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# THE CENTER FOR ENHANCED VALUE ASSESSMENT (CEVA)

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**“CEVA” is how you pronounce “CEVR” in Boston!**



# CEVA's Mission

- Explore the incorporation of additional elements into traditional cost-effectiveness analyses

# Motivation #1

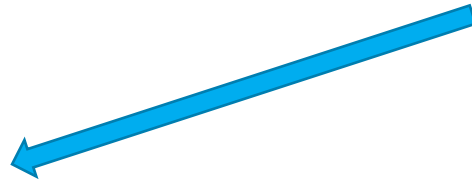


# 2<sup>nd</sup> Panel recommends cost/QALYs



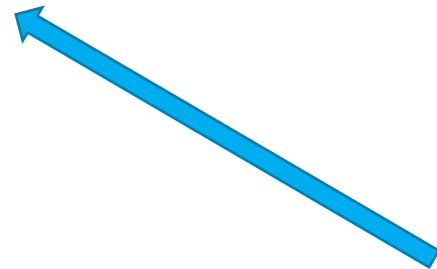
**Cost**

(Costs with treatment)  
– (Costs without treatment)



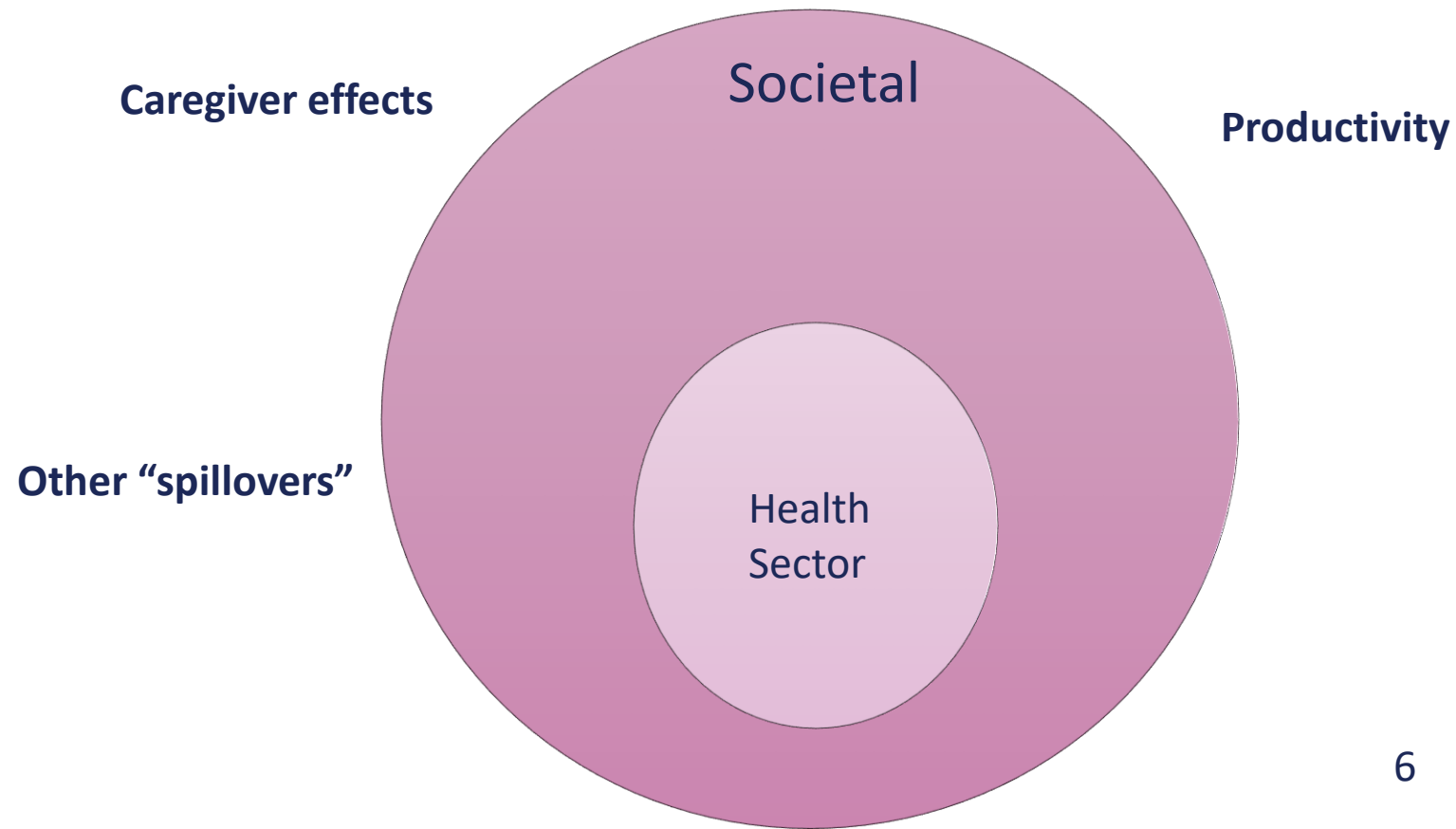
**QALYs**

(QALYs with treatment)  
– (QALYs without treatment)

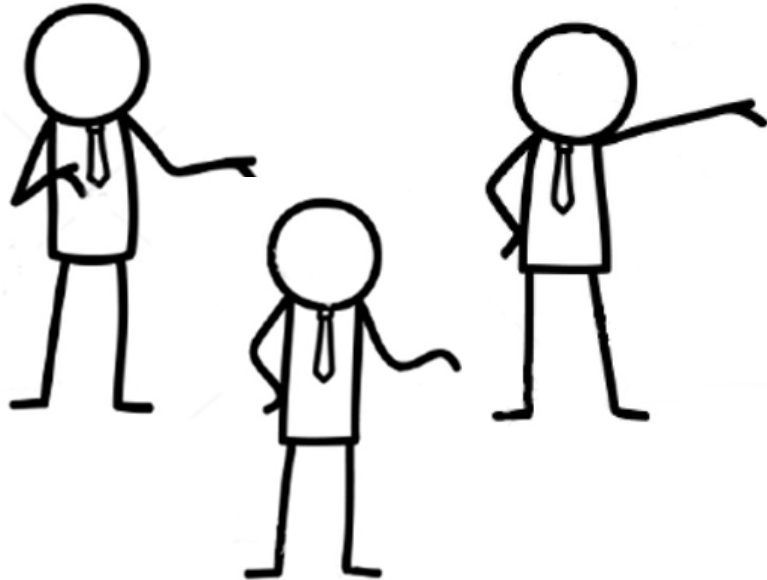


# But what elements to include...?

- That depends (in part) on perspective



# The 2<sup>nd</sup> Panel debates... does a societal perspective make sense?



**No!**

*Whose opportunity costs?*

*No single societal perspective!*



**Yes!**

*Broad impacts/Spillovers!*

*The public interest!*

*Consistency/comparability*

# The Second Panel's solution...

- Do it both ways...conduct both a health care and societal perspective
- And include an “Impact Inventory”

Sector	Type of Impact (list category within each sector with unit of measure if relevant) <sup>a</sup>	Included in This Reference Case Analysis From...Perspective?		Notes on Sources of Evidence
		Health Care Sector	Societal	
<b>Formal Health Care Sector</b>				
Health	Health outcomes (effects)			
	Longevity effects	<input type="checkbox"/>	<input type="checkbox"/>	
	Health-related quality-of-life effects	<input type="checkbox"/>	<input type="checkbox"/>	
