

# Use of Economic Modelling in Acupuncture

Saramago-Goncalves P\*, **Weatherly H\***, Manca A\*,  
Sculpher M\*, MacPherson H\*\*

\*Centre for Health Economics (CHE)

\*\*Department of Health Sciences

University of York, UK

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# Outline

- An introduction to economic modelling
  - Definition & types of models
  - Principles
  - Rationale
- Exemplar: Economic modelling in acupuncture
  - Key modelling opportunities in undertaking economic evaluation of acupuncture
  - Economic modelling methods for synthesising evidence
  - Preliminary effectiveness results

“All models are wrong....  
some are useful” *On statistical models, George Box*

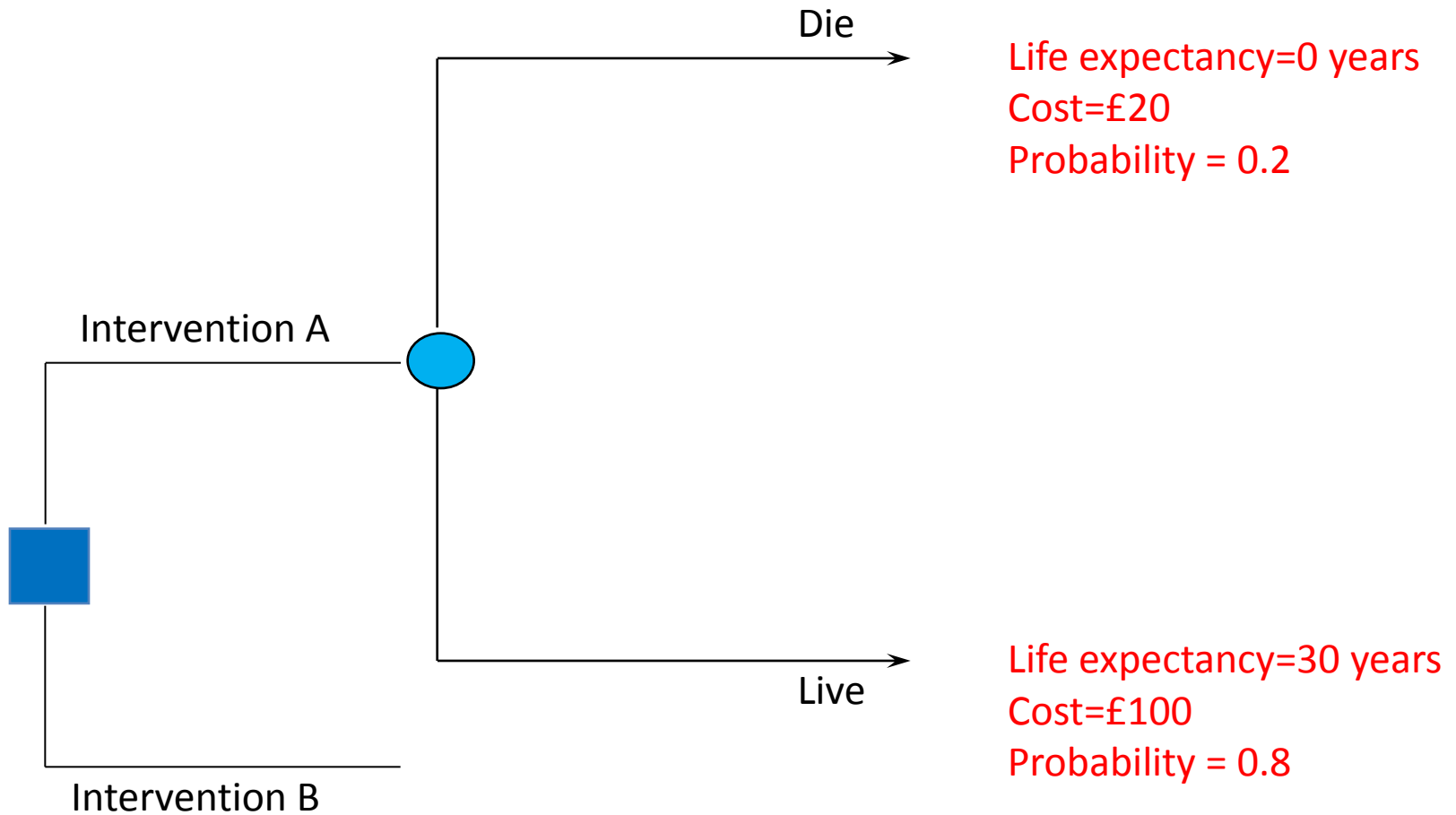
### Decision models

- Prediction of health-related events/episodes
- Events linked to costs & health outcomes
- Synthesise evidence
- Uncertainty in inputs
- Focus on appropriate decision
- Clinical versus economic

