



First Annual Evaluation Report

EConDA (Economics of Chronic Diseases)

This report arises from the EConDA project which has received funding from the European Union, in the framework of the Health Programme.

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1. Background and aim of work package

Chronic diseases including cardiovascular disease, type 2 diabetes and respiratory diseases are responsible for over 86% of deaths in Europe each year. Chronic diseases have a large impact on health and social care costs and in the current climate of austerity, prevention of these diseases should be a key priority.

The aim of the EConDA project (Economics of Chronic Diseases) is to aid member states to develop, select and implement more cost effective policies to improve chronic disease prevention and impact upon populations with the highest rates of premature deaths from chronic diseases and reduce health inequalities.

HM Partnerships is leading on the evaluation of this project (work package 3), with the aim to evaluate the impact of the EConDA project.

The baseline evaluation report covered the period April to September 2013.

This first annual evaluation report covers the first year of the project; from April 15 2013 to April 14 2014.

A second annual evaluation report will be prepared in April 2015.

2. EConDA specific objectives

1. Achieve consensus among key international organisations on methodology for measuring cost-effectiveness of interventions to prevent, screen and treat chronic diseases (Coronary Heart Disease, Chronic Obstructive Pulmonary Disease, Kidney Disease, Type 2 diabetes);
2. Develop an epidemiological disease model;
3. Develop a demonstration model for integrated approaches to address cost-effectiveness of various interventions for chronic disease prevention;
4. Implementation of the model in specific countries (Lithuania, Bulgaria, UK, Netherlands, Greece, Portugal, Finland, Poland)
5. Validation of the model;
6. Publish and disseminate an evaluation of the study.

3. Evaluation questions

1. Has consensus among key international organisations on methodology for measuring cost-effectiveness of interventions to prevent, screen and treat chronic diseases been achieved?
2. Has an epidemiological disease model been developed?
3. Has a demonstration model for integrated approaches to address cost-effectiveness of various interventions for chronic disease prevention been developed?
4. Has the model been implemented in the specified countries?
5. Has the model been validated?
6. Have the project results been widely disseminated?

4. Evaluation methodology

We will conduct a process evaluation to understand what has happened in the delivery of the project; whether each work package has achieved its objectives; and whether there were any unexpected outcomes or learning during the project.

The process evaluation will comprise:

1. A brief email-based survey with work package leaders. This will investigate questions such as:
 - i. What is the intention of the work package?
 - ii. Has the work package developed as intended?
 - iii. Has the intended target group been reached?
 - iv. What has been the impact of the work package?
 - v. Any short-term measures?
 - vi. Any unexpected outcomes?
 - vii. What are the next steps/recommendations for the work package?

2. Telephone and face to face interviews with work package leaders. These will investigate issues raised in the survey in more depth
3. Document analysis of all key project documents, and monitoring of press reports and journal articles relating to the project

5. Evaluation Outputs

5.1. Evaluation plan

Produced in month 2 (by 15 June 2013). This described work package 3, which sets out to evaluate the impact of the EConDA project.

5.2. Baseline evaluation report

Produced. Specifically we checked that work packages 4 (Consensus on methodology for measuring cost-effectiveness of interventions) and 5 (Develop a disease model) were progressing to timetable and/or if there are any problems in implementation.

5.3. Annual evaluation report

This report. For month 12 (by 15 April 2014). All work package leaders were surveyed and updates provided at the Steering Committee meeting (4 March 2014). This covers the period April 2013 to March 2014.

5.4. Annual evaluation report

For month 24 (by 15 April 2015). All work package leaders will be surveyed by email to be followed by telephone interviews if required.

5.5. Final evaluation report

To be produced at the conclusion of the project in October 2015. This report will include sections on each work package, all deliverables including details of dissemination, such as press reports and journal articles relating to the project.

6. Interim Findings

Process Evaluation (April 2013 to March 2014)

An e-survey was carried out in February - March 2014 (see Appendix 1, page 9) for all work package leaders to assess progress of the work packages against project outputs and milestones to identify issues and any unexpected outcomes.

All WP leaders (WPs 1-6) whose work has commenced responded to the e-survey.

6.1 Main findings

Work package outputs and progress to date are described below. These were discussed at the EConDA Steering Meeting on 4 March 2014.

WP1 - Project Coordination (UK Health Forum)

The project is progressing well. Support has been given where required to partners who have queries, questions, changes to the contract etc.