	Other health effects (eg, adverse events and secondary transmissions of infections)	<input type="checkbox"/>	<input type="checkbox"/>	
	Medical costs			
	Paid for by third-party payers	<input type="checkbox"/>	<input type="checkbox"/>	
	Paid for by patients out-of-pocket	<input type="checkbox"/>	<input type="checkbox"/>	
	Future related medical costs (payers and patients)	<input type="checkbox"/>	<input type="checkbox"/>	
Future unrelated medical costs (payers and patients)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Informal Health Care Sector</b>				
Health	Patient-time costs	NA	<input type="checkbox"/>	
	Unpaid caregiver-time costs	NA	<input type="checkbox"/>	
	Transportation costs	NA	<input type="checkbox"/>	
<b>Non-Health Care Sectors (with examples of possible items)</b>				
Productivity	Labor market earnings lost	NA	<input type="checkbox"/>	
	Cost of unpaid lost productivity due to illness	NA	<input type="checkbox"/>	
	Cost of uncompensated household production <sup>b</sup>	NA	<input type="checkbox"/>	
Consumption	Future consumption unrelated to health	NA	<input type="checkbox"/>	
Social Services	Cost of social services as part of intervention	NA	<input type="checkbox"/>	
Legal or Criminal Justice	Number of crimes related to intervention	NA	<input type="checkbox"/>	
	Cost of crimes related to intervention	NA	<input type="checkbox"/>	
Education	Impact of intervention on educational achievement of population	NA	<input type="checkbox"/>	
Housing	Cost of intervention on home improvements (eg, removing lead paint)	NA	<input type="checkbox"/>	
Environment	Production of toxic waste pollution by intervention	NA	<input type="checkbox"/>	
Other (specify)	Other impacts	NA	<input type="checkbox"/>	



