

Health Economic Modeling

Absolute Risk Reduction (ARR)

Related terms: Number Needed to Treat, Relative Risk Reduction

Explanation: The difference in event rates between a control group and an intervention group, expressed as a proportion. Example: If 10 % of patients on standard care experience a heart attack versus 6 % on a new drug, $ARR = 4\%$. Practical application: Used to quantify the clinical benefit of a therapy in cost-effectiveness models. Challenge: Small absolute differences can lead to large uncertainty when sample sizes are limited.

Accelerated Approval Pathway

Related terms: Conditional Marketing Authorization, Early Access Programs

Explanation: A regulatory mechanism that permits earlier market entry based on surrogate endpoints that are reasonably likely to predict clinical benefit. Example: Oncology drugs approved after showing tumor shrinkage rather than overall survival. Practical application: Models often incorporate conditional reimbursement and post-marketing evidence requirements. Challenge: Estimating long-term value is difficult when definitive outcomes are unavailable.

Adverse Event (AE) Costing

Related terms: Event-Based Costing, Resource Utilization

Explanation: Assigning monetary values to the management of side effects, including treatment, monitoring, and hospitalisation. Example: Grade 3 neutropenia may require inpatient care costing \$5,000 per episode. Practical application: Integrated into incremental cost-effectiveness ratios (ICERs) to reflect safety profiles. Challenge: Data on AE incidence and resource use may be sparse or heterogeneous across trials.

Agency for Healthcare Research and Quality (AHRQ)

Related terms: Health Services Research, Evidence-Based Guidelines

Explanation: A U.S. Federal agency that produces tools such as the Quality-Adjusted Life-Year (QALY) and disease-specific cost databases. Practical application: Modelers use AHRQ cost estimates for inpatient stays and procedures. Challenge: Aligning U.S. Cost data with international pricing structures can be problematic.

Allocation Rule

Related terms: Decision Rule, Priority Setting

Explanation: A predefined principle that determines how limited resources are distributed among competing health interventions. Example: "First-come, first-served" or "maximise QALYs."

Practical application: Embedded in budget impact models to simulate policy decisions. Challenge: Ethical considerations and stakeholder preferences may conflict with efficiency goals.

Alternative Discount Rate

Related terms: Time Preference, Present Value

Explanation: The rate used to convert future costs and outcomes to present values, often varied in sensitivity analyses. Typical values: 3 % For costs, 1.5 % For health outcomes. Practical application: Influences the

magnitude of long-term benefits in chronic disease models. Challenge: Selecting an appropriate rate that reflects societal time preferences and inflation.

Amortisation of Capital Costs

Related terms: Depreciation, Fixed Asset Allocation

Explanation: Spreading the expense of capital equipment (e.G., MRI scanner) over its useful life. Example: A \$2 million scanner with a 10-year lifespan yields \$200 000 annual cost. Practical application: Included in health-system perspective models to capture infrastructure investments. Challenge: Determining appropriate lifespan and residual value for medical technology.

Analytic Horizon

Related terms: Time Horizon, Model Horizon

Explanation: The total period over which costs and outcomes are projected in a model. Common horizons: Lifetime, 5-year, or 10-year. Practical application: Determines whether long-term benefits such as survival gains are captured. Challenge: Longer horizons increase uncertainty and require extrapolation beyond trial data.

Application Programming Interface (API)

Related terms: Data Integration, Software Development Kit

Explanation: A set of protocols that allow software applications to exchange data, often used to pull real-world evidence from electronic health records. Practical application: Automates data extraction for model inputs. Challenge: Ensuring data privacy, standardisation, and compatibility across systems.

Assumption Testing

Related terms: Scenario Analysis, Sensitivity Testing

Explanation: Systematically varying model assumptions to assess their impact on results. Example: Changing disease progression rates from fast to slow. Practical application: Provides robustness checks for decision-makers. Challenge: Identifying which assumptions are most influential without over-complicating the analysis.

Budget Impact Analysis (BIA)

Related terms: Cost-Effectiveness Analysis, Financial Forecasting

Explanation: Estimates the financial consequences of adopting a new intervention within a specific budget context. Example: Projected increase in pharmacy spend after introducing a biologic. Practical application: Required by many HTA bodies to inform reimbursement decisions. Challenge: Requires detailed uptake estimates and may be sensitive to price negotiations.

