



Final Evaluation Report

EConDA (Economics of Chronic Diseases)

This report arises from the EConDA project which has received funding from the European Union, in the framework of the Health Programme.

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Photo: From EConDA workshop - Kaunas, Lithuania, September 2015

“We are very pleased with how the project has developed and the results are promising.”

1. Contents

2. Background and aim of work package	2
3. EConDA specific objectives	3
4. Evaluation questions	3
5. Evaluation methodology	3
6. Evaluation outputs	5
7. Findings	6
8. Conclusions	15
Appendix 1 – Annual E-Survey	16
Appendix 2 – Final E-Survey	18
Appendix 3 – Example of country workshop	20
Appendix 4 – Brussels conference, 22 Sept. 2015	21
Appendix 5 – Evaluations of country workshops and Brussels conference	24

2. Background and aim of work package

Chronic diseases including cardiovascular disease, type 2 diabetes and respiratory disease are responsible for over 86% of deaths in Europe each year. Chronic diseases have a large impact on health and social care costs and in the current climate of austerity, prevention of these diseases should be a key priority.

The aim of the EConDA project (Economics of Chronic Diseases) was to aid member states to develop, select and implement more cost effective policies to improve chronic disease prevention and impact upon populations with the highest rates of premature deaths from chronic diseases and reduce health inequalities.

HM Partnerships has lead on the evaluation of the project (work package 3), with the aim to evaluate the impact of the EConDA project.

The baseline evaluation report covered the period April to September 2013.

The first annual evaluation report covered the first year of the project; from April 15 2013 to April 14 2014.

The second annual evaluation report covered the second year of the project; from April 15 2014 to April 14 2015.

This final evaluation report has been prepared at the termination of the project in October 2015.

3. EConDA specific objectives

1. Seek consensus among relevant experts, policy makers and international organisations on the methodology for measuring cost-effectiveness of interventions to prevent, screen and treat chronic diseases taking into consideration the cost of externalities;
2. Develop a demonstration model for integrated approaches to address cost-effectiveness of various interventions for chronic disease prevention, particularly to demonstrate the differential effects of interventions on various population sub groups.

4. Evaluation questions

1. Has consensus among key international organisations on methodology for measuring cost-effectiveness of interventions to prevent, screen and treat chronic diseases been achieved?
2. Has an epidemiological disease model been developed?
3. Has a demonstration model for integrated approaches to address cost-effectiveness of various interventions for chronic disease prevention been developed?
4. Has the model been implemented in the specified countries?
5. Has the model been validated?
6. Have the project results been widely disseminated?

5. Evaluation methodology

A process evaluation has been undertaken annually and at the project's conclusion to understand what happened in the delivery of the project; whether each work package achieved its objectives; and whether there were any unexpected outcomes or learning during the project.

The process evaluation comprised:

1. A brief email-based survey with work package leaders. This investigated questions such as:
 - i. What is the intention of the work package?
 - ii. Has the work package developed as intended?
 - iii. Has the intended target group been reached?

- iv. What has been the impact of the work package?
 - v. Any short-term measures?
 - vi. Any unexpected outcomes?
 - vii. What are the next steps/recommendations for the work package?
2. Telephone and face to face interviews with work package leaders. These investigated issues raised in the survey in more depth.
 3. Document analysis of all key project documents, and monitoring of press reports and journal articles relating to the project.

In October 2015, following the dissemination of the project through country workshops and at a conference in Brussels, a final evaluation was undertaken to understand what happened in the delivery of the project and whether the project met its outcomes and achieved its overall objectives.

The final evaluation included a questionnaire which asked the following questions:

- i. What is the intention of the work package?
- ii. Has the work package developed and met all outputs/outcomes as intended?
- iii. Has the intended target group/s been reached?
- iv. What has been the impact of the work package?
- v. Did you need to adapt the work package to ensure it was delivered effectively?
- vi. Were there any unexpected outcomes?
- vii. Now that EConDA has been completed, is there anything that you would have done differently in the design or delivery of the work package?
- viii. Were you able to assist in the dissemination of EConDA? If so, how?
- ix. Would you make recommendations for any similar projects in the future?
- x. Any other final comments.

In addition, each individual dissemination workshop was evaluated as well as the final conference. This helped assess whether a demonstration model for integrated approaches to address cost-effectiveness of various interventions for chronic disease prevention has been developed as in a key objective of EConDA.

Finally a document analysis of all key project documents, and monitoring of press reports and journal articles has been undertaken during the life of the project as well as monitoring the use of the EConDA website.

The evaluator attended two of the country dissemination workshops (in Bulgaria and Lithuania) together with the final conference in Brussels and was thus able to raise any outstanding issues with project partners in person. Other workshops were held in Portugal, Poland and the Netherlands. All the participants attending the workshops received evaluation forms and data analysed from these forms has contributed to our understanding of the potential impact of the EConDA project (see appendix 5).

6. Evaluation Outputs

a. Evaluation plan

Produced in month 2 (by 15 June 2013). This described work package 3, which sets out to evaluate the impact of the EConDA project.

b. Baseline evaluation (15th October 2013)

Produced in month 6. Specifically we checked that work packages 4 (Consensus on methodology for measuring cost-effectiveness of interventions) and 5 (Develop a disease model) were progressing to timetable and/or if there are any problems in implementation.

c. Annual evaluation report

Produced in month 12 (by 15 April 2014). All work package leaders were surveyed and updates provided at the Steering Committee meeting (4 March 2014). This covers the period April 2013 to March 2014.

d. Annual evaluation report

Produced in month 24 (by 15 April 2015). All work package leaders were surveyed by email following the Steering Committee meeting held on 10 March 2015. The report covers the period April 2014 to March 2015.

e. Final evaluation report

This report. Produced at the conclusion of the project in October 2015. This report includes sections on each work package, all deliverables including details of dissemination, such as press reports and journal

articles relating to the project. Finally it considers the dissemination of the project through the country workshops and the final conference and the development of the modeling tool as demonstrated at these events.

7. Findings

Process Evaluation

Annual e-surveys have been carried out in March 2015 (see Appendix 1, page 15) for all work package leaders to assess progress of the work packages against project outputs and milestones to identify issues and any unexpected outcomes.

A final e-survey (see Appendix 2, page 17) was distributed to work package leaders to report on whether milestones and deliverables were met, whether the project's objectives have been met, and how the project's results have been disseminated. A final question asked about recommendations for future projects.

7.1 Main findings

In most cases, EConDA may be considered very effective. A consensus on methodology for measuring the cost-effectiveness of interventions was agreed as determined early in the life of the project. This set the agenda for both developing a disease and cost-effectiveness model. Dissemination of the project's results has been particularly effective with workshops held in five different countries with 73 participants attending from a range of disciplines (see Appendix 5 on page 23) together with a final conference held in Brussels with 24 participants.

The conferences were hugely successful, engaging public health officials, health economists, individuals from academia and students. Overall, participants scored the conferences, on average, 8.3 / 10.

“If dissemination succeeds, it may significantly improve the relative status of health vs. finance in political and public discourse, as well as democratize this discussion by opening access to this data to all interested parties including youth and NGO actors.”

Academic from the Brussels conference.

Eight participants were hopeful that the project would develop noting that more results and more effective modelling would assist their work. Comments such as these came from three events (Lithuania, Portugal and Brussels).

“Reaching consensus is a difficult task since different health systems / countries / modelling perspectives influence required outputs. Projects like this warrant more time to grow.”