# Examples of Types of Models

- Trial based
- Decision tree
- Markov model
- Trial based network meta-analysis

# Decision Tree



# Decision tree: Expected Values

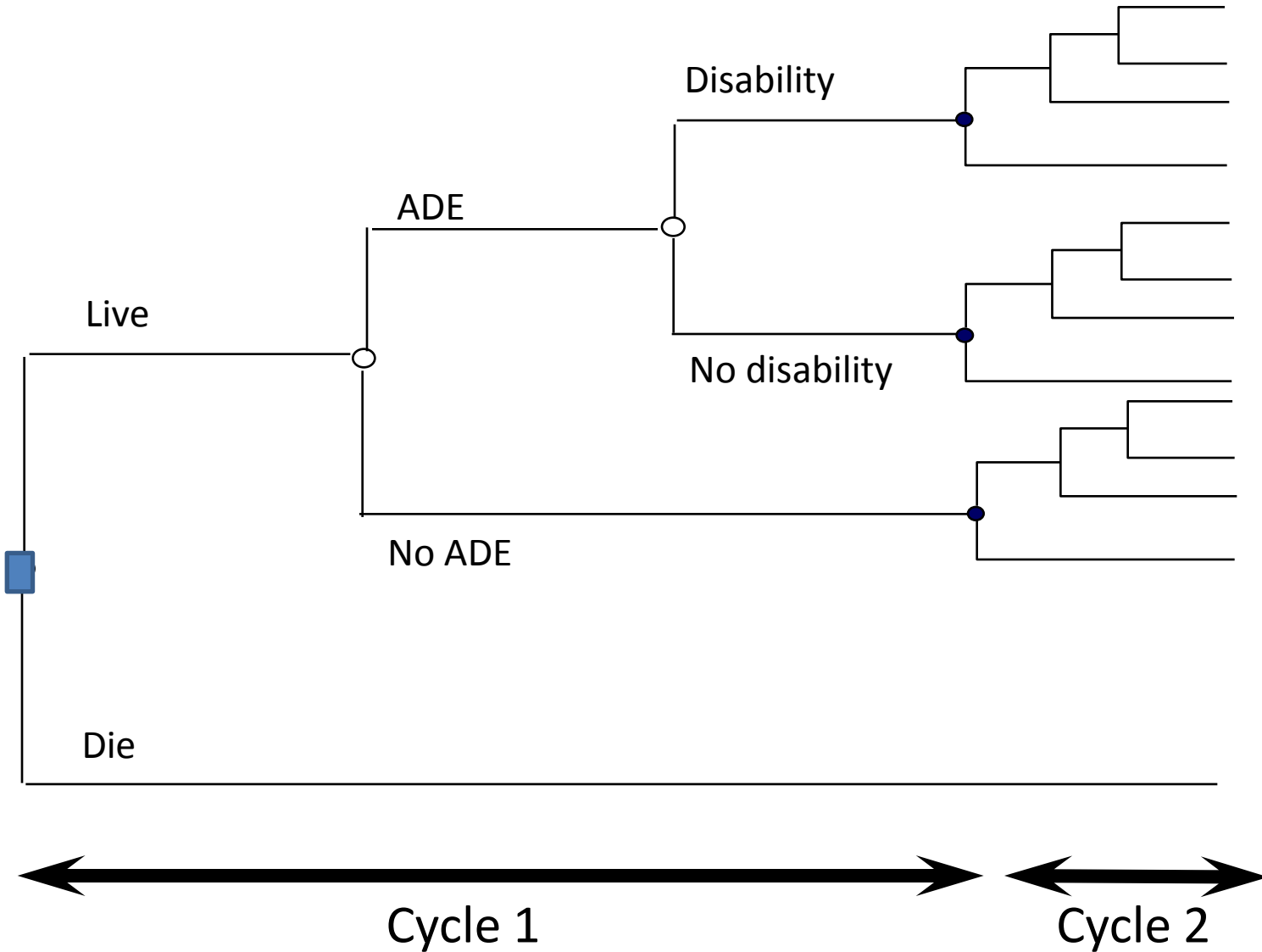
Expected survival duration:  $(0.2 \times 0 \text{ yrs}) + (0.8 \times 30 \text{ yrs})$

