

ISPOR (NZ) SEMINAR SERIES AND AGM

Wednesday, 10 April 2019, 11.30 am-5.00 pm

Marion Davis Library, Auckland City Hospital, Auckland

SPEAKERS

KEYNOTE SPEAKER:

Jon Karnon is a Professor of Health Economics at Flinders University, South Australia. He has been undertaking applied economic evaluations of health care technologies and services for over 20 years, including the analysis of Australian health systems data to assess clinical practice variation and health system performance. He has also been a member of the Economic Sub-Committee of the Pharmaceuticals Benefits Advisory Committee since 2009.

Carsten Schousboe is a Senior Health Economist at PHARMAC. His specific focus is on health technology and pharmaceutical cost modelling. He is currently working towards a PhD with Otago University focusing on the measurement of health outcomes in cost effectiveness analysis.

Mike Picot is a Health Economist working for Roche with a focus on oncology medicine. He is passionate about using economics and data to make great choices in healthcare. Prior to his current role Mike worked throughout the health sector with DHBs, insurers, and Government organisations.

PROGRAMME

11.30 am **Welcome:** James Harris, President, ISPOR (NZ)

PRIORITISATION WITH AND WITHOUT THRESHOLDS

11.40 am **KEYNOTE SPEAKER: Jonathan Karnon**

Anything we can do you might be able to do better: estimating the cost-effectiveness threshold in Australia and New Zealand

12.20 pm **Our Advice – Get a Budget**

Carsten Schousboe

Throughout the past 25 years, PHARMAC has had a significant impact on pharmaceutical spending patterns in New Zealand. This presentation explores how PHARMAC operates without a threshold. Carsten will explore options to a threshold, methods of generation, the implications for rationing with and without a threshold and ways to consider thresholds using different lenses.

12.40 pm **Thresholds – where is the common ground?**

Mike Picot

Thresholds are a useful decision tool for establishing the conditions under which an investment will take place. Focusing on pharmaceuticals we will explore some of the uses of thresholds and the common ground between pharmaceutical suppliers and payers.

1.00 pm **Q&A**

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Dr Wing Cheuk Chan is a public health physician working in Counties Manukau District Health Board. He was member of the Technical Advisory Group for the 2015 review of the Population-Based Funding Formula that distributes DHB funding. He has an interest in health economics and the use of NZ administrative health data. He was a member of the cardiovascular and respiratory clinical working groups at the National Health Committee and a current member of Northern Region Clinical Practice Committee. He was part of the team that provided epidemiological support to the New Zealand Burden of Disease Project lead by the Ministry of Health.

Dr Barry Milne is Director of the Centre of Methods and Policy Application in the Social Sciences (COMPASS) at the University of Auckland. He leads a team investigating the life-course development of health and social outcomes using the Integrated Data Infrastructure (IDI). His background is in life-course psychiatric epidemiology and he has worked on a number of birth cohort studies, including the Dunedin Multidisciplinary Health and Development Study, the Twins Early Development Study (UK), and the Growing Up in New Zealand Study.

PROGRAMME CONTINUED

1.15 pm **LUNCH**

WHAT WE CAN ACHIEVE WITH BIG DATA / IDI

2.00 pm **The value of using New Zealand administrative health data in health economic modelling**

Wing Cheuk Chan

Health economic modelling often requires making a number of pragmatic assumptions and transitional states. This presentation will provide a number of practical examples on how the routinely collected administrative health data in New Zealand could be used to validate a number of pragmatic assumptions made in health economic models. Using pre-diabetes as an example I will demonstrate how subtle differences in disease definitions can potentially lead to inappropriate extrapolation of treatment benefit. The strengths and weaknesses of using various data sources (including laboratory results repository) as disease proxies in the context of multi-morbidity will be briefly discussed.

2.30 pm **Child poverty research using the IDI**

Barry Milne

Poverty is difficult to measure using administrative data (and therefore at the population level), in part because household structures are not usually embedded in administrative data. However, the inclusion of the longitudinal household Survey of Families, Income and Employment (SOFIE) in the Integrated Data Infrastructure (IDI) allows poverty to be tracked over time (at least while SOFIE was active...), and for associations between poverty and outcomes of interest to be assessed. I will report results from SOFIE assessing associations between different measures of childhood poverty and hospitalisations in childhood. In the process I will highlight some of the deficiencies of administrative data.

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Jack Chan is into his first year of PhD study. Before coming to New Zealand for his doctoral studies, he worked in various positions within the pharmacy field, with the last five years specialising in the manufacturing of pharmaceutical sterile solutions.

Yasmin Abdul Aziz is a full-time PhD student in her second year of the programme. She obtained the Bachelor of Pharmacy degree from the University of Otago in 2014 and after completion of her internship in hospital at the end of 2015, returned to the University of Otago for research. She currently also works as a locum pharmacist in Dunedin alongside her studies.

PROGRAMME CONTINUED

PHARMACY-LED RESEARCH

- 3.00 pm **A qualitative study of patient's perspectives on tapering biologic therapy from rheumatoid arthritis treatment**
Jack Chan
Biologic therapies are effective in the treatment of rheumatoid arthritis (RA), but their use is also associated with a risk of adverse effects and practical burden to the patients. While international guidelines recommend biologic tapering in RA in patients who have achieved remission, little research has addressed patients' perspectives about this approach. A qualitative study was undertaken to explore patients' perceptions of potential benefits and risk of tapering biologic from their RA treatment.
- 3.15 pm **What free services do pharmacists offer?**
Yasmin Abdul Aziz
An investigation of unfunded pharmacy services provided by community pharmacies in New Zealand.
- 3.30 pm **AGM / Informal discussion with Jon Karnon and speakers**

REGISTRATION FORM

To register for the meeting please fill in the registration form below and email to:

ispornewzealand@gmail.com

Name: _____

Company or Institution: _____

Email address: _____

Phone contact: _____

Cost: *Conference only:*

- \$25 student
- \$50 ISPOR (NZ) member / ISPOR (international) member
- \$100 non-member

Combined ISPOR (NZ) annual membership and conference:

- \$25 student (no charge for students to join)
- \$100 if ISPOR (international) membership
- \$125 if neither student nor ISPOR (international) member

Require invoice: Yes No

Payment by electronic credit to: ISPOR NZ Chapter, Acc no. 03-1702-0365754-00

Please ensure your name is referenced when making payment.

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- I am happy for my details to be retained on file for further contact
- Please do not retain a record of my contact details