IMPACT HTA | WP3

Developing a costing methodology and a core dataset of costs for facilitating cross border comparisons in economic evaluation

Research Question

- Costs are one of the critical factors for the transferability of the results of economic evaluations.
- · Reusing study results would save a lot of time and thus avoid wasting resources.
- The EE study of a certain technology carried out in one country is reusable and transferable to other countries, only if we know what resources are included in the cost calculation.

Methodology

- Searches were carried out on the Health Ministries' and health organizations' websites of each country to identify cost databases of hospital DRGs and any accompanying publicly available documents describing the costaccounting methodology used to construct them.
- · Consortium partners verified these searches, identified any additional official databases with relevant data and completed a semi-structured questionnaire aimed at obtaining information on costing exercise conduction in the country.

Results

- The European Healthcare and Social Costs Database (EU HCSCD) contains 27 costing items organised in three main categories and 13 subcategories.
- There is a lack of transparency and/or inexistency of publicly available costing documents describing elements included in the item and methodology used in cost estimation.
- · Complex services and interventions are organised in DRGs. Most direct costs and variable overheads are included in costing items of all countries. The problematic costs are fixed overheads, as they are included in DRGs in some countries, but not in others.

Item in local language

27 costing items organised in 3 main categories and 13 subcategories

| Category | Subcategory | Item |
|-------------------------------------|--|--|
| Primary resources | Medicines | Paracetamol Atorvastatin Trastuzumab |
| | Medical devices | Drug-eluting stent Wearable cardioverter-defibrillator |
| | Health products | Glucose strips |
| | Personnel | General practitioner Nurse Specialist |
| Composite goods and services | Outpatient visits | General practitioner visit Specialist visit Accident and Emergency visit |
| | Hospitalisation | Day of hospitalisation at "normal" ward Day of hospitalisation at Intensive Care Unit |
| | Image diagnosis | Ultrasound Scan Computerised Tomography Scan |
| | Laboratory tests | Creatinin Ferritin |
| | Ambulance services | Non-emergency patient transport Intensive care ambulance |
| | Diagnostic procedures | Colonoscopy |
| | Therapeutic procedures | Haemodialysis Oxygen therapy |
| Complex processes and interventions | In patient medical and surgical processes | Heart failure (ICD10:I50) Hernia inguinal, umbilical (ICD10: K40, K41, K42) |
| | Day case procedures/ Outpatient surgery | Laparoscopic cholecystectomy Cataract extirpation |

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| 33. |
|---------------------------------------|
| Item subtype |
| Code |
| Model* |
| Brand* |
| Country |
| Region+ |
| Year |
| Type of unit* |
| Unit of measurement |
| Strength* |
| Number of units delivered |
| Local price |
| Local currency |
| Price in euros |
| Local price (GDP deflator applied) |
| Price in euros (GDP deflator applied) |
| Local price (CPI applied) |
| Price in euro (CPI applied) |
| Type of unit value |
| Type of institution |
| Source |
| Bibliographical reference |
| Notes |
| |

*Applies to medicines, medical devices and health products

Policy Implications

· Policy implications highlighted by this whole issue is the urgent necessity of transparent and publicly available costing methodological documents.



Each item





⁺Applies to only those countries where healthcare costs differ among regions