Sampling Uncertainty and Patient-Level Cost-Effectiveness Analysis

Statistical Considerations in Health Economic Evaluations

ISPOR 18th Annual International Meeting

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Good Value for Cost

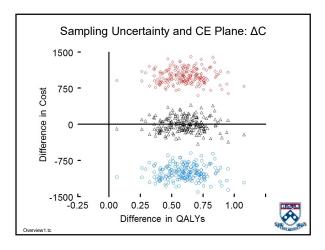
- Common goal of economic analysis: identify when we can be confident that a therapy is good value compared to another
- Threat to confidence arises because economic result observed in an experiment may not truly reflect result in population
 - Single sample drawn from a population
- Referred to as sampling (or stochastic) uncertainty
- Methods for estimating sampling uncertainty for economic outcomes have much in common with methods used for clinical findings



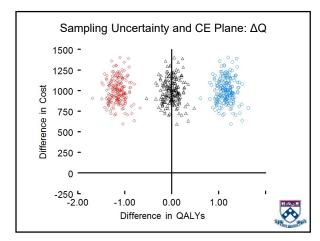
Outline

- Describe methods for identifying when we can and cannot be confident about a therapy's value
 - Acceptability curves
 - CI for NMB
 - CI for CER
- Goal is to demonstrate quantification and interpretation
 of sampling

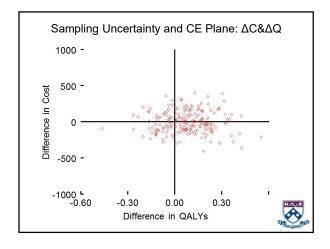


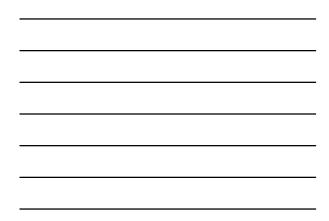


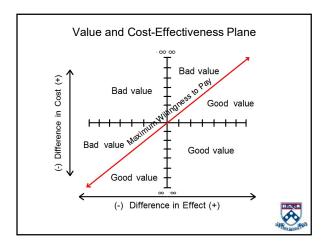




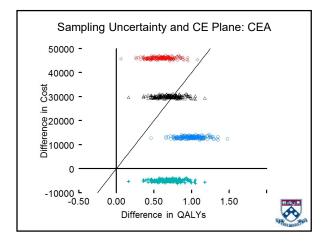




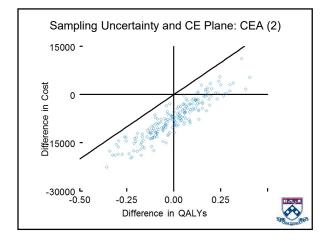


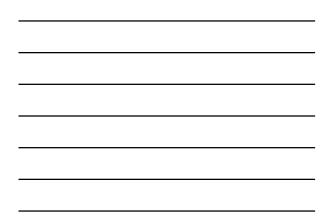


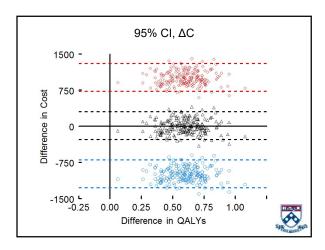




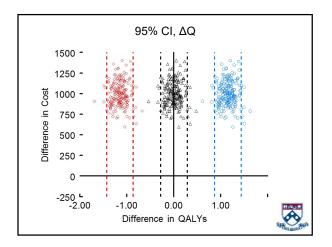




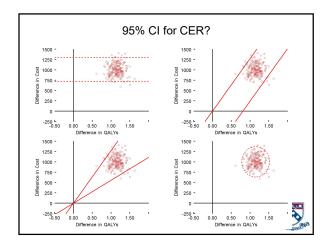










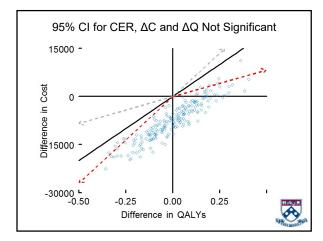




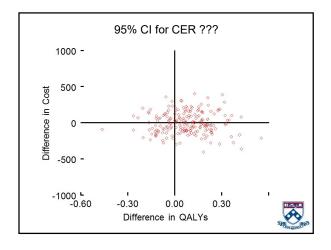
CI Issues;

- # of methods available?
- What is the threshold, maximum willingness to pay?
 Differs across jurisdictions
 - Differs within jurisdictions
- Should we be 95% confident?

