

## In this issue of ISPOR (NZ) NEWS:

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## SAVE THE DATE: ISPOR (NZ) SEMINAR SERIES AND ANNUAL GENERAL MEETING

**1 APRIL 2020**

The ISPOR (NZ) AGM and first seminar series meeting for 2020 will be held in Auckland on 1 April 2020.

We are very pleased to have Prof Nancy Devlin, President of ISPOR international and Director of the Centre for Health Policy, University of Melbourne, as keynote speaker for the meeting.

Further speakers and registration details will be confirmed closer to the date. In the meantime, please save the date in your calendar and register your interest by emailing [ispornewzealand@gmail.com](mailto:ispornewzealand@gmail.com).

## Seminar Series and AGM, 10 April 2019, Auckland City Hospital

The 2019 ISPOR (NZ) AGM and first Seminar Series meeting was held on 10 April at Auckland City Hospital, featuring an exciting line-up of speakers from academia, healthcare providers, industry, and government. The meeting's three themes were: **Prioritisation with and without thresholds**, featuring keynote speaker Jon Karnon of Flinders University, South Australia; **What we can achieve with big data/IDI**, covering examples of research opportunities using administrative data and Statistics New Zealand's Integrated Data Infrastructure (IDI); and **Pharmacy-led research**, with two presentations by PhD students from the University of Otago's School of Pharmacy.

This newsletter presents a brief overview of each presentation. More in-depth summaries as well as slides for a selection of papers will be available on the new ISPOR (NZ) website in early 2020. (See the end of this newsletter for more on this upcoming website rebuild.)



In the opening session of April's meeting, keynote speaker **Jon Karnon**, Professor of Health Economics at Flinders University, South Australia, **Carsten Schousboe**, Senior Health Economist at PHARMAC, and **Mike Picot**, Health Economist at Roche Pharmaceuticals, presented three perspectives on the role of cost-effectiveness thresholds for informing intervention prioritisation in healthcare systems.

**Professor Karnon** presented the findings of a study estimating the cost-effectiveness threshold in Australia and discussed the implications of the findings for the New Zealand context. In this study, the ICER threshold for the Australian healthcare sector was estimated as the expected health gains associated with increased healthcare expenditure (i.e. the opportunity cost of choosing to fund a new pharmaceutical or other treatment).

In Australia, the threshold was estimated to be \$28,033 per QALY, a value similar to that previously estimated for the English National Health Service (£12,936). In both cases, the empirically-estimated ICER was substantially lower than the current threshold applied by funding agencies. The estimate of opportunity costs of funding decisions offers a reference point for the assessment of value across the Australian healthcare system.

In considering how the approach could be applied to estimate the cost-effectiveness threshold in New Zealand, Jon highlighted that New Zealand has comprehensive cost data that could be applied to disaggregated statistical areas, as well as several sources of quality of life data that could be used to look at quality of life changes over time. These

could be used alongside data on mortality and healthcare need to similarly estimate the local cost-effectiveness threshold.

Professor Karnon's talk was followed by presentations by **Carsten Schousboe**, Senior Health Economist at PHARMAC, and **Mike Picot**, Health Economist at Roche Pharmaceuticals, giving different perspectives on the use of cost-effectiveness thresholds in healthcare spending prioritisation.

Carsten discussed why funding agencies in some countries have explicit thresholds and others, including PHARMAC in New Zealand, do not. He explored different methods for generating and applying thresholds, the implications for rationing with and without a threshold, and ways to consider thresholds using different lenses.

Mike explored the use of thresholds as a decision tool for establishing the conditions under which health investment takes place. Thresholds have the advantage of providing a simple criterion that clearly articulates what the payer views as value for money, and can be applied consistently across different technologies. However, Mike emphasised that thresholds present a number of challenges that need to be overcome to accord with society's values for healthcare spending, including difficulties in accounting for equity considerations, burden of disease, and budget impact and availability.

In the second session of April's meeting, **Wing Cheuk Chan**, public health physician at Counties Manakau DHB, and **Barry Milne**, director of the Centre of Methods and Policy Application in the Social Sciences, University of Auckland, presented examples of health research using administrative data. The use of routinely-collected administrative data for health research has expanded rapidly in recent years, and is an area where New Zealand has a strong strategic advantage due to the quality and coverage of data and the ability to link data at the individual level across data sources in the Integrated Data Infrastructure (IDI).

Wing Cheuk presented an overview of selected administrative health datasets and some of their strengths and weaknesses for research purposes, and then discussed a number of applied examples of using administrative datasets in health economic modelling. For example, administrative data can be used to provide a 'reality check' on cost-effectiveness model inputs and outputs, particularly when those models are derived from studies undertaken in a different context.