All milestones have been met:

- Initial 'kick-off' meeting held on 25 April 2013 at EAHC, Luxembourg
- Two steering group meetings have taken place (9 October 2013 and 4 March 2014)
- The annual technical and financial report is on track to be submitted by 15 April 2014

Next steps:

- Continue collecting timesheets and expenses
- Facilitate regular collaborators meetings with WP leaders
- Oversee other work packages
- Respond to collaborators' queries
- Make payments where necessary

WP2 – Dissemination of Research Results (European Society of Cardiology)

The work package is dedicated to the extensive dissemination of the project's reports and research outcomes to EU policy makers and to the academic community.

It is too early to measure impact as the research outcomes will be produced at a later stage in the project.

The work package is developing as intended:

- The website www.econdaproject.eu was launched in November 2013
- EConDA partners have been encouraged to place a link to the EConDA project from their website; at least nine partners have provided a link which has generated encouraging initial traffic:
There have been nearly 32,000 pages viewed and over 45,000 hits to the website from its launch in November 2013 to 28 February 2014. These figures are very encouraging
- The project leaflet is continually disseminated by all EConDA partners to their members, stakeholders and target audiences
- An additional achievement is that a protocol paper on the EConDA project has been accepted for publication in BMC public health. It will be published at the start of the next financial year

Next steps:

- To keep track of dissemination efforts
- Prepare for the dissemination of the various work package reports, papers and the promotion of the conference (Month 30)

WP3 – Evaluation of the Project (HM Partnerships, Health Equalities Group)

The evaluation is progressing as planned. An e-survey was circulated to WP leaders in February and March 2014 (see Appendix 1, page 9).

All milestones have been met:

- An evaluation plan was produced in May 2013
- A baseline evaluation report was produced in October 2013
- An annual evaluation report was produced in April 2014 (this report)

Next steps:

- An annual evaluation report will be produced in April 2015.

WP4 – Reaching Consensus on methodology for measuring cost-effectiveness of interventions (European Heart Network)

This work package was intended to:

- Review cost effectiveness methods and evidence for chronic disease prevention
- Reach consensus on criteria that will allow standardisation and comparisons of cost-effective studies

The work package has met its outcomes in the necessary time period and this work package has now been completed. Deliverables as below:

- A literature review on cost effectiveness methods was produced in November 2013: *Cost-effectiveness of interventions to prevent, screen and treat chronic diseases: A review. By the UKHF team.*

- A qualitative study has been completed: *Qualitative analysis – expert testimony on the best methods measuring cost-effectiveness of chronic diseases. UKHF team.*
- A consensus meeting to establish the best methods for measuring the cost-effectiveness of interventions to prevent, screen and treat chronic diseases took place in Brussels on 10-11 December 2013. 15 experts attended including representatives from WHO, OECD, EC, Brunel University and members of the European Chronic Disease Alliance. See full list of participants in Appendix 3 (pages 14-15).
- A Final Report from the above meeting was circulated on 28 January 2014. This includes a summary of the discussion points and the consensus reached by the experts at the meeting. Please see Appendix 2 at the end of this evaluation report (pages 11-13).

Outcome achieved:

- A basis for developing epidemiological disease models.

WP5 – Development of a disease model (UK Health Forum) in eight countries (Bulgaria, Finland, Greece, Lithuania, Netherlands, Portugal, Poland and UK).

This work package is developing as intended.

Most of the necessary disease data has been collated for each country by disease.

However, as is the nature of data, new data will be released later this year (Portugal) which is currently being processed.

There are a number of data limitations; lack of incidence data for selected countries (particularly Bulgaria and Greece). Contacts have been made at relevant conferences with experts in NCDs and cost-effectiveness in these countries. It is hoped that they can advise as to the best data to use, or provide advice on which proxy data to include.

Extension of the disease model with a nephrology arm, including the necessary background data (PREVEND database), was performed in collaboration with partners from the University of Groningen.

Next steps:

- Continue conceptualizing and coding the disease models
- Follow-up on data collection – check for new data points
- By end of year 2, test disease model and present preliminary findings.

WP6 – Development of a Cost-effectiveness model (University of Groningen)

The work package will develop a cost-effectiveness model.

The work package will be able to achieve its outcomes within the scheduled timeframe although some data are proving difficult to gather. For some countries (Bulgaria, Greece, Lithuania), it is likely that the work package will have to rely largely on local experts and on data from other countries.

Costs should have been gathered in Month 10 (February 2014). Some data has been collected, but not all necessary costs. This is not expected to affect the final delivery of the cost-effectiveness model which is dependent on the epidemiological model.

