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Quality Adjusted Life Years

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Section A

Quality Adjusted Life Years:
Graphical Representation

Combine morbidity and mortality into a single measure

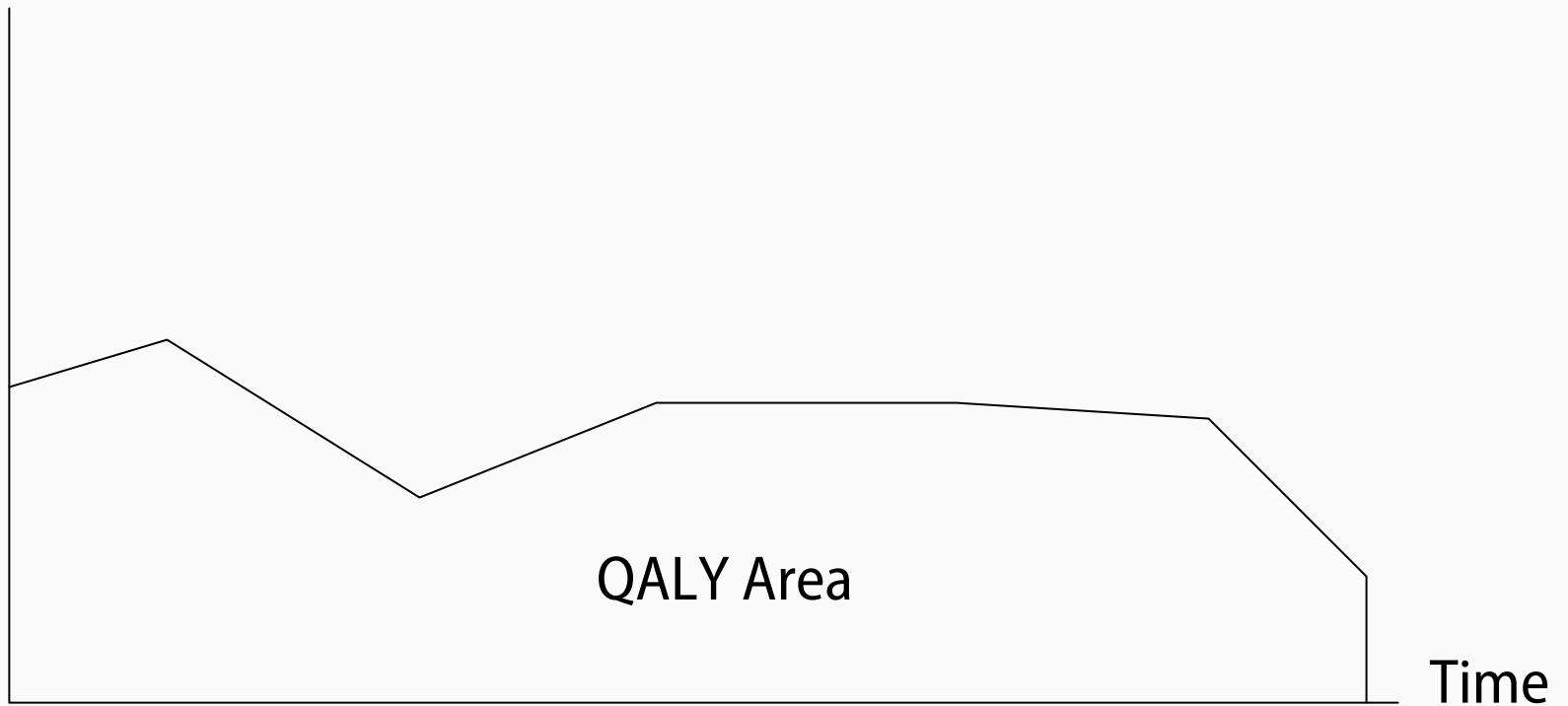
- ★ *Makes it possible to summarize the effects of an intervention that affects both morbidity and mortality*
- ★ *Makes it possible to compare interventions with much different effects*

Consider a graph like the one on the following slide

- ★ *Time lived is weighted by a health related quality of life score*

QALY Graph (1)