# Motivation #2

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## A Health Economics Approach to US Value Assessment Frameworks—Summary and Recommendations of the ISPOR Special Task Force Report [7]

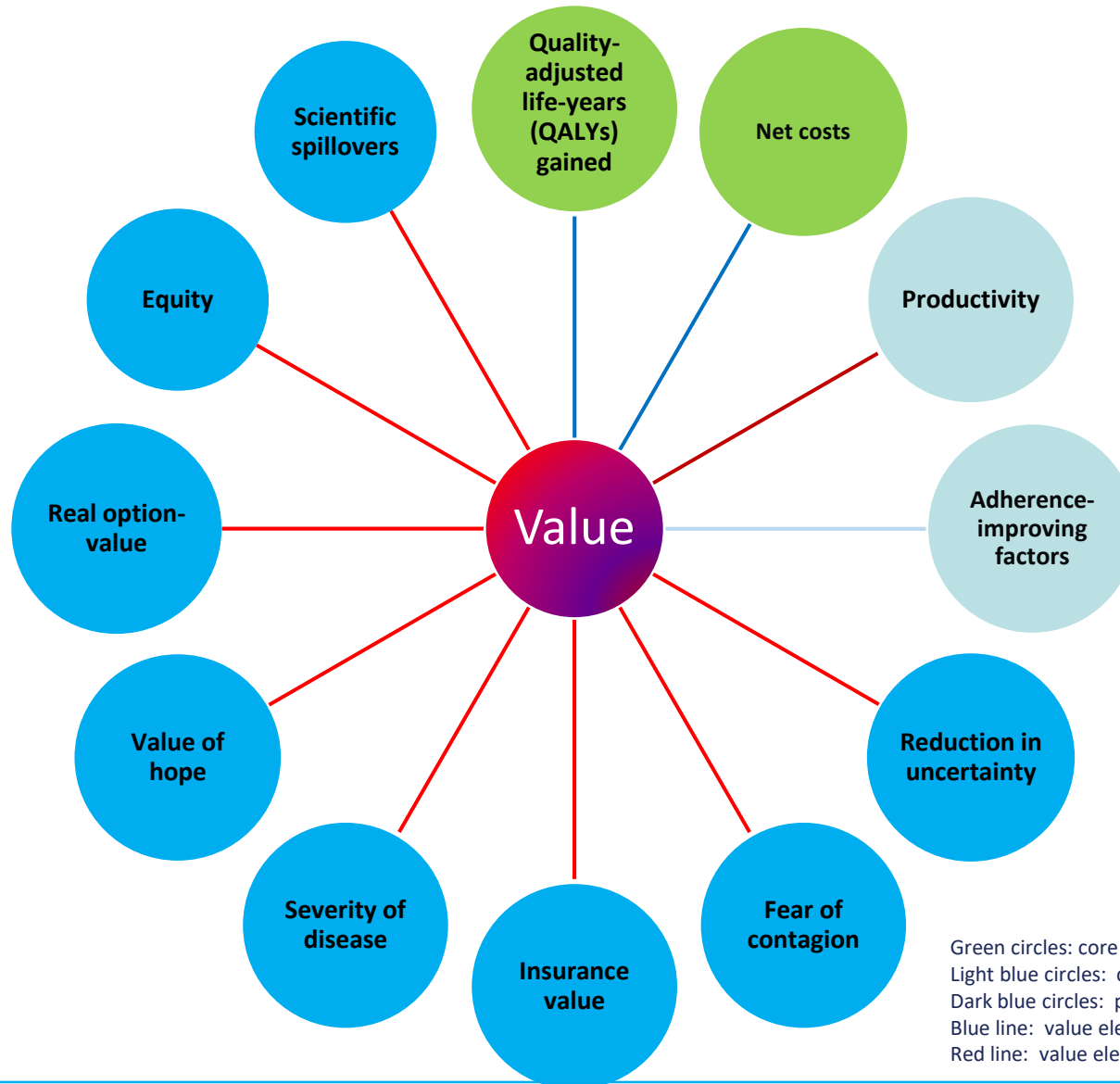


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Augment the  
QALY?

ABSTRACT