Cost-Benefit Analysis (CBA)

Related terms: Monetary Valuation, Net Benefit

Explanation: Compares the monetary value of benefits to costs, producing a net benefit figure. Example: Valuing a QALY at \$150 000 and subtracting intervention costs. Practical application: Facilitates comparison across sectors (e.G., Health vs. Transportation). Challenge: Assigning a societal willingness-to-pay per QALY can be contentious.

Cost-Effectiveness Threshold

Related terms: Willingness-to-Pay (WTP), Incremental Cost-Effectiveness Ratio (ICER)

Explanation: The maximum amount a payer is prepared to spend for one additional unit of health benefit (e.G., \$50 000 Per QALY). Practical application: Determines whether an intervention is deemed "cost-effective."

Challenge: Thresholds vary across jurisdictions and may not reflect budget constraints.

Cost-Effectiveness Plane

Related terms: ICER Plot, Quadrant Analysis

Explanation: A graphical representation dividing outcomes into four quadrants based on cost and effectiveness differences. Quadrants: More effective-more costly, more effective-less costly, less effective-more costly, less effective-less costly. Practical application: Visualises uncertainty via scatter plots from probabilistic sensitivity analysis. Challenge: Interpretation can be ambiguous when points cross multiple quadrants.

Cost-Effectiveness Ratio (CER)

Related terms: ICER, Incremental Ratio

Explanation: The ratio of total costs to total health outcomes for a single intervention (e.G., \$30 000 Per QALY). Distinguished from the incremental ratio, which compares two alternatives. Practical application: Provides a baseline efficiency measure. Challenge: May be misleading without a comparator.

Cost-Utility Analysis (CUA)

Related terms: QALY, Health-Adjusted Life Year (HALY)

Explanation: A form of economic evaluation that incorporates quality of life into the measurement of benefits. Example: Calculating cost per QALY gained for a new vaccine. Practical application: Preferred by many HTA agencies for its ability to compare across disease areas. Challenge: Requires robust utility data, often derived from generic instruments like EQ-5D.

Cost-of-Illness (COI) Study

Related terms: Direct Costs, Indirect Costs

Explanation: Quantifies the economic burden of a disease, including medical expenditures and productivity losses. Example: Annual COI for diabetes in the United States exceeds \$300 billion. Practical application: Supplies baseline cost inputs for model calibration. Challenge: Capturing intangible costs such as pain and suffering.

Cost-Sharing

Related terms: Co-payment, Deductible, Out-of-Pocket

Explanation: The portion of health expenses paid by patients rather than insurers. Practical application: Influences adherence rates in models of chronic therapies. Challenge: Varying cost-sharing structures across plans complicate generalisation.

Credible Interval

Related terms: Confidence Interval, Bayesian Posterior Interval

Explanation: In Bayesian analysis, the range within which a parameter lies with a specified probability (e.G.,

95 %). Practical application: Communicates uncertainty around model parameters. Challenge: Requires prior distributions that may be subjective.

Decision Analytic Model

Related terms: Markov Model, Discrete Event Simulation, Microsimulation

Explanation: A structured representation of clinical pathways used to estimate costs and outcomes under alternative strategies. Practical application: Core tool in health-economic evaluations. Challenge: Balancing model complexity with data availability.

Discount Rate

Related terms: Present Value, Time Preference

Explanation: The percentage used to convert future costs and health effects to present-day values. Standard rates: 3 % For costs, 1.5 % For health outcomes. Practical application: Affects long-term cost-effectiveness results, especially for chronic diseases. Challenge: Debate exists over appropriate rates for different jurisdictions.

Discrete Event Simulation (DES)

Related terms: Microsimulation, Agent-Based Model

Explanation: A modelling technique that tracks individual entities as they experience events over time, allowing for complex interactions and resource constraints. Practical application: Captures queueing effects in hospital settings. Challenge: Requires detailed data on event timing and often high computational demand.

Deterministic Sensitivity Analysis (DSA)

Related terms: One-Way Sensitivity, Tornado Diagram

Explanation: Varies one parameter at a time while holding others constant to assess impact on outcomes. Practical application: Identifies key drivers of model results. Challenge: May underestimate joint uncertainty when parameters are correlated.

