



IHE Methodology Forum Challenge 1: Data quality and the development of national costing panels to better utilize administrative data

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IHE Methodology Forum



**INSTITUTE OF
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ALBERTA CANADA

Costing purposes in HTA

- Economic Surveillance
- Economic Evaluation
- Economic Burden of Illness
- Economic Impact Analysis

Data Requirements

- Perspective – impacts cost data
 - Payer, patient, public, societal
- Comprehensiveness
- Time Horizon
 - Short term vs. downstream effects
- Costing approach
 - Bottom Up, Top Down, Activity Based, etc.

Available Databases

- Provincial databases
 - Population registries
 - Inpatient discharge abstracts
 - Ambulatory hospital services
 - Service event reporting (physician billing)
 - Prescription drugs
 - Nursing home
 - Home care (?)

Available Databases

- CIHI
- Occasionally available data
 - Community health survey
 - Clinical data bases
 - Infectious disease reports
 - Immunization surveys
 - Education, social service records (MB)
 - Research trialsand...**maybe** ...



**No more census
concessions!!!
We've gone as far
as we can go!**

The Hon. Tony Clement



Limitations

- Administrative Databases do not contain all of the cost data that is required for economic analysis.

Direct Healthcare Costs

Equipment, facilities, personnel, medications, tests, supplies.

Direct Non-Health Costs

Direct costs to patients and families (e.g. out of pocket payments, paid caregivers)

Indirect Costs

Time costs to patients and families (e.g. travel time)