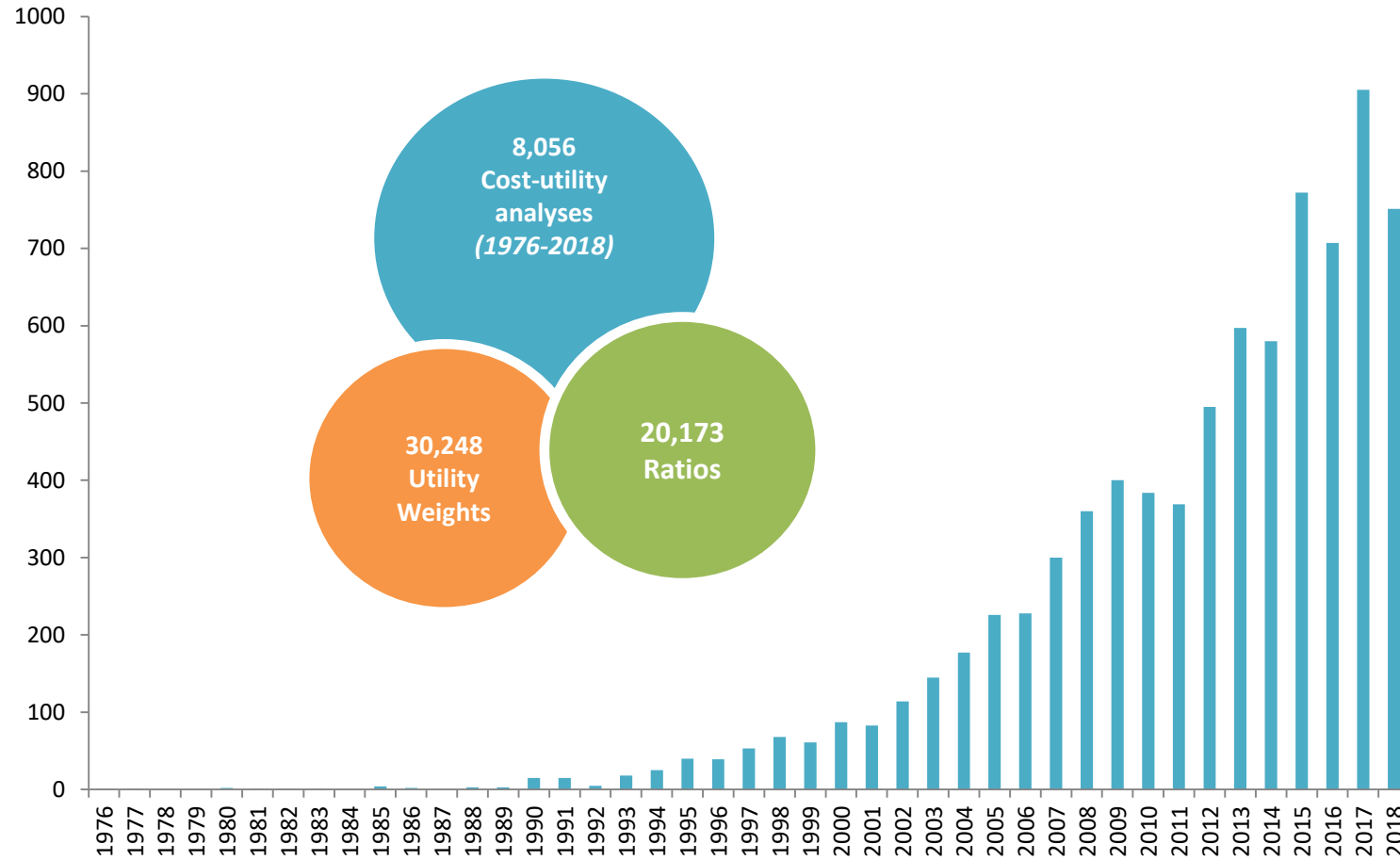
Green circles: core elements of value  
 Light blue circles: common but inconsistently used elements of value  
 Dark blue circles: potential novel elements of value  
 Blue line: value element in traditional payer perspective  
 Red line: value element also included in societal perspective