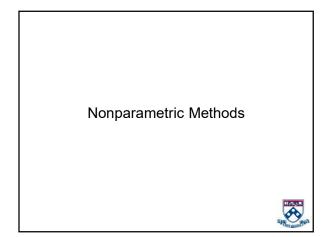








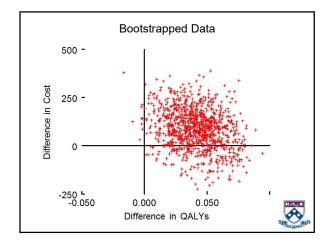




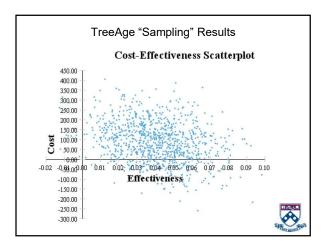
Example #1

- Subsample (N=1000) of bootstrapped rchapter5.dta regression results from Jalpa's lecture
 - Cost, power 0.65, poisson
 - ΔC, mean = 88.09, SE = 103
 - QALYs, power 1.65, poisson
 ΔQ, mean = 0.0408, SE = 0.018
 - Correlation of difference, -0.2523
 - Incremental cost-effectiveness ratio: 2159







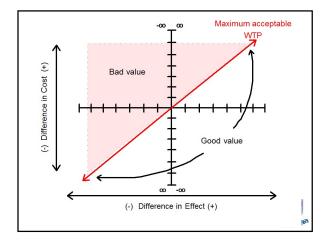


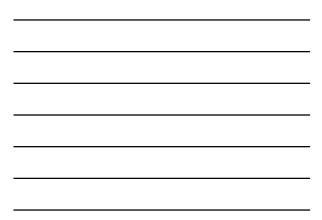


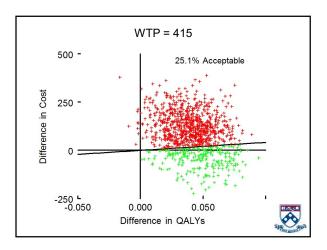
Acceptability Curve

- Acceptability criterion defined on cost-effectiveness
 plane as a line through origin with slope equal WTP
- Proportion of distribution of difference in cost and effect falling below and to right of line is "acceptable" (i.e., has positive NMB)
 - Proportion acceptable for one therapy = 1-proportion acceptable for alternative therapy
 - In pairwise comparison, no additional information from plotting 2 lines, one for each therapy
- Proportion falling above and to left of line is
 "unacceptable"
 - Proportion unacceptable for one therapy = 1proportion unacceptable for alternative therapy

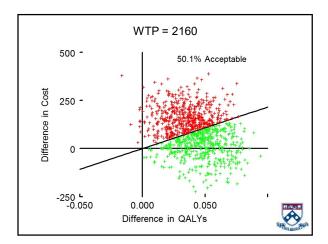




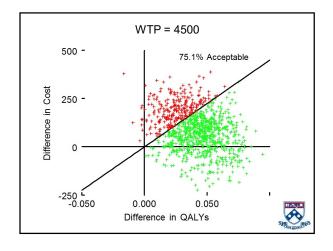




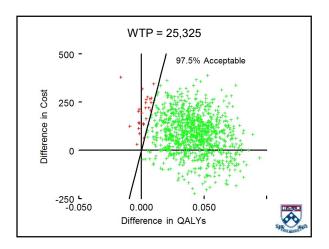




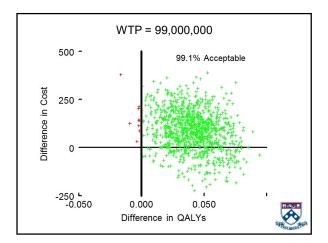




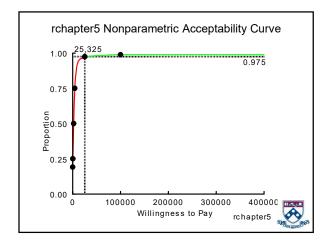














2-tailed Confidences Statements for Acceptability Curve

- If curve has a height that is ≤ 0.025th, 95% confident therapy is bad value
 - i.e., for current study, for most negative values of WTP (data not shown)
- If curve has a height that is ≥ 0.975%, 95% confident therapy is good value
 - i.e., for values of WTP <u>></u> 25,325
- If curve falls between 0.025 and 0.975, cannot be 95% confident that value of 2 therapies differs

 i.e., for values of WTP > 0 and < 25,325

Stata Programs

- Provide 4 Stata .do files that contain programs for calculating and plotting analyses of sampling uncertainty
- 2 calculate and plot nonparametric measures of sampling uncertainty (focused on today)
 - bsceaprogs
 - bsceagraphs
- 2 calculate and plot parametric measures of sampling uncertainty
 - iprogs
 - ceagraphs
- Running .do files (e.g., do bsceaprogs) loads programs; it does not calculate anything



bsceaprogs.do

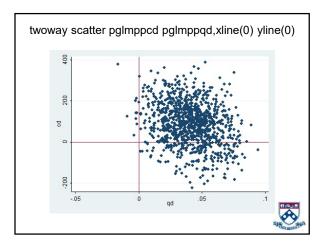
- Contains 5 programs related to sampling uncertainty for datasets that represent bootstrap replicates or repeated samples from second order Monte-Carlo analysis PLUS a help file (bsceaprogsdoc)
 - bsaccept1: Calculates % acceptable and p-value for a user-specified value of WTP
 - bsaccept: Calculates % acceptable and p-values for program-determined values of WTP
 - bsnmb1: Calculates NMB point estimate, CI, and pvalue for a user-specified value of WTP
 - bsnmb: Calculates NMB point estimates, CI, and p-values for program-determined values of WTP
 - bscicer: Calculates CI for CER