$$= 24 \text{ years}$$

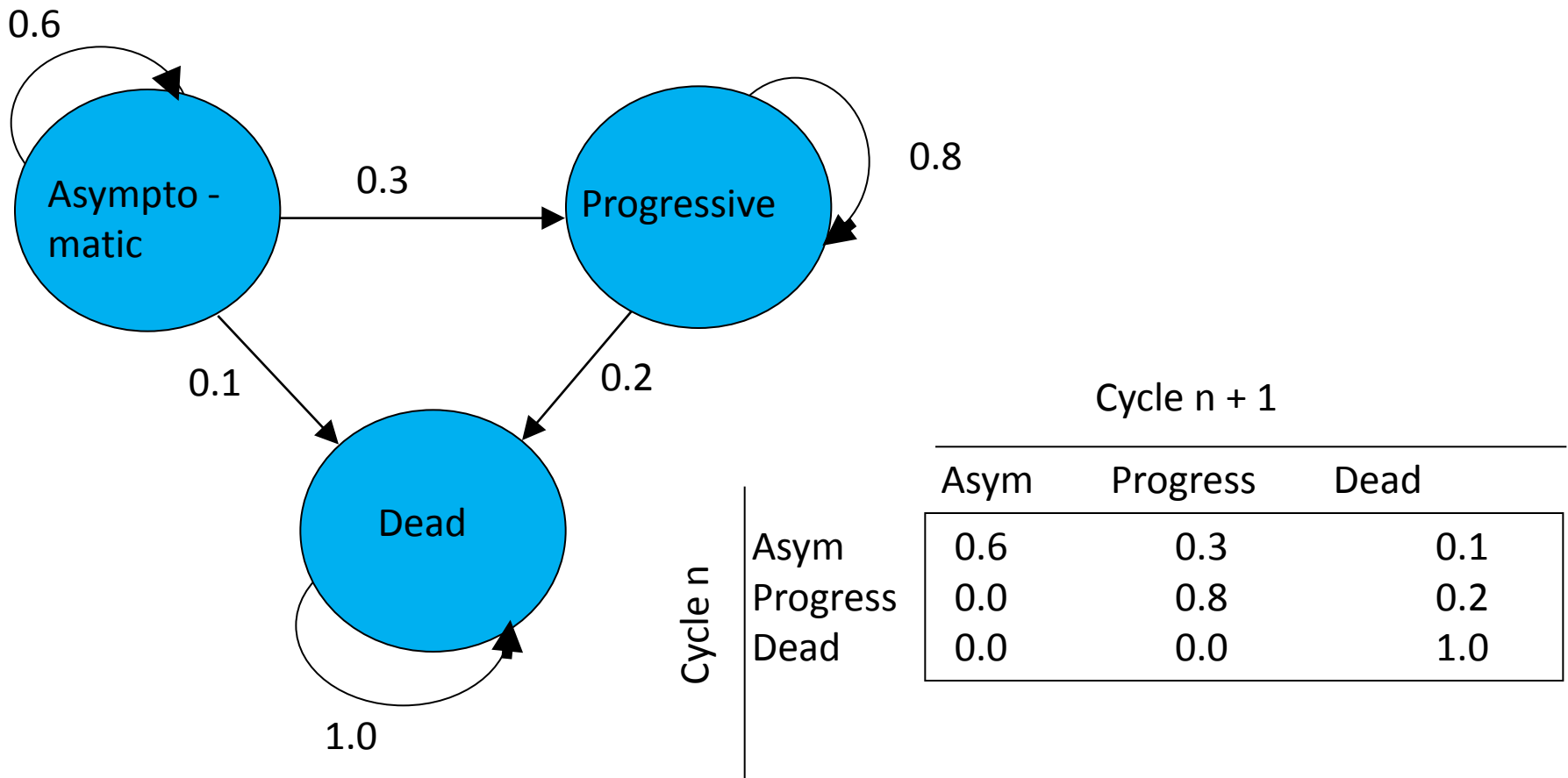
Expected cost:  $(0.2 \times \text{£}20) + (0.8 \times \text{£}100)$