Drug Price Index (DPI)

Related terms: Inflation Adjustment, Price Escalation

Explanation: A measure that tracks changes in pharmaceutical prices over time, often adjusted for inflation. Practical application: Used to update model inputs for future cost projections. Challenge: Variability across therapeutic classes and market-specific pricing agreements.

Dynamic Transmission Model

Related terms: Compartmental Model, Infectious Disease Modeling

Explanation: Simulates the spread of an infectious agent through populations, incorporating time-varying contact patterns and immunity. Practical application: Evaluates vaccination strategies and herd-immunity effects. Challenge: Requires detailed epidemiological data and assumptions about mixing patterns.

Epidemiological Parameter

Related terms: Incidence, Prevalence, Transition Probability

Explanation: Quantitative measures describing disease frequency or progression used as inputs in

health-economic models. Example: Annual incidence of myocardial infarction in a 65-year-old cohort. Practical application: Drives the number of events and associated costs. Challenge: Sources may differ in case definitions and diagnostic criteria.

EQ-5D

Related terms: Utility Measure, Health-Related Quality of Life (HRQoL)

Explanation: A standardized instrument that generates a five-dimension health state profile, convertible to a utility value for QALY calculations. Practical application: Frequently used to collect patient-reported outcomes in clinical trials. Challenge: Ceiling effects and cultural differences may affect comparability.

Extrapolation

Related terms: Survival Analysis, Parametric Modeling

Explanation: Extending observed trial data beyond the follow-up period to estimate long-term outcomes. Common methods: Weibull, exponential, log-logistic distributions. Practical application: Generates lifetime survival curves for cost-effectiveness analysis. Challenge: Choice of distribution can markedly influence results; external validation is essential.

External Validation

Related terms: Model Calibration, Predictive Accuracy

Explanation: Comparing model predictions with independent data sources not used in model development. Practical application: Increases confidence in the model's applicability to real-world settings. Challenge: Availability of high-quality external datasets may be limited.

Factorial Design

Related terms: Orthogonal Design, Interaction Effect

Explanation: A study design that evaluates multiple interventions simultaneously, allowing assessment of combined effects. Example: 2×2 Design testing drug A, drug B, both, or neither. Practical application: Provides interaction parameters for models when therapies may be used together. Challenge: Increases sample size requirements and analytical complexity.

Frequentist Approach

Related terms: Confidence Interval, Null Hypothesis Testing

Explanation: A statistical paradigm that interprets probability as the long-run frequency of events. Practical application: Commonly used for hypothesis testing in clinical trials that feed model inputs. Challenge: Does not incorporate prior information, which may be valuable in sparse data contexts.

Future Discounting

Related terms: Present Value, Time Preference

Explanation: The process of applying a discount factor to future costs and outcomes to reflect societal preferences for present consumption. Practical application: Standard practice in health-economic evaluations. Challenge: Choosing a discount rate that balances inter-generational equity and fiscal reality.

Generic Utility Measure

Related terms: EQ-5D, SF-6D, HUI

Explanation: Instruments designed to assess health-related quality of life across a wide range of conditions, enabling cross-disease comparisons. Practical application: Allows aggregation of QALYs in multi-indication models. Challenge: May lack sensitivity for disease-specific symptoms.

Health Technology Assessment (HTA)

Related terms: Reimbursement Decision, Cost-Effectiveness Evaluation

Explanation: A systematic process that evaluates the clinical and economic value of health technologies to inform policy. Examples: NICE (UK), CADTH (Canada), IQWiG (Germany). Practical application: Determines market access and pricing negotiations. Challenge: Varying methodological requirements across agencies.

Health-Adjusted Life Year (HALY)

Related terms: QALY, DALY

Explanation: A generic metric that combines quantity and quality of life, encompassing both QALYs (positive health) and DALYs (burden of disease). Practical application: Facilitates comparison of interventions with differing health impacts. Challenge: Converting between QALY and DALY frameworks may require assumptions about disability weights.

Incremental Cost-Effectiveness Ratio (ICER)

Related terms: Cost-Effectiveness Threshold, Net Monetary Benefit

Explanation: The ratio of the difference in costs to the difference in effectiveness between two alternatives ($\Delta\text{Cost}/\Delta\text{Effect}$). Practical application: Core output for decision-makers evaluating new therapies. Challenge: Interpretation becomes ambiguous when the comparator is dominated (more costly and less effective).

