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## *Communicating the Value of our Professions*

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Associate Director, Center for Healthcare Policy and Research  
University of California, Davis







Mission  
Statement +

Vision Statement +

Core Values +



[ABOUT](#)

[CSDCAS](#)

[MEMBERSHIP](#)

[PROFESSIONAL DEVELOPMENT](#)

[MEMBER LOGINS](#)

## Strategic Plan

CAPCSD always looks to the future for ways to support member program administrators, faculty, and clinic directors. In February 2019, the CAPCSD Board of Directors approved a three-year strategic plan for 2018-2021. We invite you to review the [STRATEGIC PLAN](#) and see where CAPCSD is headed in the near future.

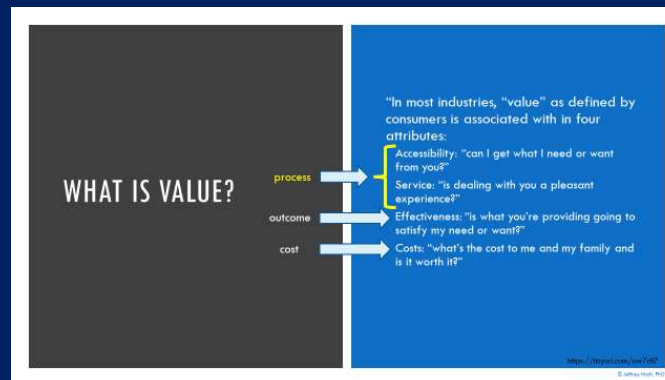


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The Council of Academic Programs in Communication Sciences and Disorders (CAPCSD)

# Objectives

- Explain cost-effective analysis and why it's useful
- Describe what you need for cost-effectiveness analysis.
- Describe what you need to use cost-effectiveness analysis.



## BEFORE BUYING SOMETHING, IT MAKES SENSE TO KNOW

- What you will pay
  - And
- What you will get



# Smart shopping 101

## ■ What you get

- Quantity,
- Quality,
- Cost



Should this be  
paid for?





# What is it?

Defining what you get and what it costs



Web Images Videos News More Search tools

About 594,000 results (0.37 seconds)

**Amazon.com: Customer Reviews: MASH 20 oz. Ripe Mango ..**  
[www.amazon.com/MASH-Mango-Blood-Orange.../B001IMGP0](http://www.amazon.com/MASH-Mango-Blood-Orange.../B001IMGP0)  
Find helpful customer reviews and review ratings for MASH 20 oz. Ripe Mango + ... I love this drink, but can't see paying this price for 12 bottles! Hope to find it at ...

**Amazon.com : MASH 20 oz. Ripe Mango + Blood Orange ...**  
[www.amazon.com](http://www.amazon.com) > ... > Coffee, Tea & Beverages > Juices > Fruit Juice  
★★★★★ Rating: 5 - 8 reviews  
WHY WE MASH? MASH was conceived with everyone in mind, taking all that's good from a number of well-liked beverages. It's not 100% juice, it's not soda-pop ...

#### Images for mango mash drink

Report image



More images for mango mash drink

#### Mash Ripe Mango Blood Orange Water Drink - FreshDirect

[https://www.freshdirect.com/pdp.jsp?productId=gro\\_mash...1...](https://www.freshdirect.com/pdp.jsp?productId=gro_mash...1...)  
Sparkling Water, Crystalline Fructose, Mango Pear, Lemon And Orange Juice Concentrates, Natural Flavors, Citric Acid, B-Carotene (Color), Sodium Benzoate ...

#### Boylan's Mash Drink - The Nibble

[www.thenibble.com/reviews/main/beverages/...drinks/boylans-mash.asp](http://www.thenibble.com/reviews/main/beverages/...drinks/boylans-mash.asp)  
A review of the Mash line of soft drinks from Boylan Bottling Company. ... The color of pale lemonade, this flavor is very fruity and sweet, with mango and blood ...

#### We Try Boylan's Mash Soft Drinks | Serious Eats

[drinks.serouseats.com/2013/...we-try-mash-sodas-soft-drinks-review.html](http://drinks.serouseats.com/2013/...we-try-mash-sodas-soft-drinks-review.html)  
Jan 29, 2013 - The word "mash" usually puts your typical professional beverage critic ... Ripe Mango Blood Orange couldn't help but pale by comparison (and ...

#### MASH Ripe Mango Blood Orange Water Drink - Fooducate

[www.fooducate.com/.../MASH%20Ripe%20Mango%20Blood%20Orang...](http://www.fooducate.com/.../MASH%20Ripe%20Mango%20Blood%20Orang...)  
MASH Ripe Mango Blood Orange Water Drink. Grade D plus. Calories: 40. User popularity: 55% like. Contains controversial artificial sweeteners. Learn more...

MASH 20 oz. Ripe Mango + Blood Orange 12pack > Customer Reviews

#### Customer Reviews

★★★★★ 8  
5.0 out of 5 stars



#### MASH 20 oz. Ripe Mango + Blood Orange 12pack

by Boylan

Price: \$38.00 + Free shipping



#### Rate this item



Share your thoughts with other customers

Write a review

Sort by:

Most helpful

Filter by:

All reviewers

All stars

Keyword

Search

2 of 2 people found the following review helpful

★★★★★ I love this stuff!

By betsy davis on September 10, 2012

I love this drink, but can't see paying this price for 12 bottles! Hope to find it at a better price soon!

Comment Was this review helpful to you? Yes No Report abuse

1 of 1 people found the following review helpful

★★★★★ Amazing

By LBCF776 on June 13, 2012

I just bought this beverage about an hour ago and had to post. It is amazing. Slightly carbonated with a lot of citrus flavor. Not too sweet but just right. I haven't found this in many stores. Bummer! The price tag is kinda high...I think I paid more than \$2.50 on it. But it is 20oz. Also, at 40 calories, I don't feel very guilty. Highly recommend.

Comment Was this review helpful to you? Yes No Report abuse

★★★★★ unbelievably good



How good is the  
new thing?



FAIT DE : EAU GAZÉIFIÉE, FRUCTOSE CRISTALLIN, CONCENTRÉ DE JUS DE POIRE ET CITRON, ARÔMES NATURELS, ACIDE CITRIQUE, B-CAROTÈNE (COLORER), BENZOATE DE POTASSIUM (POUR CONSERVER LA FRAÎCHEUR), SUCRALOSE (25 mg par portion de 591 mL), ACID ASCORBIQUE.



## Example from your life: coffee # variation





# Is the new thing worth it?



Smart shopping is looking at what you get  
and what it costs





Cost-effectiveness analysis is the art of smart shopping (for populations)



# Can “economists” help?

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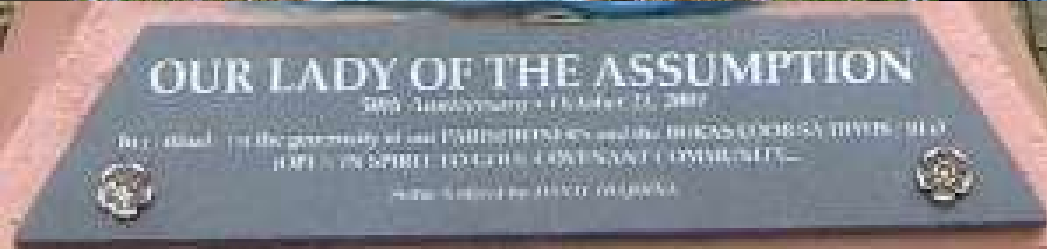




“I want to learn about Economics!”  
-no one



© Jeffrey S. Hoch, PhD



Economics? Really?



# ECONOMICS

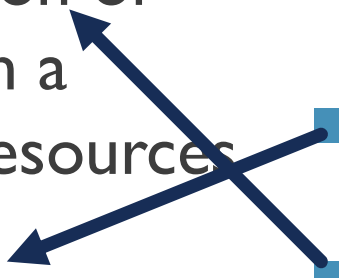
THE SCIENCE OF EXPLAINING TOMORROW WHY THE PREDICTIONS  
 YOU MADE YESTERDAY DIDN'T COME TRUE TODAY.

## WHAT IS ECONOMIC EVALUATION?

- “Methods such as ‘what we did last time,’ ‘gut feelings,’ and even ‘educated guesses’ are not always better than organized consideration of the factors involved in a decision to commit resources to one use instead of another.”

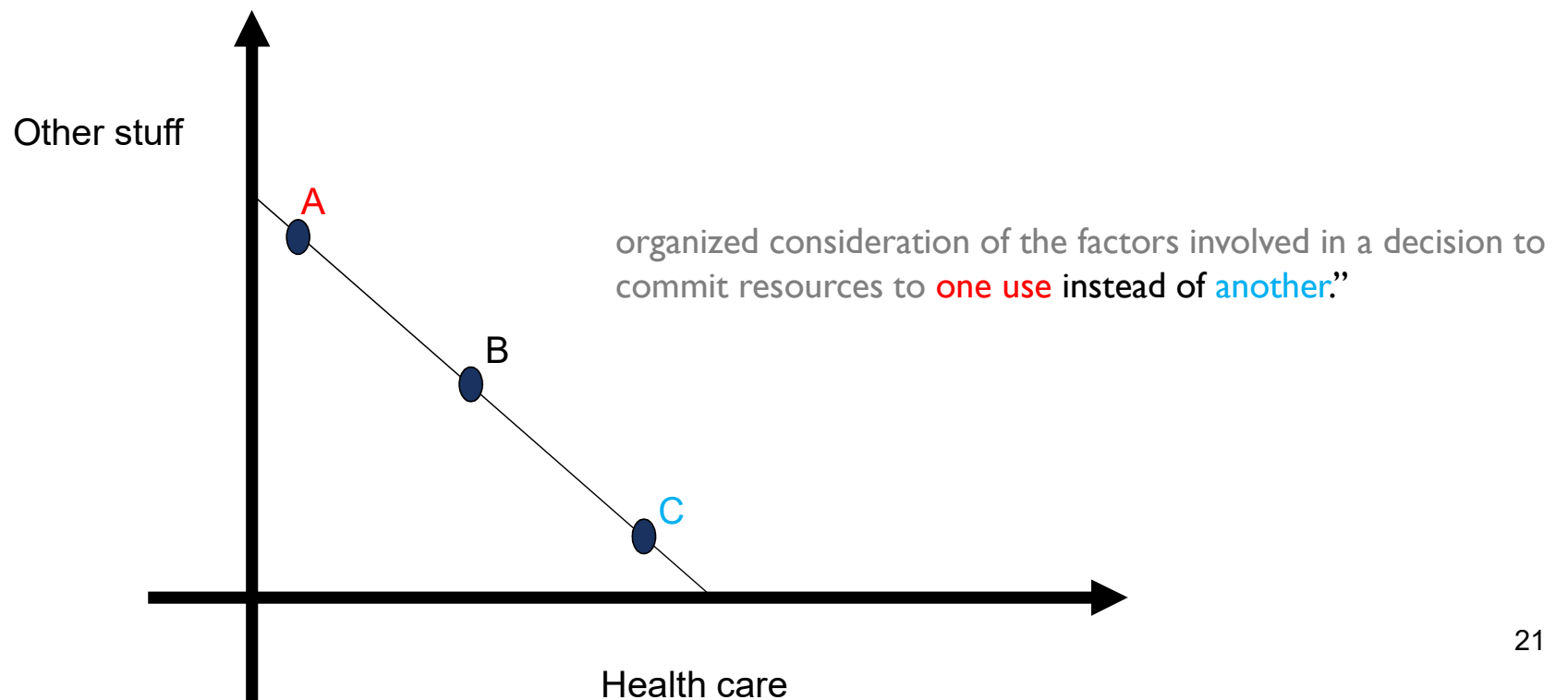
Drummond MF, O'Brien BJ, Torrance GW, Stoddart GL. Methods for the economic evaluation of health care programmes. 2nd ed. Oxford: Oxford University Press; 1997.

## WHAT MAKES IT “ECONOMIC EVALUATION”?

- organized consideration of the factors involved in a decision to commit resources to one use instead of another.”
- 
- The diagram consists of two blue arrows originating from the text 'Economic (1 use)' and 'Evaluation (organized)'. One arrow points from 'Economic (1 use)' to the word 'decision' in the list item. The other arrow points from 'Evaluation (organized)' to the word 'consideration' in the list item.
- Economic (1 use)
  - Evaluation (organized)

