Department of Health Management and Health Economics English

Faculty of Medicine

University of Oslo

##### Written exam October 4th 2013, 0900-1200

HEVAL5110 – Valuing Health

**No special exam resources are allowed**

Results will be made available **Friday October 25th**, see the board at the Department of Health Management and Health Economics, Forskningsveien 3A. The results will also be posted on Studentweb.

The receiving day of the results is the day the results are posted on the board at the Department. Appeals must be submitted within three weeks of this date.

The Written Exam consists of **3 pages** including this one.

Remember to write down your candidate number so this is easily accessible when the results become available.

# HEVAL5110 – Valuing Health

**Exam, fall of 2013**

**Info:**You have 3 hours to conclude the exam. There are 7 tasks (+ 1 optional), some with sub-questions.
A general principle in the grading of this exam is that you will have to manage the trade-offs between long, rich responses, with lots of detail etc, and short, crisp, and to-the-point responses. Long responses are only awarded if they are worth reading. Keep in mind that you have limited time at your disposal, and a short answer may be better than no answer.

**IMPORTANT:**Note that the listed weights of the questions add up to more than 100%. This means that you can choose to drop questions as long as the sum of weights add up to at least 100% after consideration of the optional question 8. Sums above 100% will be proportionally adjusted.

For every question, you have the option of including a (short) remark on your interpretation of the question. Interpretations will be heeded in the grading of your exam if (and only if) they are acceptable and/or well argued. Answers with interpretations should be presented like this:

1. Question: Explain the QALY

Interpretation: Sed ut perspiciatis unde omnis iste natus error sit voluptatem accusantium doloremque laudantium, totam rem aperiam, eaque ipsa quae ab illo inventore veritatis et quasi architecto beatae vitae dicta sunt explicabo.

Answer: At vero eos et accusamus et iusto odio dignissimos ducimus qui blanditiis praesentium voluptatum deleniti atque corrupti quos dolores et quas molestias excepturi sint occaecati cupiditate non provident, similique sunt in culpa qui officia deserunt mollitia animi, id est laborum et dolorum fuga. Et harum quidem rerum facilis est et expedita distinctio. Nam libero tempore, cum soluta nobis est eligendi optio cumque nihil impedit quo minus id quod maxime placeat facere possimus, omnis voluptas assumenda est, omnis dolor repellendus.
2. Question: Blabla
Interpretation: etc…

**Tasks:**

1. [15%] Explain the concept of the QALY in maximum 150 words (all the text in the example above amounts to 122 words).
2. [10%] Describe the trade-offs involved when choosing between longer (richer) vs. shorter (more reductionist) descriptive systems in HRQoL instruments.
3. [15%] In 200 words maximum, make your best case for why health-economic evaluation should NOT be used to inform decisions regarding prioritization in the health-sector.
4. [15%] Max 200 words. Make your best case against your own arguments in question 5.
5. [20%] Assume that some property of the health-state valuation chain has the following properties compared to an imaginary perfect valuation. Briefly analyze the consequences for resource distribution based on cost/QALY-analyses. Max four sentences per sub-question. You can choose to respond to 4 of these 5 sub-questions, in which case each is weighed as ¼ of the total for the full task opposed to 1/5.
	1. A specific health dimension is given more weight than it should.
	2. A specific combination of two health dimensions is given less weight than it should.
	3. The instrument is insensitive to some important health consequences for specific patient groups or treatment options.
	4. Values for all health states are too low on the QALY-scale (1: perfect health, 0: equal to death)
	5. There is a large gap between the no-problems state and any non-perfect health state.
6. [20%] The EQ-5D had five dimensions of health: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. The new 5L-version describes each dimension on five levels, described as “no problems”, “slight problems”, “some problems”, “severe problems”, and “extreme problems”. A total of 3,125 health state combinations are possible with this descriptive system, and the EuroQol group is currently debating which valuation method should be used.
	1. Given your current knowledge of valuation methods, which valuation method would you recommend for defining health state values the new EQ-5D-5L instrument, and why?
	2. Argue against your recommendation on question 4a.
7. [20%] Argue the relative merits of two alternative instruments/methods A and B:
	* A is well-known, but has been found to have relatively serious flaws, both in theory and practice (bias, construct-irrelevant influence, etc.)
	* B is new and relatively untested, has a nice theoretical foundation, but has as of yet not been subjected to the level of scrutiny that has A, and there is limited knowledge of practical strengths and weaknesses.
8. [0%] Optional. Which task is most important? Which is least important? You can leave a, b, or both blank. Note that the sum of weights has to be at least 100% after the chosen adjustment.
	1. Choose one task (1 through 7), that you find particularly important. This will be given double weight in the consideration. Choose with care.
	2. Choose one task that you find less important than the weight given to it. Selecting this will halve the weight of this question.