Researcher from the Brussels conference.

Further work should include combining risk factors, adding additional risk factors (e.g. alcohol, cholesterol) and including additional multi-stage diseases (such as dementia, liver disease). In addition, further work should also develop the tool so that new prevalence data can be included.

The model developed in work packages 5 and 6 demonstrates the utility of a micro-simulation method for modelling chronic diseases. The project demonstrates the ability of the model to test prevention, screening and treatment interventions within the same model. This illustrates the use of modelling and the importance of policy interventions in the prevention and management of chronic diseases.

However as in most projects, there were some difficulties in project delivery, the most challenging being the lack of accurate data in some European countries. Poor data obviously effects the model in some situations and may weaken its applicability.

Work package outputs are described below.

WP1 - Project Coordination (UK Health Forum)

The work package has developed as intended although staffing changes in the latter half of the project have made keeping up with the milestones challenging. This led directly to the requirement for a month's extension to the project to ensure robust results were delivered.

Regular meetings including teleconferences with work package leaders and associated partners have been held to keep the conference on track:

- Two steering group meetings have taken place in Brussels: on 21 October 2014 and 10 March 2015. An additional teleconference (to discuss the conference at the end of the project) took place on 20 January 2015 and a further meeting (concerning the country workshops) on 1 September 2015.
- The first annual technical and financial report was submitted by 15 June 2014.
- The final financial report will be submitted following the project's conclusion in December 2015.

WP2 – Dissemination of Research Results (European Society of Cardiology)

The work package is dedicated to the extensive dissemination of the project's reports and research outcomes to EU policy makers and to the academic community. In order to monitor dissemination efforts, a document listing all opportunities of dissemination has been created to track every opportunity of partners to share information on EConDA.

The work package was delivered as intended. Specific outputs include:

Leaflet:

- Produced in October 2013 and disseminated extensively at all meetings & conferences

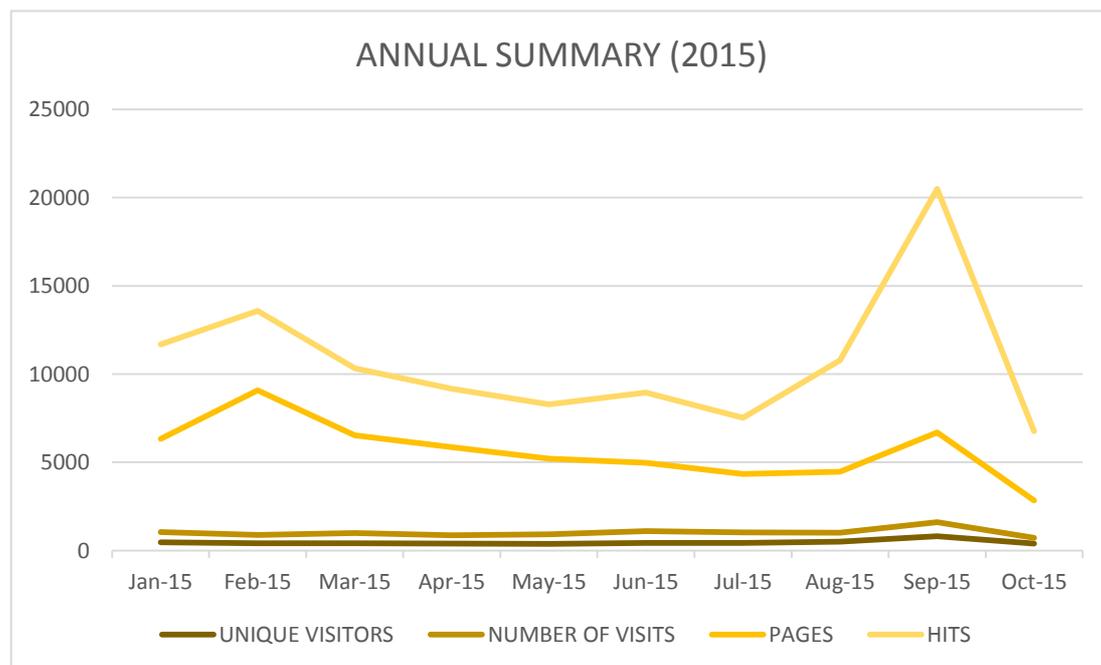
Website (Data accessed 14/10/2015):

- The website www.econdaproject.eu was launched in November 2013
- EConDA partners have been encouraged to place a link to the EConDA project from their website; at least nine partners have provided a link which has generated encouraging initial traffic.

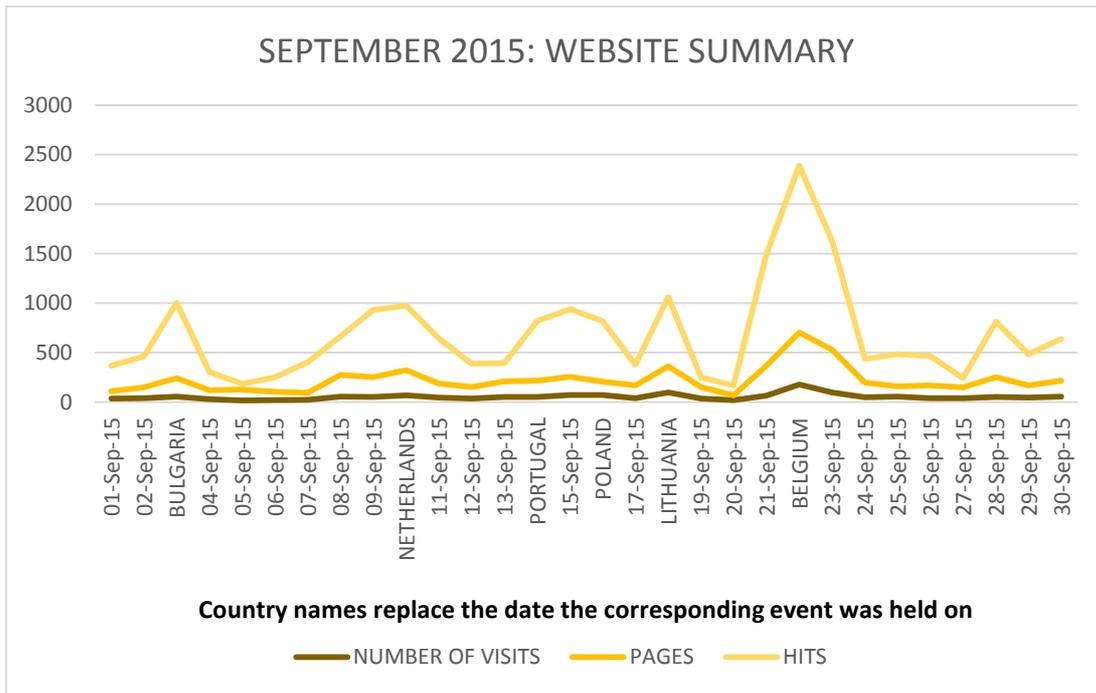
Usage of the website was higher in 2014 with 9,777 unique visitors and 1,396,797 pages viewed with 1,437,327 hits.

Although usage is lower in the first three months of 2015, there have still been an additional 1,271 unique visitors and 21,927 pages viewed with 35,604 hits.