bsceagraphs.do

- Contains 3 programs that graph results of bsaccept, bsnmb, and bscicer PLUS a help file (bsceagraphsdoc)
 - bsaccgraph (works with bsaccept): Draws acceptability curve
 - bsnmbgraph (works with bsnmb): Draws NMB graph
 - bscicergraph (works with bscicer): Graphs bootstrap cloud as well as upper and lower limits of its CI (if defined)





bsceaprogsdoc: bsaccept

- * PROGRAM: BSACCEPT
- * USES BOOTSTRAPPED DATA TO DEFINE
- * NONPARAMETRIC ACCEPTABILITY CURVE
- * COMMAND LINE: bsaccept [COST] [EFFECT]
- * The 2 arguments are both names of variables
- ** [COST] = Name of difference in cost variable
- ** [EFFECT] = Name of difference in effect variable
- * Saved Results
- * r(accmat)



Run bsaccept for power/poisson Cost and QALYs

- . quietly do bsceaprogs
- . use dataforslides
- . bscicer pglmppcd pglmppqd



bsaccept pgImppcd pgImppqd		
W	% Accept	P-value
-3374 -2803 -2350 1805 2158	0.02200 0.02700 0.03900 0.44700 0.50100	0.0440 0.0540 0.0780 0.8940 0.9980
2533 20000 29723 30000	0.54600 0.97400 0.97600 0.97600	0.9080 0.0720 0.0480 0.0480

	Return List
. return list	
macros: r(cmd) :	"bsaccept"
matrices: r(accmat) :	122 x 3

Return List (cont.)

- To view r(accmat): matrix list r(accmat)
- To access data in r(accmat):
 - First, create a new matrix: matrix [name]=r(accmat)
 - Second, transform new matrix into a dataset (svmat [matrix name])
 - Results in 3 variables named [name]1, [name]2, and [name]3, where
 - –[name]1 = wtp
 - $-[name]^2 = \%$ acceptable
 - [name]3 = p-value



Saving Results of bsaccept

preserve drop_all matrix accmat=r(accmat) svmat accmat ren accmat1 wtp ren accmat2 accept ren accmat3 pval save [FILENAME.DTA], replace restore

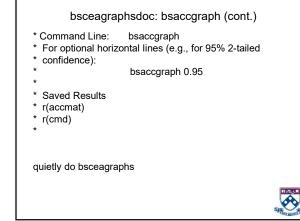


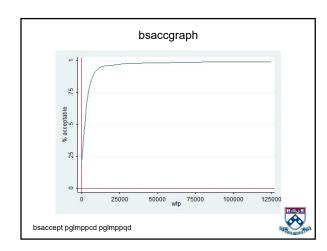
bsceagraphsdoc: bsaccgraph

* PROGRAM: bsaccgraph

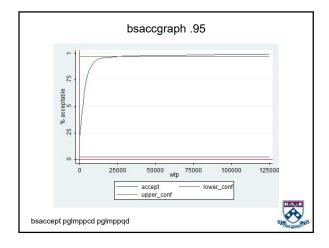
- * This program draws the acceptability curve. It is meant
- * to be run directly after running the bsaccept program (or * soon enough after that the r(accmat) return matrix is still
- soon enough after th
 resident in memory.
- . Soldone in mornory.
- * As currently written, the program draws the curve for * values of wtp between 0 and 125,000. To change the
- * upper bound wtp in the graph, open the program file and
- * revise the statement wtp<125000.
- * The default setting draws the acceptability curve alone.
- * Optionally, you can add horizontal confidence lines by
- * specifying your desired confidence level (e.g., for 2-
- * tailed 95% confidence, 0.95).













Saving the Graph

graph export [filename.extension],replace

e.g. graph export rc5acc.png,replace

Commonly used extensions include .png, .wmf, .pdf, .ps, and .tif



Net Monetary Benefit

• Composite measure (part cost-effectiveness, part cost benefit analysis), usually expressed in dollar terms, derived by rearranging cost-effectiveness decision rule: $W^* > \Delta C \ / \Delta Q$

where W* = maximum acceptable cost-effectiveness ratio (e.g., 50,000 per QALY)

NMB routinely (but not necessarily) expressed on cost scale, known as net monetary benefits (NMB)

 $(\mathsf{W} \times \Delta \mathsf{Q}) - \Delta \mathsf{C}$

 Particularly important for statistical evaluation of costeffectiveness analysis (e.g., sample size; direct statistical testing by use of patient-level data; etc.)



