Evropská unie
Evropský sociální fond
Operační program Zaměstnanost

MERRPS international workshop on mental health economics

Meeting minutes of the first day

BASIC INFORMATION

Date: 27th November, 2019

Place: Kaiserštejnský palác, Malostranské náměstí 23/37110 00 Praha 1

Attendees: Petr Winkler, Luc Bolieau, Hana Marie Broulíková, Dan Chisholm, Helena Rögnerová, Ifigeneia Mavranezouli, Rowena Jacobs, Tomáš Doležal, Helen-Maria Vasiliadis, Bertalan Németh, Pavla Čermáková, Patrick Jeurissen, Lucie Kondrátová, Matyáš Müller, Dana Chrtková, Tomáš Mlčoch, Jitka Soukupová, Alexandr Kasal, Tomáš Formánek, Karolína Mladá, Zbyněk Roboch, Dita Protopopová, Martin Dlouhý

Program: see here

INTRODUCTION

- Petr Winkler introduced the workshop – the aim for the MERRPS team is to get more inspiration to enhance evidence-based approach

PETR WINKLER: MENTAL HEALTH CARE REFORM AND EVIDENCE-BASED MENTAL HEALTH CARE DEVELOPMENT IN THE CZECH REPUBLIC

- see the presentation

summary

- the state of current mental health care system in the Czech Republic and the rationale of the ongoing reform have been presented
- The reform reacts to the following characteristics of Czech mental health system:
    - the system heavily underfinanced
    - its development is based on tradition instead of evidence
    - there is huge stigma connected to mental illness, inherited from communism
- the MERRPS project aims to strengthen evidence based mental health care development on three levels
    - micro – designing system for evaluating individual outcomes of service users (using instruments HoNOS, GAF, AQoL 6D/8D
    - mezo – evaluating fidelity of services to a certain model
    - macro – defining set of indicators to evaluate and monitor the system of MH care
    - (concentrated mainly on micro and macro level)

discussion

- use of instrument ReQoL (developed in a project of Sheffield University) has been discussed (also generates QALY, good for mental health)

- what are the aims/hopes of MERRPS project?
    - to achieve national agreement to use the measures
    - build capacities to be able to use the data
    - cooperate with insurance companies on cost effectiveness analyses
- there is possibility of use of the instruments for other diagnostic groups than SMI but with some limitation
- cost-effectiveness analysis is routinely done by State Institute for Drug Control (HTA institution) but only for drugs, not for psychosocial interventions
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DAN CHISHOLM: MENTAL HEALTH ECONOMICS AND ITS PLACE IN HEALTH SYSTEMS DEVELOPMENT

- see the presentation

Summary

- The presentation followed three questions:
    - What policy questions should mental health economics be addressing?
    - What economic evidence has been generated and used to inform policy?
    - What can be done to better embed health economics and financing within policy, planning and service evaluation?
- Dimensions of Universal Health Coverage (UHC) were discussed and 4 key issues were presented
    - sufficiency
    - efficiency
    - equity
    - sustainability
- strategies of choosing adequate interventions to cover these dimensions were presented

Discussion

- there are differences across countries in the level of health economics – continuum from nothing to ad hoc studies to systematic HTA approach
- it is important to share the results not only with decision-makers but general public as well – in many cases decision makers follow the public meaning
- separation of mental and social services was discussed
- a question was raised what theoretical approach should be adopted HTA agencies so that it takes into account non-economic aspects of mental health, pubic legitimacy, patient opinion – people are not always persuaded by finance (example from Netherlands)

ROWENA JACOBS: MENTAL HEALTH FUNDING, POLICY AND RESEARCH IN ENGLAND: THE ECONOMIST'S PERSPECTIVE ADDITIONAL SURVEYS

- see the presentation

Summary

- System of mental health funding in the English NHS was described
    - the system is based on sustainability and transformation partnerships (STPs) (NHS + local councils) and NHS Transformation Unit – together organizing the transformation of the system
    - flowchart of financing was presented
    - afford to put mental and physical health at the same level
- Mental health policymaking in the English NHS
    - based on Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE), National Institute for Health and Care Excellence (NICE)
- Cooperation of policymakers and academics was described
    - based on large survey