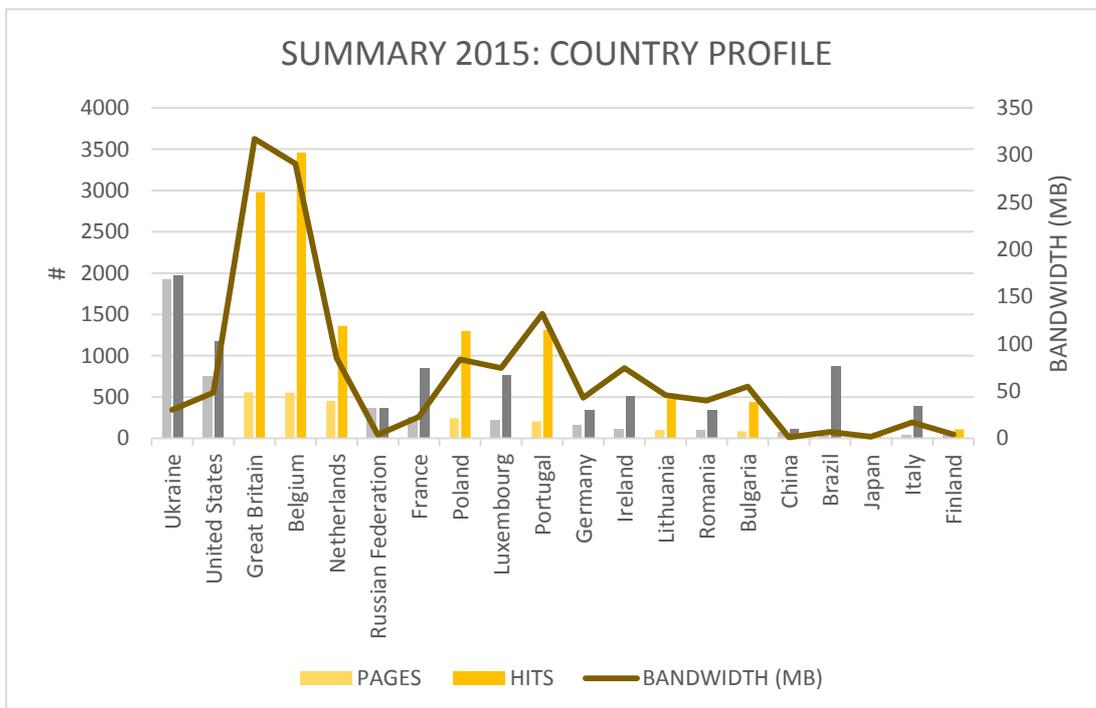
The most hits on the website are from the following; Russian Federation and Ukraine and then Greece, Great Britain, Belgium and Germany.



- There is a general downward trend prior to anticipatory rise in August, leading into September
- Clear increase in activity during September followed by higher than normal activity in October – indicating sustained interest.



- During September 2015 there was significantly more activity than usual with obvious spikes before, during and after each event.
- There appears to be continued interest after the final conference in Brussels.
- Many participants noted they had visited the website on their lunch break on the day of the conference.



- Interest from participating countries shown in yellow
- Greatest interest from the UK and Belgium
- Netherlands, Poland and Portugal all have similar levels of engagement
- Less interest from Lithuania and Bulgaria – this may be due to language issues

- Anomalous interest from Ukraine and Russia – it appears as though they click on to the website and immediately backtrack – no indication of broken links – more likely to be a search engine issue
- Greater bandwidth used by all participating nations implying further engagement through downloadable resources.

Publications:

Economics of chronic diseases protocol: cost-effectiveness modelling and the future burden of non-communicable disease in Europe

Diana Divajeva, Tim Marsh, Susanne Logstrup, Marleen Kestens, Pepijn Vemer, Vilma Kriaucioniene, Sophie Peresson, Sophie O’Kelly, Ana Rito and Laura Webber. *BMC Public Health* 2014, **14**:456
<http://www.biomedcentral.com/1471-2458/14/456>

Economics of Chronic Diseases (EConDA). In Lithuanian.
 V Kriaucionienė, J Petkevičienė, D Divajeva. *Public Health* 2014, 3(66):128.

Decision analytic modelling: The need for disease specific model standardization. Geert Frederix, Pepijn Vemer, Chapter in D Tordrup, L Stephan, A Attwill, S Karunaratna, R Bertollini “Research Agenda for Health Economic Evaluation” Health Economic Evidence Review, World Health Organization

Building a consensus on the best methods for measuring cost-effectiveness. Webber, Vemer, Knuchel-Takano, Divajeva.

Press Release "EU Project unveils obesity and smoking trends across Europe and shows how primary prevention is the key to a healthy future" <http://www.escardio.org/The-ESC/Press-Office/Press-releases/Last-5-years/eu-project-unveils-obesity-smoking-trends-across-europe-and-shows-how-primary-prevention-is-the-key-to-a-healthy-future>

Presentations at conferences:

- **“Addressing health inequalities 2014 and beyond: building cohesion and strengthening health for growth”.** Joint Action on Health Inequalities. Brussels, January 2014.
 Leaflet distribution to audience of cardiologists, public health experts, primary care physicians, general practitioners;
- **EuroPrevent.** Amsterdam, May 2014.
 Leaflet distribution to audience of cardiologists, public health experts, primary care physicians, general practitioners;
- **22nd EU Congress on Obesity ECO.** Sofia, May 2014.
 Exhibition space in EU Project Village. This provided a space for the EConDA project to be advertised and discussed with interested parties from across Europe

Audience: Clinicians, scientists, allied health professionals working in the field of obesity research and education, opinion leaders and advocacy groups.

- **III World Congress of Public Health Nutrition.** Las Palmas, Gran Canaria, November 2014.
Poster presentation and abstract.
Audience: Clinicians, scientists, allied health professionals working in the field of public health nutrition, opinion leaders and advocacy groups.
- **Chronic Diseases and Healthy Ageing Workshop.** The Hague, February 2015. Presentation of EConDA. Dr. Laura Webber, UK Health Forum.
Audience: Policy makers, other chronic disease specialists/researchers, industry.
This presentation provided an excellent opportunity to disseminate EConDA amongst other chronic disease researchers who are carrying out EU-funded projects.
- **Obesity facts: 22nd European Congress on Obesity (ECO2015).** Prague, Czech Republic, May 2015.
Poster presentation and abstract from Kriaucioniene, V., Petkeviciene, J., Divajeva, D., Knuchel-Takano, A., & Webber, L. Projection of changes in the prevalence of obesity from 2012 to 2050 in Lithuania.
- **EU Joint Action on Nutrition and Physical Activity Launch**
Presentation on the EConDA models and key findings September 2015
Dr. Laura Webber, UK Health Forum
The EConDA models will have an important impact on WP4 of the JANPA project, since they will be further developed to include cohorts of children to explore the long term impact of childhood obesity on chronic disease.
- **Fifth World Congress of the International Microsimulation Association.** The obesity epidemic and risk of hyperglycaemia: using a microsimulation approach to model multi-stage type 2 diabetes. Dr. Abbygail Jaccard, UK Health Forum, <http://www.ceps.lu/?type=news&id=212> September 2015
This presentation enabled the technical aspect develop a demonstration model for integrated approaches to address cost-effectiveness of various interventions for chronic disease prevention, particularly to demonstrate the differential effects of interventions on various population sub groups.s of the model to be disseminated and peer-reviewed amongst experts in microsimulation modelling.
- **Obesitologia: 5th CECON.**
Budapest, Hungary, May 2015.
Poster presentation and abstract from Kriaucioniene, V., Petkeviciene, J., and Webber, L. Past and future trends in the prevalence of overweight and obesity in Lithuania.