Expected NMB

NMB = $(W^*\Delta Q) - \Delta C$

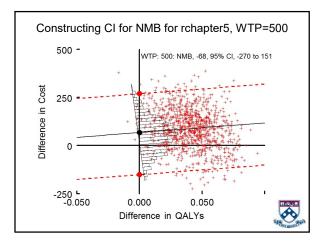
- For a WTP of 50,000, NMB for rchapter5: (50,000 * .0408) - 88 = 1952
- Study result is a difference in means of net benefits, not a ratio of means, and is always defined (i.e., no odd statistical properties like ratio) and continuous
- Unlike cost-effectiveness ratio, standard error of net benefits always defined
- Given not all decision making bodies have agreed upon maximum willingness to pay, routinely estimate net benefit over a range of policy relevant values of willingness to pay



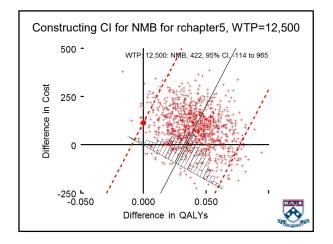
Net Benefit Graphically

- Defined on cost effectiveness plane using a family of lines
- Slope of all lines equals W
- Each line represents a single value of NMB and equals
 –intercept
 - Because when $\Delta Q{=}0,$ $W\Delta Q$ drops out of equation and left with ${-}\Delta C$
- 95% CI for NMB defined by identifying 2 NMB lines that each omit 2.5% of distribution of difference in cost and effect

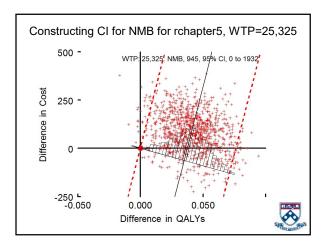




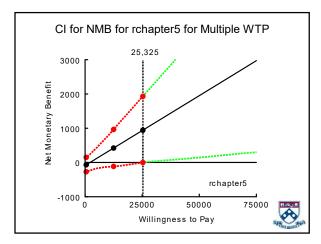














Confidence Statements for CI for NMB

- If both confidence limits are negative, confident therapy
 is bad value
 - i.e., for current study, for most negative values of WTP (data not shown)
- If both confidence limits are positive, confident therapy is good value
 - i.e., for values of WTP \geq 25,325
- If one confidence limit is positive and one is negative, can't be confident that value of therapies differs
 - i.e., for values of WTP > 0 and < 25,325



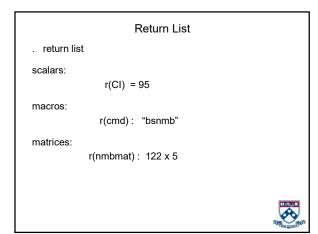
bsceaprogsdoc: bsnmb

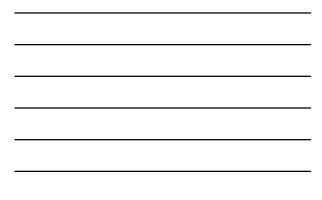
- * PROGRAM: BSNMB
- * USES BOOTSTRAPPED DATA TO DEFINE POINT
- * ESTIMATES AND CI FOR NMB GRAPH
- * COMMAND LINE: bsnmb [COST] [EFFECT] [CI]
- * The 2 arguments are both names of variables
- ** `1' Name of difference in cost variable
- ** `2' Name of difference in effect variable
- ** `3' conidence interval, as decimal (e.g., 0.95 for 95%)
- * Saved Results
- * r(CI)
- * r(nmbmat)



	bsnmb p	glmppcd p	glmppqd .9	5
W	NMB	95 % Lower limit	-11-	P-value
-3374 -2803 -2350	-226 -202 -184	-423 -394 -372	-12 2 20	0.0440 0.0540 0.0780
1805 2158 2533	-13 -0 14	-238 -230 -222	221 243 267	0.8940 0.9980 0.9080
20000 29723 30000	728 1125 1136	-51 35 36	1531 2262 2282	0.0720 0.0480 0.0480







Viewing and Accessing r(nmbmat)

· Same as viewing and accessing r(accmat) - See prior slides for r(accmat)



Saving Results of bsnmb

preserve drop _all matrix nmbmat=r(nmbmat) svmat nmbmat ren nmbmat1 wtp ren nmbmat2 nmb ren nmbmat3 II ren nmbmat4 ul ren nmbmat5 p save [FILENAME.DTA], replace restore

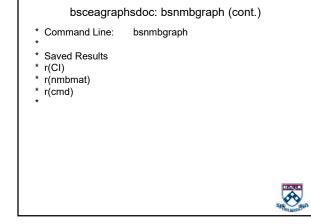


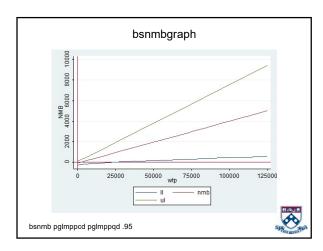
bsceagraphsdoc: bsnmbgraph

* PROGRAM: bsnmbgraph

- * This program draws the nmbgraph. It is meant to be
- * run directly after running the bsnmb program (or soon *
- enough after that the r(nmbmat) return matrix is still
- * resident in memory.
- As currently written, the program draws the curve for
- * values of wtp between 0 and 125,000. To change the *
- upper bound wtp in the graph, open the program file and * revise the statement wtp<125000.