Input Parameter Uncertainty

Related terms: Probabilistic Sensitivity Analysis, Monte Carlo Simulation

Explanation: Uncertainty arising from variability in model inputs such as transition probabilities, utilities, or costs. Practical application: Modeled using distributions (e.g., Beta for probabilities). Challenge: Requires specification of appropriate distribution types and parameters.

Intention-to-Treat (ITT) Analysis

Related terms: Per-Protocol Analysis, Efficacy vs. Effectiveness

Explanation: An analytical approach that includes all randomised participants in the groups to which they were assigned, regardless of adherence. Practical application: Provides conservative effectiveness estimates for model inputs. Challenge: May dilute treatment effect if crossover or dropout rates are high.

Item-Response Theory (IRT)

Related terms: Psychometric Modeling, Health-Related Quality of Life

Explanation: A statistical framework that models the probability of a particular response to a questionnaire item based on underlying latent traits. Practical application: Improves the precision of utility measurement from PROMs. Challenge: Requires large sample sizes and complex software.

Joint Modeling

Related terms: Longitudinal Data, Survival Analysis

Explanation: Simultaneously analyses repeated measures (e.g., Biomarkers) and time-to-event data to

capture their interdependence. Practical application: Enhances prediction of disease progression in cost-effectiveness models. Challenge: Computationally intensive and demands sophisticated statistical expertise.

Lifetime Horizon

Related terms: Analytic Horizon, Time Horizon

Explanation: Extending the model's projection until the cohort's death, ensuring capture of all relevant costs and benefits. Practical application: Standard for chronic diseases where benefits accrue over many years.

Challenge: Requires extrapolation beyond observed data, increasing uncertainty.

Markov Model

Related terms: State-Transition Model, Cycle Length

Explanation: A stochastic model that represents disease progression through a finite set of health states, with transition probabilities applied each cycle. Practical application: Widely used for chronic conditions such as diabetes or cardiovascular disease. Challenge: The "memoryless" property may oversimplify histories that affect future risk.

Markov Chain Monte Carlo (MCMC)

Related terms: Bayesian Inference, Posterior Distribution

Explanation: An algorithm that generates samples from a probability distribution by constructing a Markov chain, enabling Bayesian parameter estimation. Practical application: Used to derive posterior distributions for uncertain model inputs. Challenge: Requires convergence diagnostics and can be computationally demanding.

Micro-Costing

Related terms: Bottom-Up Costing, Resource Enumeration

Explanation: Detailed quantification of each resource used in patient care, assigning unit costs to generate total cost per patient. Practical application: Provides high-resolution cost data for specific interventions.

Challenge: Time-consuming and may be limited by data availability.

Microsimulation

Related terms: Individual-Based Model, Discrete Event Simulation

Explanation: Simulates the life course of individual patients, allowing heterogeneity in risk factors and treatment pathways. Practical application: Captures patient-level variability and complex treatment histories.

Challenge: Requires extensive data on individual characteristics and can be computationally intensive.

Monte Carlo Simulation

Related terms: Probabilistic Sensitivity Analysis, Random Sampling

Explanation: A technique that repeatedly samples from probability distributions of inputs to generate a distribution of outcomes. Practical application: Quantifies overall model uncertainty and produces cost-effectiveness acceptability curves. Challenge: Number of iterations must be sufficient to achieve stable results.

Net Monetary Benefit (NMB)

Related terms: ICER, Willingness-to-Pay (WTP)

Explanation: A reformulation of the ICER that expresses value in monetary terms: $(\Delta\text{Effect} \times \text{WTP}) - \Delta\text{Cost}$.

Practical application: Simplifies probabilistic analysis and decision rules. Challenge: Dependent on the chosen WTP threshold, which may be uncertain.

Net Health Benefit (NHB)

Related terms: QALY, Incremental Benefit

Explanation: The difference in health outcomes (e.g., QALYs) after adjusting for costs using a willingness-to-pay value. Formula: $\Delta\text{Effect} - (\Delta\text{Cost}/\text{WTP})$. Practical application: Allows comparison across interventions with different cost structures. Challenge: Requires a consensus WTP value.

Network Meta-Analysis (NMA)

Related terms: Indirect Comparison, Mixed Treatment Comparison

Explanation: A statistical method that combines direct and indirect evidence across a network of interventions to estimate relative effects. Practical application: Supplies comparative efficacy inputs when head-to-head trials are absent. Challenge: Assumes transitivity and consistency, which may be violated.