- **EU Parliament MEP Group for Kidney Health** Lessons learnt from the EConDA project: Gaps and priorities in the prevention of NCDs. Presentation to the EU October 2015 Dr. Laura Webber.
This presentation provided an opportunity to disseminate EConDA to MEPs and build relationships for further work with the Group for Kidney Health and Heart Health at EU level. Good feedback on the tools was provided as well as ideas for future collaboration.

Country Workshops and Final Conference

In order to improve dissemination and promote EConDA it was agreed in a telephone meeting held in January 2015 to arrange, in addition to the main project conference, five smaller workshops in participating countries. All events took place in September 2015; the conference in Brussels on 22nd September.

An example of the agenda for a country workshop is given in Appendix 3 and the final conference agenda is contained in Appendix 4.

Both the turnout as well as the active contribution of the participants during the events are indicators that the intended outputs of this work package have been successfully met. In addition, a good media coverage of the final conference has been secured through Brussels based media – Dods, euractiv.- and social media (Appendix 4)

Work package reports and scientific papers: (ongoing – deadline 14 November)

Project layman's report: (ongoing – deadline 14 November)

WP3 – Evaluation of the Project (HM Partnerships, Health Equalities Group)

The evaluation progressed as planned although a month extension on the report was granted to enable a full evaluation of the project. Since the final conference took place at the end of September.

A final e-survey was circulated to WP leaders in September 2015 (see Appendix 2, page 17).

All milestones have been met:

- An evaluation plan was produced in May 2013
- A baseline evaluation report was produced in October 2013
- An annual evaluation report was produced in April 2014
- A second annual evaluation report was produced in April 2015

- A final evaluation report was produced in October 2015 (this report).

WP4 – Reaching Consensus on methodology for measuring cost-effectiveness of interventions (European Heart Network)

This work package was completed on time and reported in the previous evaluation report.

The Final Report from the work package was sent to all participants of the consensus meeting on 28 January 2014 and is published on the EConDA website.

WP5 – Development of a disease model (UK Health Forum) in eight countries (Bulgaria, Finland, Greece, Lithuania, Netherlands, Portugal, Poland and UK).

This work package was developed as intended although there were ongoing problems relating to the limitations of data and collecting data for the models; especially access to longitudinal data needed to model Chronic Obstructive Pulmonary Disease (COPD). A project proposal has been submitted to The Framingham Project, though the lead time for processing is quite long it was possible to access these data for the current demonstration models. An alternative was to use data from health and ageing surveys (e.g. ELSA), however these data are limited since there are few follow-ups and the population starts at 50years+ which may miss some of the diagnosed population. The interventions for prevention, screening and treatment are being conceptualised and coded into the model.

The multi-stage Type 2 Diabetes model (T2DM), Chronic Obstructive Pulmonary Disease (COPD) and coronary heart disease (CHD) models have been coded and tested. In addition, beyond contract, a multi-stage Chronic Kidney Disease (CKD) model was developed and is being tested.

The work package enabled policy makers to test the health and economic impact of real or hypothetical interventions. WP5 has highlighted the shortcomings of data availability. These models, once built, can easily accommodate new data when they become available. As a result of data limitations a number of algorithms had to be developed to cope with this lack of data. This caused some delay in the final coding of the models, therefore a month extension was granted on the work package report.

Next steps:

- Completion and testing of the CKD model. Inclusion of more data from a broader range of sources, such as from the 3CIAplus European cohort that the UKHF have recently been granted permission to use.

WP6 – Development of a Cost-effectiveness model (University of Groningen)

The work package developed a cost-effectiveness module that attached to the epidemiological disease model that was developed as part of work package 5.

A cost-effectiveness literature review was carried out by the UKHF and University of Groningen (RUG) firstly for data on costs and secondly for data to conceptualise the interventions tested in the model. Costs are available for all countries. Unfortunately, due to the availability of local data, much of what is used, is based on other countries. Throughout the duration of the project, efforts have been made to improve the cost estimates for each of the countries. Effort have also been made to contact local experts to elicit country-specific estimates from literature that may have been unavailable for the researchers.”

Using Dutch and UK cost estimates, PPPs and exchanges rates, it has been possible to make estimates for all countries.

However country-specific costs and health outcomes are difficult to find apart from The Netherlands and UK. In The Netherlands, a regular Cost of Illness Study (*Kosten van Ziekten*, RIVM) provides a basis for cost estimates. In the UK, a very active health economic sector increases the amount of available data.

A range of interventions were tested in the model to demonstrate that prevention, screening and treatment interventions can be tested within the same model.

A downloadable tool was developed by the UKHF <http://econdaproject.eu/tools.php> that can be used by policy makers and researchers.

The model was run in 8 countries, with the inclusion of The Netherlands (beyond contract). The Netherlands was included since it provided a more comprehensive source of data than many other countries.

There was some delay in the delivery of the project.

Next steps:

- Test a range of different interventions, looking at the independent and combined effects of interventions within the same model.

WP7 – Validation (UK Health Forum)

This work package is focused on the validation of the statistical validation of the EConDA models.

The smoking model was validated against the DYNAMO model. A hypothetical scenario was run to observe the impact of a 100% reduction in smoking prevalence on the future impact of chronic disease.

Next steps:

- A full error and sensitivity analysis of the models is necessary. However, due to the many millions of calculations involved in the microsimulation and computing power necessary, it was beyond the time constraints of the project to do this.

8.0 Conclusions

The process evaluation has shown that the project progressed well and there were few issues of concern.

There are however continuing problems with data which have been noted.

The cost effectiveness model is usable for each country, but can be significantly improved if local efforts are made to improve available data sources.

The conference and country specific workshops in September 2015 were important elements of the dissemination of the project's results and will draw EConDA to its conclusion.



Survey for Work Package Leaders : 3 (Spring 2015)

Process Questionnaire Survey for Work Package Leaders

1. Your Name:

2. Work Package Name:

- WP 1: Coordination
- WP 2: Dissemination
- WP 3: Evaluation
- WP 4: Consensus on methodology for measuring cost-effectiveness of interventions.
- WP 5: Develop a disease model
- WP 6: Cost-effectiveness model
- WP 7: Validation

Comment:

1. What is the intention of the work package?

2. Has the work package developed as intended?

3. Has the intended target group been reached?

4. What has been the impact of the work package?

5. Any short-term measures?

6. Any unexpected outcomes?

7. What are the next steps / recommendations for the work package?

8. Any other comments?

HMP/April 2015

Appendix 2 – Final E-survey



FINAL Survey for Work Package Leaders: (September 2015)

1. Your Name:

2. Work Package Name:

- WP 1: Coordination
- WP 2: Dissemination
- WP 3: Evaluation
- WP 4: Consensus on methodology for measuring cost-effectiveness of interventions.
- WP 5: Develop a disease model
- WP 6: Cost-effectiveness model
- WP 7: Validation

1. What is the intention of the work package?

2. Has the work package developed and met all outputs/ outcomes as

intended?

3. Have the intended target group/s been reached?

4. What has been the impact of the work package?

5. Did you need to adapt the work package to ensure it was delivered effectively?

6. Were there any unexpected outcomes?

7. Now that EConDA has been completed, is there anything that you would have done differently in the design or delivery of the work

package?

8. Were you able to assist in the dissemination of EConDA? If so, how?

9. Would you make recommendations for any similar projects in the

future?