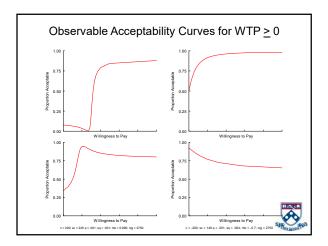


Saving the Graph graph export [filename.extension],replace

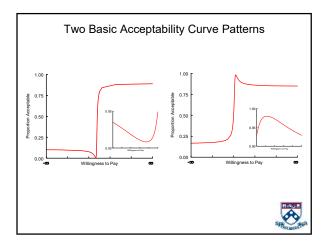
e.g. graph export rc5nmb.png,replace

Commonly used extensions include .png, .wmf, .pdf, .ps, and .tif

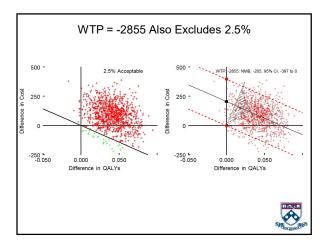




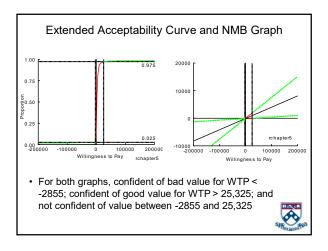








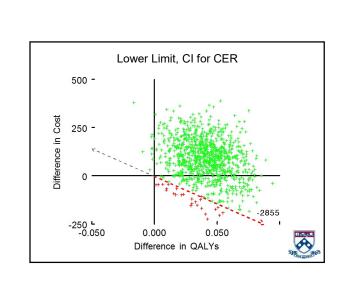




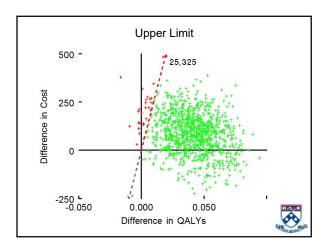


Confidence Intervals for Cost-Effectiveness Ratios

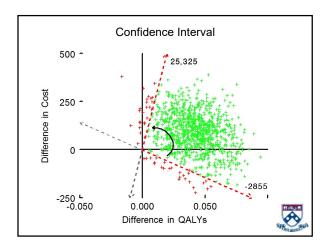
- Common suggestion for constructing CI:
 - Order ratios from smallest to largest
 - Identify ICER of 2.5th percentile (e.g., 26th ordered observation out of 1000) and 97.5th percentile (e.g., 975th observation out of 1000)
- Technically, not an order statistic (although in many cases equivalent to one)
- Technically, lines through origin that exclude $\alpha/2$ of joint distribution of difference in cost and effect
- Independent of whether lower limit is a larger or smaller number than upper limit, on cost-effectiveness plane, interval stretches counter-clockwise from lower (clockwise) limit to upper (counter-clockwise) limit



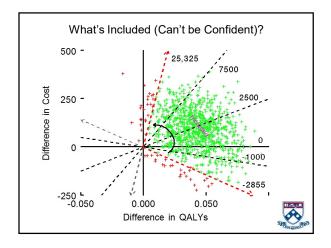




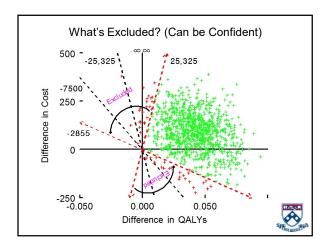














Confidence Statements for CI for CER

- When (as in current experiment) lower limit is a smaller number than upper limit:
 - If lower limit is greater than WTP, confident therapy is bad value
 - i.e., for current study, for most values < -2855
 If upper limit is less than WTP, confident therapy is good value
 - i.e., for values of WTP > 25,325
 - If WTP is greater than lower limit and less than upper limit, can't be confident that value of therapies differ
 i.e., for values of WTP > -2855 and < 25,325



bsceaprogsdoc: bscicer

- * PROGRAM: BSCICER
- * USES BOOTSTRAPPED DATA TO DEFINE
- * NONPARAMETRIC PERCENTILE AND ACCEPTABILITY
- * METHOD CI FOR CER
- * COMMAND LINE: bscicer [COST] [EFFECT] [CI]
- * The 2 arguments are both names of variables; the 3rd is a
- * number
- ** `1' Name of difference in cost variable
- ** `2' Name of difference in effect variable
- ** `3' confidence interval, as decimal (e.g., 0.95 for 95%)



bscicer pglmppcd	pglmppqd .95
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Bootstrap percentile 95 % Confidence Interval	
Lower limit (quadrant): -2852	(4)
Upper limit (quadrant): 25323	(1)
Density omitted by: Lower limit: 2.5 Upper limit: 2.5	
Fraction of density uniquely excluded: 5 %	
Fraction of density excluded, wedge interpretation: 5 %	(cont.)



bscicer (cont.)	
Bootstrap acceptability 95 % Confi Interval	ldence
Lower limit:	-2852
Upper limit:	25323
Density omitted by: Lower limit: Upper limit: Fraction of density uniquely excluded:	2.5 % 2.5 % 4.6 %
Data for Immediate Form programs	
Difference in costs: SE, difference in costs: Difference in effects: SE, difference in effects: Correlation of differences:	.04081035 .01801509

Retu	rn l	List	
. return list			
scalars:			
r(bspll)	=	-2851.925396	
r(bspul)	=	25322.526603	
r(bsall)	=	-2852	
r(bsaul)	=	25323	
r(ci)	=	.95	
macros:			
r(cmd)	:	"bscicer"	
r(cost)	:	"pglmppcd"	
r(effect)	:	"pglmppqd"	