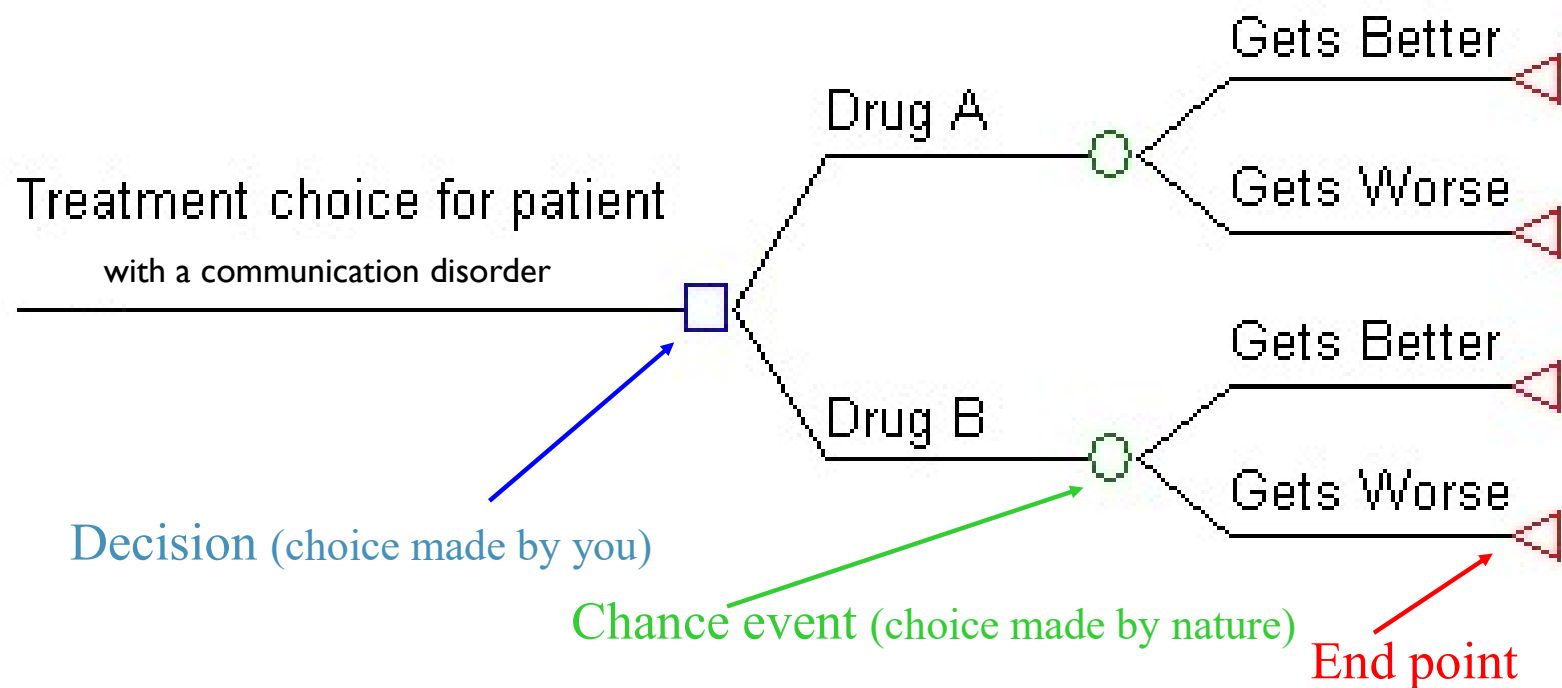


# ECONOMICS = SCARCITY AND TRADEOFFS



# EVALUATION: DECISIONS, DATA, RESULTS

**organized consideration** of the factors involved in a decision to commit resources to one use instead of another.”



# COST-EFFECTIVENESS: PUTTING WHICH EGGS IN YOUR BASKET?



# Main issue

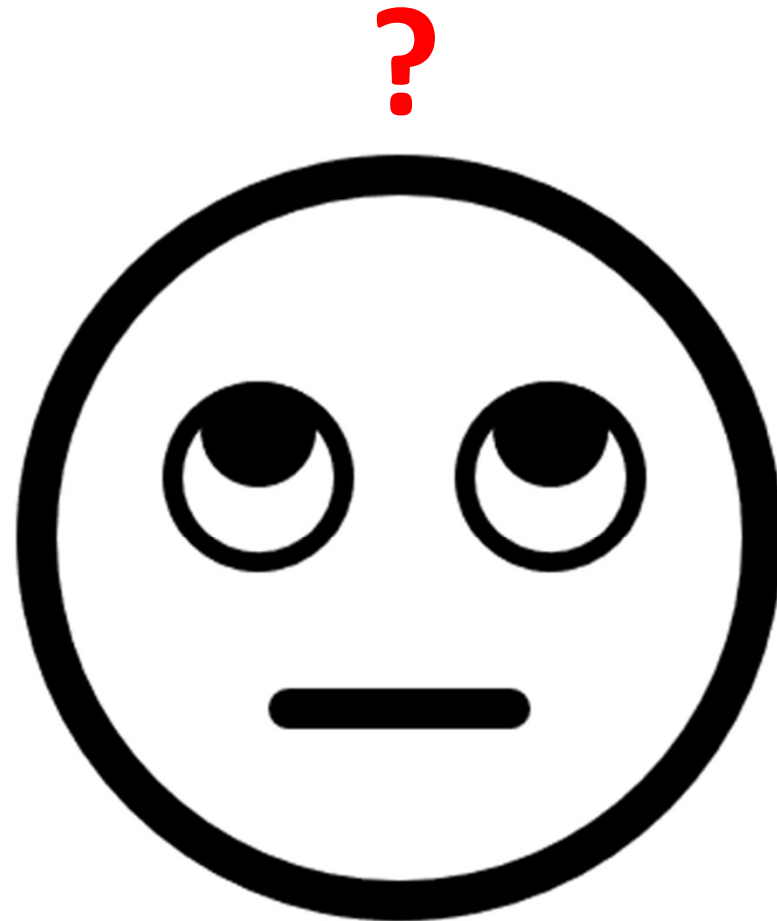
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Are we paying for:

**Efficiency** (cost and  
health outcome)

OR

**Value** (cost, health  
outcome and “other stuff”)







\*Meets Humane Farm Animal Care Standards, Which include nutritious diet without antibiotics or hormones.



What does it mean?

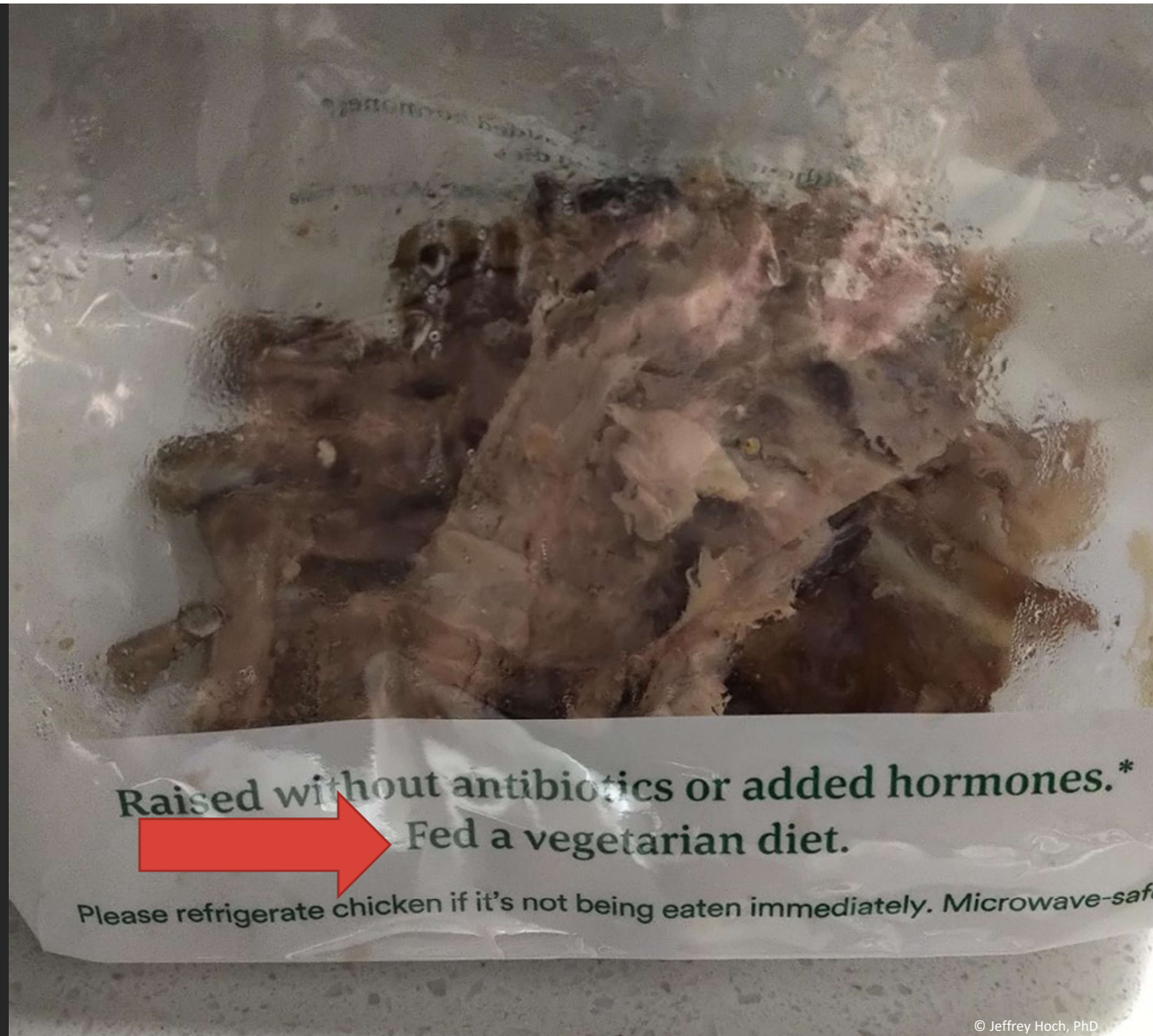
Do you value it enough to pay more for it?

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# Vegetarian meat...

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It's good for the planet...



# CEA ≠ Menu without prices nor prices with no menu



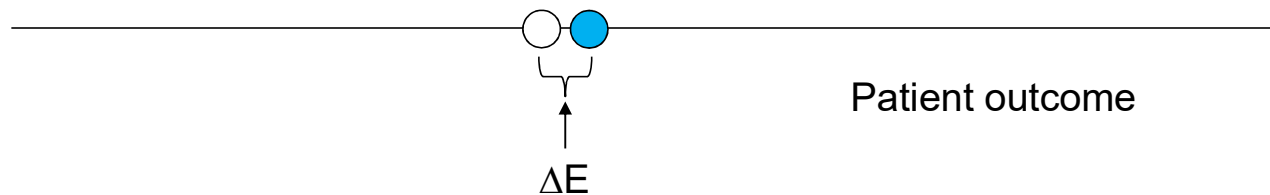
## WHY DO ECONOMIC EVALUATION?

- “That’s nice, but how much does it cost?”
- “Why should we pay more for this?”
- “Are there better ways to spend our resources?”



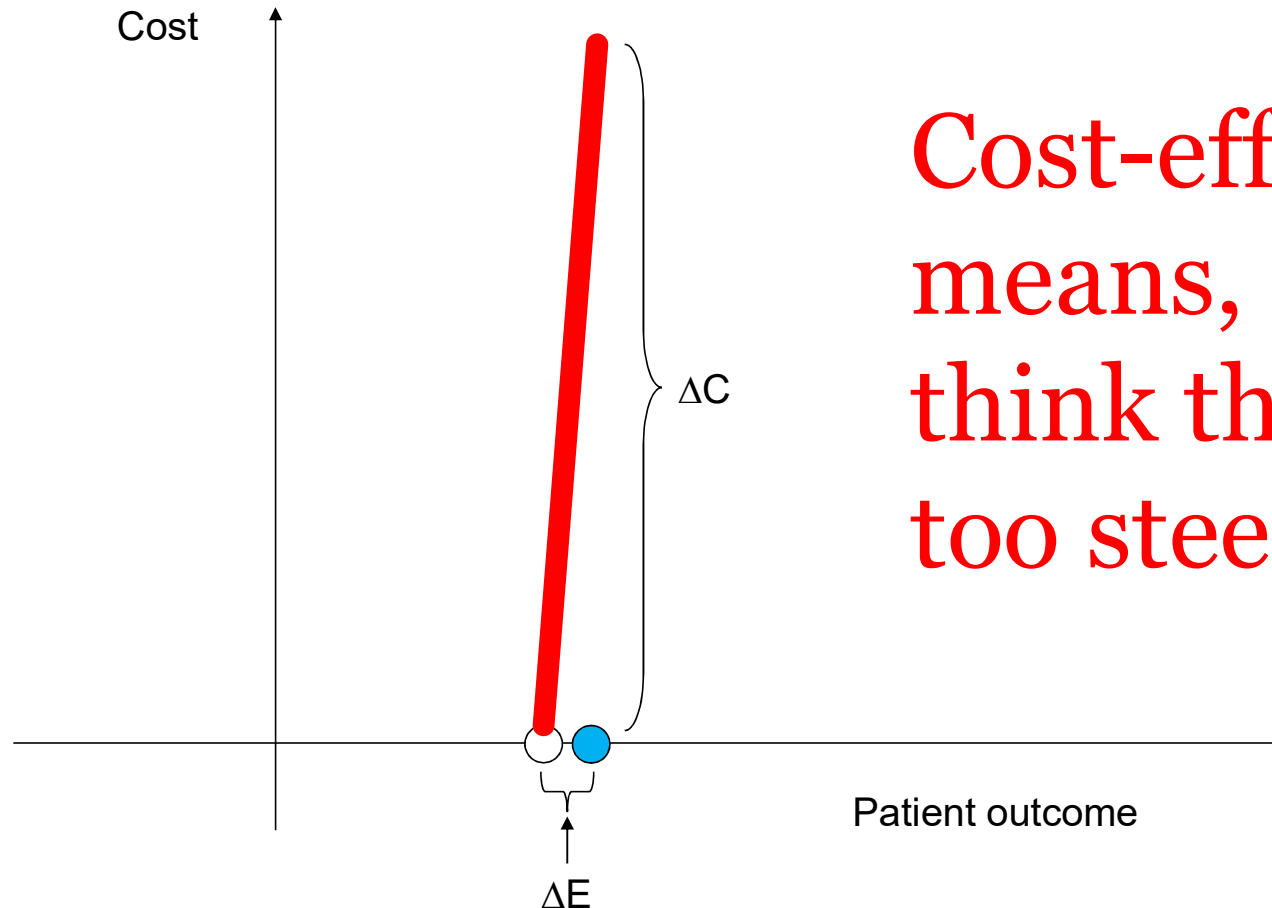
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# GO FOR WHICH DOT?



Patient outcome

IF RESOURCES WERE SCARCE:  
GO FOR WHICH DOT?



Cost-effective  
means, “I don’t  
think that line is  
too steep”

Not worth it  
(not cost-effective)