Based on the expert meeting (in WP4), an overview of the current issues was presented to the Steering Group meeting on 4 March.

Next steps:

- Continue to collect data on costs for both interventions and disease stages.

WP7 – Validation (UK Health Forum)

To be commenced.

7.0 Conclusions

The process evaluation has shown that the project is progressing well and there are few issues of concern.

Continuing data limitations including a lack of incidence data for some countries are a problem that will need to be addressed and their impact assessed.

The development of the disease model and cost effectiveness models are progressing and practical ways explored to overcome any problems with data.

Appendix 1



Survey for Work Package Leaders : 2 (Spring 2014)

Process Questionnaire Survey for Work Package Leaders

1. Your Name:

2. Work Package Name:

- WP 1: Coordination
- WP 2: Dissemination
- WP 3: Evaluation
- WP 4: Consensus on methodology for measuring cost-effectiveness of interventions.
- WP 5: Develop a disease model
- WP 6: Cost-effectiveness model
- WP 7: Validation

Comment:

1. What is the intention of the work package?

2. Has the work package developed as intended?

3. Has the intended target group been reached?

4. What has been the impact of the work package?

5. Any short-term measures?

6. Any unexpected outcomes?

7. What are the next steps / recommendations for the work package?

8. Any other comments?

Appendix 2



WP4: Reaching consensus on methodology for measuring cost-effectiveness of interventions

The ways forward in the field of Cost Effectiveness analysis. A summary of the discussion points and consensus reached at the expert meeting held in Brussels on 10-11 December 2013.

1. What CE outcomes should the EConDA project model?

It was suggested that different ICERs should be used: life-years gained; DALYs; QALYs; number of cases, direct costs and indirect costs

2. How do we measure direct and indirect outcomes?

- a) In terms of direct costs, it was suggested that tariffs are used or actual cost if available. Expert opinions were acceptable as were average costs
- b) Elements to include in indirect costs include: absenteeism/presenteeism. It was suggested that a friction costs approach as opposed to the human capital approach be used.

3. How do we best measure a societal perspective?

It was suggested that the level of “out of pocket” costs should be considered, informal costs, and benefits such as “feel good” should be captured, though data availability means this may not be feasible at this point. A societal perspective should be country specific and account for local circumstances.

4. Should there be a cut-off point for CE and if so what should this be?

It was agreed that there should be no standardised cut-off points as comparing CE is problematic. However, it was agreed that comparing cost per QALY could be useful.

5. Can we agree on an appropriate discount rate?

There was no agreement on an appropriate discount rate. These are country-specific.

6. How do we best compare across countries?

It was suggested that the most appropriate comparison is cost per QALY. CE depends on parameters that differ widely from country to country.

7. What are the ways forward and new methods beyond what currently exists?

New research (Fischer et al, The Appraisal of Public Health Interventions: an overview; J of Public Health) is exploring the use of decision theory in appraising public health interventions. This combines different types of evidence given that RCTs are not feasible in PH interventions, and interventions applied to large groups are often underpowered. This area of research should be followed and considered in addition to the quantitative evaluation of intervention modelled in EConDA

- a) All relevant outcomes can be modelled as long as there are available data, though data availability will be an issue, at least for the foreseeable future.
- b) Indirect costs if used must have as much detail as possible; they could include, for example, productivity costs and presenteeism.

- c) The context for each country should be taken into account.
- d) Judgement-free research: no cost-effectiveness cut-offs should be applied to evaluate interventions. It is possible to compare prices per QALY, but should not directly compare CE across studies.
- e) Call for being explicit in the methods and data used in building the models.

Appendix 3



EConDA Expert meeting 10 – 11 December 2013

List of participants

Name	Organisation
Nana Anokye (TBC)	Brunel University, UK
Joao Breda	WHO Regional office for Europe
Artur Carvalho / Dirk van den Steen	European Commission, DG Sanco
Diana Divajeva	UK Health Forum
Fiona Godfrey	European Association for the study of the liver (EASL)
Marleen Kestens	European Heart Network (EHN)
Kornelia Kotseva	European Society of Cardiology (ESC)
Susanne Logstrup	European Heart Network (EHN)
Tim Marsh	UK Health Forum
Julian Perelman	National Health Institute Portugal
Maarten Postma	Groningen University

Franco Sassi	OECD
Till Seuring	International Diabetes Federation, Europe
Wim van Biesen	European Kidney Health Alliance
Pepijn Vemer	Groningen University
Laura Webber	UK Health Forum