10. Any other final comments?

Appendix 3 – Example of Country Workshop (Bulgaria)

<http://econdaproject.eu/events.php>



EConDA WORKSHOP

Economics of Chronic Diseases - Dissemination of Project Results

Thursday 3 September, from 10:00 to 15:00

Radisson Blu Grand Hotel, Sofia

- | | |
|-------------|---|
| 10:00-10:30 | Registration & Welcome Coffee |
| 10:30-10:45 | Introduction to the project and participation of Bulgaria
Dr. Laura Webber, Director, Public Health Modelling, UK Health Forum
Prof. Guenka Petrova, Deputy Rector, Medical University of Sofia (MU Sofia) |
| 10:45-11:35 | Key findings: <ul style="list-style-type: none">• Review of cost effectiveness methods• Consensus on standardisation of cost effective studies• Presentation of the disease model Dr. Laura Webber, Director, Public Health Modelling, UK Health Forum |
| 11:35-12:00 | Presentations of the cost effectiveness tools & demonstration
Prof. Maarten Postma, University of Groningen, The Netherlands |
| 12:00-12:30 | Questions & Answers |
| 12:30-13:30 | Lunch & Coffee Break |
| 13:30-14:20 | Interventions testing by participants with real data
Dr. Laura Webber, Director Public Health Modelling, UK Health Forum
Assist. Prof. Marla Kamusheva, PhD, MU Sofia |
| 14:20-14:45 | Feedback from participants |
| 14:45-15:00 | Wrap up, Evaluation & Conclusions
Prof. Guenka Petrova, Deputy Rector, MU Sofia |

The EConDA project was co-funded by the European Commission Consumers, Health and Food Executive Agency in the Framework of the 7th Health Programme.



Appendix 4 – Brussels Conference, 22 Sept. 2015



Brussels - Conference venue



Brussels Conference – Social Media Activity

EConDA FINAL CONFERENCE

Economics of Chronic Diseases - Dissemination of Project Results

Tuesday 22 September, from 9:00 to 15:00, Room Schuman

Radisson Blu Hotel, Rue d'Idalie 35 - 1050 Brussels

- | | |
|-------------|---|
| 09:00-09:30 | Registration & Welcome Coffee |
| 09:30-09:40 | Welcome & Introduction to EConDA project objectives
Dr. Laura Webber, Director Public Health Modelling, UK Health Forum |
| 09:40-09:55 | The value of chronic diseases modelling and the role of EConDA
Prof. Klim McPherson, University of Oxford |
| 09:55-10:10 | Review of cost effectiveness methods
Consensus on standardisation of cost effective studies
Dr. Pepijn Vemer, Health Economist, University of Groningen |
| 10:10-10:30 | Presentation of the disease model
Dr. Martin Brown, Senior Mathematical Modeler, UK Health Forum |
| 10:30-11:00 | Presentations of the cost effectiveness simulation model and related simulation tools
Dr. Abbygail Jaccard, Deputy Director of Public Health Modelling, UK Health Forum |
| 11:00-11:25 | Questions & Answers |
| 11:25-11:45 | Coffee Break |
| 11:45-12:05 | Feedback from national workshops with interventions testing
Dr. Pepijn Vemer, Health Economist, University of Groningen |
| 12:05-12:40 | Concrete applications for policy makers at EU and national level
Michele Cecchini, Health Economist/Policy Analyst, OECD |



Agenda

Download: http://econdaproject.eu/agenda_conference_brussels.pdf



- 12:40-14:00** **Lunch Break & Networking**
- 14:00-14:30** **Questions & Answers**
- 14:30-15:00** **Wrap up, Evaluation & Conclusions**
Prof. Kim McPherson, University of Oxford

This conference arises from the project EConDA - Economics of Chronic Diseases which has received funding from the European Union, in the framework of the Health Programme.



Agenda continued

Appendix 5 – Evaluations of country workshops and Brussels conference

COMBINED RESULTS

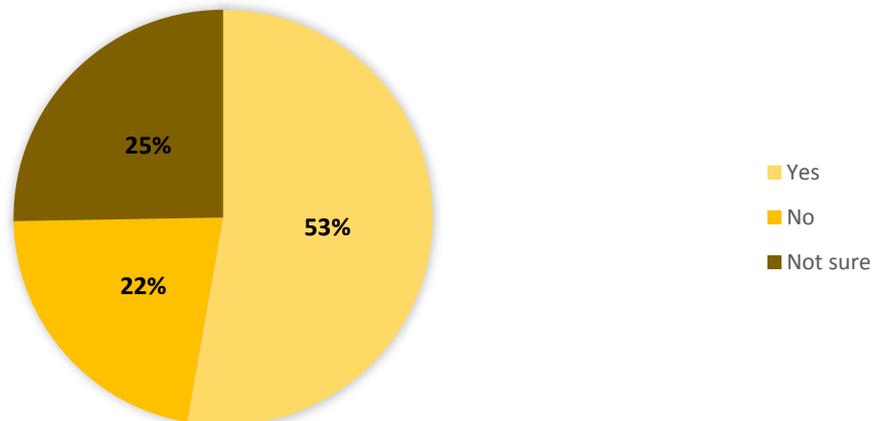
Total number of attendees: 97

Average relevance of conference to work / study: 7.4

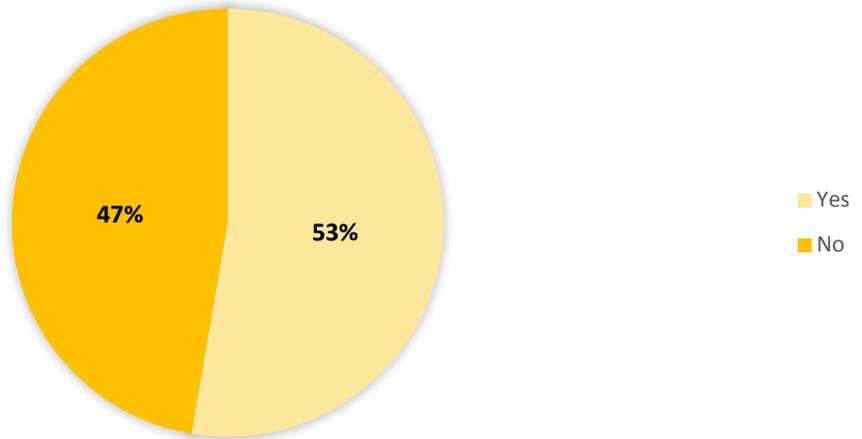
Average conference rating: 8.3

- Many individuals commented on their appreciation of the idea of the project. Using data effectively can be difficult and many attendees stressed that, with time, the model has huge potential to influence policy in the EU.
- Attendees recognised the potential of the model across a wide range of inter-related non-communicable diseases
- Overall there were very few negative responses to any of the survey questions. The only issue of note concerns the attendees desire to test the model themselves.
- The issue of dissemination was raised on several occasions with many attendees expressing the need for policy makers to be taught how to use the software.