What it is

**13,800**

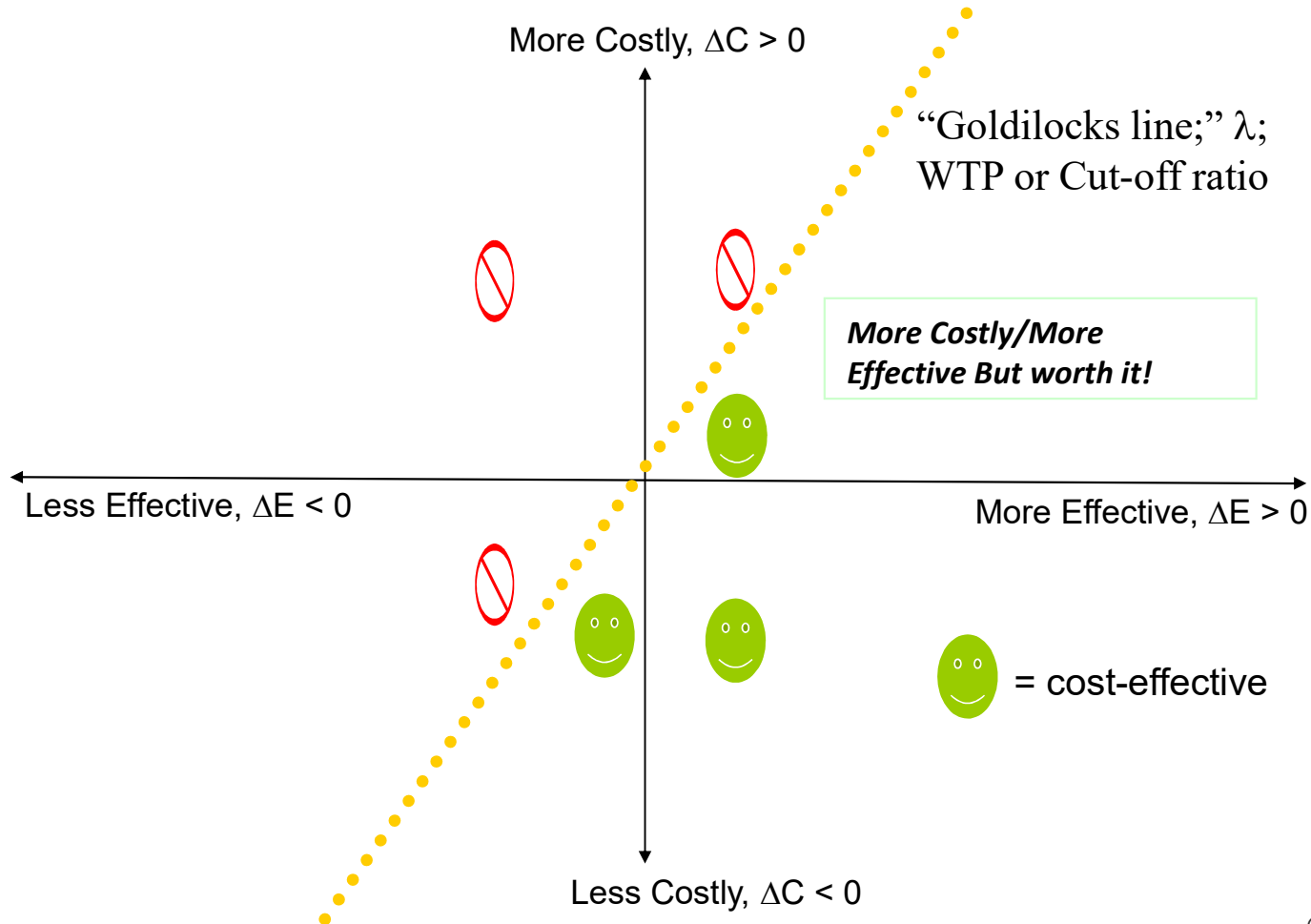
Is the slope



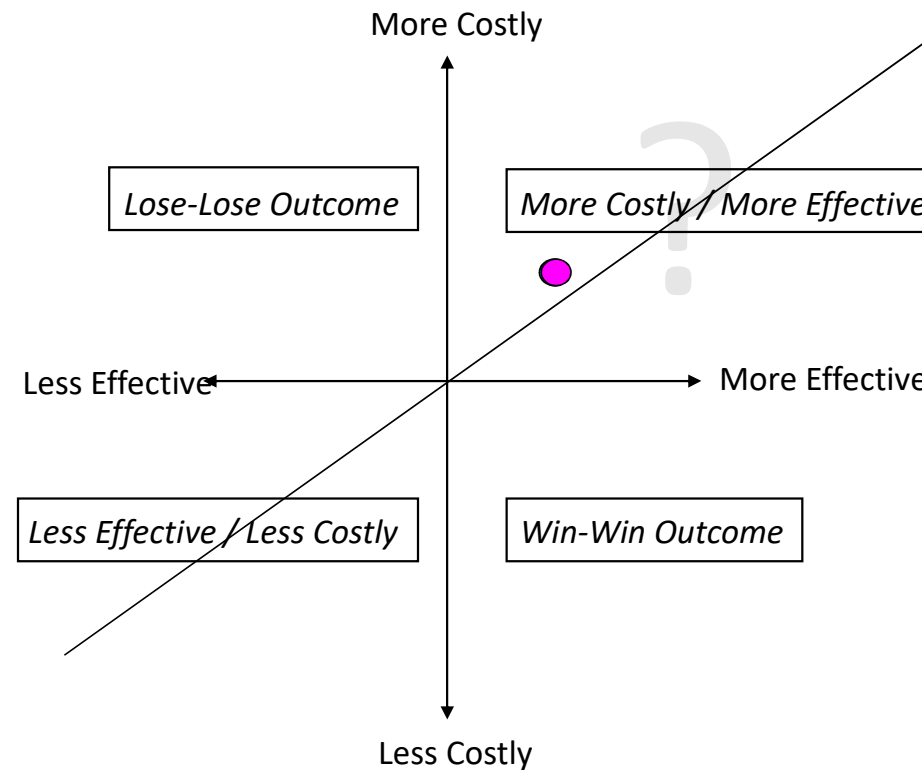
# How do you know when is something cost-effective?

After you estimate the extra cost and extra effect, then what?

# Decision-making illustrated

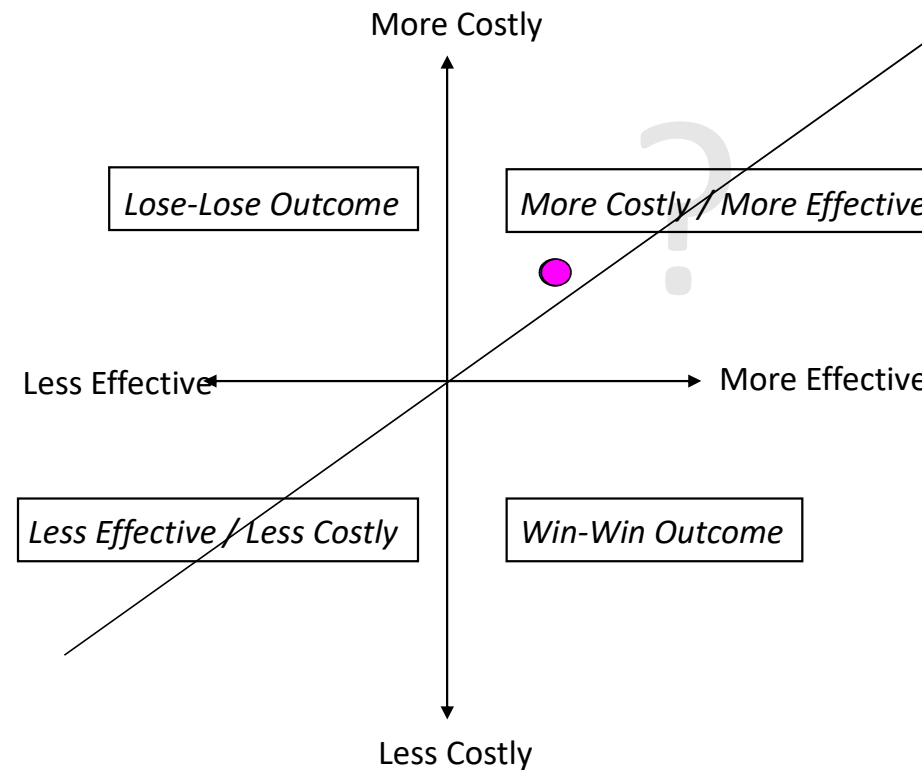


# 3 ways to become cost-effective: Be more effective

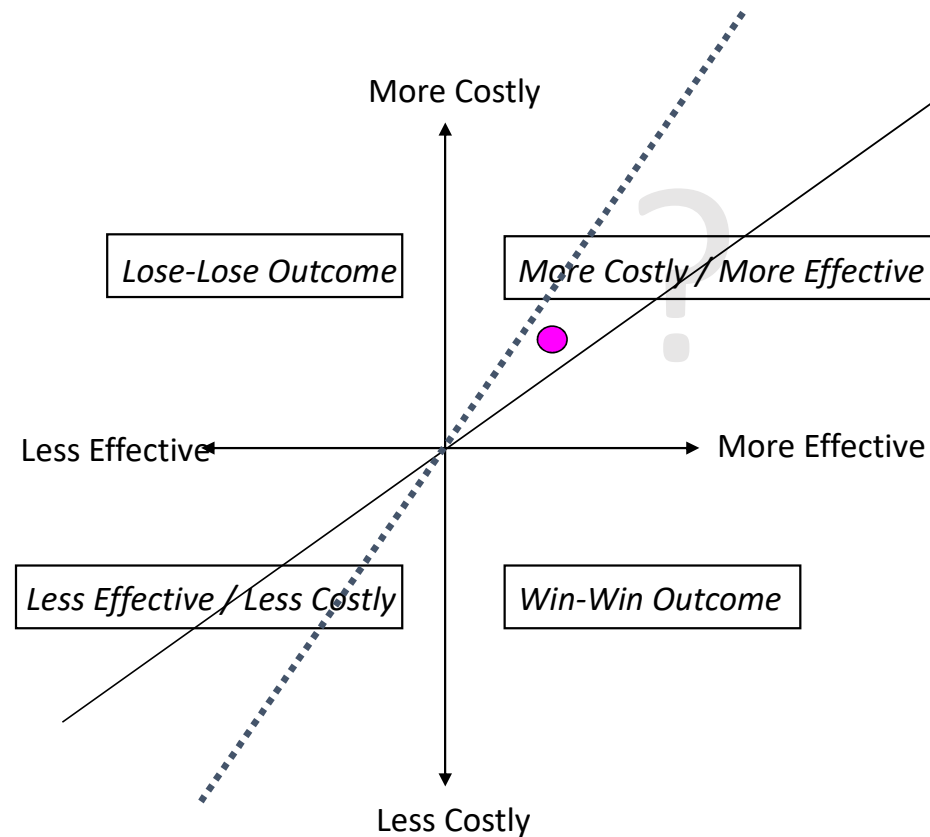




# 3 ways to become cost-effective: Be less costly



# 3 ways to become cost-effective: Be willing to pay more



# Exam time

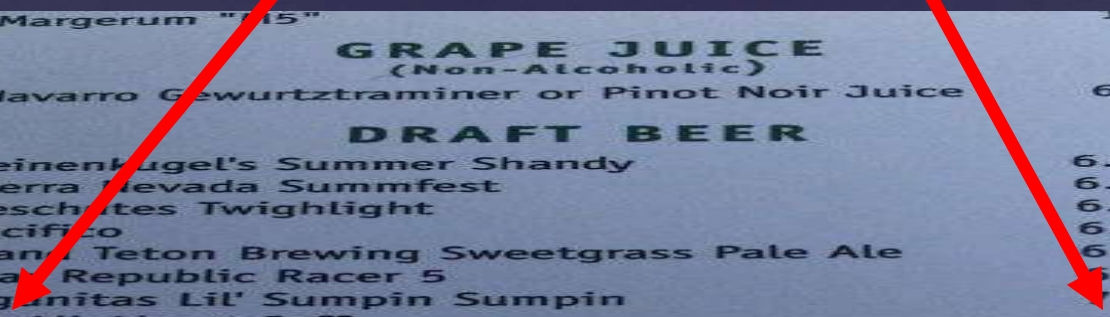
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# Economic evidence = Smart Shopping

## Is this a good deal?



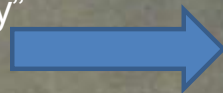
Margerum "15"	14
<b>GRAPE JUICE</b> (Non-Alcoholic)	
Navarro Gewurtztraminer or Pinot Noir Juice	6.5
<b>DRAFT BEER</b>	
Leinenkugel's Summer Shandy	6.25
Sierra Nevada Summfest	6.25
Deschutes Twilight	6.25
Pacifico	6.25
Grand Teton Brewing Sweetgrass Pale Ale	6.25
Bea Republic Racer 5	6.50
Lagunitas Lil' Sumpin Sumpin	7.50
It's All About Jeff	mkt
<b>BOTTLED BEER</b>	
Bud, Coors Light	4.5
Corona	5.5
Allagash White	8
Stone Ruination	8

# Halibut is cost-effective?

## *Beer Battered Fish & Chips*

*Haddock \$18*

Higher “quality”  
Higher “cost”



*Halibut \$24*

*Okanagan 1516 lager battered fish with fresh cut  
fries, coleslaw and lemon.*

## Why this matters...

- “Efficiency” is a part of quality care
- Because if you “waste resources” ...
- you can’t provide as much care as if you don’t waste resources.
- “waste not, want not.”

# Why you need cost-effectiveness analysis

- If you want to advocate for what you do, you need to say more than,
  - It could work, or
  - It does work
- You need to be able show it is a good use of resources
  - It is good “value for money”



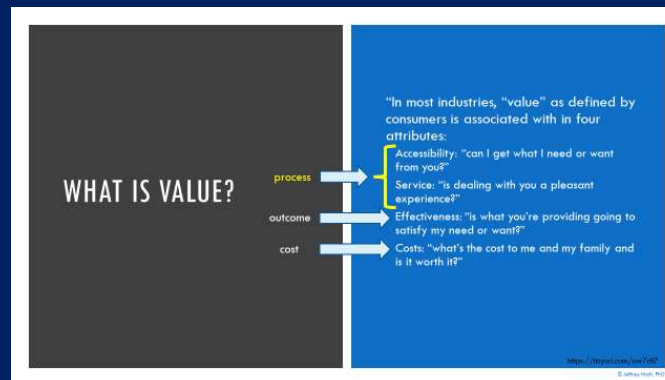
# Why bother with “economic evidence?”



It helps  
punctuate  
the value  
proposition

# Objectives

- x Explain cost-effective analysis and why it's useful
- Describe what you need for cost-effectiveness analysis.
- Describe what you need to use cost-effectiveness analysis.



# Two concepts of value

- Value Concept #1: Important to think about
  - Is \_\_\_\_\_ important?
- Value Concept #2: Worthwhile to do
  - What should we do?

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How do we make the case in healthcare?



# Two concepts of value

- Value Concept #1: Important to think about
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  - What should we do?

Important because:

- 1) Lots of people have it (big N)
- 2) Bad to have (bad outcomes)
- 3) Costly (High C)

## Special Preview - White Paper on the State of Aphasia

### Did you know?

New data now includes aphasia prevalence estimates across stroke, traumatic brain injury, and brain tumor. The estimated U.S. prevalence of aphasia for these etiologies ranges from about **2.5 million to 4 million people**.

In early Fall of 2017, Aphasia Access will release a research study sure to impact aphasia care moving forward. Conducted over the course of the last year, and overseen by Nina Simmons-Mackie, Ph.D. this report is a look into the state of aphasia in North America.

This resource goes beyond awareness and other top line metrics to dive into the real challenges on the front lines of aphasia care. It will be in demand for anyone looking to set research and service priorities, not to mention grant funders, policymakers, and the

Over the coming weeks, as the paper approaches, Aphasia Access will have a page to share previews and updates on the paper. Once published, this paper will provide additional resources and commentary as aphasia access strives to highlight the value of this trailblazing research.

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## Special Preview - White Paper on the State of Aphasia

### Did you know?

The incidence of **major** depression increased from 11% at three months to 33% at twelve months in a study of people with aphasia

In early Fall of 2017, Aphasia Access will release a research study sure to impact aphasia care moving forward. Conducted over the course of the last year, and overseen by Nina Simmons-Mackie, Ph.D. this report is a look into the state of aphasia in North America.

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# Not just in the US, eh

196

ORIGINAL ARTICLE



## Incidence and Profile of Inpatient Stroke-Induced Aphasia in Ontario, Canada

*Laura Dickey, BA, Aura Kagan, PhD, M. Patrice Lindsay, PhD, Jiming Fang, PhD, Alexandra Rowland, MSc, Sandra Black, MD, FRCP(C)*

**ABSTRACT.** Dickey L, Kagan A, Lindsay MP, Fang J, Rowland A, Black S. Incidence and profile of inpatient stroke-induced aphasia in Ontario, Canada. Arch Phys Med Rehabil 2010;91:196-202.

**Objectives:** To determine the incidence rate of inpatient stroke-induced aphasia in Ontario, Canada, and to examine the demographic and clinical characteristics for stroke patients with and without aphasia.