  - policymakers make use of research (Economics relevant for 60% of respondents) and up to a quarter of academics are engaged in policy relevant research
  - both groups have different incentives and motivation (researchers – long term horizons, rigorous methodology X policy-makers – short-term horizons, quick answers)
- Mental health research in England
  - Chronically underfunded compared to physical health
  - NIHR Policy Research Units
  - Centre for Health Economics (CHE) health policy research
- A case study of research was described: NIHR policy focused research project – impact of better quality of primary care on outcomes of people with SMI

Discussion

- Policy-making focused on England and Wales (almost no data exists for Northern Ireland)
- MH services who had contact with secondary services – about 3 mil people (no specific guidance on how the inpatient hospitalization should take, average length of stay of non-affective disorders about 24 days)

IFIGENEIA MAVRANEZOULI: ECONOMIC EVALUATION OF MENTAL HEALTH INTERVENTIONS OFFERED BY THE NATIONAL HEALTH SERVICE (NHS) IN ENGLAND: THE NICE GUIDELINES PROGRAMME

- see the presentation

Summary

- the role and programs of NICE was described
- NICE studies cost-effectiveness of wide range of interventions and based on the evidence it creates clinical guidances
- NICE guidance collects best evidence but it is not mandatory for the clinics – first, they have to believe that a given treatment is good for the patient
- process of creating a guidance: scoping, development, consultation and revision, validation and sign off
- NICE does economic evaluation using QALY as a preferred outcome (EQ-5D as a preferred measure instrument)
- NICE cost-effectiveness threshold -ICER: £20,000-£30,000/QALY
- Various factors to consider when making recommendations were presented
- example of Guidelines on Psychosis & schizophrenia in adults
  - example of evaluating CBT and family intervention to standard care model that was
- some challenges when evaluating the cost-effectiveness of mental health interventions were mentioned, e.g. if EQ-5D can capture all aspects of health-related quality of life in people with mental health problems, in particular people with psychosis

Discussion

- is adherence to guidelines assessed?
  - it is not mandatory – in MHC system, there is a lot of variation
  - medical director effect – provider specific
- how do you evaluate your effort if the recommendations work?
  - it's worth it – service users know what to expect; it helps to establish principles of care – how to approach patients
- do you evaluate the impact of your recommendations? are there changes in organizations?
  - they only provide the guidance, but there is further research on the impact

PATRICK JEURISSEN: THE TOOLBOX OF PRIORITIZING CARE. SHOULD WE USE IT ALL? THE CASE OF DUTCH MENTAL HEALTH CARE

- see the presentation

Summary

- the presentation raised some polemics to the HTA system based on the Dutch example
- MH as a "splendid isolation" area (own legislation etc.)
- three points were mentioned
    - danger of "overreforming" without actually improving the system
    - HTA is not always the answer
    - cost of comorbidity and administrative expenses should be taken into account (more then 50% cost is spent on the system of HTA and reforms instead of going to the patients)
- three strategies for prioritization and their limitations
    - Cost- sharing
    - benefit reduction (out of pocket paying etc.)
    - Strategic Purchasing & Competition

Discussion

- did you include social care as well?
    - there are different payment schemes for social and health care
- what was the drive for reducing expenses for MH?
    - populist party – MH not in their interest
    - but the government was able to rescheme it within a year
- MH is one of the fields with most policy but least evaluation