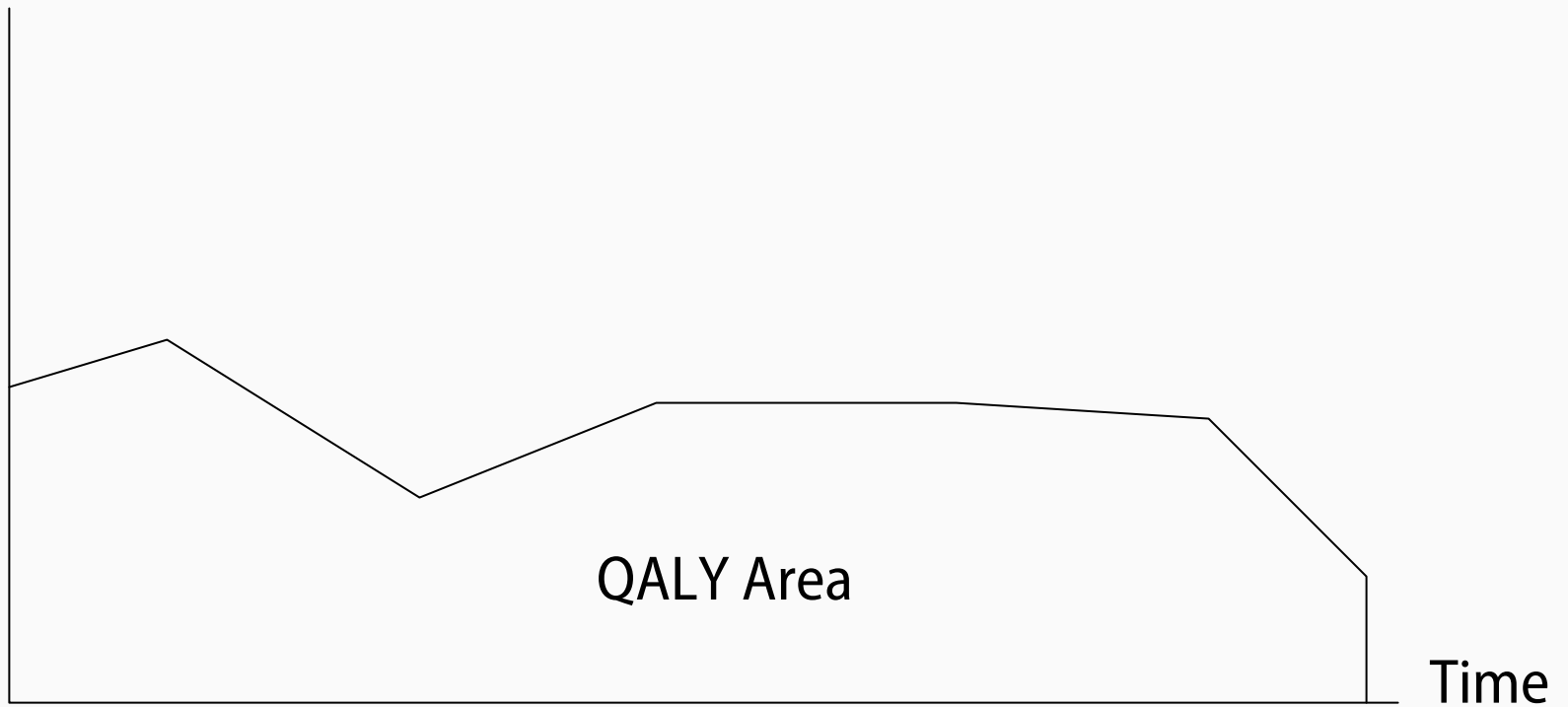
Health Utility

