

COMPLETING AN APPLICATION TO INCLUDE EE

HEAT

MARION HAAS

IN THIS SESSION

1. How important is the EE?
2. Including an economist?
3. Structuring the components of the EE within the application
4. Including an economist and the new NHMRC rules
5. Budget for the EE

GENERAL OVERVIEW OF GRANT APPLICATIONS

- Most applications require:
 - **Science**
 - **Significance and/or Innovation**
 - **Track record**
- Other criteria:
 - Translational impact
 - Consumer involvement

HOW IMPORTANT IS THE EE?

- Title of your application?
 - Should it mention economics and how?
- Objectives?
 - Is it important to understand the costs and outcomes?
 - What sort of EE?
- Outcomes?
 - Are you including QoL measure?
- Previous research
 - May need to look further than health literature

STRUCTURING THE EE COMPONENTS WITHIN THE APPLICATION

1. Needs to be an integral part of each aspect of the application
2. **Science:**
 - Research questions: *“What is the cost-effectiveness of (intervention) compared to (comparator)”?*
 - Methods: *“An economic evaluation will be conducted alongside this trial” etc etc*
 - Data collection: *“For the EE, data on costs and outcomes will be collected”*
 - Analysis plan: *“An Incremental Cost Effectiveness Ratio (ICER) will be estimated as follows”*

STRUCTURE (CONT.)

3. Significance and Innovation

- This is where policy/practice implications can be emphasised
- May be innovative in your field, in relation to this topic, in the use of these data

4. Track record

- A economist can come in handy here
- Previous collaboration a good thing

EE COMPONENTS

- **Perspective (stated upfront)**
 - Ideally societal, but realistically...?
- **Timeframe (in Methods)**
 - Over what period of time will data collection take place?
 - Within timeframe of the study (trial)
 - ? Beyond
- **Modelling (in Methods)**
 - If beyond the trial timeframe, what type of model, source/s of data?

An example..

Perspective: Taking a health system perspective, we will identify, measure and value *resource use* for both the intervention and comparison groups.

Methods:

Data collection: We will identify the type of resources that will be utilised by both groups. The main items are [insert] (see Table A). We will measure and model costs over a [X] year timeframe. Using a [top down/bottom up] approach, the *quantity of each type of resource* utilised will be measured. Costs will be valued using standard Australian economic evaluations guidelines, through [insert data set]. For values not captured by guidelines we will value costs using [specify alternative]. We will value capital *items* and other fixed costs [may want to insert specific item] at an appropriate rate of depreciation. Medicare data will be used to...

Data analysis: Similar to all economic evaluations, the costs captured in this study are likely to be skewed and will therefore violate normal distribution assumptions. In analysing the data we will empirically investigate and apply the most appropriate technique to deal with the skewness of the data. This includes transformation of the cost data and non-parametric methods such as bootstrapping. All costs will be expressed in *current Australian dollars (using x as a base year)*, and future costs discounted at 5%, in line with PBAC recommendations. Sensitivity analysis will be conducted.....



TO MAKE A REALLY GOOD IMPRESSION

1. Include table for data on resource use (see next slide)
2. Include justification and explanation for use of specific QoL (MAUI) instrument
3. Include additional details of how the data collection for the EE will dove-tail with that for other aspects of data collection
4. Emphasise the policy and/or practice implications of the study

An example..

Assessment of resource use.

Type of resource	Method of assessment	Method of valuation
Physiotherapists' time	Physiotherapists' report	Salary rates plus on-costs for physiotherapists using published prices
Equipment	Questionnaires at 1, 3, 6 months	Manufacturer's price (depreciated over 3 years)
Medication, visits to general practitioners and other health professionals, hospitalisation, visits to emergency department	Medicare data Hospital data Questionnaires at 1, 3, 6 months	Published prices (e.g. Pharmaceutical Benefits Scheme and Medicare Benefits Schedule reimbursement) and/or actual costs (OOP) to participants
Visits to community services or alternative or complementary health practitioners	Questionnaires at 1, 3, 6 months	Actual (OOP) costs to participants



DO I NEED AN ECONOMIST?

1. Is the EE question a primary one?
 - **YES** – preferably as a **CI** (see next slide)
2. If not primary, advisable as an **AI** (see next slide)
3. Will still need RA for data collection, data cleaning and initial analysis
 - May be someone with economics training, but not necessarily

IMPLICATIONS OF THE NEW NHMRC RULES RE NUMBER OF GRANTS/CI

- Transition
 - Currently, researchers can be a CI on 6 project grants
 - From 2018 onwards, researchers can be a CI on 2 Ideas grants and 1 Synergy grant **applications**;
 - From 2019, can hold 2 IGs and 1 SG simultaneously while current project grants are completed.

IMPLICATIONS OF THE NEW NHMRC RULES RE NUMBER OF GRANTS/CI

- Serious implications for grants requiring technical specialists such as HE, statisticians
 - May be somewhat alleviated if specific funding for clinical trials is established
 - Use of HE as AIs likely to become more common
 - Conventions re AIs may need to change eg better communication, more CI-like involvement in design, implementation, analysis etc

BUDGET FOR AN EE

1. What will the budget need to cover?
 - Depends on Investigator status (CI or AI)
 - Depends on length and complexity of project
2. At a minimum, will need to cover costs of:
 - Design of EE (economist)
 - Additional costs of data collection (RA +\$)
 - Resource use data
 - Administrative data
 - Data analysis and interpretation (economist)
3. What happens if the grant is successful but the budget is cut?