**Design:** Age- and sex-specific incidence rates for aphasia in Ontario were calculated using the Ontario Stroke Audit. In addition, data collected from the Registry of the Canadian Stroke Network (RCSN) were used to determine the demographic and clinical characteristics for stroke patients with and

ence of aphasia was found to be an independent predictor of longer hospital stays, increased use of rehabilitation services, and higher rates of thrombolytic therapy.

**Conclusions:** A significant number of people with stroke experience aphasia, with advancing age associated with a higher risk. The profile and patterns for stroke patients with aphasia differed significantly from those who did not experience aphasia as a residual disability after stroke, particularly in relation to service usage. Given the personal and system cost associated with aphasia, best practices in the area of stroke should include recommendations on how to best serve this population throughout the clinical pathway.

**Key Words:** Aphasia; Health services; Incidence; Rehabilitation; Stroke.



# Two concepts of value

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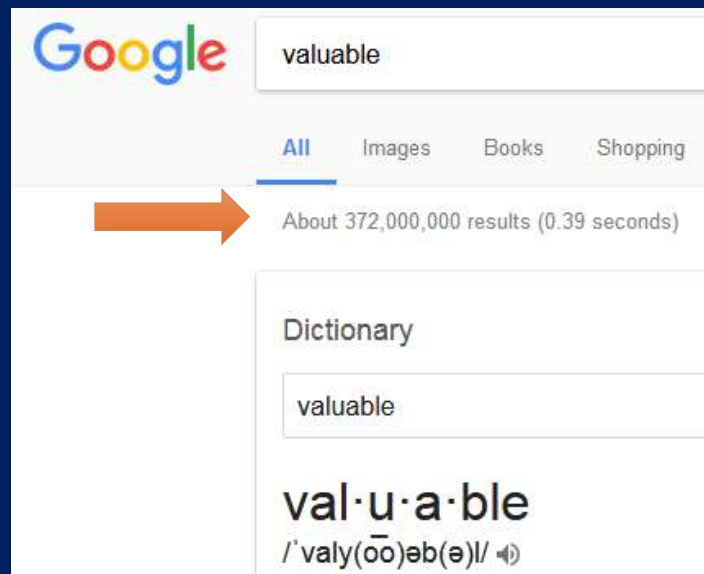
# Two concepts of value

- Value Concept #1: Important to think about
  - Is \_\_\_\_\_ important?
- Value Concept #2: Worthwhile to do
  - What should we do?

“Most of the problems in life are because of two reasons: we act without thinking or we keep thinking without acting.”  
~Unknown

# Example

LIKELY, IMPORTANT



SHOULD I BUY THIS?



[https://thumb1.shutterstock.com/display\\_pic\\_with\\_logo/698467/510186400/stock-photo-close-up-of-old-english-dictionary-page-with-word-valuable-510186400.jpg](https://thumb1.shutterstock.com/display_pic_with_logo/698467/510186400/stock-photo-close-up-of-old-english-dictionary-page-with-word-valuable-510186400.jpg)

## The healthcare payer's problem....

- You have \$x million and you want to get as much health (e.g., quality adjusted life years) for your population as possible.

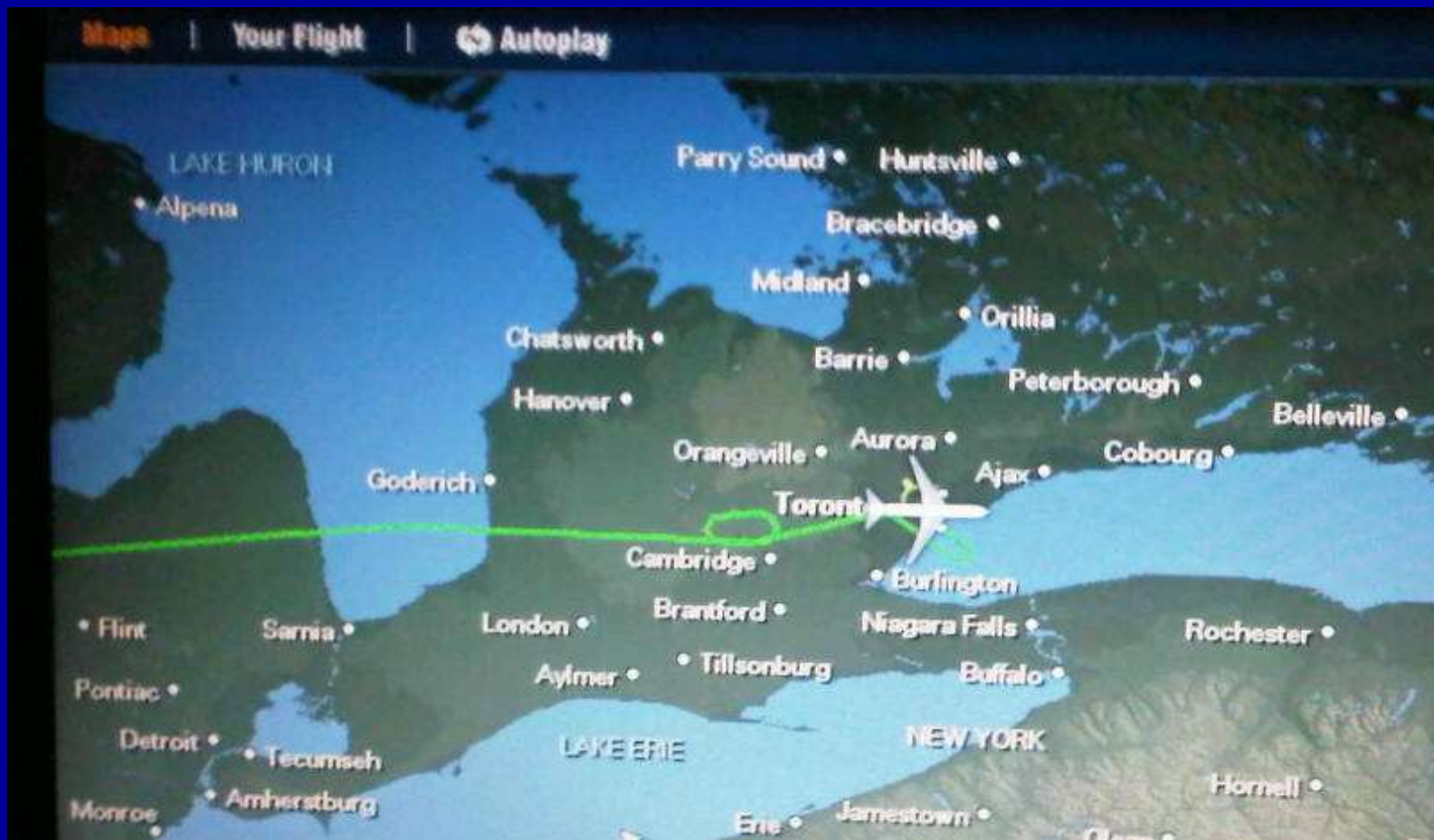


Sometimes “efficient” makes sense



© Jeffrey S. Hoch, PhD

Sometimes “efficient” doesn’t make sense to us



© Jeffrey S. Hoch, PhD

## WHY YOU SHOULD CARE?

01

Costs challenge patients and payers

02

Paying for **Value** (not volume) is a popular 'solution'

03

Cost-effectiveness analysis is a way to look at **Value**.



# WHAT IS VALUE?

process

outcome

cost

“In most industries, “value” as defined by consumers is associated with in four attributes:

Accessibility: “can I get what I need or want from you?”

Service: “is dealing with you a pleasant experience?”

Effectiveness: “is what you’re providing going to satisfy my need or want?”

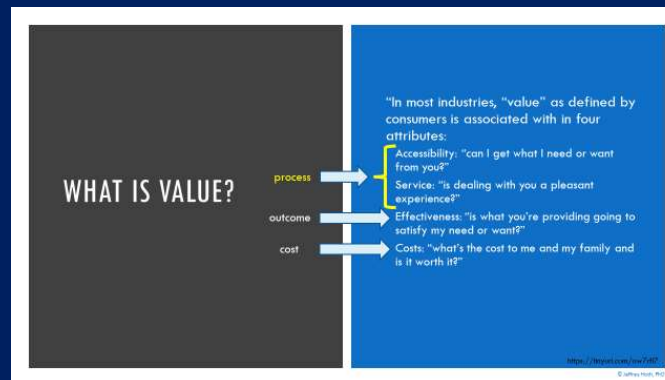
Costs: “what’s the cost to me and my family and is it worth it?”

<https://tinyurl.com/ow7rfl7>

© Jeffrey Hoch, PhD

# Objectives

- x Explain cost-effective analysis and why it's useful
- x Describe what you need for cost-effectiveness analysis.
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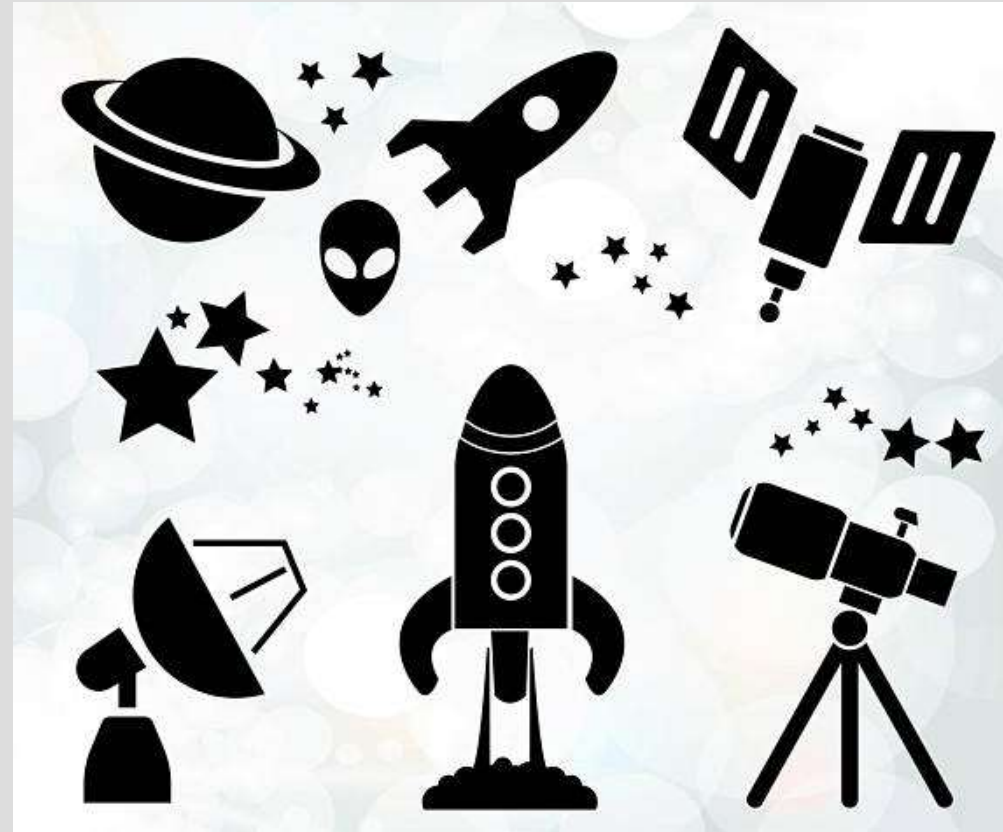
TO USE CEA, YOU MUST  
HAVE ...

4 Quadrants

3 Findings

2 Items of interest

1 Thing



<https://tinyurl.com/ycmq724>

© Jeffrey Hoch, PhD

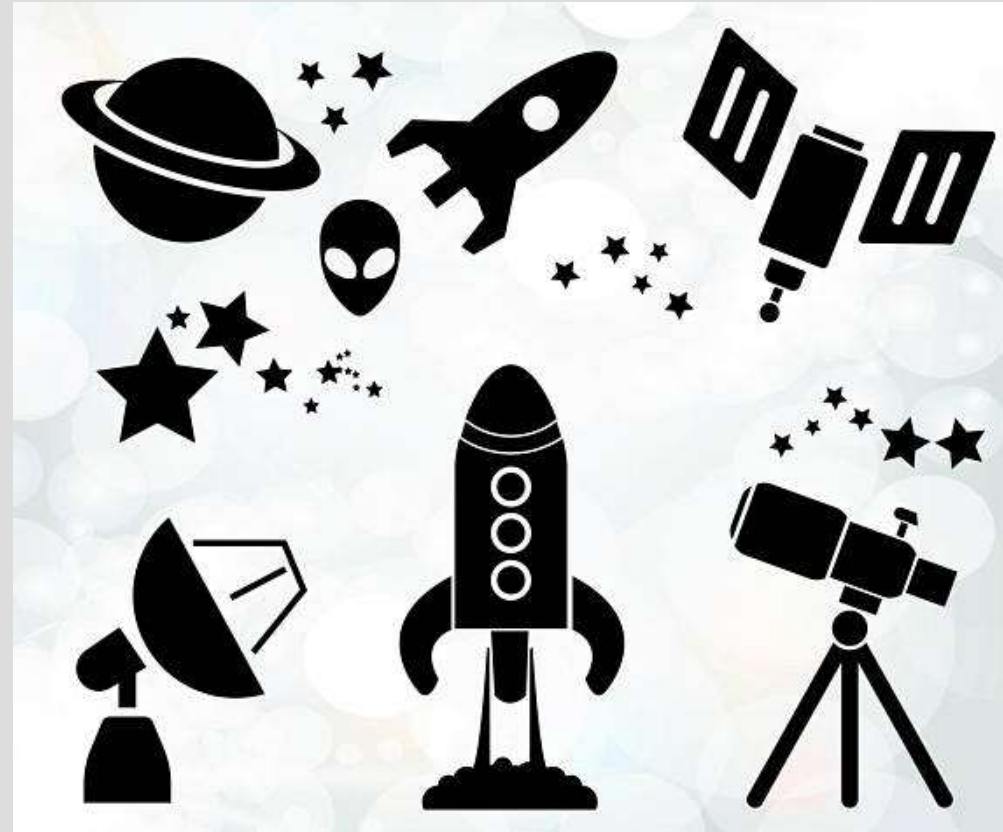
COUNT DOWN TO **USE**

4 Quadrants

3 Findings

2 Items of interest

1 Thing



<https://tinyurl.com/ycmq724>

## WHERE ARE WE?

CEA tells you a *tradeoff*  
located in one of 4 areas

4 Quadrants, 3 Findings, 2 Items of interest, 1 Thing



## 4 potential outcomes

2 dimensions x 2 directions	Less effective	More effective
Costs more		
Costs less		

2 X 2 TABLE =  
4 QUESTIONS

“More or less” means  $\geq 2$  options.

Whose cost?

Which outcome (what to use as effect)?

Over what time horizon?



2 X 2 TABLE =  
4 QUESTIONS

“More or less” means  $\geq 2$  options.

- Are they relevant/correct?

“more than” or “less than” → 1 option is compared to a 2<sup>nd</sup> option.