$$= \text{£}84$$

# Decision Tree

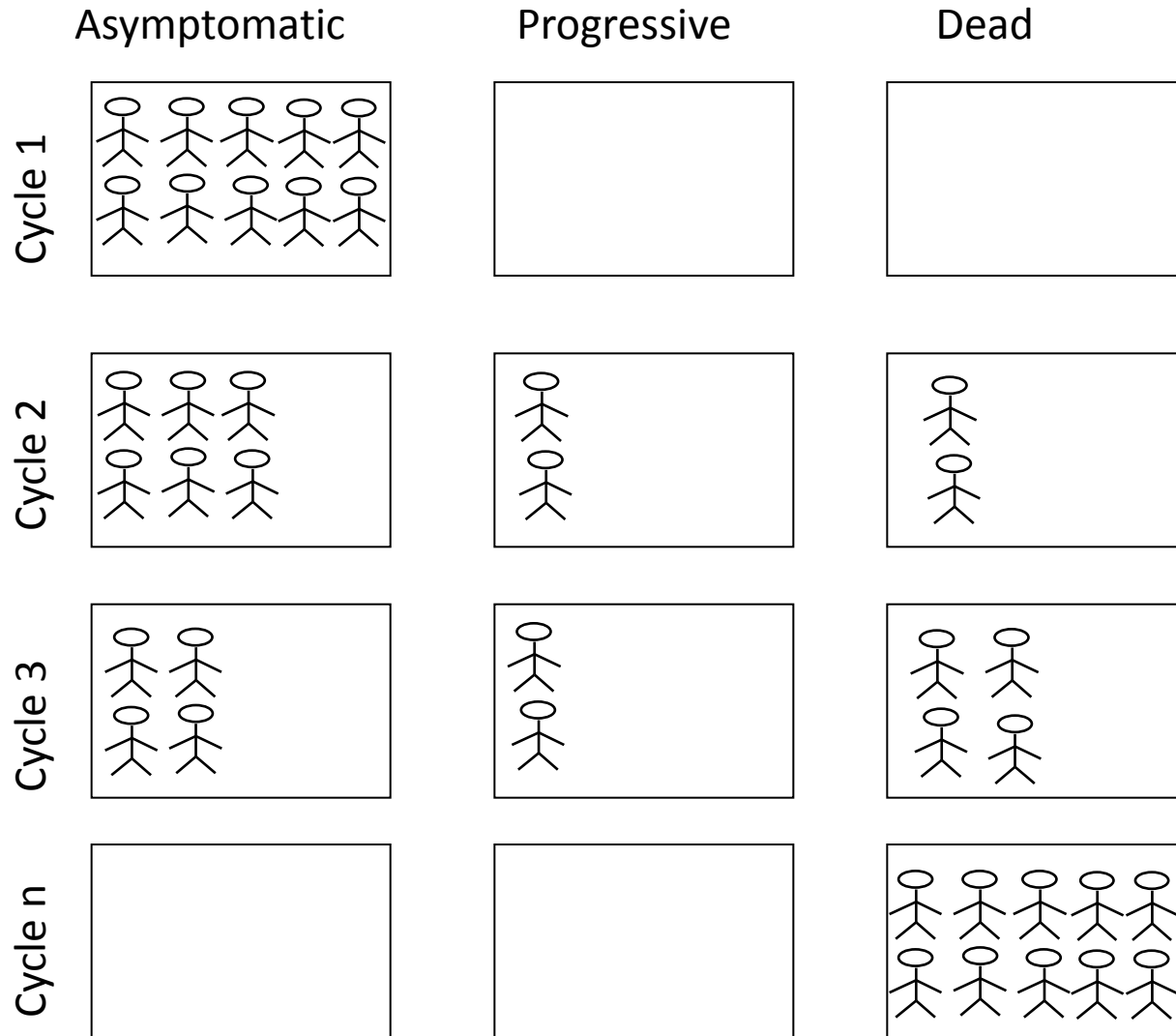


# Markov Process





# Markov Cohort Simulation: the concept

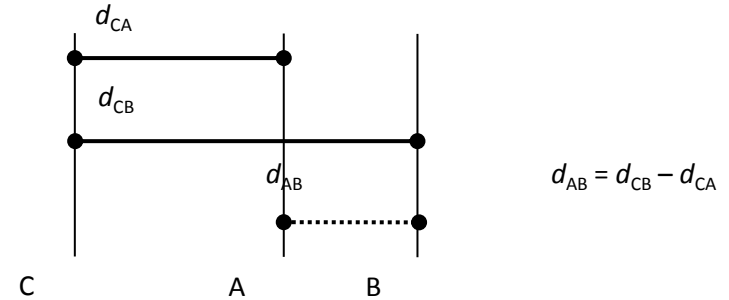
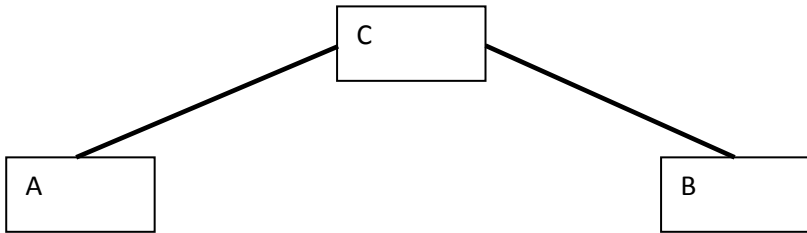


# Network Meta-Analysis

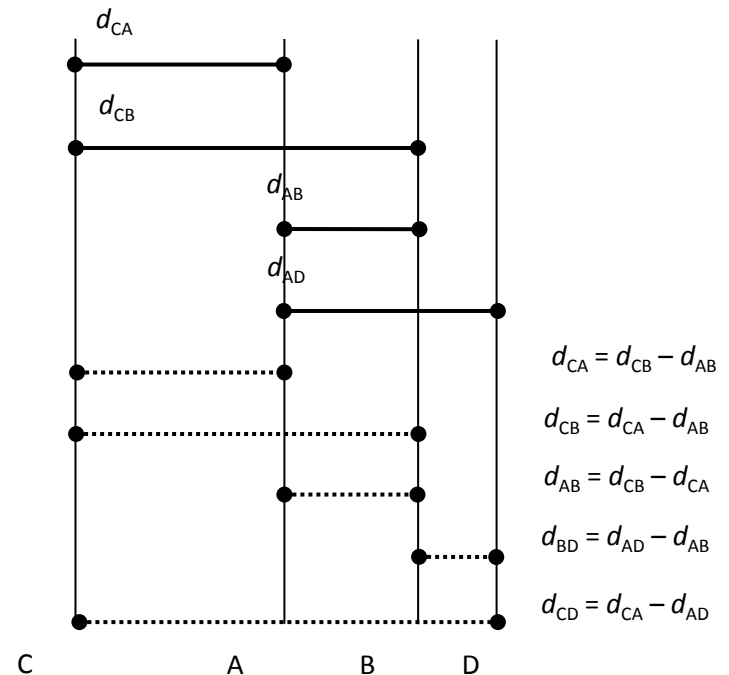
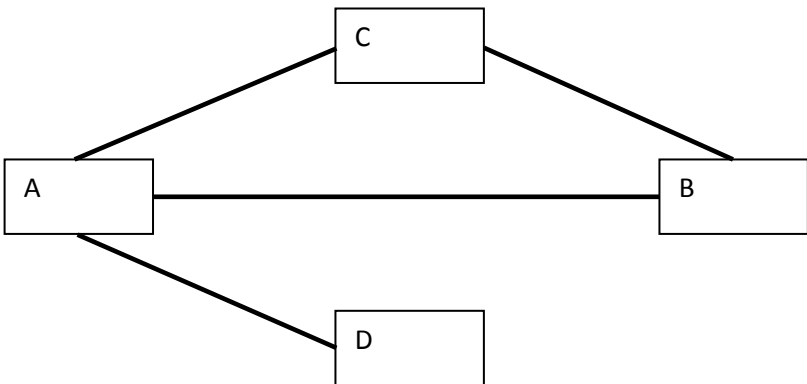
(a) Indirect comparison of A:B

(b) Mixed Treatment Comparison

(a)



(b)



# Principles

- Use of cost-effectiveness data to explicitly inform resource allocation decisions on value for money
- Make best use of all available data, potentially synthesising different types of data from different sources
- Quantify decision uncertainty