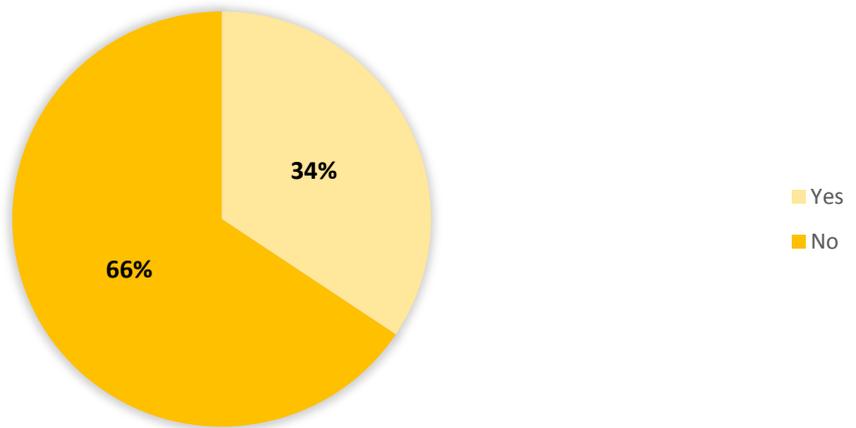
WILL YOU USE THE COST-EFFECTIVENESS MODELS OF HEALTH INTERVENTIONS IN YOUR WORK?



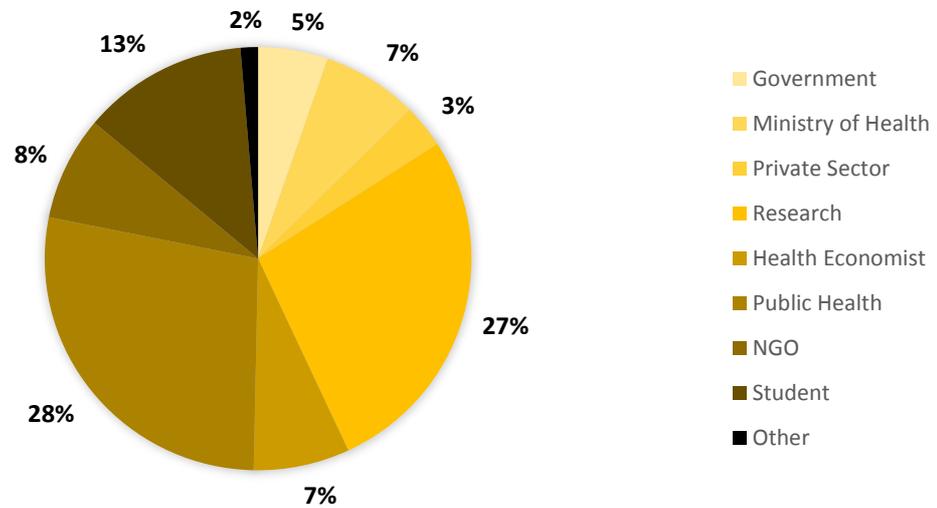
HAD YOU HEARD OF ECONDA BEFORE THE CONFERENCE / WORKSHOP?



HAVE YOU USED THE ECONDA WEBSITE?

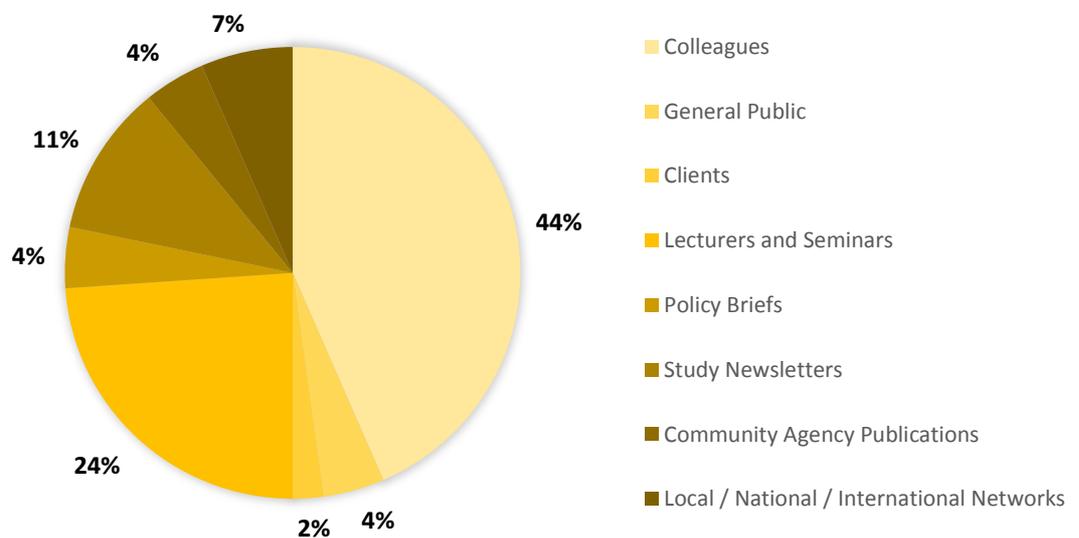


DETAILS OF ATTENDEES PLACE OF WORK OR STUDY



Are you intending to disseminate EConDA's results, if so how?
 Yes - 77% No – 23%