Does the “usual care” in the analysis match your context / reality?

2 X 2 TABLE =  
4 QUESTIONS

“More or less” means  $\geq 2$  options.

- Are they relevant/correct?

Whose cost?

- Decision maker’s perspective included?

The decision maker cares about the decision maker’s costs (i.e., not paying = not a cost)

2 X 2 TABLE =  
4 QUESTIONS

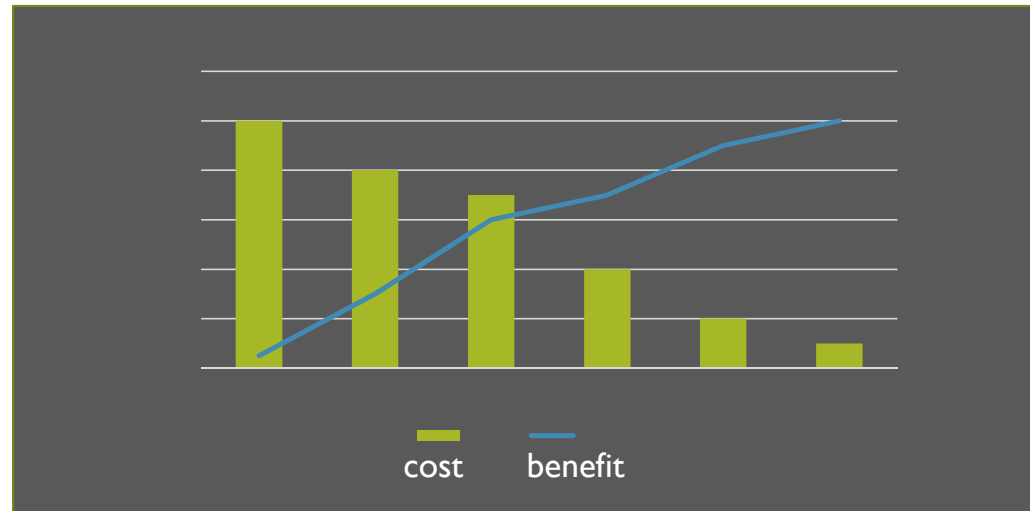
What are you trying to accomplish with this policy or program?

Which outcome (what to use as effect)?

- Is one that matters included?

What amount of “success” does the new option offer?

2 X 2 TABLE =  
4 QUESTIONS



Over what time horizon?

- Over policy/clinically relevant time period!

2 X 2 TABLE =  
4 QUESTIONS

“More or less” means  $\geq 2$  options.

- Are they relevant/correct?

Whose cost?

- Decision maker’s perspective included?

Which outcome (what to use as effect)?

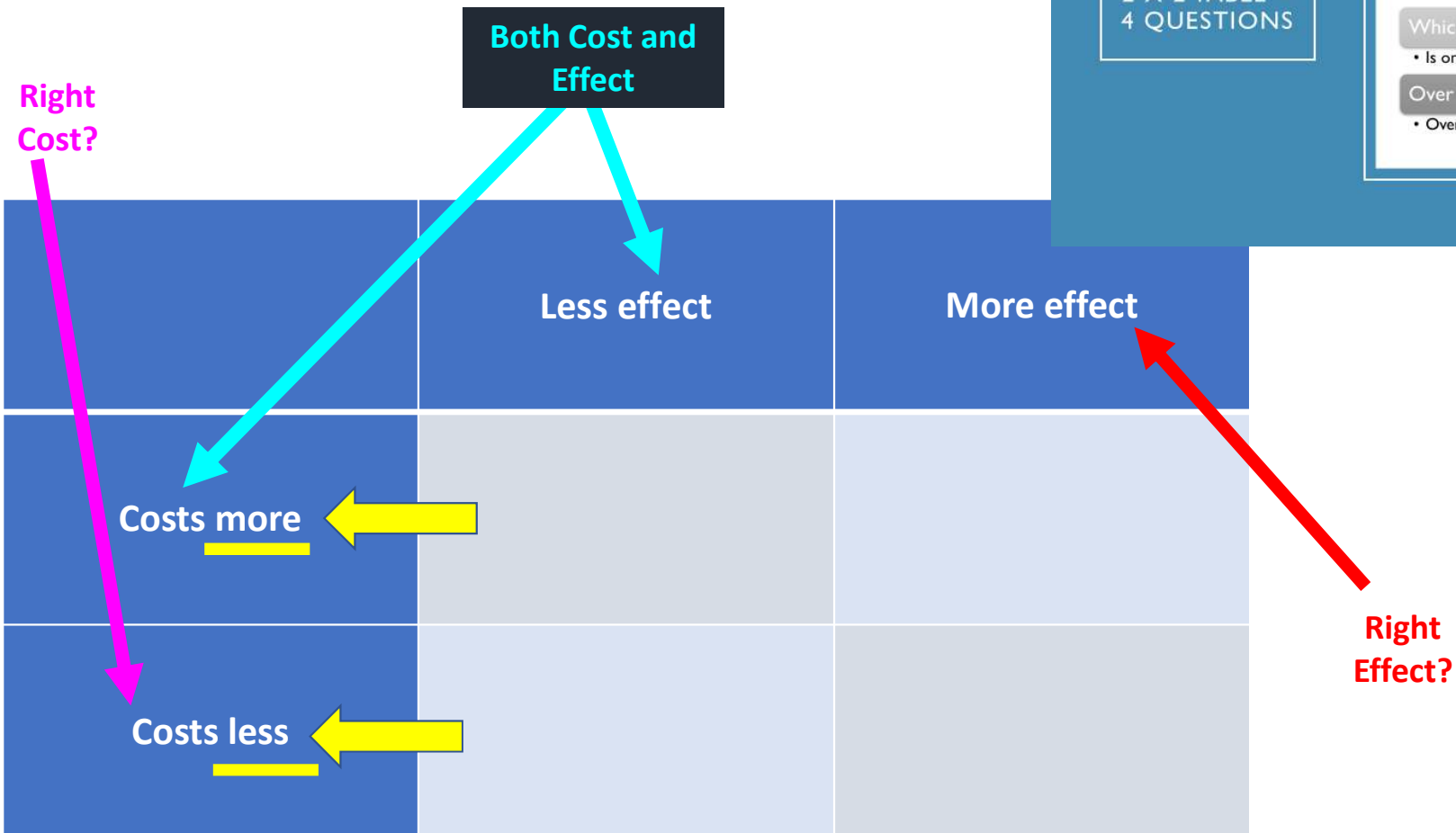
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# 4 potential outcomes



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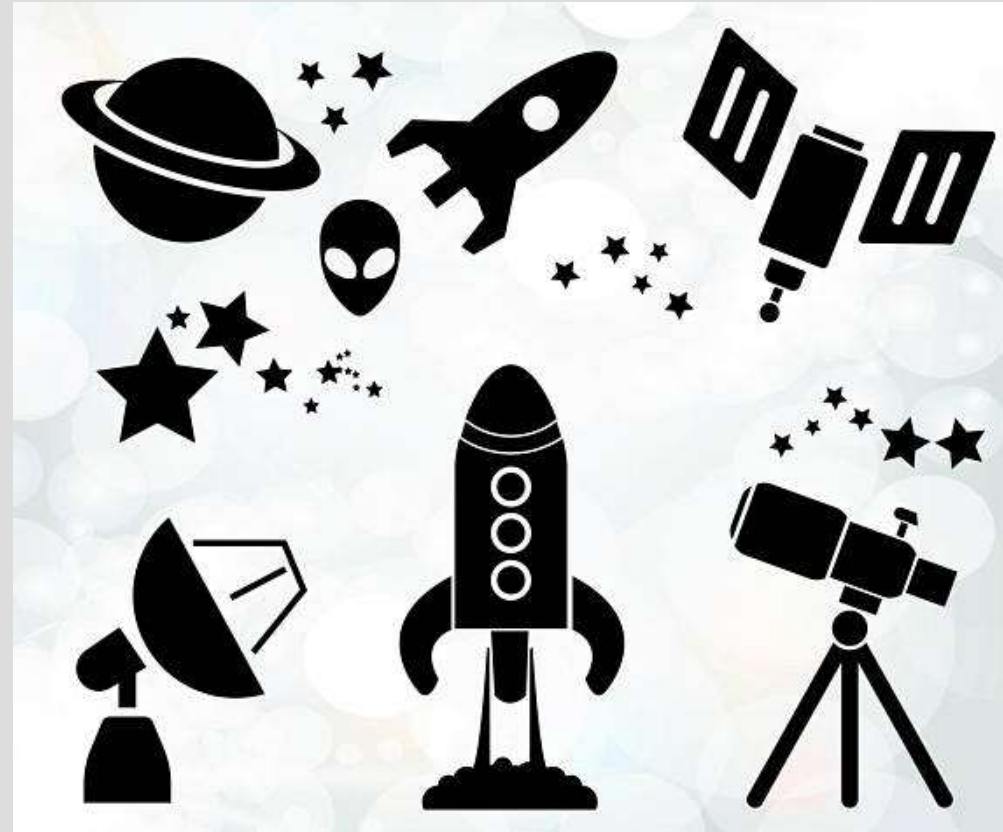
COUNT DOWN TO **USE**

4 Quadrants

3 Findings

2 Items of interest

1 Thing



<https://tinyurl.com/ycmq724>

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## 4 potential outcomes

2 dimensions x 2 directions	Less effective	More effective
Costs more		
Costs less		

## 4 potential outcomes

2 dimensions x 2 directions	Less effective	More effective
Costs more	Easy NO	
Costs less		

## 4 potential outcomes

2 dimensions x 2 directions	Less effective	More effective
Costs more		
Costs less		Easy YES



## 4 potential outcomes

2 dimensions x 2 directions	Less effective	More effective
Costs more		It Depends
Costs less	It Depends	

## 9 potential outcomes

	Less effective	Similar Effect	More effective
Costs more			
Similar Costs			
Costs less			

4 Quadrants, 3 Findings, 2 Items of interest, 1 Thing

## 3 potential findings

	Less effective	Similar Effect	More effective
Costs more			
Similar Costs			
Costs less			