I



"Acceptability" vs "Percentile" CI

- · Acceptability CI for CER
 - Defined by identifying lines through origin that each exclude $\alpha/2$ of joint distribution of difference in cost and effect
 - Can be shown to de dependably accurate
- Percentile CI for CER
 - Defined by use of non-naïve ordering of replicates (orders lexicographically by quadrant and by ratio)
 - Naïve ordering (most negative to most positive) fails in accuracy when replicates fall on both sides of y axis
 - Non-naïve ordering can fail in accuracy when replicates fall in 3 or all 4 quadrants of CE plane



bsceagraphsdoc: bscicergraph

* PROGRAM: bscicergraph

- * This program graphs the bootstrap cloud as well as
- * the upper and lower limits of its confidence interval
- * on the cost-effectiveness plane. It is meant to be run
- * directly after running the bscicer program (or soon
- * enough after that the return list is still defined in

* memory.

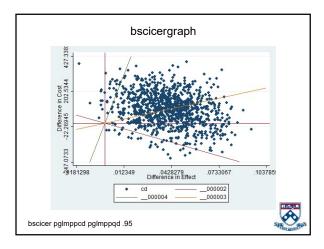
* Command Line: bscicergraph



bsceagraphsdoc: bscicergraph (cont.)

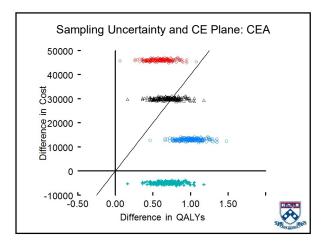
- * Saved Results
- *
- * r(bspll) (percentile lower limit)
- * r(bspul) (percentile upper limit)
- * r(bsall) (acceptability lower limit)
 * r(bsaul) (acceptability upper limit)
- * r(Cl)
- * r(cost)
- * r(effect)
- * r(cmd)
- * `

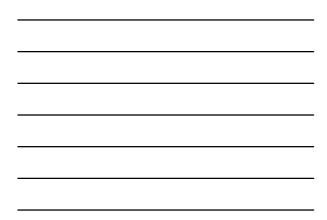


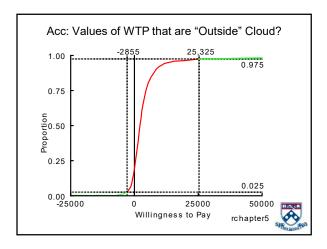




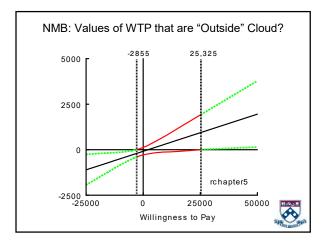
Saving the Graph graph export [filename.extension],replace e.g. graph export rc5cicer.png,replace Commonly used extensions include .png, .wmf, .pdf, .ps, and .tif



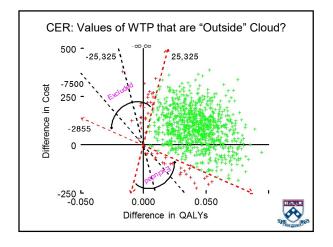










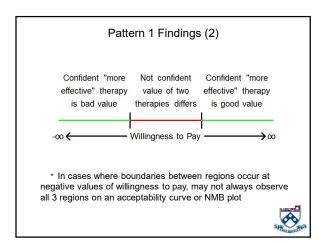




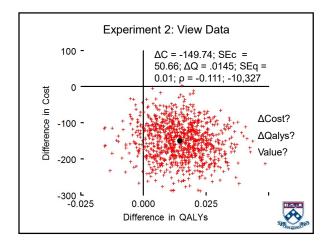
"Pattern 1" Findings

- Refer to findings like those in rchapter5 experiment as pattern 1 findings
- Occur when difference in effect is significant
- Know pattern 1 finding being observed when:
 Confidence interval for cost-effectiveness ratio excludes Y axis (i.e., LL < PE < UL)
 - Both NMB confidence limits curves intersect x-axis (0) once
 - Acceptability curve intersects horizontal lines drawn at both 0.025 and 0.975