Non-Parametric Bootstrap

Related terms: Resampling, Confidence Interval

Explanation: A resampling technique that draws repeated samples with replacement from the observed data to estimate the sampling distribution of a statistic. Practical application: Generates empirical confidence intervals for cost or effectiveness estimates. Challenge: Requires sufficient original sample size to produce reliable resamples.

Observational Data

Related terms: Real-World Evidence, Registry Data

Explanation: Data collected outside of randomised controlled trials, often from electronic health records, claims databases, or disease registries. Practical application: Informs model inputs such as resource utilisation, adherence, and long-term outcomes. Challenge: Susceptible to confounding and selection bias.

Outcome Measure

Related terms: QALY, DALY, Survival

Explanation: The health endpoint used to assess the benefit of an intervention, ranging from clinical events to utility-adjusted life years. Practical application: Determines the numerator in cost-effectiveness ratios. Challenge: Selecting measures that capture all relevant aspects of patient benefit.

Patient-Reported Outcome Measure (PROM)

Related terms: HRQoL, Utility Instrument

Explanation: Instruments that capture patients' perspectives on their health status, symptoms, and functional abilities. Examples: EQ-5D, SF-36, disease-specific questionnaires. Practical application: Generates utility values for QALY calculations. Challenge: Missing data and cultural differences can affect validity.

Pharmacoeconomic Evaluation

Related terms: Cost-Effectiveness Analysis, Budget Impact

Explanation: The systematic assessment of the value of pharmaceutical products, incorporating both costs and outcomes. **Practical application:** Supports reimbursement and pricing decisions. **Challenge:** Rapidly changing market dynamics and confidential discounts complicate analyses.

Placebo Effect

Related terms: Control Arm, Blinding

Explanation: Improvement in patient outcomes attributable to expectations rather than the active intervention. **Practical application:** Must be accounted for when translating trial efficacy to real-world effectiveness. **Challenge:** Quantifying the magnitude of the placebo effect for model inputs is difficult.

Probabilistic Sensitivity Analysis (PSA)

Related terms: Monte Carlo Simulation, Parameter Distributions

Explanation: Simultaneously varies all uncertain parameters according to predefined probability distributions to assess overall model uncertainty. **Practical application:** Produces cost-effectiveness acceptability curves and probability of being cost-effective. **Challenge:** Requires specification of appropriate distributions and correlation structures.

Quality-Adjusted Life Year (QALY)

Related terms: HALY, Utility, Cost-Utility Analysis

Explanation: A measure that combines length of life with health-related quality of life, where 1 QALY equals one year in perfect health. **Practical application:** Standard metric for cost-utility analyses. **Challenge:** Utility measurement methods and cultural valuation of health states can vary.

Real-World Evidence (RWE)

Related terms: Observational Data, Pragmatic Trial

Explanation: Clinical evidence regarding the usage and potential benefits or risks of a medical product derived from analysis of real-world data. **Practical application:** Supplements trial data for long-term effectiveness and safety inputs. **Challenge:** Data quality, standardisation, and privacy concerns.

Reference Case

Related terms: Standardised Analysis, HTA Guidelines

Explanation: A predefined set of methodological assumptions (e.G., Perspective, discount rates, time horizon) used to ensure comparability across evaluations. **Practical application:** Aligns model outputs with agency expectations. **Challenge:** May limit flexibility to address specific decision contexts.

Resource Utilisation

Related terms: Costing, Service Use

Explanation: The quantity and type of health-care services consumed (e.G., Hospital stays, physician visits, medication doses). **Practical application:** Drives cost calculations in economic models. **Challenge:** Capturing variation across settings and patient pathways.

Scenario Analysis

Related terms: Deterministic Sensitivity, What-If Analysis

Explanation: Evaluates model outcomes under alternative sets of assumptions (e.G., Best-case, worst-case).

Practical application: Explores the impact of structural choices such as alternative comparators or policy changes. Challenge: Selecting plausible scenarios without over-complicating the analysis.

Sensitivity Analysis

Related terms: Deterministic, Probabilistic, Scenario

Explanation: A broad term for any systematic variation of model inputs to assess robustness of results.

