

OUR OBJECTIVES ARE  
UNCLEAR AND OUR  
MISSION STATEMENT  
IS GIBBERISH...



BUT THANKS TO AN  
ARTIFICIAL SENSE OF  
URGENCY, I'M  
WORKING HARDER  
THAN EVER!



# Insights from the Ivory Tower

How are we to know what we are supposed to be optimizing?

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# Main points

- If you are trying to optimize something, you should know what it is.
- If you don't, and you guess, you could get it wrong, and that would be bad.
- Decision makers request the ICER, so they must be trying to maximize the outcome in the denominator (i.e., the QALY or LY).

FROM:

“The Silence in Hoch et al.’s Commentary about the Rationale for and Objective(s) of Canada’s Separate HTA Process for Cancer Drugs”

- “Hoch et al. note that, “We must also face the reality that the purpose of our role may be to promote goals related to process rather than outcome.
- “Even if there are process-related objectives, there must still be an intended outcome that the process objective is expected to achieve.
- “If there is no clarity regarding the outcome to be achieved when allocating scarce resources, how can stakeholders assess... the best use of limited resources?”

# We shouldn't because it has not been specified, #1

- Decision makers must transparently and clearly state their Objective so it can be maximized.
- If they don't state what they are trying to do, we don't know if we are improving things.
- *We do know that they state CEA with QALYs (or LYs) are required*

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- “Hoch et al. propose two options for health economists who desire to be more involved in HTA policy matters:
  - “(1) explaining to decision makers (e.g. through scientific publications) that they are not behaving as economics dictates they should or
  - (2) studying how we can be of assistance and then attempting to do that.”
- “Health economists can also help decision makers to achieve their defined resource allocation goals from available resources **when decision makers are clear about the goals they want to achieve.**
- “In order for health economists to help in this way..., **these goals should be clearly stated without any need to guess what they are.**
- “When economists infer the goal when it is not clearly stated... they run the risk that decision makers will refute that this is the intended goal.

# We shouldn't because it has not been specified, #2

- Don't guess at what decision makers are trying to maximize/optimize.
- It should be easy to know what decision makers want. We should not have to guess.
- When guessing, you might get it wrong and then your advice would be bad. (don't be bad).

# Main points

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- “What Hoch et al. appear to be challenging is the frequently cited healthcare system goal of maximizing the **total aggregate health benefit** conferred to a population for a given level of resources.
- “This is a goal that economists typically adopt when healthcare decision makers do not explicitly state the goal they are trying to achieve in allocating scarce resources.
- “As described in our paper, we adopted this goal on the basis of the fact that the Pan-Canadian Oncology Drug Review (pCODR) uses cost-effectiveness analyses (CEA) to make reimbursement recommendations.

# We shouldn't because it has not been specified, #3

- By requiring CEA (and the ICER), there is the (implicit) understanding that what we seek to maximize is what is in the denominator.
- Only QALYs (or LYs) are in the denominator, so that's what we should take as the Outcome.
  - Why would they have us calculate the ICER to optimize this outcome, if this were not the outcome?

# Summary

- Decision makers do not state exactly what they are trying to do. (bummer)
- Unless it is clearly stated how “pieces” will be used, it is not clear that using them improves the Objective.
- Let’s assume that since CEA is required, decision makers use the ICER according to theory and they are trying to maximize Health (e.g., QALY or LY).

# Implications

- 1: Decision makers should tell us what they are trying to achieve with our healthcare dollars.
- 2: Processes should transparently and accountably assist in helping maximize this objective.
- 3: Given the current state of using an ICER with a QALY or LY for Outcome, this is what matters and we should not change, unless both 1&2 occur.