# Rationale for models

## Contrasting two paradigms

### Measurement

- Testing hypotheses about individual parameters
- Relatively few parameters of interest
- Primary role for trials
- Focus on parameter uncertainty

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### Decision analysis/Economic

- What do we do now based on all sources of current knowledge?
- Decisions cannot be avoided
- A decision is always taken under conditions of uncertainty
- Decision making involves synthesis
- Can be implicit or based on explicit (decision) analysis

Measurement is necessary but not sufficient for decision making

# Limitations of Trials as a Vehicle for Decision Making

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## Trial limitations

## NICE Examples

Inappropriate or partial comparisons

Temozolomide (recurrent malignant glioma)

More than one trial

Drugs for Alzheimer's

Partial measurement

Riluzole (resource use)

Unrepresentative practice

Glycoproteins

Intermediate outcomes

Beta interferon (MS)

Limited follow-up

Implantable cardioverter defibrillators

No trials

Liquid-based cytology

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# Whither Trial-Based Economic Evaluation?

- Often trials are not sufficient for decision making
- But are key source of data for relative treatment effect
- Provide vehicle for collection of economic data
- But other data sources may be needed

Case Study:  
Assessing the  
Effectiveness & Cost-Effectiveness  
of Acupuncture  
for Treating Chronic Pain  
in Primary Care

# Economic Modelling Methods (1)

- Defining the decision problem
  - Study perspective: UK NHS and out of pocket costs
  - Comparators: Usual care, Acupuncture, Sham acupuncture
  - Population:
    - Adults with chronic pain;
    - 3 conditions; headache, musculo-skeletal, osteoarthritis of the knee (OAK)
  - Output:

$$\text{Cost/QALY} = \frac{\text{Cost of A} - \text{Cost of B}}{\text{Quality-adjusted Life Year (QALY) of A} - \text{QALY of B}}$$



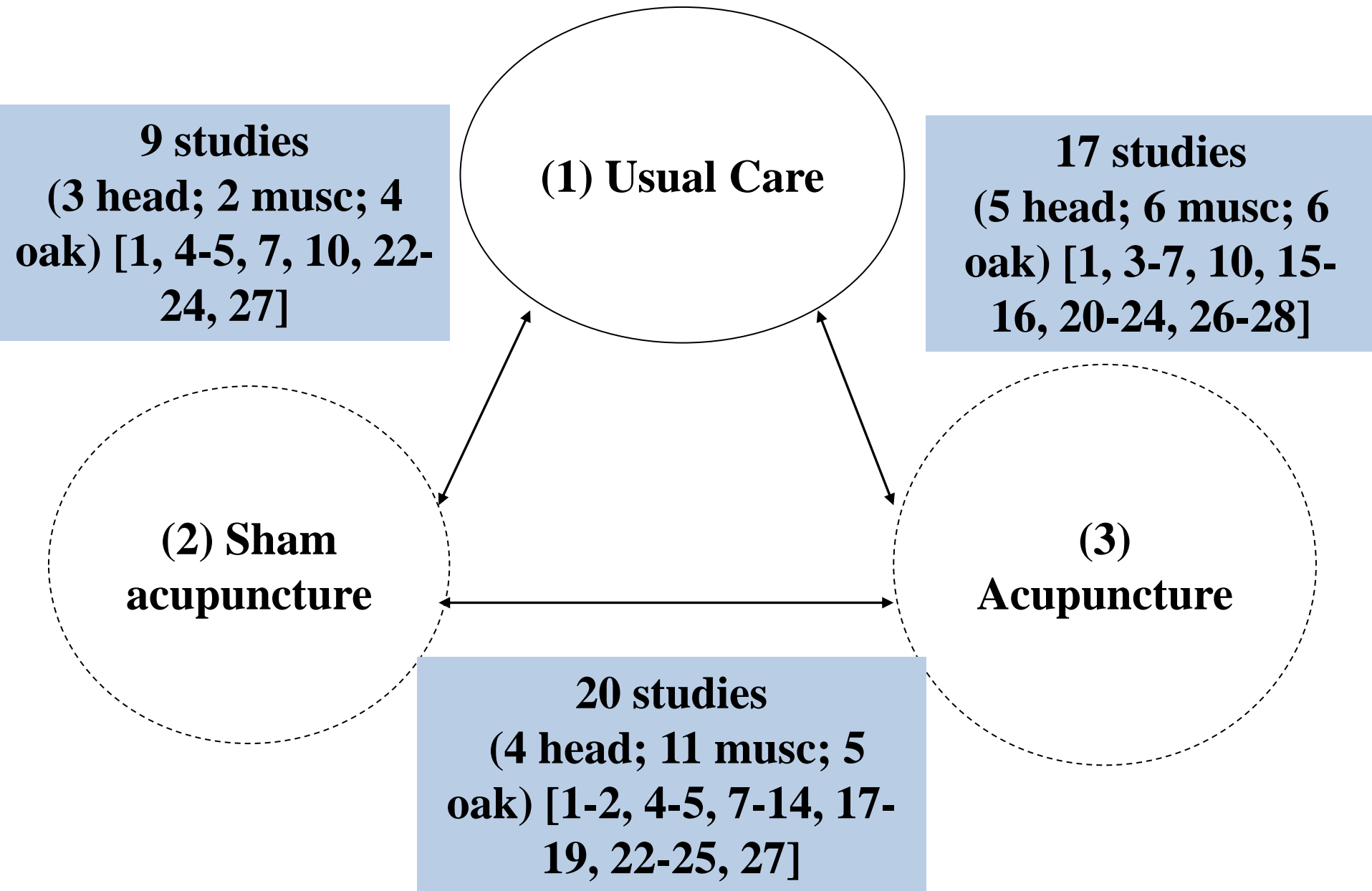
# Economic Modelling Methods(2)

