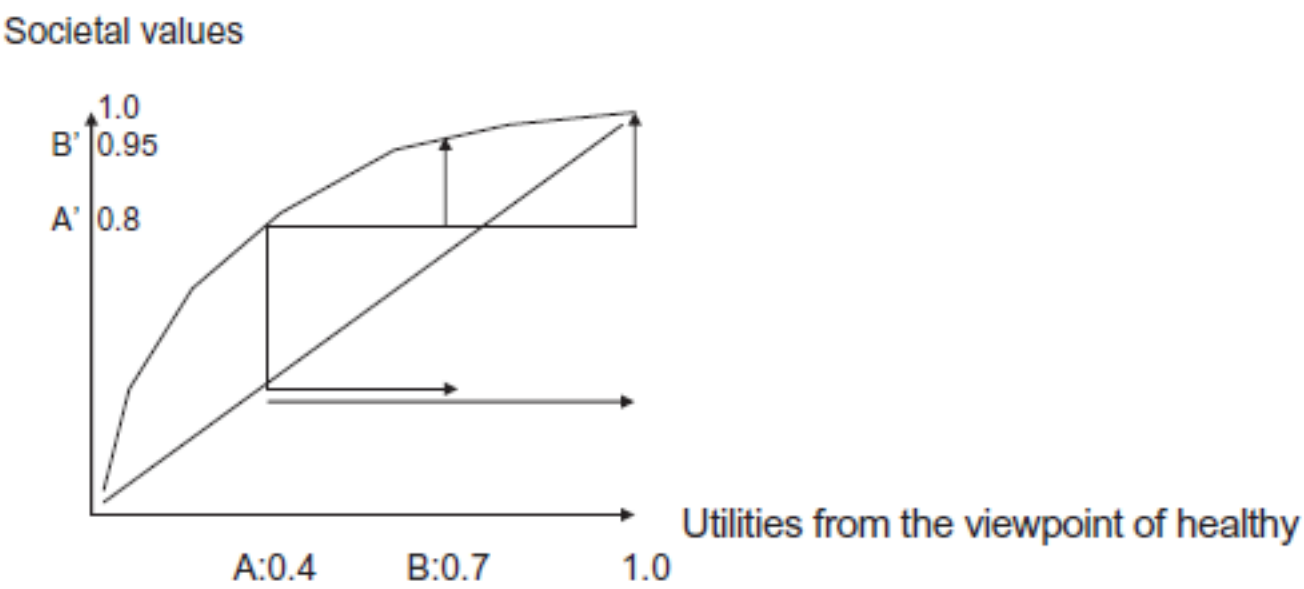

Figure 4 Valuing gains in functioning/quality of life: Transformation of Utilities (Source: [7], cfr. [9]).

Valor do tratamento e ganho de saúde

HEALTH ECONOMICS
Health Econ. **19**: 596–607 (2010)
Published online 20 May 2009 in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/hec.1497

QALYS: IS THE VALUE OF TREATMENT PROPORTIONAL TO THE SIZE OF THE HEALTH GAIN?

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SUMMARY

In societal priority setting between health programs for different patient groups, many people are reluctant to discriminate too strongly between those who can benefit much from treatment and those who can benefit moderately. We suggest that this view of distributive fairness has a counterpart in personal valuations of gains in health. Such valuations may be influenced by psychological reference points and diminishing marginal utility such that the individual utility of care in patient groups with different potentials may be more similar than what conventional QALY estimates suggest. In interviews in three convenience samples, there is some support for the hypothesis. Most respondents do not think that desire for treatment is significantly less in those who stand to gain only moderately compared with those who stand to gain much – even when the treatment is associated with a mortality risk. When stating insurance preferences, a majority of subjects express a greater concern for avoiding the worst states in question than for maximising expected value for money in terms of treatment effects. The tendency applies to outcomes in terms of both quality and quantity of life. Choices between prefixed response options fit well with oral explanations of these choices.

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KEY WORDS: QALY; individual utility; cost–utility-analysis; capacity to benefit; realisation of potential; valuing treatment; subtraction method

Value in Health

- ISPOR Development Workshop on “Moving the QALY Forward: Building a Pragmatic Road”

- Filadélfia em Novembro 6–8, 2007

EQ5D- 5L

- Publicado 2009
- Ser mais sensível às mudanças de níveis que a versão anterior

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

- I have no problems in walking about ❑
- I have slight problems in walking about ❑
- I have moderate problems in walking about ❑
- I have severe problems in walking about ❑
- I am unable to walk about ❑

SELF-CARE

- I have no problems washing or dressing myself ❑
- I have slight problems washing or dressing myself ❑
- I have moderate problems washing or dressing myself ❑
- I have severe problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ❑
- I have slight problems doing my usual activities ❑
- I have moderate problems doing my usual activities ❑
- I have severe problems doing my usual activities ❑
- I am unable to do my usual activities ❑

PAIN / DISCOMFORT

- I have no pain or discomfort ❑
- I have slight pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have severe pain or discomfort ❑
- I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

- I am not anxious or depressed ❑
- I am slightly anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am severely anxious or depressed ❑
- I am extremely anxious or depressed ❑

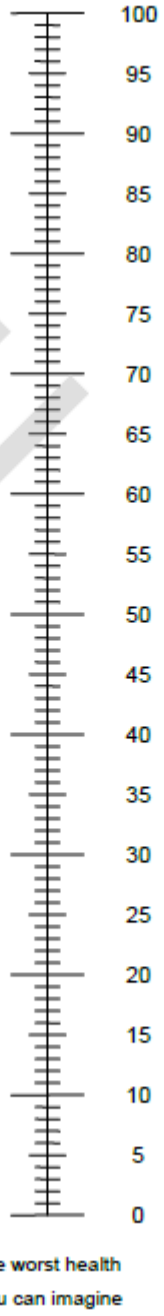
EQ5D-5L

Sistema descritivo

http://www.euroqol.org/home.html

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =



EQ5D-5L
EAV

http://www.euroqol.org/home.html

Conclusão

- Análise de custo-utilidade é importante
- Estudos com populações pequenas
- Necessidades de mais estudos
- Poucos estudos nacionais