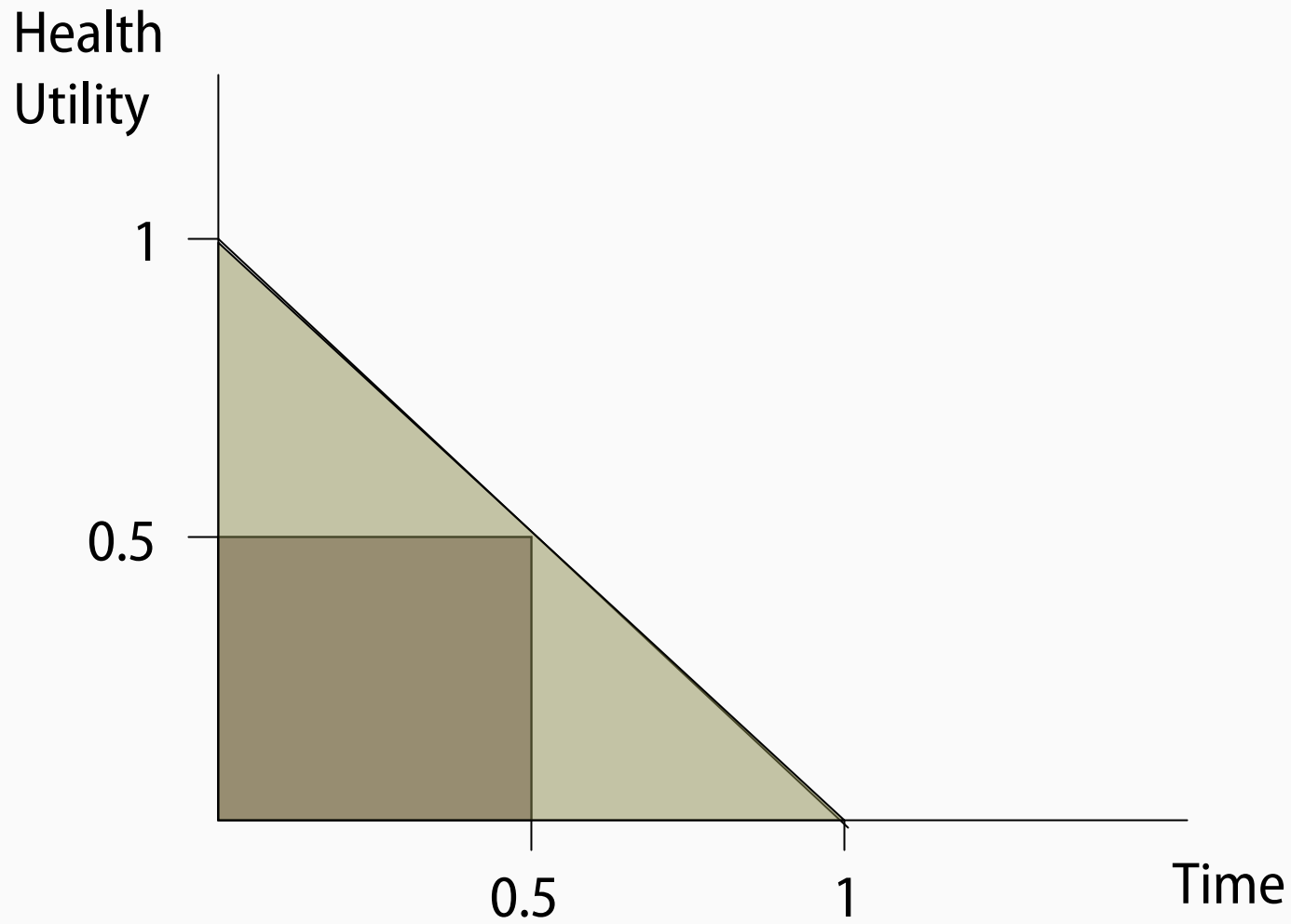


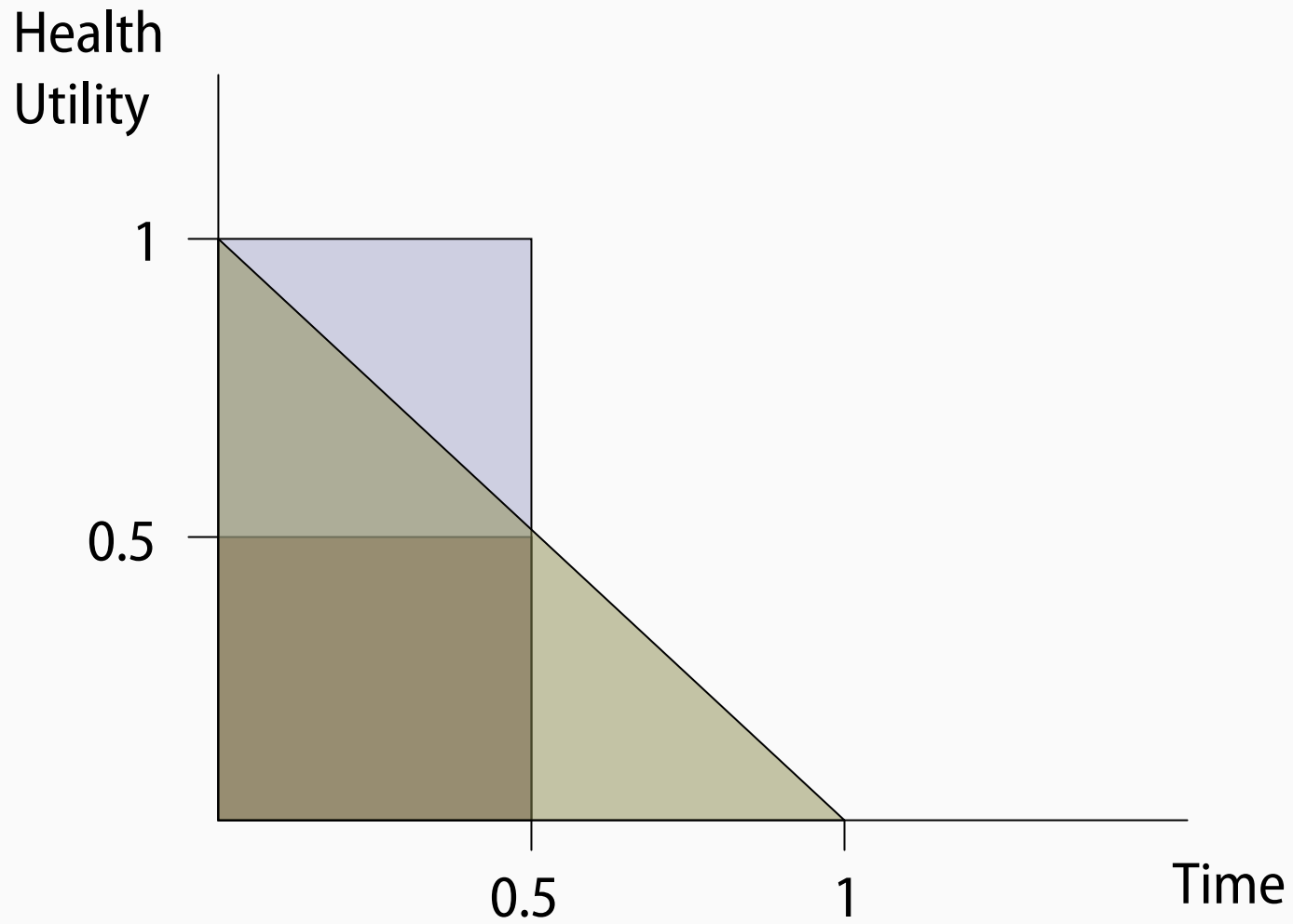