METHODS OF DISSEMINATION

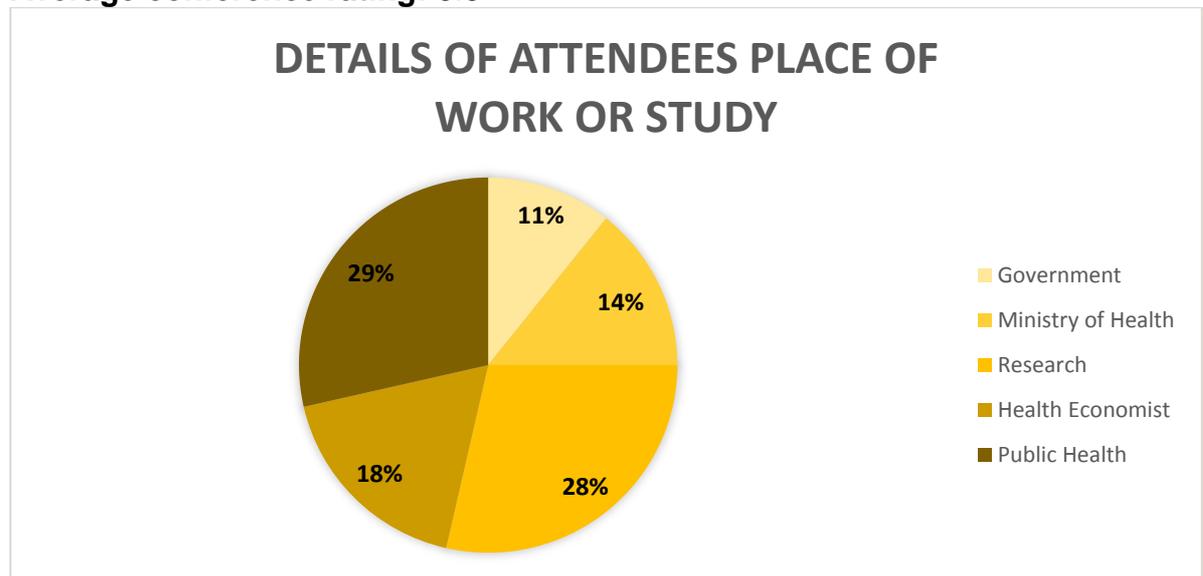


BULGARIA – 03/09/2015

Total number of attendees: 13

Average relevance of conference to work / study: 8.3

Average conference rating: 8.8

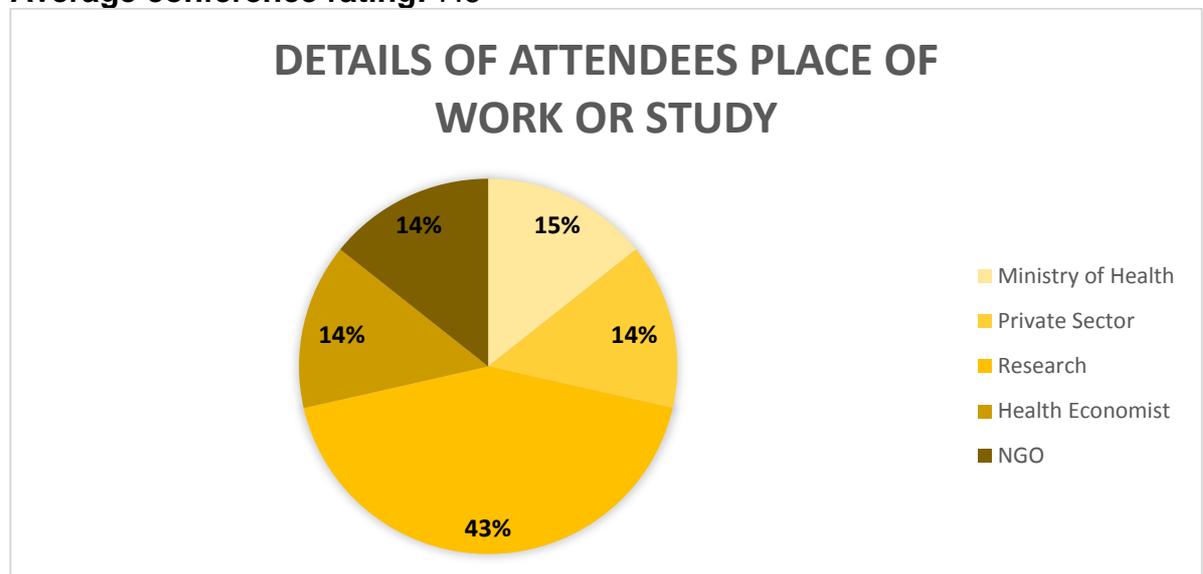


NETHERLANDS – 10/09/2015

Total number of attendees: 6

Average relevance of conference to work / study: 7

Average conference rating: 7.6



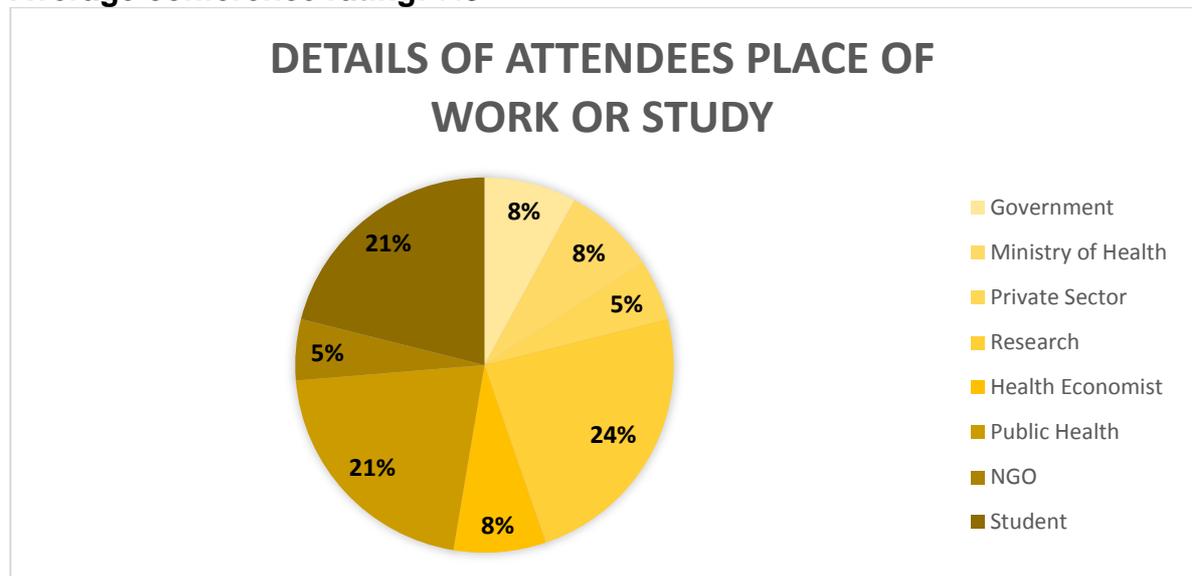
Opportunity to compare EConDA model with the DYNAMO-HIA model