4 Quadrants, 3 Findings, 2 Items of interest, 1 Thing

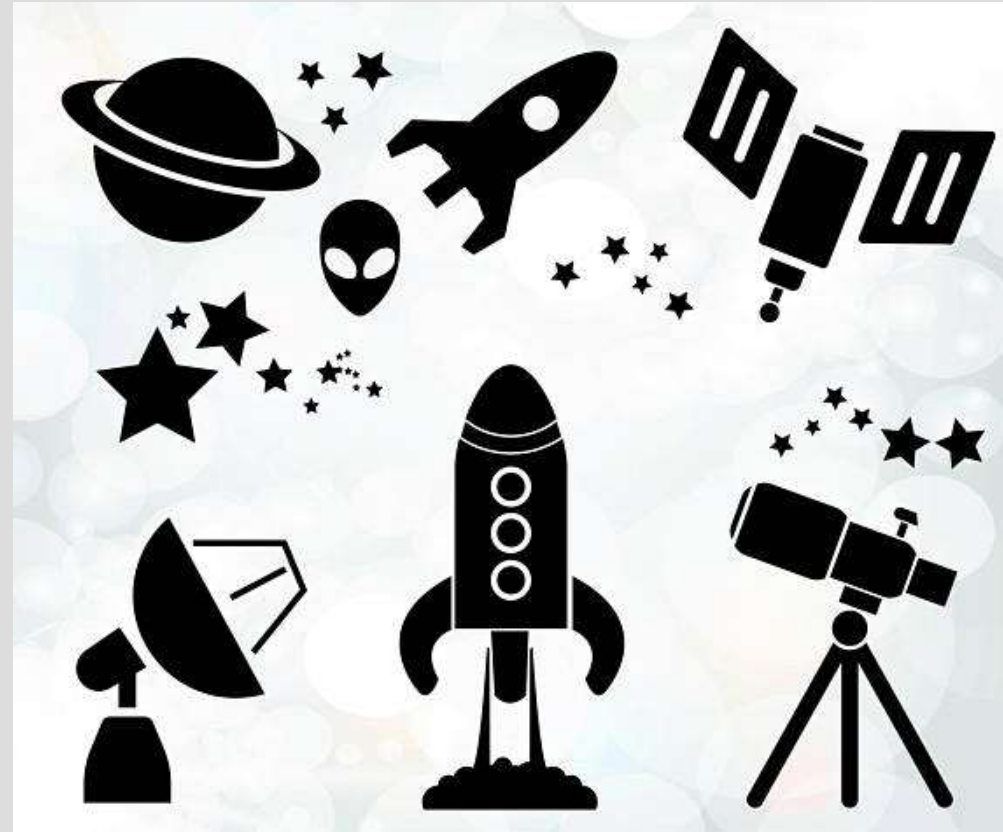
COUNT DOWN TO **USE**

4 Quadrants

3 Findings

2 Items of interest

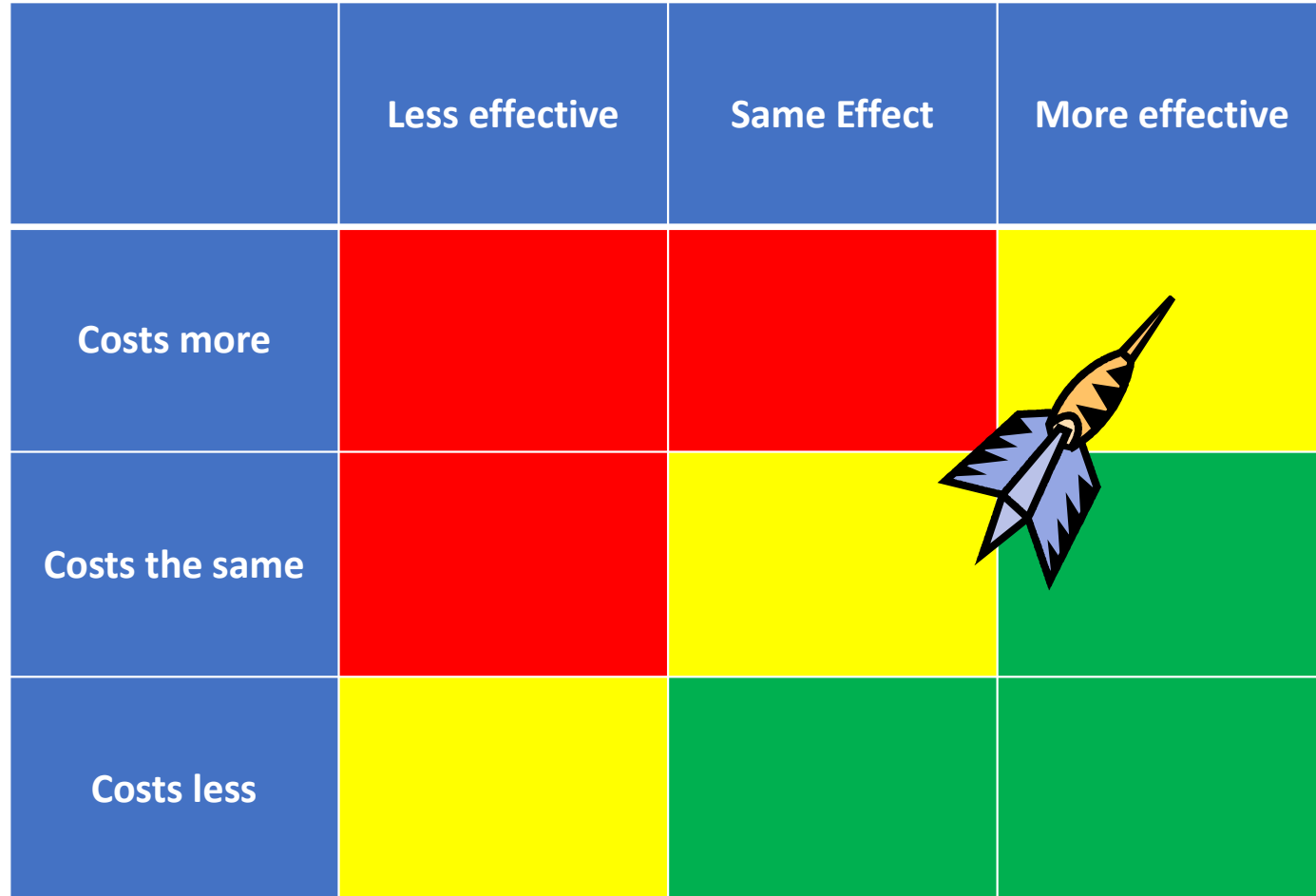
1 Thing



<https://tinyurl.com/ycmq724>

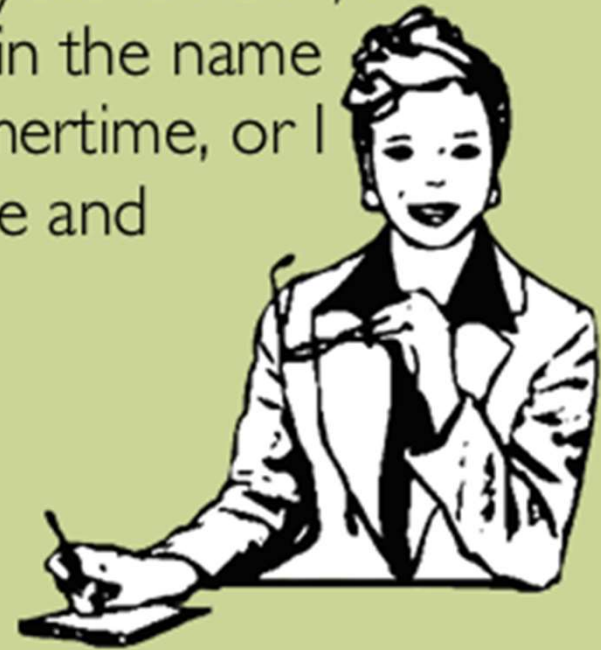
## 2 items of interest: 1) Estimate

	Less effective	Same Effect	More effective
Costs more			
Costs the same			
Costs less			



Are we sure?

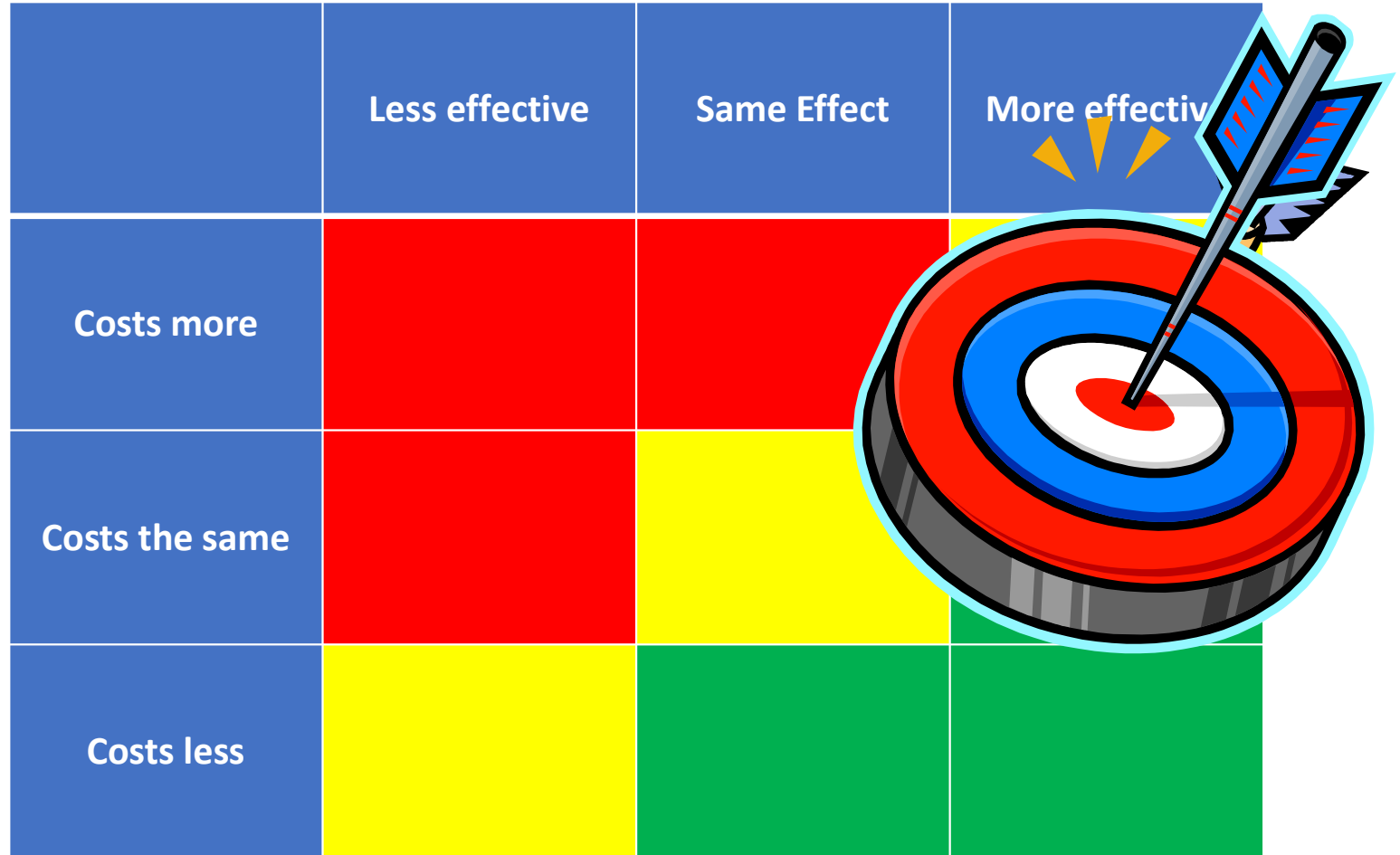
When someone yells "STOP", I  
never know if its in the name  
of love, it's Hammertime, or I  
should collaborate and  
listen...



somee cards  
user card



## 2 items of interest: 2) Uncertainty



4 Quadrants, 3 Findings, 2 Items of interest, 1 Thing

**2 ITEMS OF INTEREST:  
1) ESTIMATE & 2) UNCERTAINTY**

## USING 2 ITEMS OF INTEREST: 1) ESTIMATE & 2) UNCERTAINTY

### ESTIMATE

- **How much** extra cost?
- **How much** extra effect?

- **How much** extra cost *per* extra effect?
- **How much** more extra benefit *than* extra cost?

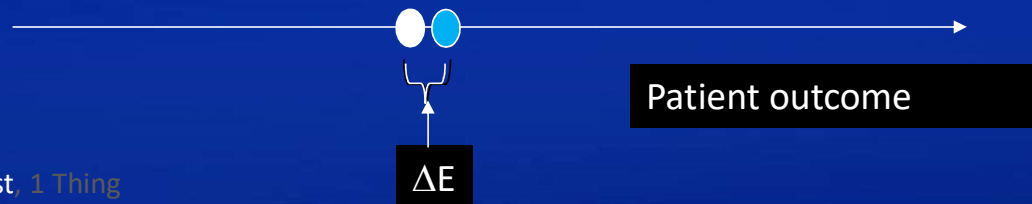
### UNCERTAINTY

- What other values are possible?
- What is the 95% CI?

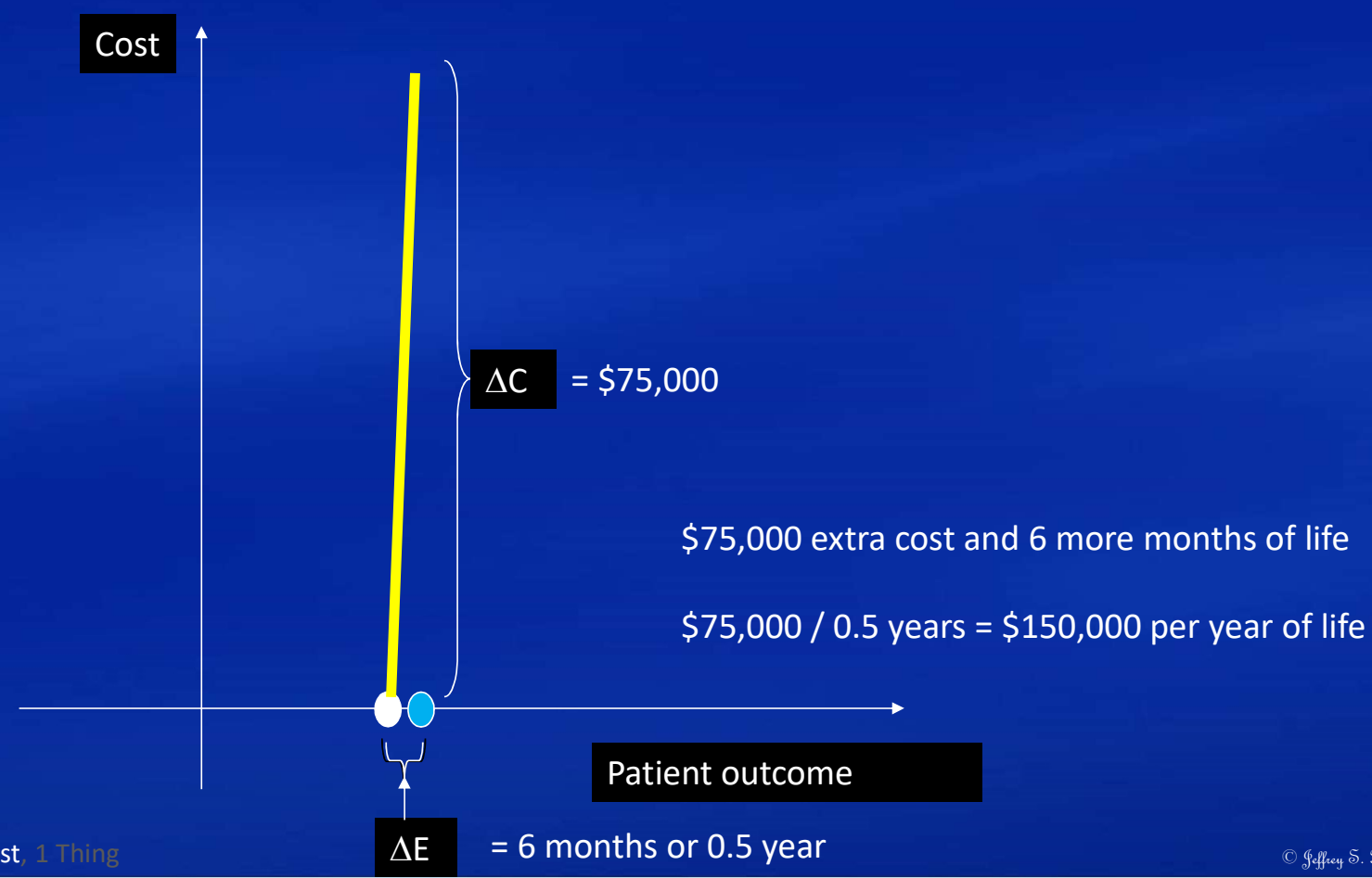
\$75,000 extra cost and 6 more months of life

$\$75,000 / 0.5 \text{ years} = \$150,000 \text{ per year of life}$

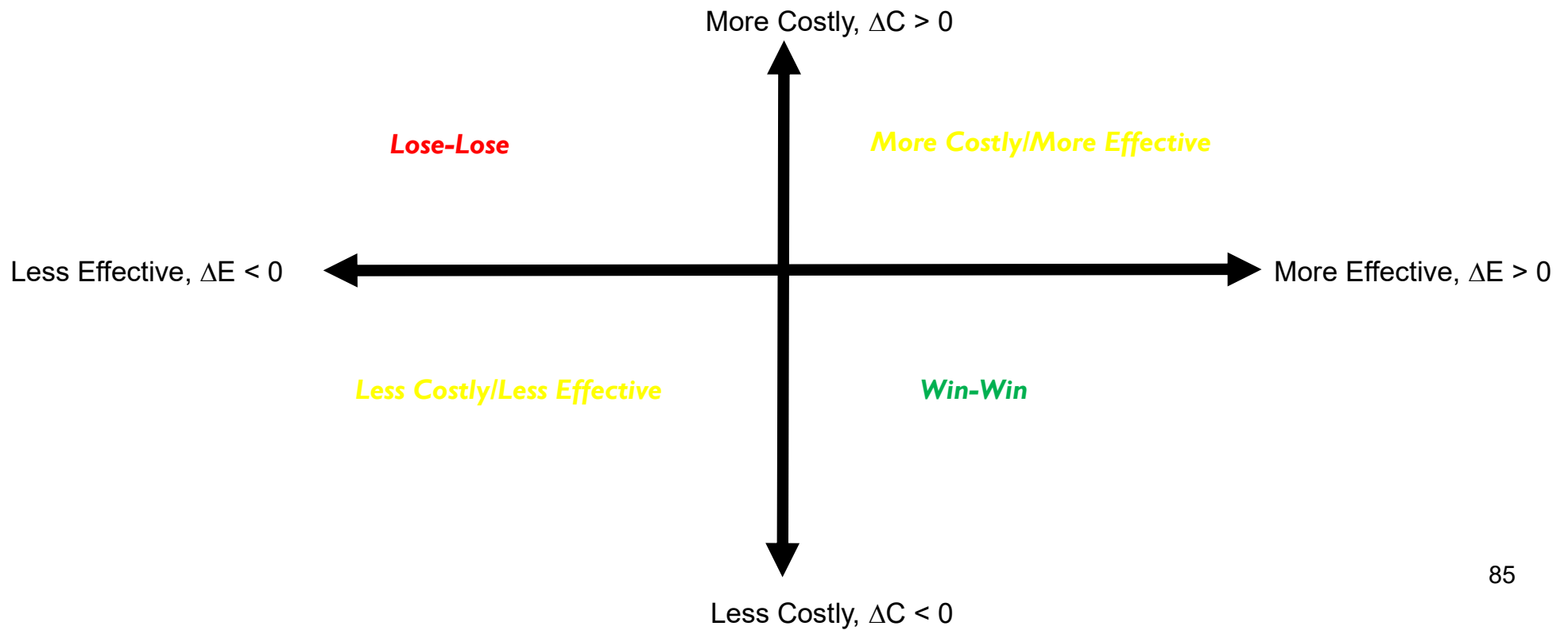
# From Effectiveness to Cost-Effectiveness Analysis (CEA)