Practical application: Identifies parameters that most influence cost-effectiveness. Challenge: Balancing thoroughness with interpretability.

Simulation Horizon

Related terms: Analytic Horizon, Time Horizon

Explanation: The period over which a simulation runs, often synonymous with analytic horizon but may refer specifically to the computational runtime. Practical application: Determines data storage and processing requirements. Challenge: Longer horizons increase computational load and uncertainty.

Societal Perspective

Related terms: Health-System Perspective, Cost-Benefit Analysis

Explanation: An analytic viewpoint that includes all costs and benefits regardless of who incurs them, encompassing productivity losses, informal care, and taxes. Practical application: Provides a comprehensive assessment of an intervention's economic impact. Challenge: Data on indirect costs are often scarce and methodologically contentious.

Standardised Mortality Ratio (SMR)

Related terms: Observed/Expected Ratio, Epidemiology

Explanation: The ratio of observed deaths in a study population to the number expected based on a reference population. Practical application: Adjusts baseline mortality in models for specific sub-populations. Challenge: Requires accurate baseline mortality data and appropriate standardisation.

Structural Uncertainty

Related terms: Model Assumptions, Scenario Analysis

Explanation: Uncertainty arising from the choice of model type, health states, or the way processes are represented. Practical application: Explored through alternative model structures or scenario analyses. Challenge: Hard to quantify formally; often addressed qualitatively.

Survival Analysis

Related terms: Time-to-Event, Hazard Function

Explanation: Statistical methods for analysing the time until an event occurs, often using Kaplan-Meier curves or Cox proportional hazards models. Practical application: Provides transition probabilities for Markov models. Challenge: Censoring and competing risks must be appropriately handled.

Time-Dependent Transition Probabilities

Related terms: Markov Model, Hazard Rates

Explanation: Transition probabilities that vary over time, reflecting changing risk as patients age or disease progresses. Practical application: Increases model realism for chronic diseases. Challenge: Requires detailed

longitudinal data to estimate.

Utility

Related terms: QALY, Preference-Based Measure

Explanation: A numeric representation of the desirability of a health state, anchored at 0 (dead) and 1 (full health). Practical application: Multiplied by time spent in a state to calculate QALYs. Challenge: Preference elicitation methods (e.G., Standard gamble, time trade-off) can produce divergent values.

Value-Based Pricing

Related terms: Cost-Effectiveness, Negotiated Price

Explanation: Setting the price of a health technology based on its estimated health benefit and willingness-to-pay threshold. Practical application: Aligns manufacturer price with the value delivered to the health system. Challenge: Requires robust, transparent cost-effectiveness data and may be resisted by payers.

Variance Reduction Techniques

Related terms: Monte Carlo Simulation, Antithetic Variates

Explanation: Methods used to improve the efficiency of stochastic simulations, reducing the number of iterations needed for stable estimates. Practical application: Speeds up probabilistic sensitivity analyses. Challenge: Implementation may be complex and requires careful validation.

Virtual Twin Modeling

Related terms: Patient-Level Simulation, Counterfactual

Explanation: Creating a simulated counterpart for each real patient to estimate outcomes under alternative treatment strategies. Practical application: Enables personalised cost-effectiveness estimates. Challenge: Demands high-dimensional data and sophisticated modelling platforms.

Willingness-to-Pay (WTP) Threshold

Related terms: Cost-Effectiveness Threshold, Net Monetary Benefit

Explanation: The maximum amount a society or payer is prepared to spend for one additional unit of health gain (e.G., \$50 000 Per QALY). Practical application: Determines whether an ICER is considered acceptable. Challenge: Thresholds vary by country, disease severity, and budget constraints.

World Health Organization (WHO) Cost-Effectiveness Benchmarks

Related terms: GDP-Based Thresholds, Global Health Policy

Explanation: Recommendations that interventions costing less than three times a country's gross domestic product per capita per DALY averted are cost-effective. Practical application: Provides a reference for low- and middle-income settings. Challenge: Criticised for being too permissive and not reflecting actual willingness to pay.

Zero-Cost Intervention

Related terms: Cost-Saving, Budget Impact

Explanation: A therapeutic option that incurs no additional costs compared with standard care, often due to existing infrastructure or generic status. Practical application: May still require evaluation of health

outcomes to assess overall value. Challenge: Hidden costs such as training or monitoring may be overlooked.