Barry presented the findings of a study on inequality in public-health and social-service use. This study aimed to describe the concentration of government service use in the whole NZ population, and to explore how concentration differs across sectors and across population groups and the extent of overlap between high-use groups in different sectors. The study used data from the IDI, which contains a large collection of NZ government administrative and survey data linked anonymously at the individual level, allowing researchers to connect information about a person across different sectors. Across multiple government service sectors, the top 10% of users had a very high share of total service use – from approximately 35% of all ACC claims, to 83% of hospital bed nights and 100% of all criminal convictions.

The final session of the meeting provided a chance for PhD students to present work from their thesis. Two PhD students from the University of Otago School of Pharmacy, **Jack Chan** and **Yasmin Abdul Aziz**, presented preliminary findings from their PhD thesis work.

### Are you a student with a recent PhD submission or degree graduation?

If you have just submitted a PhD or graduated from a Bachelor/Masters/PhD in a research area relevant to IPSOR (NZ), we would be delighted to publish a short summary of up to 300 words outlining your work in our newsletter.

Please email your name, the degree, title of your thesis and date of submission/graduation to [ispornewzealand@gmail.com](mailto:ispornewzealand@gmail.com).

This opportunity is limited to current ISPOR (NZ) members.

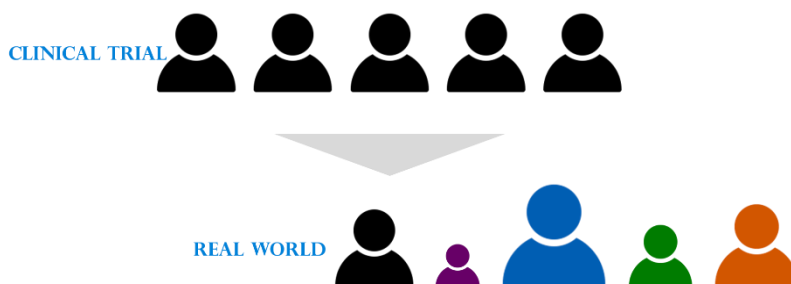
Jack presented the findings of a study which used focus group and interview feedback to explore the factors influencing patient decisions to taper biologics after achieving a state of remission in rheumatoid arthritis. He found that, in general, people are willing to taper doses but oppose stopping altogether. Fear of uncertainty of outcomes after tapering, priority on quality of life over risk of adverse events, relief from the inconvenience of biologic dosing, the need for prompt access to healthcare, and preferences for patient-led decision-making were key factors influencing decisions.

Yasmin presented findings from the initial stages of a three-part investigation into unfunded services provided by community pharmacies in New Zealand and their impact on patient health outcomes and economic value. Key findings from the pilot phase of this study were that a majority of services provided by pharmacists were “unfunded standalone services”, such as advice regarding over-the-counter medicines and common ailments, triaging and wound care, and that pharmacists most often offered unfunded services (46%–74%) and supermarket pharmacists handled more of these services (74%). Most patients reported being willing to pay \$5–\$40 for these services if the pharmacy was no longer able to provide them free of charge

## ISPOR (NZ) Webinar, 27 June 2019

The latest ISPOR (NZ) educational webinar was held on 27 June. **Mike Picot** (Roche Pharmaceuticals) presented on the use of **Real world evidence (RWE) in oncology**, focusing on the work of Flatiron Health, a US company generating RWE in oncology from structured and unstructured patient records.

Mike described several ways in which RWE can be used to supplement clinical trials evidence in healthcare funding, reimbursement, and monitoring. For example, RWE can be used to investigate the generalisability of randomised clinical trial (RCT) evidence to real-world use, beyond the tightly-defined eligibility criteria used in RCTs; to support pay-for-performance reimbursement schemes, in which medicine providers are paid only where RWE shows patient benefit from treatment; or for safety monitoring of medicine use in real world contexts with a large number of patients.



The presentation was followed by an engaging discussion with webinar participants, covering questions on where RWE fits within funders’ decision processes that are currently based around RCT evidence, the receptivity of local funders such as PHARMAC to RWE in informing funding decisions, and privacy and confidentiality concerns around the use of real-world patient data.



### Australasian Epidemiological Association News

#### Recent PhD submissions and degree graduations

#### Have you just submitted a PhD or graduated from a Bachelor/Masters/PhD?

If you have recently achieved these hurdles, let the AEA celebrate with you by allowing us to post a notice in the fortnightly bulletin. Please email your name, the degree, title of your PhD and date of submission/graduation to the [bulletin@aea.asn.au](mailto:bulletin@aea.asn.au).

This service is limited to current AEA members.

## Health and Wellness Summit, University of Auckland

On 1 July, ISPOR (NZ) attended the University of Auckland Health and Wellness Summit, an event organised by the University of Auckland’s Career Development and Employability Services office to introduce students to the range of careers available within the healthcare sector. ISPOR (NZ) committee member Mike Picot hosted a stand (pictured) to provide information to students on health economics and pharmacoeconomics research, how these are being used to inform health policy in NZ, and the various career opportunities available for students.