# From Effectiveness to Cost-Effectiveness Analysis (CEA)

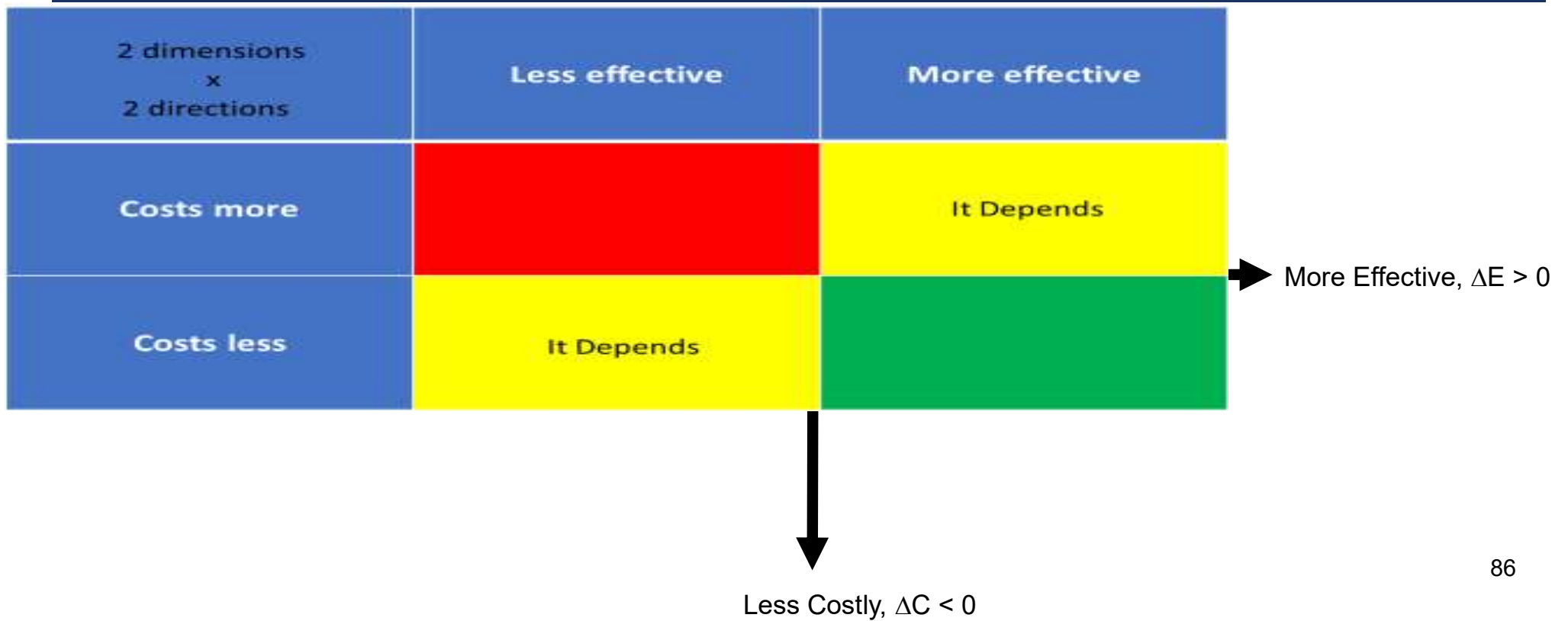


# COST-EFFECTIVENESS PLANE

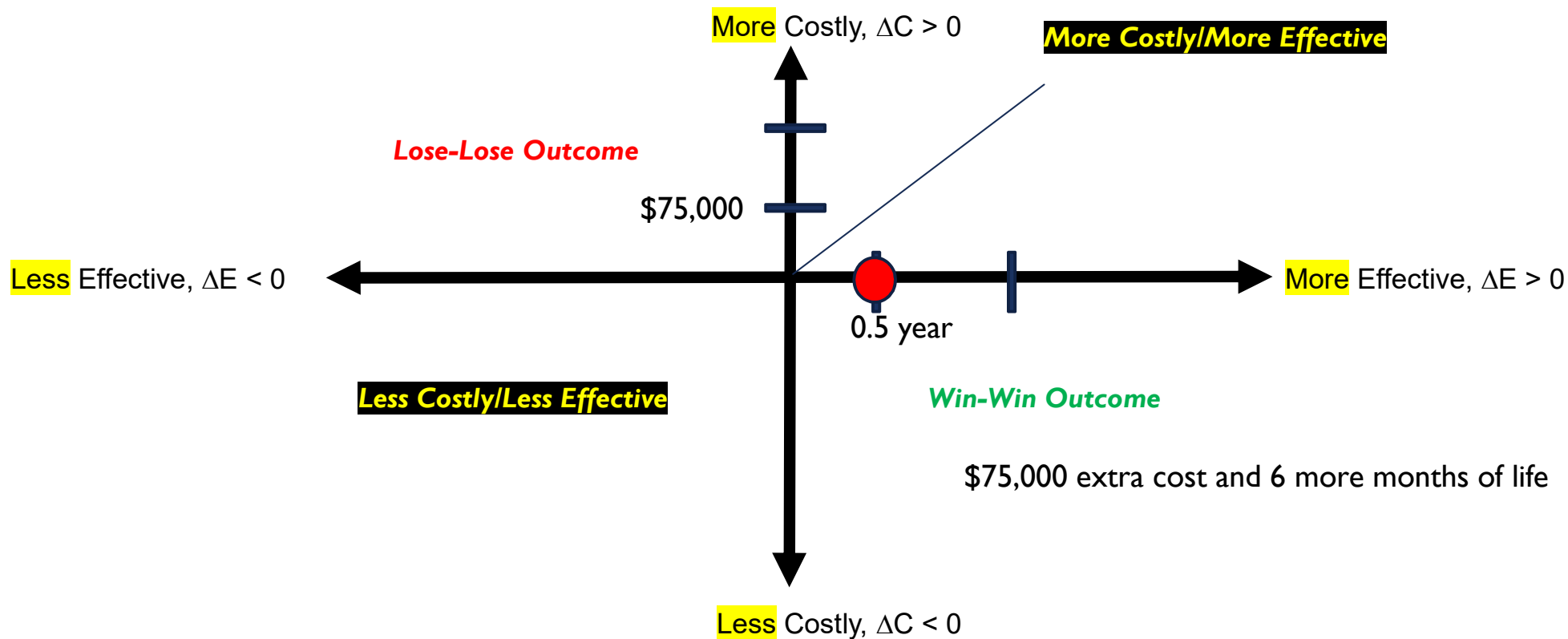




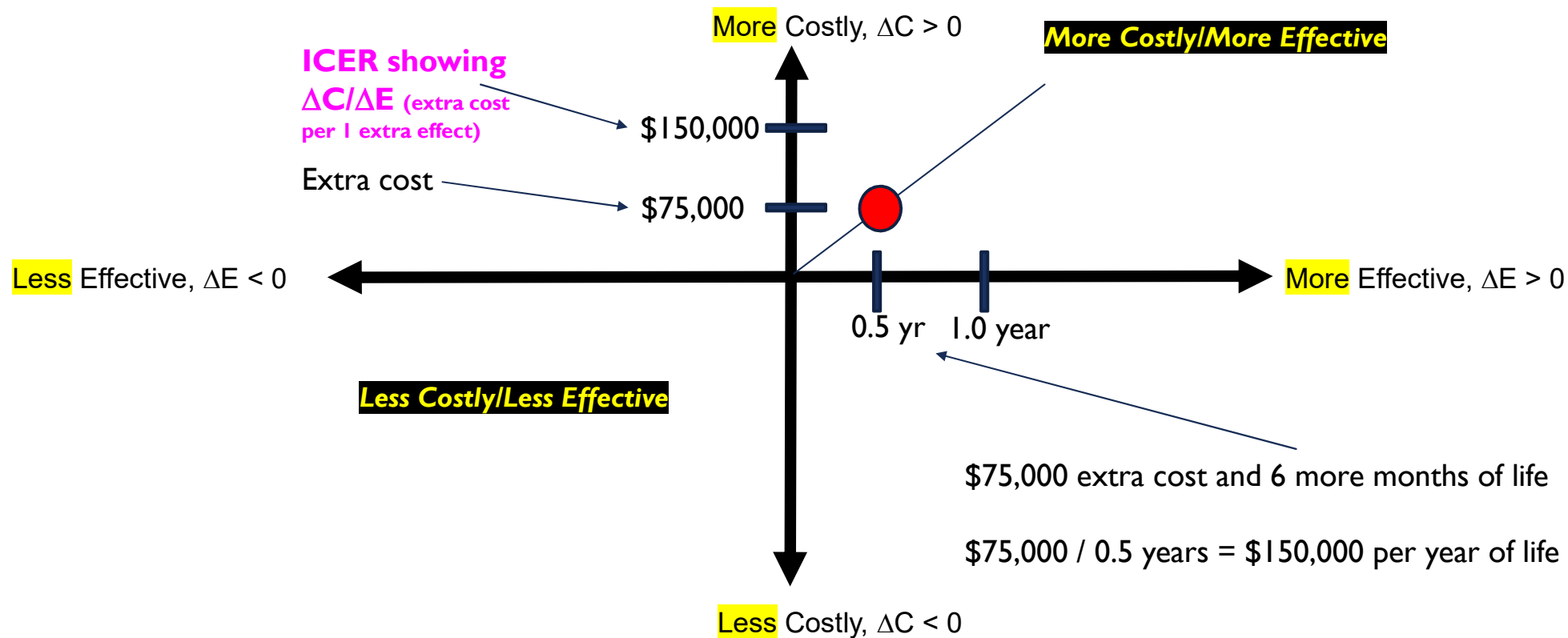
# COST-EFFECTIVENESS PLANE



# COST-EFFECTIVENESS PLANE

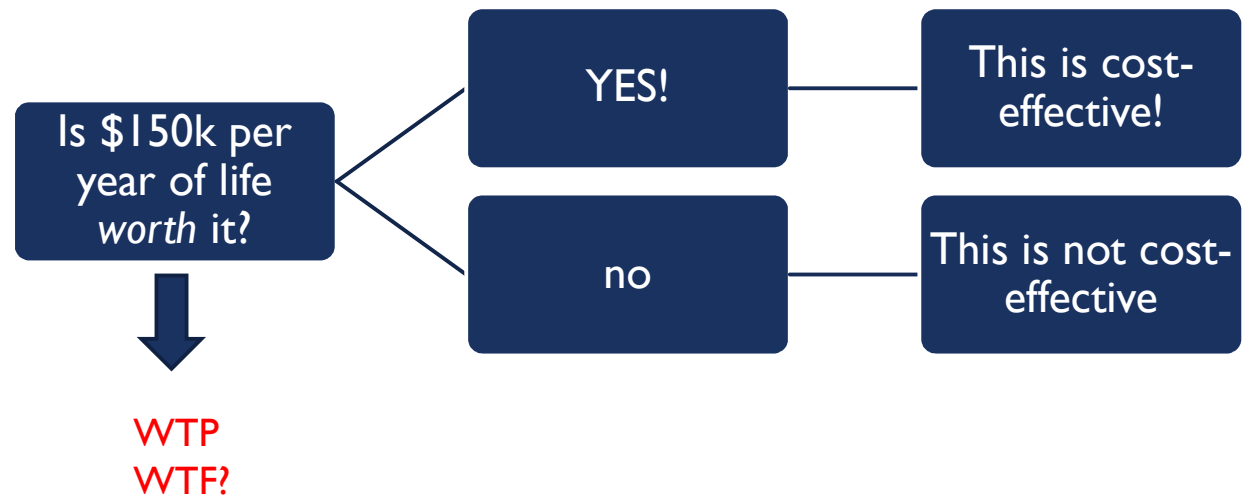
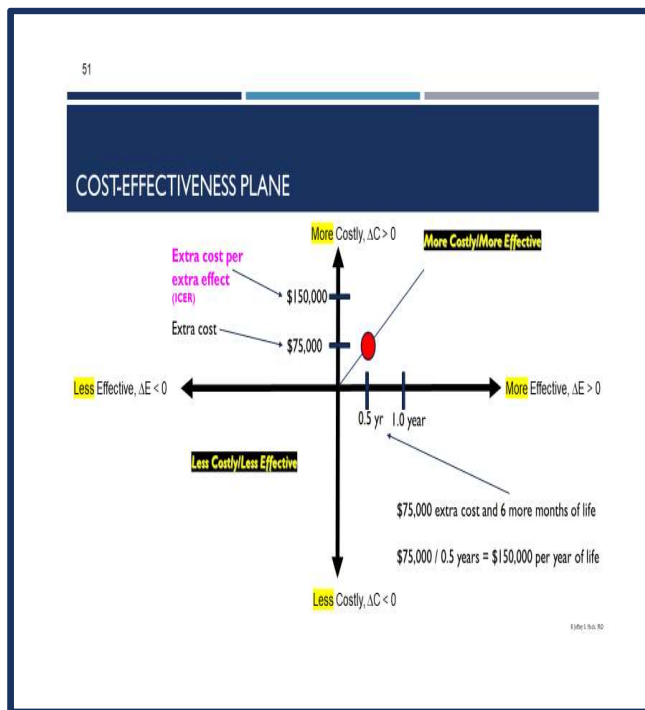