- Analyzing the available data
  - Lots of data: 28 RCTs, individual patient level data (IPD), 18,000 observations
  - Limited UK resource use data
  - Multiple outcome
  - Multiple time horizons
  - Within and between study variation
  - Time horizon considerations

# Economic Modelling Methods(3)

- Choosing appropriate modelling methods
  - Mapping multiple & heterogeneous outcomes to utility values
  - Evidence synthesis
    - Trivariate model: utility values, pain scores and costs for CEA
    - Network of studies reflecting Mixed Treatment Comparison of trials
- Exploring uncertainty
  - Sensitivity analysis

# Evidence Synthesis



# Generating Utility Values

- Aim: Generate utility values for calculating Quality-adjusted Life Years (QALYs)
- Methods:
  - Published literature
    - Generic instruments: SF36, SF12
    - Specific instruments: WOMAC algorithms
  - Specifically developed mapping
    - Constant-Murley-score (CMS) to pain to utility value

# RCT References

1. Diener H-C et al. Efficacy of acupuncture for the prophylaxis of migraine: a multicentre randomised controlled clinical trial. *Lancet Neurol*. 2006, 5, 310-316.
2. Endres H et al. Acupuncture for tension-type headache: A multicentre, sham-controlled, patient and observer-blinded, randomised trial. *J Headache Pain*. 2007, 8, 306-314.
3. Jena S et al. Acupuncture in patients with headache. *Cephalgia*. 2008, 28, 969-979.
4. Linde K. Acupuncture for patients with migraine: A randomised controlled trial. 2005, 293, 17, 2118-2125.
5. Melchart D et al. Acupuncture in patients with tension-type headache: randomised controlled trial. *BMJ*. 2005. doi:10.1136/bmj.38512.405440.8F
6. Vickers A et al. Acupuncture for chronic headache in primary care: large, pragmatic, randomised trial. *BMJ*. 2004. doi:10.1136/bmj.38029.421863.EB
7. Brinkhaus B et al. Acupuncture in patients with chronic low back pain: a randomized controlled trial. *Arch Intern Med*. 2006, 166, 4, 450-7.
8. Carlsson C and Sjölund B. Acupuncture for chronic low back pain: a randomized placebo-controlled study with long-term follow-up. *Clin J Pain*. 2001, 17, 4, 296-305.
9. Guerra de Hoyas et al. Randomised trial of long term effect of acupuncture for shoulder pain. *Pain*. 2004, 112, 289-298.
10. Haake M et al. German Acupuncture Trials (GERAC) for chronic low back pain: randomized, multicenter, blinded, parallel-group trial with 3 groups. *Arch Intern Med*. 2007, 167, 17, 1892-8.
11. Irnich D et al. Randomised trial of acupuncture compared with conventional massage and "sham" laser acupuncture for treatment of chronic neck pain. *BMJ*. 2001, 322, 7302, 1574-8.
12. Kennedy S et al. Acupuncture for acute non-specific low back pain: a pilot randomised non-penetrating sham controlled trial. *Complement Ther Med*. 2008, 16, 3, 139-46. doi: 10.1016/j.ctim.2007.03.001.
13. Kerr DP et al. Acupuncture in the management of chronic low back pain: a blinded randomized controlled trial. *Clin J Pain*. 2003, 19, 6, 364-70.
14. Kleinhenz J et al. Randomised clinical trial comparing the effects of acupuncture and a newly designed placebo needle in rotator cuff tendinitis. *Pain*. 1999, 83, 235-241.
15. Salter G et al. Acupuncture for chronic neck pain: a pilot for a randomised controlled trial. *BMC Musculoskeletal Disorders*. 2006, 7, 99. doi:10.1186/1471-2474-7-99.