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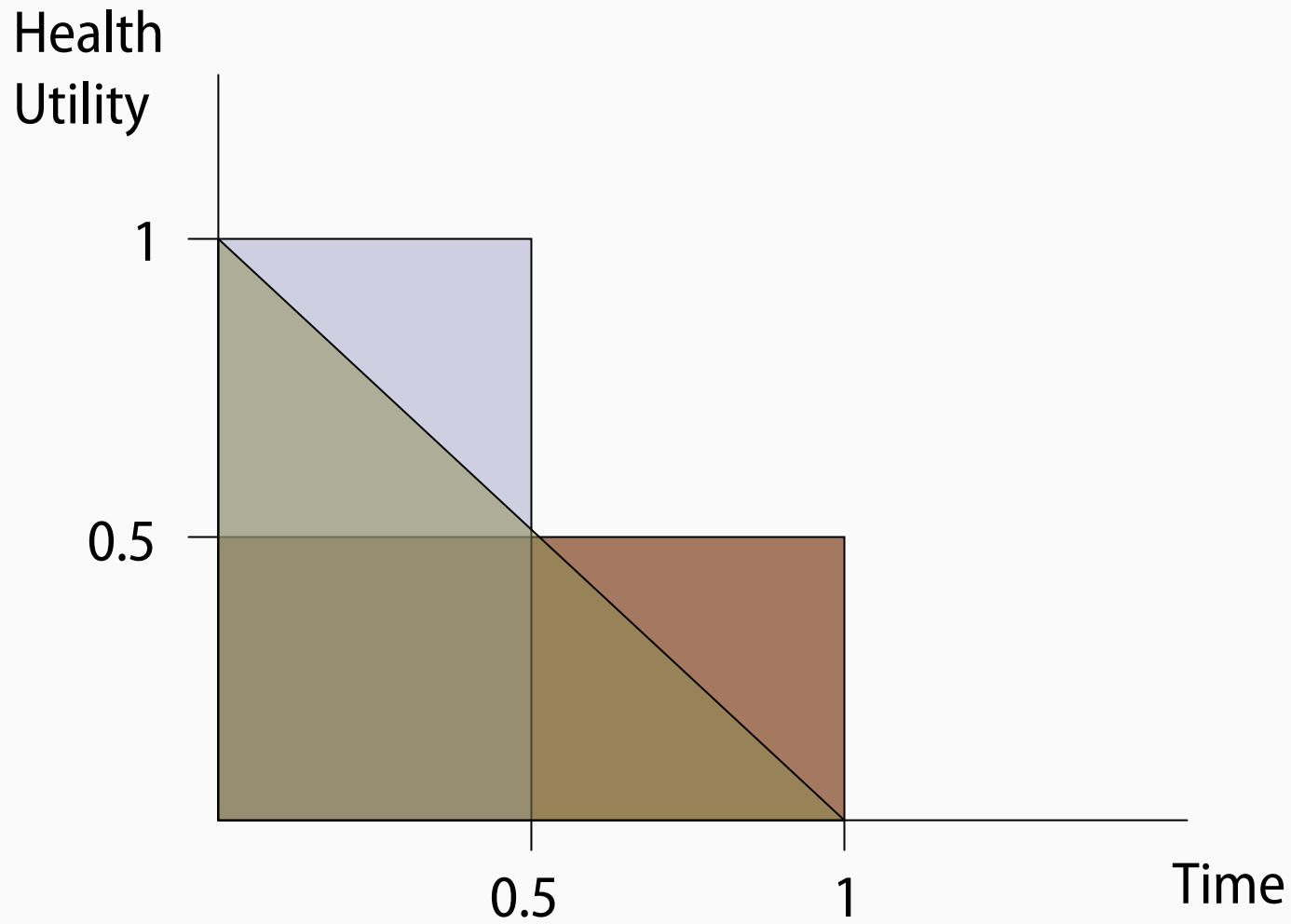
QALY Graph (1)

