UNIVERSITY^{OF} BIRMINGHAM University of Birmingham Research at Birmingham

Adjusting Expected Value of Sample Information Using Realistic Expectations around Implementation

Andronis, Lazaros; Barton, Pelham

DOI: 10.1177/0272989X16635131

Document Version Peer reviewed version

Citation for published version (Harvard): Andronis, L & Barton, P 2016, 'Adjusting Expected Value of Sample Information Using Realistic Expectations around Implementation', *Medical Decision Making*, vol. 36, no. 3, 3, pp. 284. https://doi.org/10.1177/0272989X16635131

Link to publication on Research at Birmingham portal

General rights

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

•Users may freely distribute the URL that is used to identify this publication.

•Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.

•User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?) •Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.

Adjusting EVSI using realistic expectations around implementation

Lazaros Andronis PhD¹*, Pelham M Barton PhD¹

¹Health Economic Unit, Institute of Applied Health Research, University of Birmingham.

*Corresponding author: Dr Lazaros Andronis, Health Economics Unit, University of Birmingham, Birmingham B15 2TT, United Kingdom. Email: <u>Landronis@bham.ac.uk</u>. Tel: +44 (0) 121 414 3197; Fax: +44 (0) 121 414 8969

We thank Eckermann and Willan for their interest in our work [1]. While the writers of this letter [2] recognise that our work represents a useful addition to the literature, they express concerns about the way that we have estimated the expected value of sample information (EVSI) under perfect implementation (we use the word "optimal" with regard to implementation). In particular, Eckermann and Willan assert that we have estimated the expected value of sample information (EVSI) with perfect implementation *"as though conducting no further research will result in implementation of the option with the lowest INB, rather than maximising the INB given current evidence"*.

Unfortunately, Eckermann and Willan appear to have misunderstood the way we have calculated EVSI with optimal implementation in our paper. In estimating this figure, we agree that the "counterfactual" should be the option that maximises the net monetary benefit (which they call INB) given current evidence. This is precisely the way we have calculated this EVSI figure, as the difference between the "factual" figure, representing the expected NMB if research takes place (£318.11 million, cell L in Table 2 of our paper), and the "counterfactual" figure, representing the maximum NMB under current evidence (£293.12 million, cell C in Table 2). It should be obvious from Table 2 that the figure that we have used for the counterfactual is indeed the highest of the NMB figures for current information. The resulting EVSI figure, £24.99 million, is given in Table 3 of our paper (page 7).

We, of course, agree with Eckermann and Willan in that decision context is important; taking this into account and expressing EVSI in a way that reflects more closely the interplay between information and implementation is the key motivation for our paper. In doing so, we account for the fact that availability of additional information is expected to improve implementation, but it will not necessarily lead to instantaneous and perfect implementation. Eckermann and Willan appear to share this view in their letter [2]. Given this, one can easily see why EVSI with improved

1

implementation (i.e. higher than 'current' implementation but lower than 'optimal' implementation) is expected to result in higher NMB than EVSI with 'current' implementation, and lower NMB than EVSI with 'optimal' implementation.

We thank Eckermann and Willan for recognising the potential of our proposed framework to provide a useful tool for value of information analysis, and we hope that it is now clear to them that our calculations are correct, based on the counterfactual option that maximises NMB given current evidence.

References:

[1] Andronis L, Barton P. Adjusting estimates of the expected value of information for implementation: theoretical framework and practical application [Epub ahead of print 2015 Nov 13]. Med Decis Making. pii: 0272989X15614814.]

[2] Eckermann S, Willan A. EVSI with imperfect implementation: improving practice and reducing uncertainty with appropriate counterfactual consideration. *Med Decis Making*. In press.