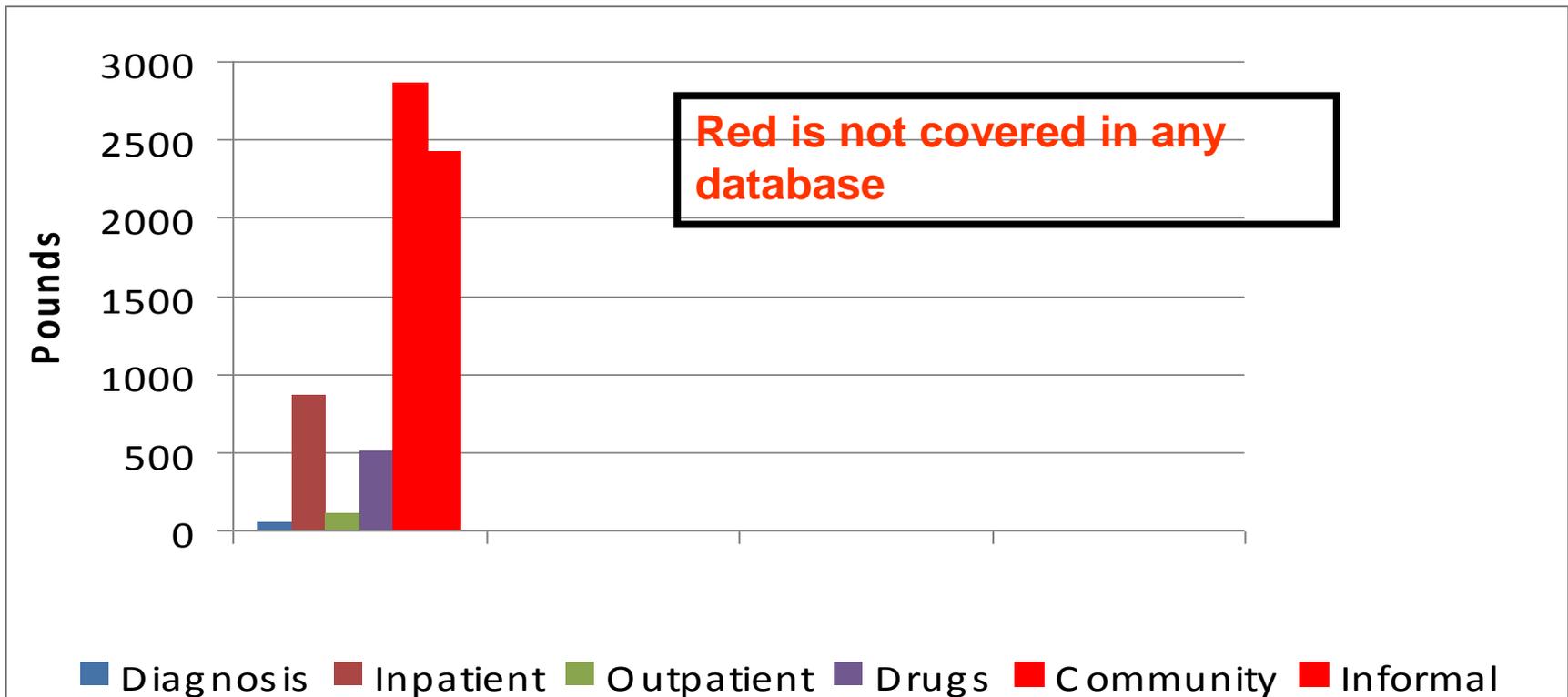
Lost wages or lost time at work

Lost productivity due to reduced working capacity or absence

Costs Outside the Health Sector

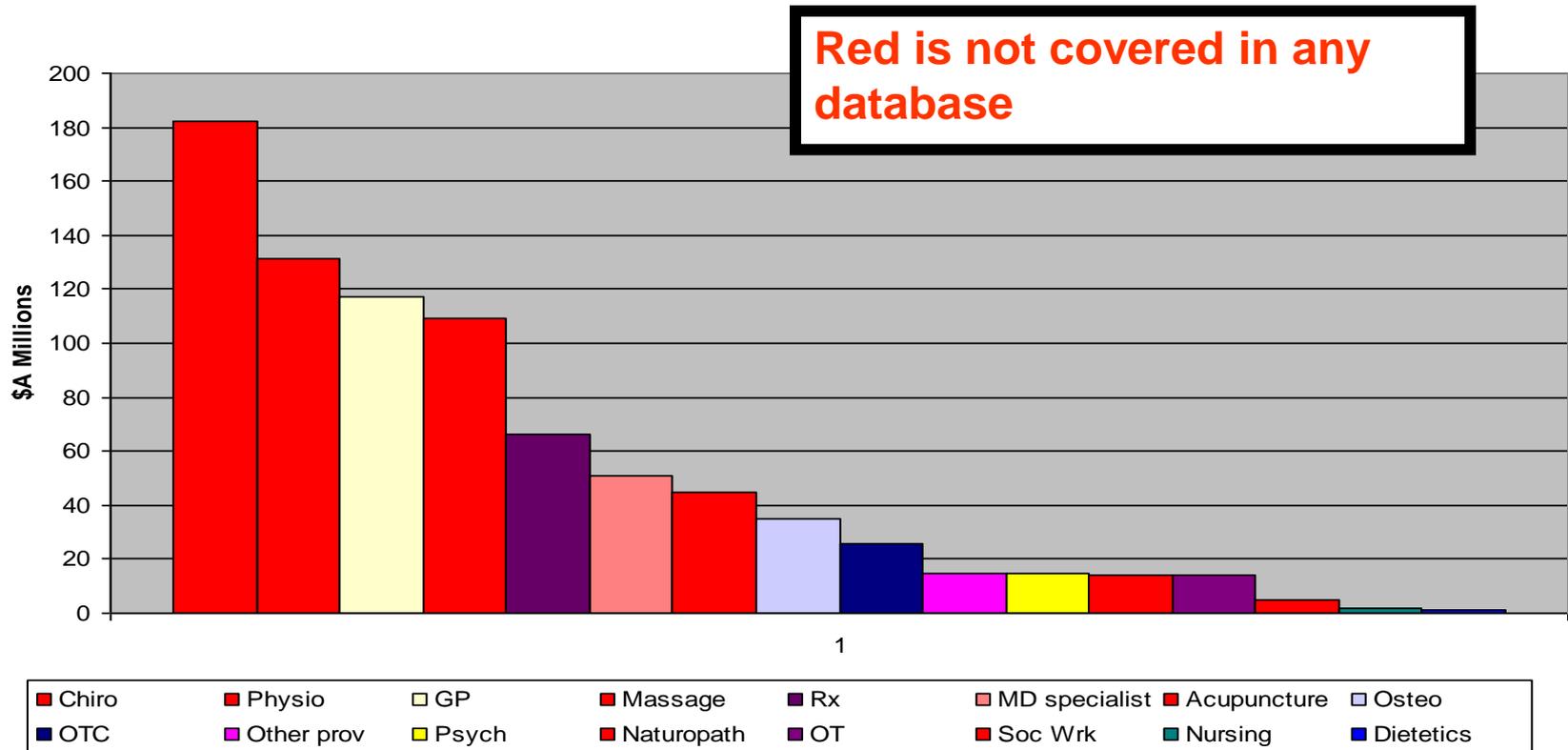
Criminal justice
Education
Social services

Example: UK stroke (£, 000 million/year)



Ans. For stroke, a lot of key services missing

Cost of lower back pain, Australia, 2001, \$M



Ans. For stroke, a lot of used services are missing

Limitations

- Service Event Reporting
 - Non – FFS sector growing **but** compliance with reporting is poor.
- Very limited validation of existing costs / alternative methods
- Is anything omitted from the databases?
 - Non covered drugs?
- ICD codes not always sufficient to identify cases.

Benefits

1. Data is routinely collected.
 - ❑ Unused potential and rich with information.
 - ❑ Extensive recording of health utilization.
2. Linkability (unique ID)
 - ❑ with other clinical and epidemiologic information
3. Administrative data from various provinces are already being housed together - CIHI
4. Data available for multiple years (e.g. over 10 yrs)
5. A unique national resource
6. Transferability of Economic Analysis

Feasibility

- Standardization of costs important.
 - Need a mechanism of standardization.
 - Standardizing for what characteristics? – population demographics, severity, etc.?
 - Accepted by participating data custodians and users.
- Privacy and legal issues
- Requires Infrastructure
 - Need resources to develop capacity.
 - Bureaucracy should not be a barrier to access

Conclusions

- Provincial data systems provide a unique opportunity for establishing costing panels.
- Need to be aware of inherent limitations with administrative data sources.
 - There are gaps.
- Need resources to develop capacity and improve access.