Health Utility

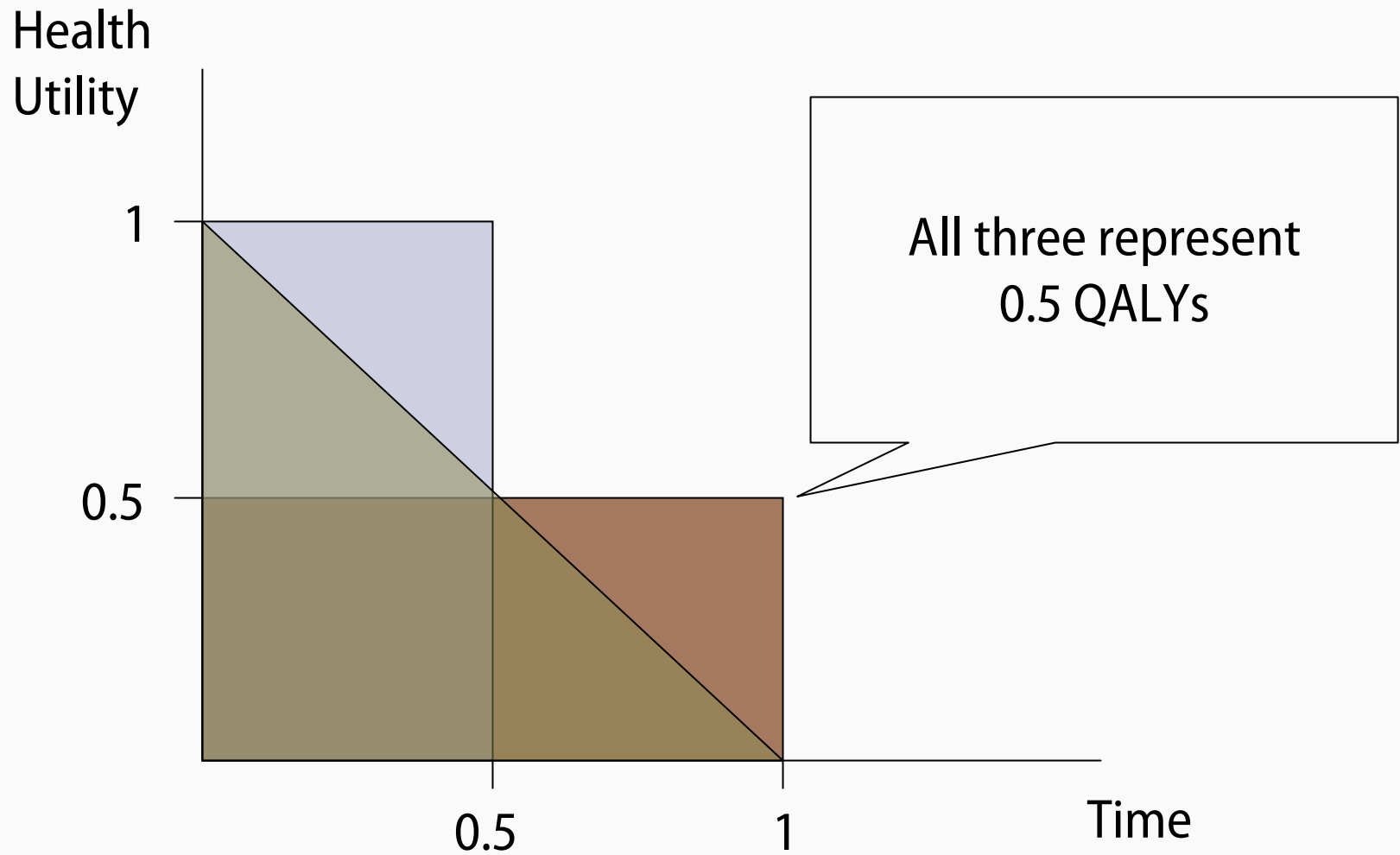


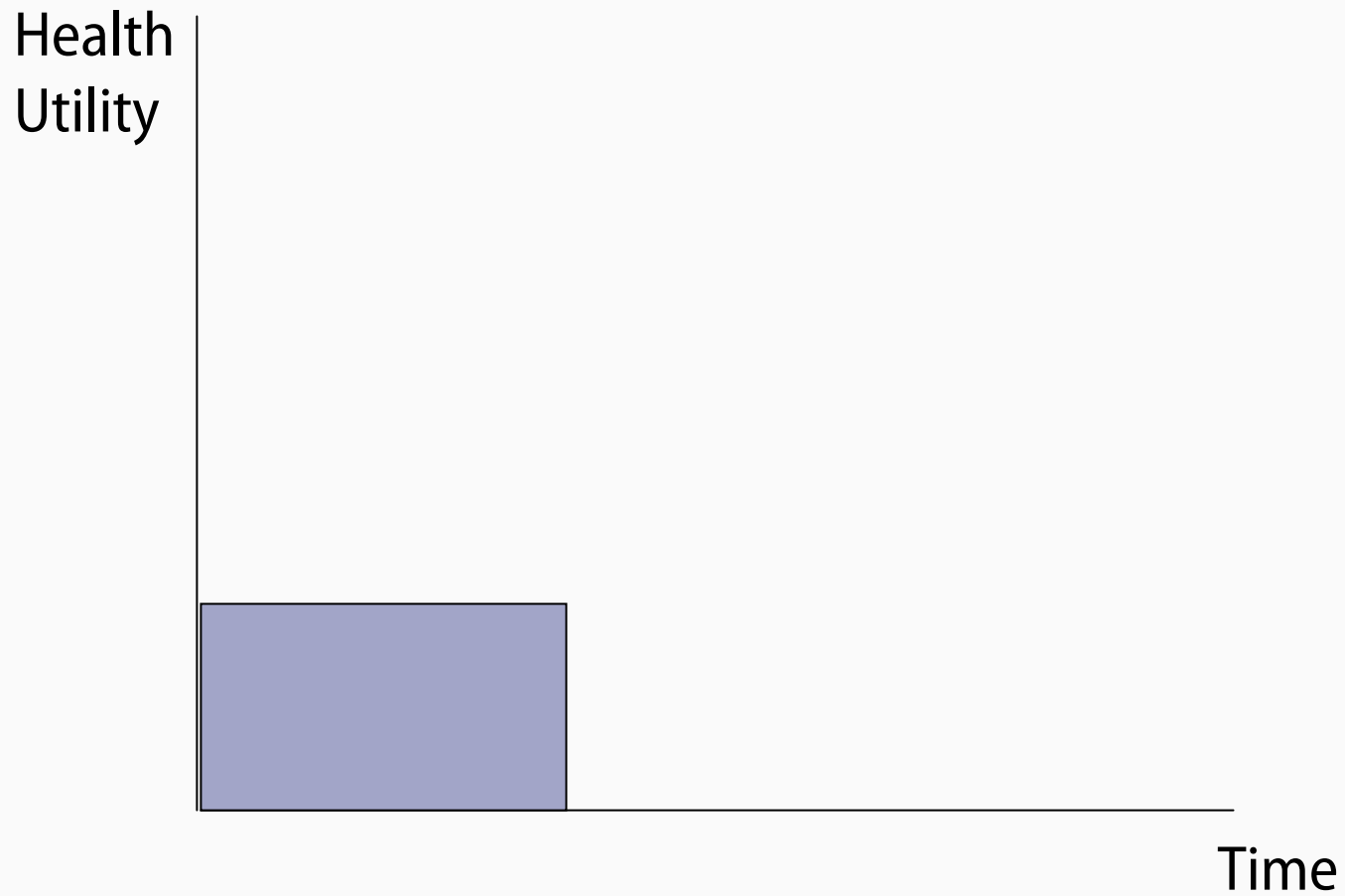


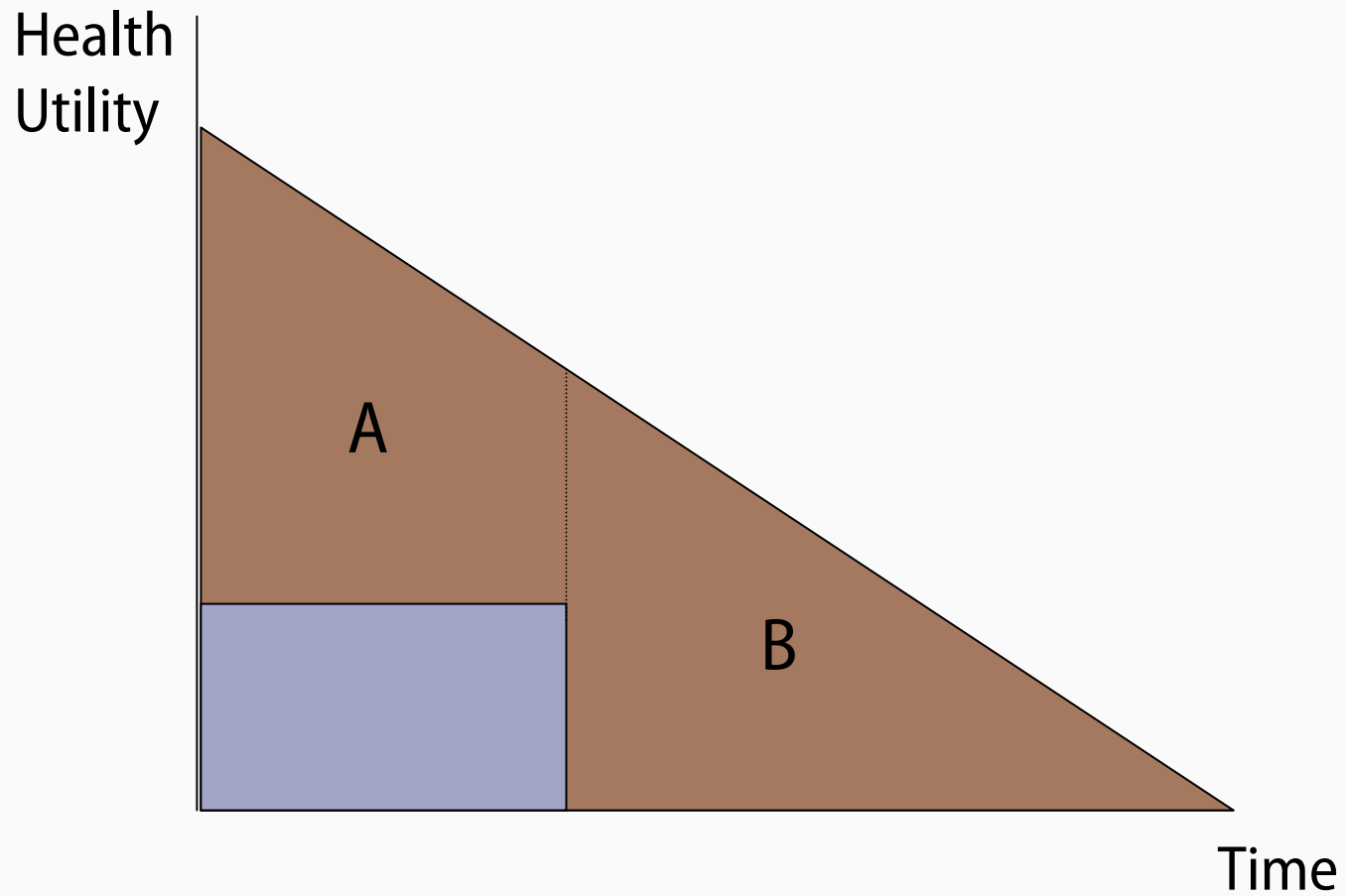




QALYs Example 1







Everyone gets QALYs

The QALYs are worth the same no matter who experiences them

Societal decision making assumes we should just count QALYs for everyone

Where do Data for QALYs Come From?

Modeling exercise with past responses to questions about health related quality of life from an observations of RCT population

Data gathered in the course of an RCT



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Section B

QALY Instruments

EuroQol

Quality of Well Being

Health Utility Index

SF-6D

Simplest instrument

- ★ *Five questions—self-care, mobility, usual activities, pain, anxiety/depression*
- ★ *Scoring system developed in U.K.*
- ★ *Will have U.S. scoring system by the end of 2003*
- ★ *Also includes a visual analog scale*
- ★ *Pain has largest impact for scores based on previously developed algorithm*

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Longer instrument

Asks about past six days rather than just today