16. Thomas K et al. Randomised controlled trial of a short course of traditional acupuncture compared with usual care for persistent non-specific low back pain. *BMJ*. 2006, 333, 7569, 623. Epub 2006 Sep 15.
17. Vas J et al. Efficacy and safety of acupuncture for chronic uncomplicated neck pain: A randomised controlled study. *Pain*. 2006, 126, 245-255.
18. Vas et al. Single-point acupuncture and physiotherapy for the treatment of painful shoulder: a multicentre randomized controlled trial. *Rheumatology*. 2008, 47, 887-893.
19. White P et al. Acupuncture versus placebo for the treatment of chronic mechanical neck pain. A randomized, controlled trial. *Ann Intern Med*. 2004. 141, 911-919.
20. Witt C et al. Acupuncture for patients with chronic neck pain. *Pain*. 2006. 125, 98-106.
21. Witt C. et al. Pragmatic randomized trial evaluating the clinical and economic effectiveness of acupuncture for chronic low back pain. *Am J Epidemiol*. 2006, 164, 5, 487-96. Epub 2006 Jun 23.
22. Foster N et al. Acupuncture as an adjunct to exercise based physiotherapy for osteoarthritis of the knee: randomised controlled trial. *BMJ*. 2008, doi:10.1136/bmj.38280.509803.BE
23. Berman B et al. Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: a randomized, controlled trial. *Ann Intern Med*. 2004, 21, 141, 12, 901-10.
24. Scharf H et al. Acupuncture and knee osteoarthritis: a three-armed randomized trial. *Ann Intern Med*. 2006, 145, 1, 12-20.
25. Vas J et al. Acupuncture as a complementary therapy to the pharmacological treatment of osteoarthritis of the knee: randomised controlled trial. *BMJ*. 2004, doi:10.1136/bmj.38238.601447.3A
26. Williamson L et al. Severe knee osteoarthritis: a randomised controlled trial of acupuncture, physiotherapy (supervised exercise) and standard management for patients awaiting knee replacement. *Rheumatology*. 2007, 46, 1445-1449.
27. Witt C et al. Acupuncture in patients with osteoarthritis of the knee: a randomised trial. *Lancet*. 2005, 366, 136-143.
28. Witt C et al. Acupuncture in patients with osteoarthritis of the knee or hip. *Arthritis and Rheumatism*. 2006, 54, 11, 3485-3493.

# References

- Ades et al. Bayesian methods for evidence synthesis in cost-effectiveness analysis. *Pharmacoeconomics*, 2006, 24,1, 1-19.
- Briggs A, Claxton K, Sculpher M. *Decision modelling for health economic evaluation*. OUP, 2007.
- Bujkiewicz S et al. Multivariate meta-analysis of mixed outcomes: A Bayesian approach. *Statistics in Medicine*. 2013.
- Caldwell D et al. Simultaneous comparison of multiple treatments: combining direct and indirect evidence. *British Medical Journal*. 2005, 331, 897-900.
- Dias S et al. NICE DSU technical support document 2. A generalised linear modelling framework for pairwise and network meta-analysis for randomised controlled trials. 2011. Available from <http://www.nicedsu.org.uk>
- Saramago P et al. Mixed treatment comparisons using aggregate-and individual-participant level data statistics in medicine *Statistics in Medicine* 2012, doi:10.1002.sim.5442.
- Welton N et al. Mixed treatment comparison with multiple outcomes reported inconsistently across trials: Evaluation of antivirals for treatment of influenza A and B. *Statistics in Medicine*. 2008, 27, 5620-5639.