# CEVA activities

- Explore whether published CEAs include broader value elements
- Conduct CEA case studies to incorporate these elements
- Characterize patient views on these elements
- Explore a user-friendly dashboard

# New CEVA analyses!

# # of Published Cost/QALY Articles

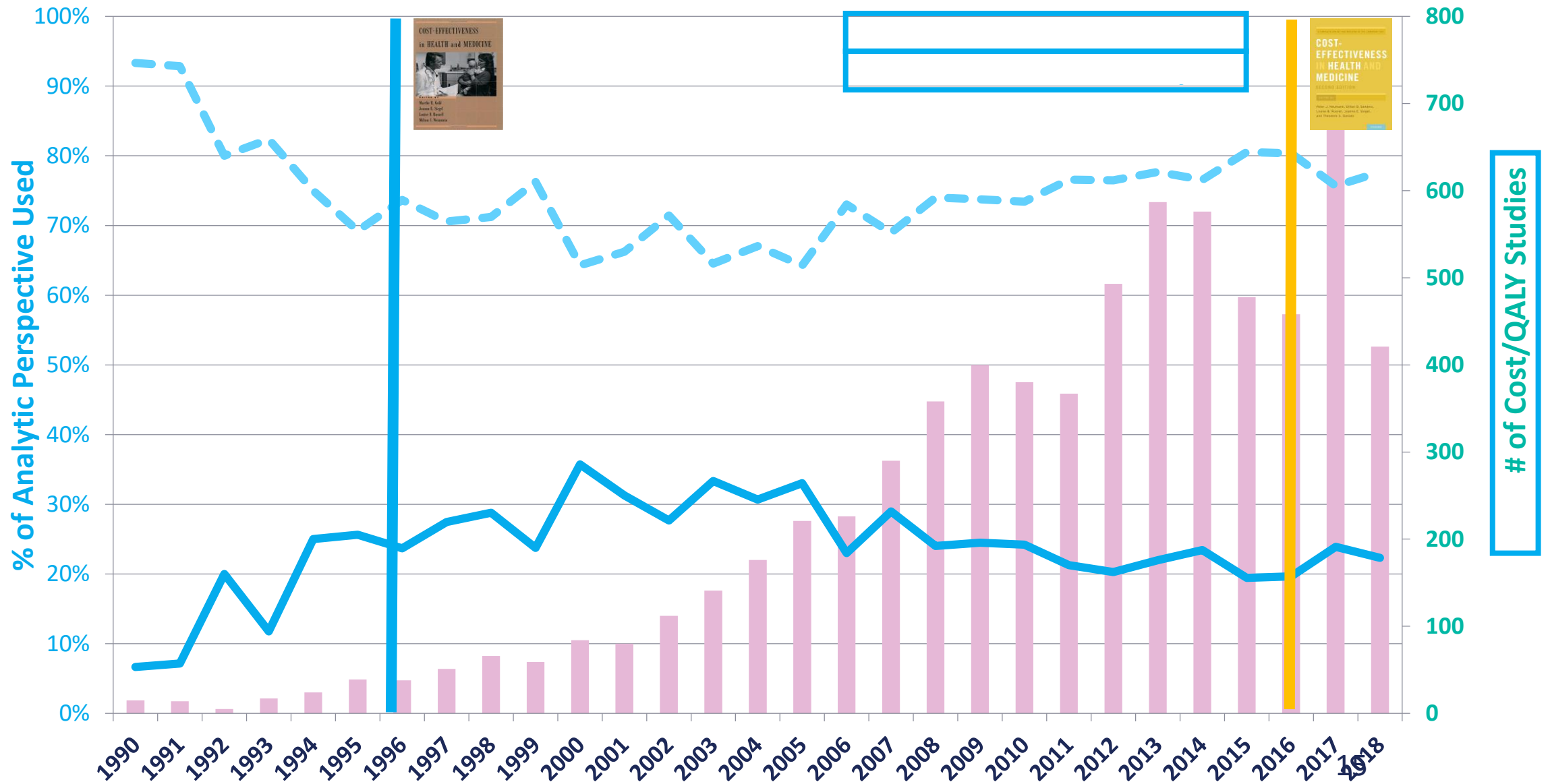


