# Structural Uncertainty in Health Economic Models: what is it and what can we do about it?



# Why model?

- RCTs and meta-analyses provide short term results in selected populations
- Need to include all relevant information
- Need to estimate long-term costs and benefits
- Framework to establish value of further research BUT
- Reality is complicated!
- Need for assumptions and judgements
- Variable amount / validity of data
- Need to acknowledge structural or model uncertainty

## Sources of uncertainty

Parameter uncertainty

• how precisely a parameter has been estimated

• PSA

Methodological uncertainty

- analytic method (Markov / decision tree / microsimulation)
- perspective
- time horizon, cycle length

Structural uncertainty

• Expanded models with additional parameters

### Sources of uncertainty



#### Structural uncertainty: statistical models



### Structural uncertainty: sources of evidence



## Structural uncertainty: state choices

RCT comparing aspirin\_MR dipyridamole vs. aspirin for secondary prevention of vascular occlusive events



## Structural uncertainty: choice of comparators







#### Deterministic or scenario sensitivity analysis

| Scenario  | ICER in thousands per QALY |  |
|---|----------------------------|--|
| Base case LVEF<35%                              | £31.3                      |  |
| Subgroup treatment effect                       | £23.0                      |  |
| Implant costs reduced to £16,250                | £22.3                      |  |
| Repair and replacement episodes halved          | £27.1                      |  |
| Utility for Amiodarone group 0.65               | £18.8                      |  |
| Extrapolation over the lifetime of all patients | £24.0                      |  |

### Deterministic or scenario sensitivity analysis

| Scenario           |                                      | ICER in thousands per QALY |  |
|--------------------|--------------------------------------|----------------------------|--|
| Base case LVEF<35% |                                      | £31.3                      |  |
| Subgroup t         | Which is most plausible?             |                            |  |
| Implant cos        | ts reduced to £16,250                | £22.3                      |  |
| Repair and         | replacement episodes halved          | £27.1                      |  |
| Utility for A      | miodarone group 0.65                 | £18.8                      |  |
| Extrapolatio       | on over the lifetime of all patients | £24.0                      |  |

Framework for model development

# Message

- Framework for accommodating uncertainty
- Use model expansion
- Model plausibility formally assessed from data or experts
- If no clear winner can use model averaging
- Interested in examples of structural uncertainty

#### Selected references

Bojke L, Claxton K, Sculpher M, Palmer S. Characterising structural uncertainty in decision analytic models: a review and application of methods. Value In Health 2009;12(5):739-49.

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