PORTUGAL – 14/09/2015

Total number of attendees: 21

Average relevance of conference to work / study: 6.6

Average conference rating: 7.3

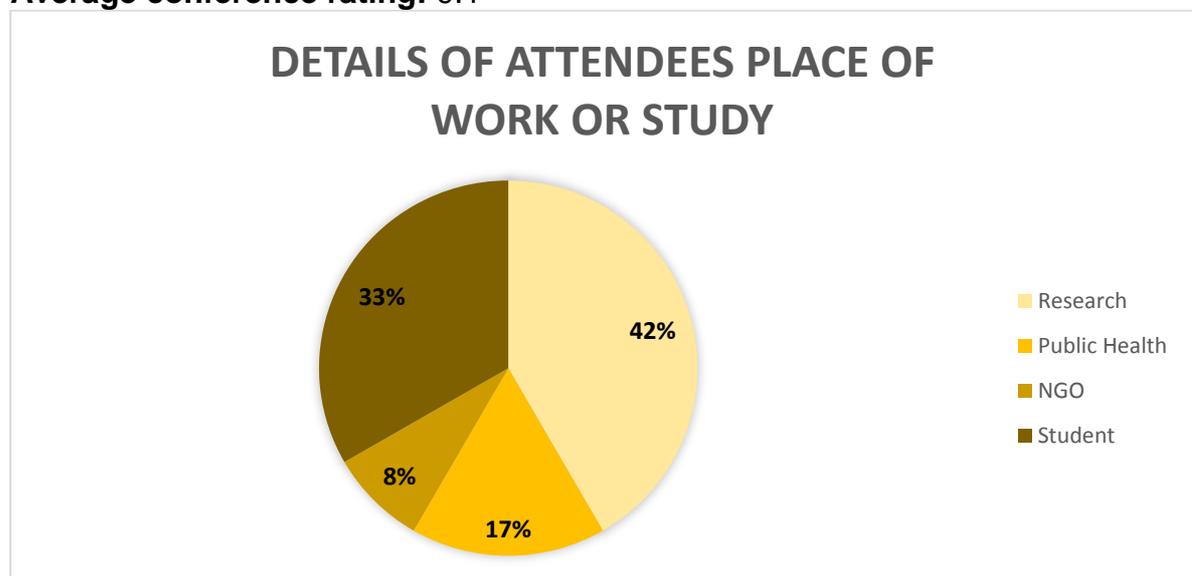


POLAND – 16/09/2015

Total number of attendees: 11

Average relevance of conference to work / study: 7.4

Average conference rating: 9.1

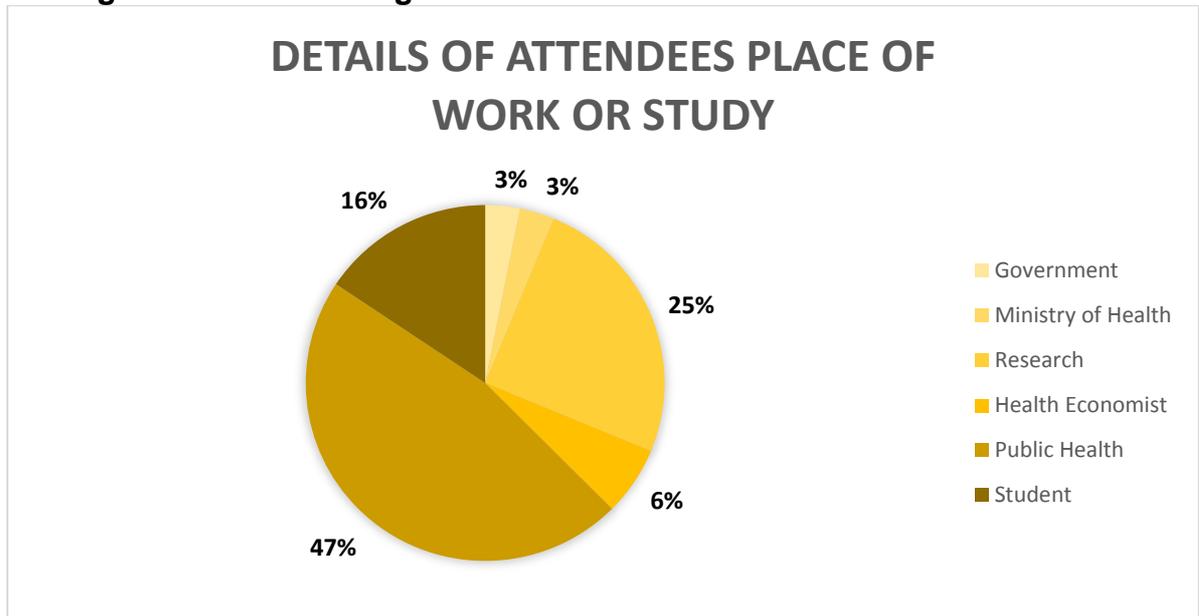


LITHUANIA– 18/09/2015

Total number of attendees: 22

Average relevance of conference to work / study: 7

Average conference rating: 8.6



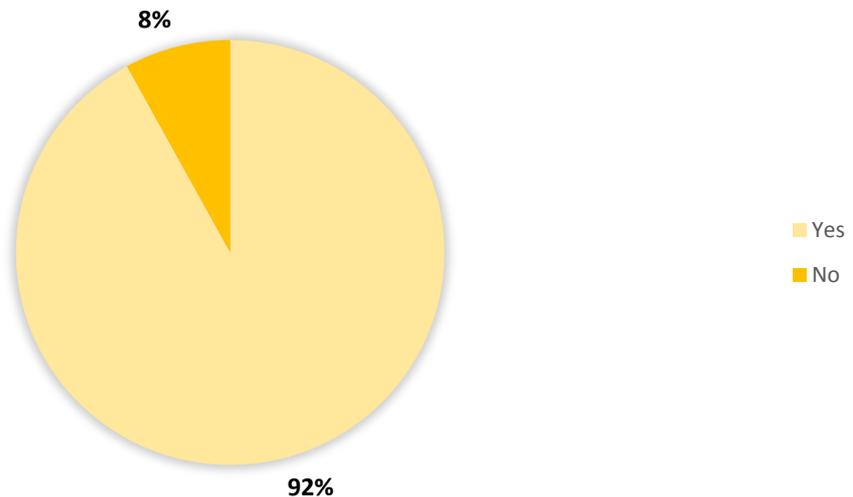
BELGIUM – 22/09/2015

Total number of attendees: 24

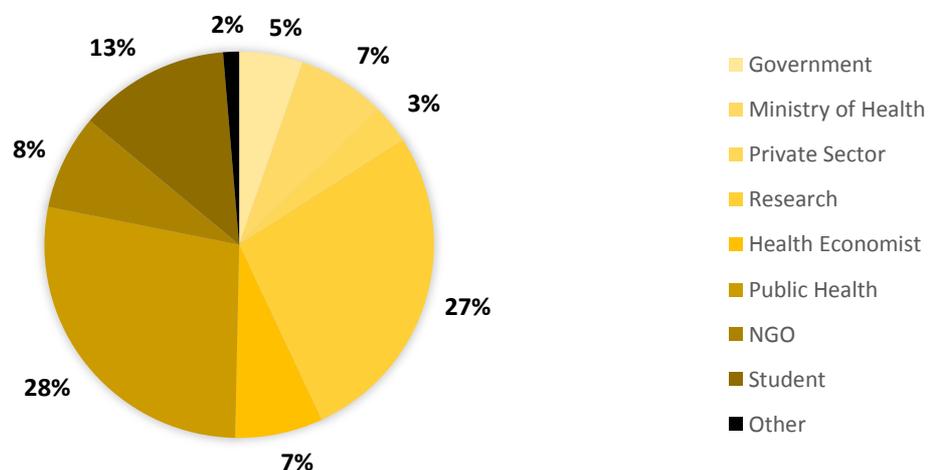
Average relevance of conference to work / study: 8.2

Average conference rating: 8.6

WAS THE PRESENTATION ON THE STANDARDISATION OF COST-EFFECTIVE STUDIES HELPFUL?



DETAILS OF ATTENDEES PLACE OF WORK OR STUDY



Additional Questions

What did you find most interesting about the conference?

- Details of model and application
- Discussion of how approach can be promoted
- Tools & microsimulation methods
- OECD presentation
- Questions from the audience grounded the work in the real world
- Policy overviews related to BMI and smoking

- Applicability of the project
- Using the tool in relation to policies
- Use in public policy
- Microsimulation model
- Devising ways to ensure that data outputs can be translated into political intent
- Prospect of modulation
- Open access
- Findings can influence policy
- Possible uses of the software in the future
- Demonstrations on how the model can be used.

If the conference was relevant to your work or study, how was it relevant?

- Current work – EU JANPA (WP4)
- Modelling
- Health Economy
- Epidemiology
- Context to our work in the UKHF
- How research results could have a more effective impact on society
- Advocacy messages for policy makers
- Relevant to underpin evidence-based policy making
- Especially regarding collection and studying NCD data
- Comparison with FRESHER project – similar micro-simulation model @FRESHER_project
- Flexibility to adapt model to new risks in the future
- Possible impact of cost-effectiveness and NCD modelling
- Presentation of the tool within the Ministry of Health
- Model can demonstrate incidence / prevalence of long-term conditions
- Model used to bid for grant funding for future projects

Was the presentation on the standardisation of the cost-effective studies helpful? If so, how?

- Yes. It confirms my suspicion through experience that there is, firstly, a lack of data (carrying across countries) and, secondly, reaching consensus is a difficult task since different health systems / countries / modelling perspectives influence required outputs.
- Yes, in confirming the most important elements that need to be considered.
- Yes it provided detailed figures and concrete examples which made the presentations understandable

What implication do you think the EConDA project may have on policy matters?

- Huge potential if appropriate effort to realise the potential is made
- Model needs to be given to policy makers
- Need to disseminate among policymakers

- May help policy makers to consider other interventions
- Help policy makers allocate funds more effectively.
- Assessing cost-effectiveness of interventions
- Assessing impact of interventions in terms of health outcomes (QALYs & avoided incidences)
- Policymakers need to be shown how to use the tool
- May significantly improve the relative status of health vs finances in political & public discourse
- Effective dissemination may widen access to this data and attract more interested parties
- Projection data will be useful for showing future situations and possible problem solutions