Source: Tufts MC CEA Registry, [www.cearegistry.org](http://www.cearegistry.org)

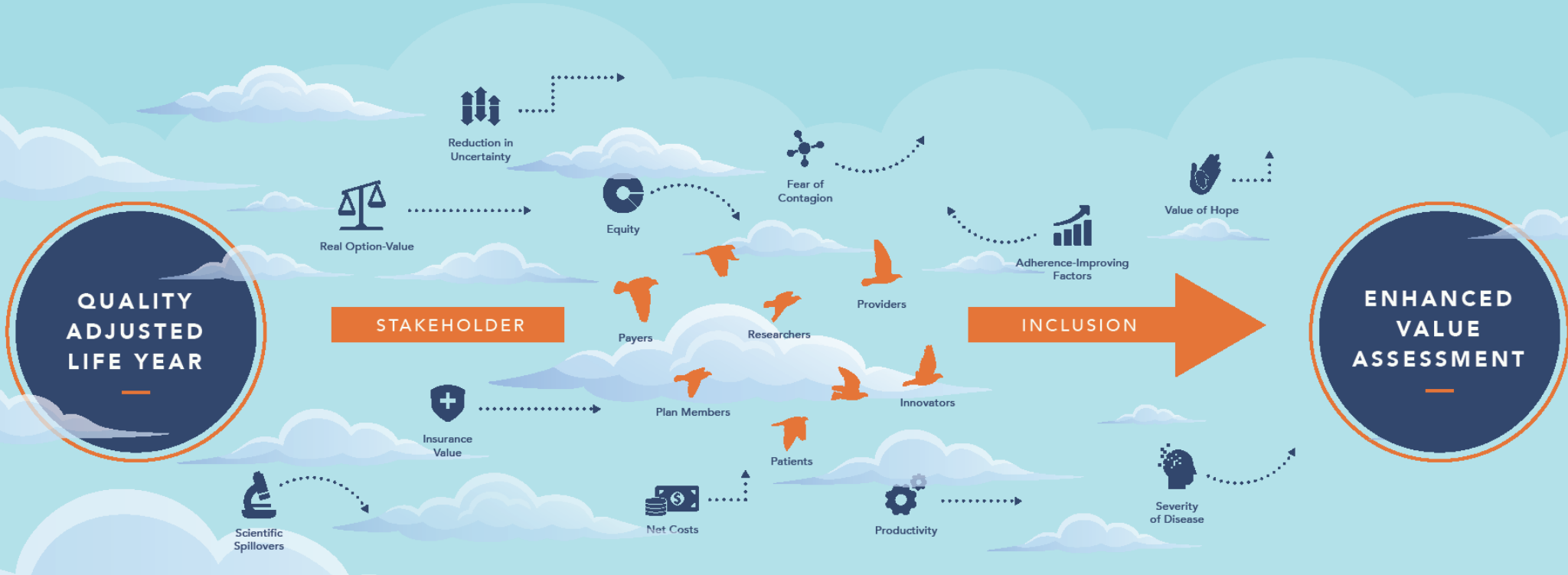
# Perspective in published Cost/QALY studies through 2018 (n=6,907)



# Change over time in perspective in published CEAs



# BROADENING THE COST EFFECTIVENESS RATIO





# Thank you!

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