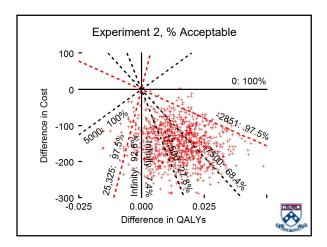




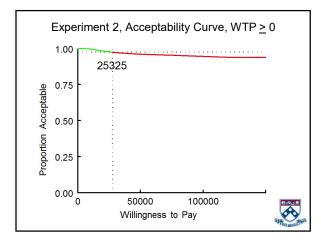




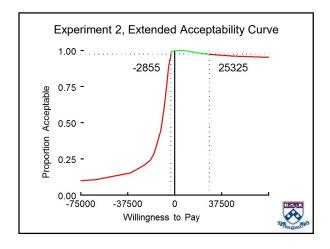


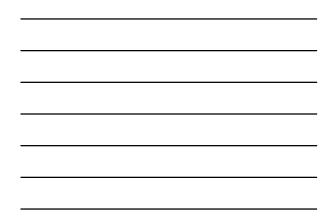


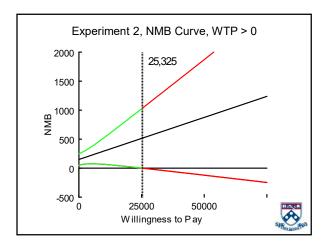




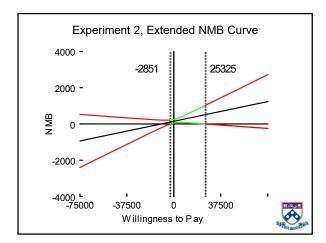




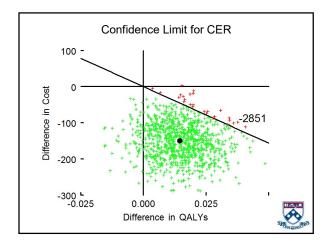


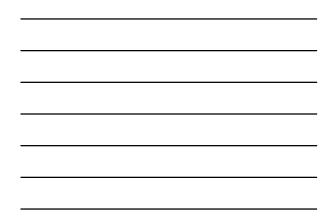


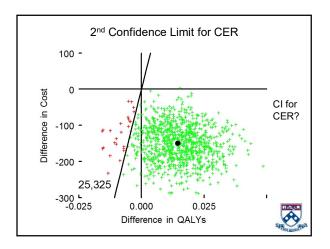




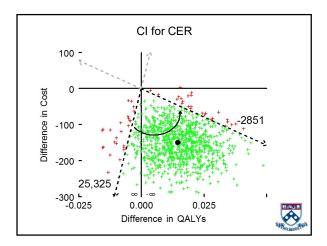




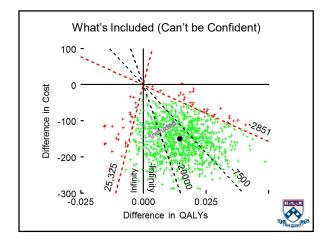




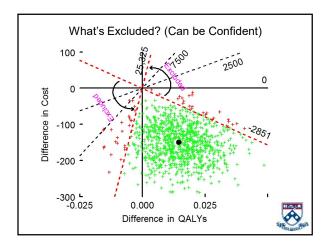














Confidence Statements for CI for CER

- When lower limit is a larger number than upper limit Interval ranges between -∞ and upper limit and between lower limit and ∞
 - If WTP greater than upper limit and less than lower limit, can be confident that one of the therapies is good value
 - i.e., for current study, for values values of WTP \geq -2851 and \leq 25,325
 - If WTP less than upper limit or greater than lower limit, can't be confident that value of therapies differ
 - i.e., for current study, for values of WTP < -2851 and > 25,325



When the Lower Limit is Larger than Upper Limit

- One of limits indicates that one therapy may be delivering more health at increased or decreased cost
- The other limit indicates alternative therapy may be delivering more health at increased or decreased cost
- Q is not statistically significant at the α level represented by the interval
- · The interval thus includes y axis



When Lower Limit is "Larger" than Upper Limit (2)

- Point estimate is either larger than both limits or smaller than both limits, but meets expectations for point
 - estimate and limit when both are on same side of Y axis - If point estimate and lower limit are on same side of Y axis, point estimate is larger than lower limit
 - Upper limit, which is on opposite side of y axis, \leq lower limit
 - If point estimate and upper limit are on same side of Y axis, upper limit larger than point estimate
 - Lower limit, which is on opposite side of y axis, ≥ upper limit



Common Mistakes, CI for CER (See TreeAge)

- CER equals ratio of mean differences in cost and effect
- Ratio of mean differences does not equal mean of ratios

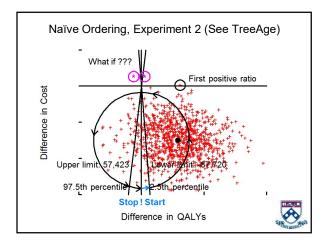
 Can't use result of Stata sum command for ratios to derive point estimate
- "SD" generated by summing ratios is not a good measure of SE of ratio (which can be undefined)
- When all replicates on one side of y axis (e.g., all on right or all on left), ordering ratios and identifying 2.5th and 97.5th percentiles of replicates yields a dependably accurate CI for CER
 - Equivalent to identifying lines through origin that exclude 2.5% of distribution



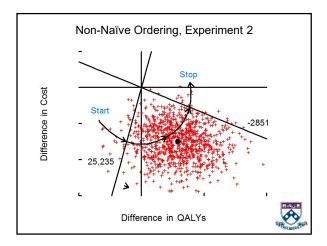
Common Mistakes (2)

- When replicates fall on both sides of y axis and are in at most 3 quadrants, cannot simply order ratios from lowest to highest
 - In most, but not all cases, must instead order lexicographically counter clockwise by quadrant and by magnitude of ratios within each quadrant
 - Can also yield dependably accurate confidence interval
- When replicates fall in all 4 quadrants, ordering can fail
 - Identifying lines through origin that exclude 2.5% of distribution guarantees dependably accurate CI, while CI based on ordering does not