The event was very successful, with significant interest in ISPOR; particularly valuable for students was the way we are able to bring together people from different backgrounds and organisations with a common interest in health research and policy. As a sign of this substantial interest, we managed to sign up 11 new members (and counting)!

## ISPOR (NZ) Workshop, 17 October 2019, Massey University, Wellington

Our most recent workshop, ‘Perspectives on Health Economics in New Zealand’, was held at Massey University, Wellington, on 17 October. This workshop featured invited speakers from a range of sectors involved in health economics in New Zealand and internationally, including health policy and delivery, politics, pharmaceutical industry, academia, and consulting.



The keynote speaker for the workshop was **Maarten J. IJzerman**, Professor and Head of Cancer Health Services Research at the University of Melbourne. Professor IJzerman presented on several aspects of his research programme, including the use of real-world linked data for health services research, the use of decision modelling methods for biomarker development, patient-preferences

research, and dynamic treatment sequencing.

Other speakers provided a diverse range of perspectives on the ways in which health economics is used for medicine funding, health delivery, and health policy making in New Zealand. **Sarah Hogan**, Head of the Analytics Team in Strategy, Innovation, and Performance at Capital and Coast DHB, described aspirations and progress toward future-focused analytics within CCDHB’s decision-making and presented some of their work on person-centred frameworks and understanding patient journeys to

### ISPOR (NZ) Membership 2019/20

#### NO COST for students

ISPOR (NZ) brings together professionals from a wide variety of disciplines to enable collaborative sharing of knowledge and act as a resource for those interested in health technology economics and outcomes research.

#### Benefits of ISPOR (NZ) membership:

- Linkage beyond usual professional groups
- Free or discounted educational workshops & webinars
- Regular updates on research, educational opportunities, ISPOR International news, and upcoming conferences

#### Costs for ISPOR (NZ) membership:

- **Free** for students (with proof of status)
- \$50 members of ISPOR International
- \$75 for all others

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improve service delivery. **Michaela Lion**, Head of Market Access and External Affairs at AbbVie New Zealand, discussed the PHARMAC model for medicine funding and the opportunities and challenges for pharmaceutical companies in achieving funded access to medicines in New Zealand. **Bronwyn Crosson**, Chief Economist at the Ministry of Health, and **Shane Reti**, Member of Parliament for Whangarei and Deputy Chair of the Health Select Committee, presented on the uses of health economics in health policy making and the challenges of allocating health resources efficiently within the constraints faced in the political environment.

These presentations were followed by an engaging panel discussion with these speakers, chaired by ISPOR (NZ) president **Trudy Sullivan**, on challenges in applying health economics to health policy and decision-making, how to incorporate the patient voice and patient preferences in the health system, and how real-world data can be used to improve healthcare funding and decision-making.

The workshop concluded with presentations by **Richard Milne**, consultant in health technology assessment and Associate Professor at the University of Auckland, **Carlo Marra**, Professor and Dean of the School of Pharmacy at the University of Otago, and **Trudy Sullivan**, Health Economist and Senior Lecturer at the University of Otago, on research projects in health economics. Richard presented on the burden of multiple myeloma in New Zealand, including its recent history, clinical outcomes, and cost in the era of modern biologicals, and discussed data and methodological challenges in burden of disease studies. Carlo presented on a study measuring the importance of different values in informing drug funding decisions for common and rare diseases in New Zealand. Trudy described a recent project in which personal and social value sets for the EQ-5D-5L – a health-related quality of life instrument – have been created.

## New ISPOR (NZ) website coming soon

We are putting the finishing touches on a new and updated ISPOR (NZ) website, which we expect to go live early in 2020. This new website will align our branding with the updated ISPOR international style and allow us to much more easily share content, news, and educational resources with you, our members. It will also provide you with easier ways to get in touch with us, find out about upcoming ISPOR (NZ) events, and register for events or renew your ISPOR (NZ) membership.



**ISPOR**  
New Zealand  
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The leading professional society for health economics and outcomes research (HEOR) globally

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### Upcoming IAHPR meeting

You may be interested in the upcoming 11th meeting of the International Academy of Health...



### Perspectives on Health Economics in New Zealand

17 October 2019 Wellington New Zealand Keynote speaker: Professor Maarten J. IJzerman...



### Notice of Annual General Meeting, 10 Apr 2019

10 April 2019, 3:30pm Marion Davis Library, Auckland Hospital, Auckland, New Zealand Agenda 1...

## Advertise your event with ISPOR (NZ)

ISPOR (NZ) is able to advertise a limited number of upcoming health technology assessment related events in the ISPOR (NZ) newsletter. Please let us know about your event and our committee will review it for inclusion. Simply email the event name, any sponsors, the date and venue and other key details you have to [ispornewzealand@gmail.com](mailto:ispornewzealand@gmail.com).