# COST-EFFECTIVENESS PLANE



4 Quadrants, 3 Findings, **2 Items of interest**, 1 Thing

# WHAT IS THE DECISION MAKER WILLING TO PAY (WTP)?



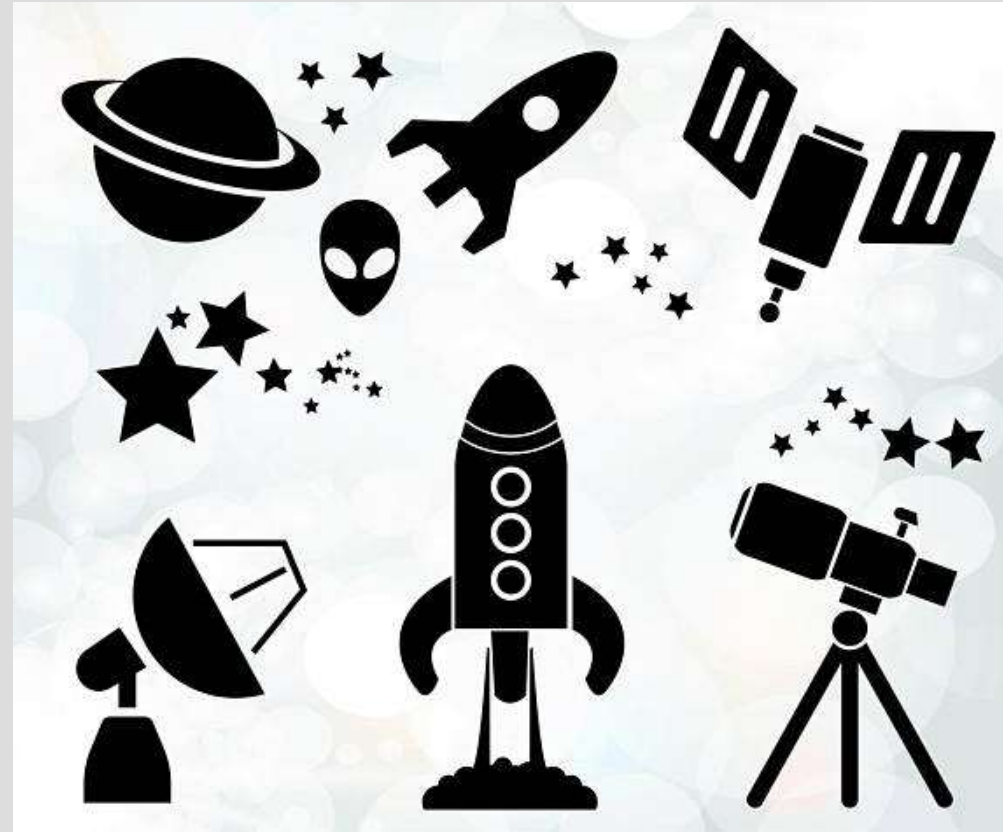
COUNT DOWN TO **USE**

4 Quadrants

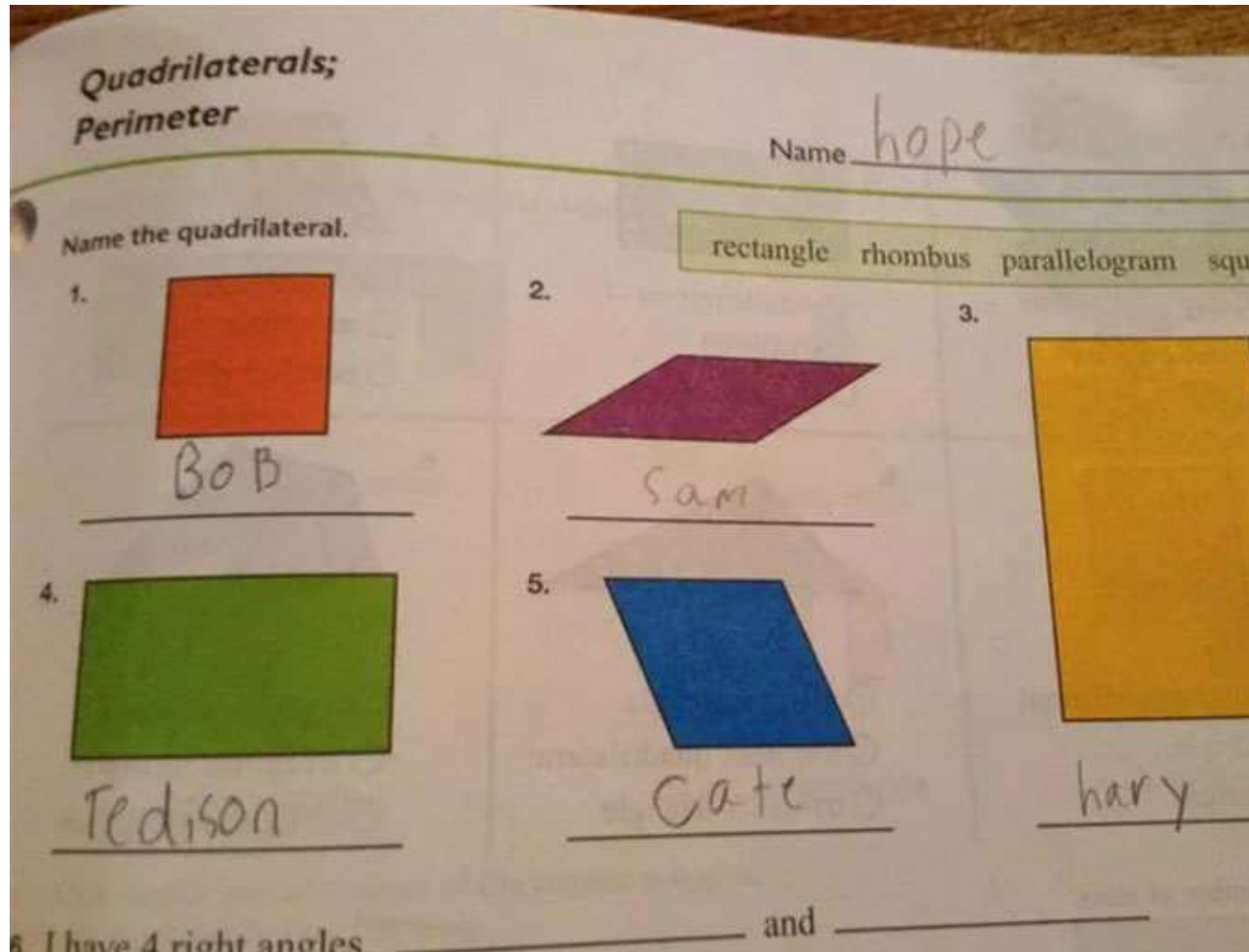
3 Findings

2 Items of interest

1 Thing



<https://tinyurl.com/ycmq724>



CHOOSING  
IN THEORY VS.  
PRACTICE



IN THEORY:  
SPEND  
EFFICIENTLY!



# There is something odd about the choreography of the CEA...

---



DEATH OF  
CEA ONLY

Cause of Death:

"Patient laid down the  
boogie and played  
that funky music til  
he died."



som<sup>ee</sup>cards  
user card

## WHAT IS BEING CONSIDERED?

“Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other <sup>①</sup>benefits, <sup>②</sup>disadvantages, and <sup>③</sup>contextual considerations, what is the long-term value for money of treatment with **acupuncture and usual care** versus **usual care alone** for patients with chronic low back pain?

Low: 1 votes

Intermediate: 11 votes

High: 2 votes



**CTAF**  
CALIFORNIA TECHNOLOGY  
ASSESSMENT FORUM

# The real world can disappoint



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Journal homepage: [www.elsevier.com/locate/jval](http://www.elsevier.com/locate/jval)

## Comparative-Effectiveness Research

### How Are Incremental Cost-Effectiveness, Contextual Considerations, and Other Benefits Viewed in Health Technology Assessment Recommendations in the United States?

Logan Trenaman, PhD,<sup>1,2\*</sup> Steven D. Pearson, MD, MSc,<sup>3</sup> Jeffrey S. Hoch, PhD<sup>1,2</sup>

<sup>1</sup>Division of Health Policy and Management, Department of Public Sciences, University of California, Davis, CA, USA; <sup>2</sup>Center for Healthcare Policy and Research, University of California, Davis, CA, USA; <sup>3</sup>Institute for Clinical and Economic Review, Boston, MA, USA

#### ABSTRACT

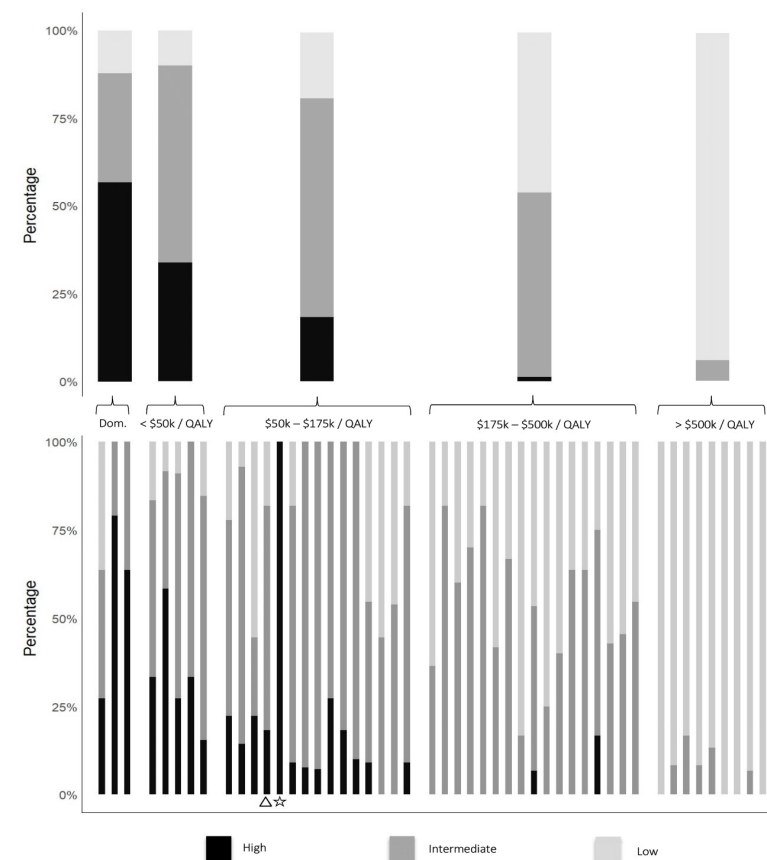
**Objectives:** To review assessments from the Institute for Clinical and Economic Review (ICER) and describe how cost-effectiveness, other benefits or disadvantages, and contextual considerations affect Council members' assessments of value.

**Methods:** Assessments published by the ICER between December 2014 and April 2019 were reviewed. Data on the assessment, intervention, results from cost-effectiveness analyses, and Council members' votes were extracted. Voting data were examined using bar charts and radar plots. Spearman's correlations between the number of votes for other benefits and contextual considerations were estimated. Two case studies (tisagenlecleucel and voretigene neparovec) explored the relationship between different aspects of value and the vote.

**Results:** Thirty-one ICER assessments were reviewed, which included 51 value votes and 17 votes on other benefits and contextual considerations. On average, interventions with lower cost-effectiveness ratios received a higher proportion of high and intermediate value votes; however, there was heterogeneity across assessments. Of other benefits or disadvantages, having a novel mechanism of action received the most votes (n = 138), and reducing health disparities received the fewest (n = 24). Of contextual considerations, treating a condition that has a severe impact on length and quality of life received the most votes (n = 164). There was a strong positive correlation between votes for reduced caregiver/family burden and improving return to work/productivity (p = 0.88, P < .05). Two case studies highlighted that factors beyond cost-effectiveness can lead to lower (tisagenlecleucel) or higher (voretigene neparovec) assessments of value.

**Conclusion:** Council members' judgments about the value of interventions are influenced by other benefits or disadvantages and contextual considerations but anchored by cost-effectiveness.

Figure 1. Value votes by incremental cost-effectiveness ratio, aggregated (top) and by individual assessment (bottom)\*



\* bottom chart is ordered from most (left) to least (right) cost-effective

Δ (apalutamide for prostate cancer) has an ICER = \$68k and 18% voted it high value while ☆ (dupilumab for severe atopic dermatitis) has an ICER = \$78k and 100% voted it high value

IN PRACTICE,  
OTHER THINGS  
MATTER

Everything happens for a reason,  
but sometimes things happen  
because you're stupid and  
make bad decisions.

your eCards  
someecards.com



GIFSee.com

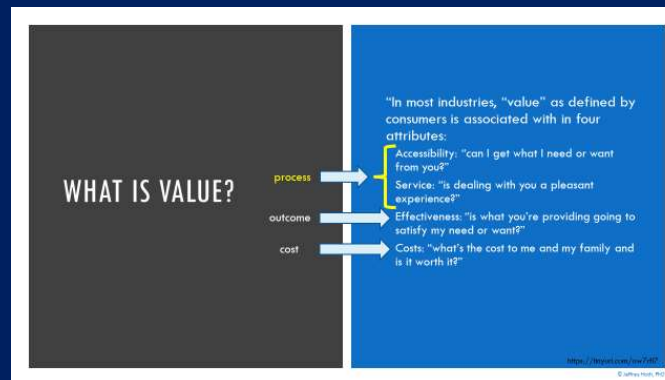
# WHEN IS TRANSPARENCY NOT A GOOD THING?





# Objectives

- x Explain cost-effective analysis and why it's useful
- x Describe what you need for cost-effectiveness analysis.
- x Describe what you need to use cost-effectiveness analysis.



## Case study: Estimate and uncertainty

**NIHR** | National Institute  
for Health Research

### Health Technology Assessment

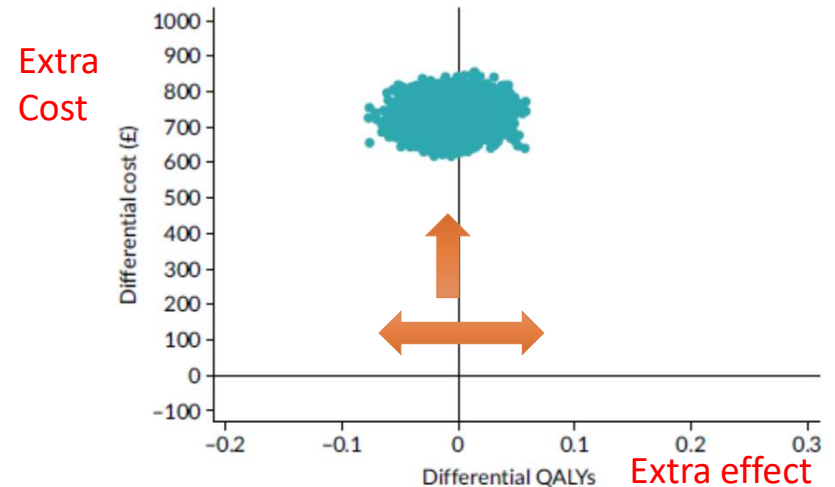
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Computerised speech and language therapy or attention control added to usual care for people with long-term post-stroke aphasia: the Big CACTUS three-arm RCT

<https://www.journalslibrary.nihr.ac.uk/hta/hta24190#/abstract>

### Appendix 18 Within-trial analysis: base-case cost-effectiveness planes and cost-effectiveness acceptability curve



## AS HEALTHCARE BECOMES MORE EXPENSIVE...

There will be more focus on “value” (i.e., cost and effectiveness of new treatments).  
Cost-effectiveness analysis (CEA) is a tool used throughout the world to help inform policy.  
The questions you ask when “smart shopping” are the same ones to answer with CEA

# CALL TO ACTION

- Do more to show
  - the value (the CE) of what you do;
- Do more to show
  - that investing in what you do is a “good buy”.
    - (helps people in a meaningful / valuable way for the money spent).

# Acknowledgements

- Thank you to
  - Heidi Verticchio, M.S., CCC-SLP
  - Deborah Ortiz, Executive Director
  - Ned Campbell, Director of Meetings and Continuing Education
- And to the organizers



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