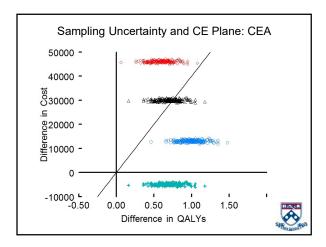




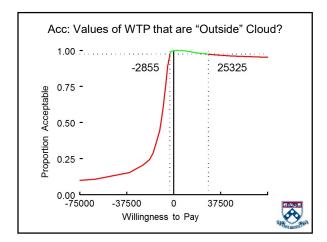


Statistic	Stata, Naive	TreeAge, Naive	Correct
ICER:	-13808	-15090	-10,327
"SD" (SE)	75466	2,373,023	,
Lower limit	-87,720	-90,162	25,325
Upper limit	57,423	63,616	-2851

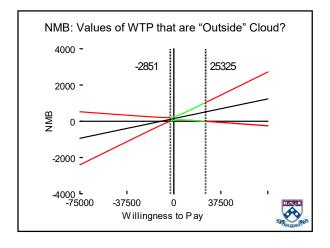




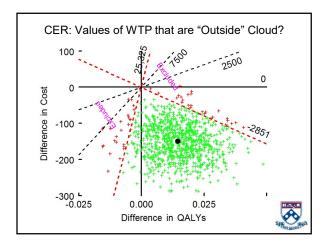








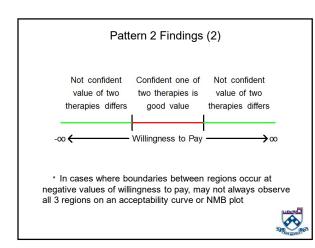




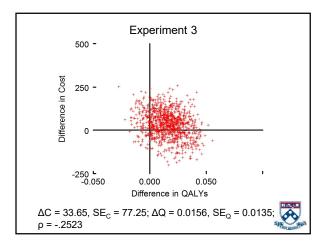


Pattern 2 Findings

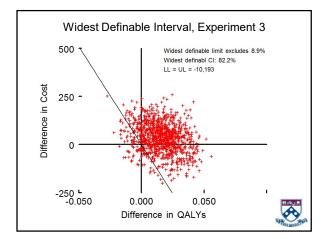
- Refer to findings like those in experiment 2 as pattern 2 findings
- 1 of 2 patterns that occur only when difference in effect is not significant
- Know pattern 2 is observed when:
 - Confidence interval for ICER includes Y axis (i.e., LL > UL > PE OR PE > LL > UL)
 - One NMB confidence limit curve intersects x-axis (0) twice; other limit never intersects x-axis
 - Acceptability curve intersects a horizontal line drawn at either 0.025 and 0.975 on Y axis twice and never intersects other line (e.g., intersects 0.975 twice and never intersects 0.025)



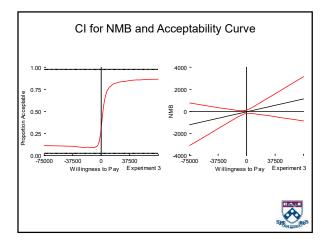










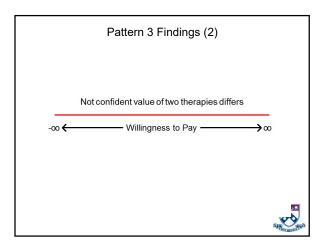


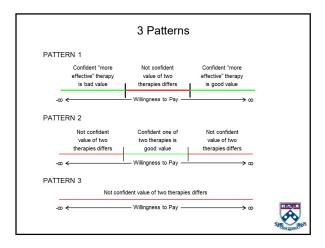


Pattern 3 Findings

- Refer to findings like those in experiment 3 as pattern 3 findings
- 1 of 2 patterns that occur only when difference in effect is not significant
- Know pattern 3 is observed when:
 - Confidence interval for ICER is undefined
 - Neither NMB confidence limit curve intersects x-axis
 (0)
 - Acceptability curve never intersects horizontal lines drawn at either 0.025 or 0.975 on Y axis









Conclusions (1)

- For any given willingness to pay, an experiment **ALWAYS** allows us to draw one of three conclusions:
 - Can be confident therapy is good value compared to alternative
 - Can be confident alternative is good value compared to therapy
 - Cannot be confident value of 2 therapies differs



Conclusions (2)

- If goal is to identify which of 3 conclusions holds for a given willingness to pay, confidence intervals for costeffectiveness ratios, confidence intervals for NMB, and acceptability curves ALWAYS provide the same answer
 - e.g., if fraction acceptable at our WTP falls between 0.025 and 0.975:
 - CI for NMB calculated by use of our WTP includes 0, and
 - WTP is included within the CI for CER



Conclusions (3)

- CI for CER provide decision makers with concise information (i.e., 0, 1, or 2 numbers) that allows them to determine – based on own WTP -- if they can be confident about a therapy's value
- Acceptability curves allow decision makers to assess alternate levels of confidence if alternate levels are of interest