Symptoms, role function, social function

Symptoms are a mixture of symptoms and other characteristics

Odd scoring for wearing glasses

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Odd scoring for wearing glasses

More attuned to some problems

Fairly short instrument

Allows for interesting interaction between health domains

Based on SF-36 instrument that has a long history of being used but was unable to generate QALY scores until recently

Paper came out in 2002 in Journal of Health Economics

Allows use of an instrument that is more familiar to many researchers



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Section C

Questions for Preference Elicitation

Types of Questions People Asked to Get the HRQOL

Standard instruments

Standard gamble

Time tradeoff

Visual analog scale

Others

Ask respondent to indicate what risk of dying he would be willing to accept in order to obtain a treatment that would either cure or kill

Not realistic medical decision making

People are so afraid of death this often leads to an overestimate of the utility of a health state or an underestimate of the utility of disease elimination

Ask respondent to indicate what risk of dying he would be willing to accept in order to obtain a treatment that would either cure or kill

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Different type of question in comparison with the questions for the standard gamble

Given a lifetime with a medical condition, how many years are you willing to give up in order to have optimal health

Different type of question in comparison with the questions for the standard gamble

Given a lifetime with a medical condition, how many years are you willing to give up in order to have optimal health

Very much like asking a respondent to rate his/her health on a scale of 0-100

- ★ *0 is worst imaginable*
- ★ *100 is optimal health*

Tends to be lower than other measures as not making as explicit a tradeoff

Cost-value analysis

Try to combine TTO with some other rating method in order to reflect what individuals feel about their state of health

Then a different tradeoff to try to get at how individuals think about making these tradeoffs in populations

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