JORAN LOKKERBOL: ECONOMIC EVALUATIONS IN MENTAL HEALTH: THE NETHERLANDS

- see the presentation

Summary

- economic evaluations presented on two examples
    - Cost-effectiveness trial of CBT for preventing first episode of psychosis
        - people in ultra high risk
        - comparison of people with care as usual and people with extra CBT sessions
        - turned to be both effective in reducing transition to psychosis and cost saving
        - impact: health insurance normally does not fund prevention but Dutch healthcare authorty allowed financing of such prevention because of cost saving
    - Predicting tx success
        - machine learning – prediction, using example data – works better on observational data than experimental
        - different questions – effectiveness – what does work? X prediction – can we see trouble coming?
        - using machine learning as missing link between clinical practice and effectiveness evidence
- experimental and observational data should be used together

Discussion

- the findings were presented at the board of insurance companies – prevention normally not covered but the data persuaded them to support the intervention
- transferability of results was discussed
    - it is necessary to do new modelling in every new context – something that is cost-effective at one setting does not have to be at another
- who provided patients at risks with CBT?
    - psychologists trained in CBT
- why are we not using big data more in MH system compared with marketing and advertisements?

    - generally researchers are not sure how to use the data; there are new people being trained to use these tools
- how can we make use of machine learning? how to guarantee the same structure of the data across providers?
    - we are in pilot phase – 5 institution that take training; they have to make sure that all their data are in the same format
    - inconsistency in what data being collected biggest challenge
- how are the topics prioritised – what was the trigger for FEP study?
    - not part of guideline – independent study, then it was added to the guidelines

LUC BOLIEAU: NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE IN HEALTH AND SOCIAL SERVICES (INESSS) BACKGROUND AND PERSPECTIVES

- see the presentation

Summary

- general information on Canadian and Quebequian system of health care and its funding
- INESSS: Institute national d'excellence en santé et en services sociaux (National Institute for Clinical Excellence in Health and Social Services)
    - Building of technological capacity (medication, CVD)
    - Promoting excellence of care (recommendations made based on the evidence, guidelines development), incl medications
    - Adjusting the services provided by different providers (standards)
    - Main questions: How to manage quality? How to promote efficiency (informed choices)?
    - Arm's length body – designed by politicians, but not influenced by them (aim: scientific credibility/clinical excellence, efficient use of resources)
    - Transparency! All information available online
    - Scientific Council
        - To advice INESSS on methodological inquiries and support the quality assurance process
        - Scientists, clinicians, ethicists, managers, members of the general public
    - HTA brings new challenges
        - More from data to practice:
            - Data management
            - Change management
            - Knowledge management

Discussion:

- INESSS and ministry cooperation (potential conflicts of interests?)
    - INESSS makes recommendations and brings tools to ease the implementation, in the implementation phase there is a tense (time frame)

HELEN-MARIA VASILIADIS: EVIDENCE BASED POLICY MAKING THE ROLE OF SURVEILLANCE AND EVALUATION IN HEALTH AND SOCIAL SERVICES SYSTEMS

- see the presentation

Summary

- Mental health action plans
    - 2005-2010 - Increase the effectiveness of the mental health system by offering accessible, appropriate and quality mental health services in primary care that would meet the mental health needs of the population.
    - 2015-2020:
        - Promote respect for the rights of citizens with mental health problems
        - Provide care and services adapted to young people, from birth to adulthood.

        - Implement clinical and management practices to improve care
        - Continuously improve the quality and delivery of mental health care and services
- Health system performance framework is composed of four interrelated quadrants:
    - Health System Outcomes
    - Social Determinants of Health
    - Health System Outputs
    - Health System Inputs and Characteristics
- Quality of the system is based on several components
    - appropriateness
    - efficacy
    - safety
    - patient-centred, patient experience
- Principles of evaluation in the health and social system
    - relevance of interventions and modes of evaluation
    - mobilization and integration of knowledge
    - multicriteria deliberative approach
    - fair and reasonasonable recommendations
    - support the creation of value and re-evaluation
- How research is transferred into practice has been shown on the example of successful implementation of equitable access to psychotherapy in Quebec

Minutes written by Matyáš Müller