



VIRAL HEPATITIS  
**COMSAVAC**

Multi-Country Community  
Screening, Vaccination,  
and Care

# Value of community-based viral hepatitis strategies among migrants in Europe

Melissa D'Agostino

*Gov → Value Lab - Università Cattolica del Sacro Cuore, Rome (Italy)*

**ISGlobal** Barcelona  
Institute for  
Global Health



UNIVERSITÀ  
CATTOLICA  
del Sacro Cuore



**SALUD ENTRE  
CULTURAS**

**PROMETHEUS**  
HELLENIC LIVER PATIENT ASSOCIATION



Fondazione IRCCS  
Ca' Granda  
Ospedale Maggiore  
Policlinico



Co-funded by the  
European Union

# COMSAVAC



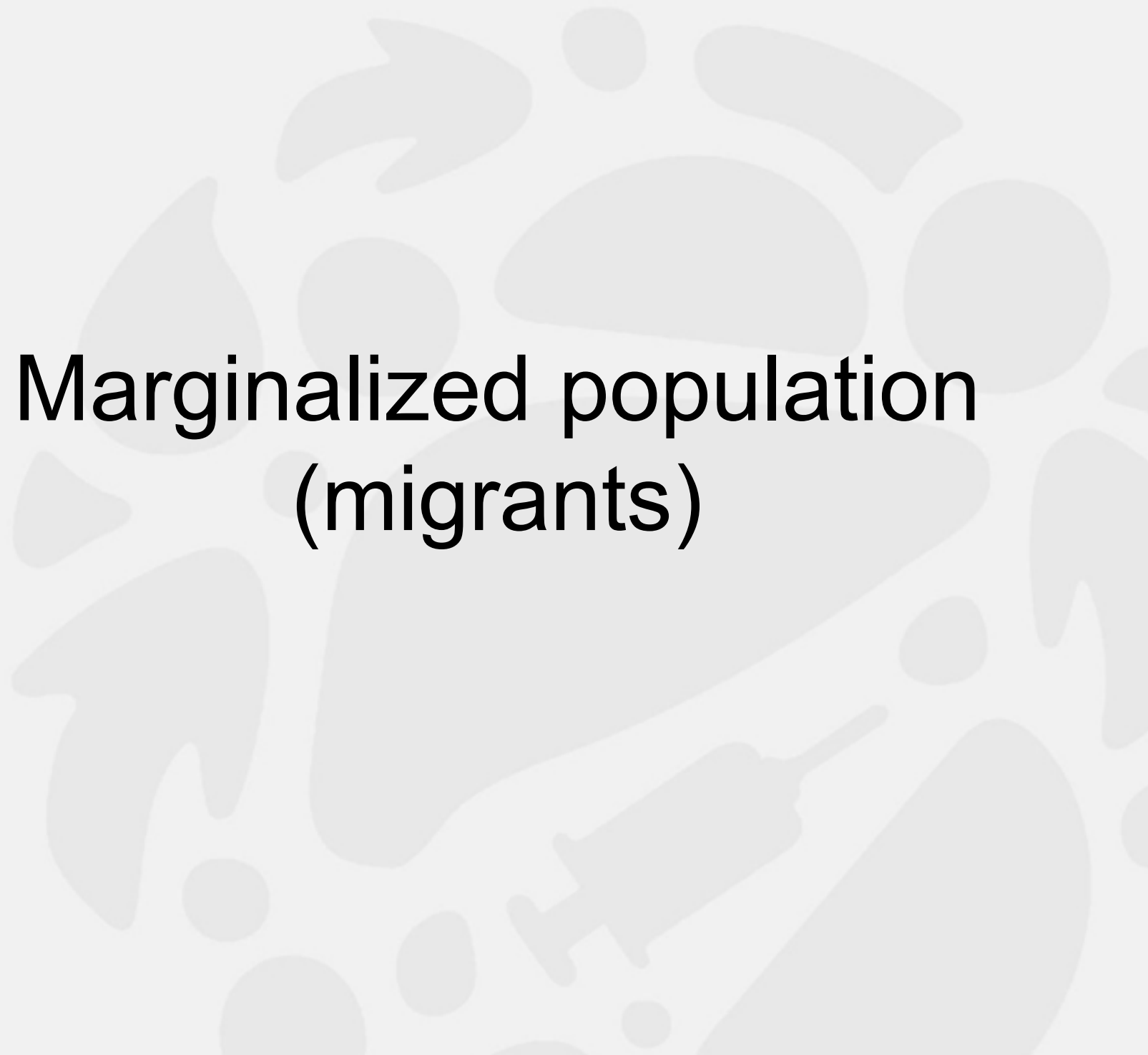
Multi-Country Community  
Screening, Vaccination,  
and Care

## HBV-HCV:

- 1. Prevention*
- 2. Linkage to care*
- 3. Treatment*



Marginalized population  
(migrants)



# WHAT IS VALUE IN HEALTH?



Multi-Country Community  
Screening, Vaccination,  
and Care

It is a framework to **evaluate healthcare interventions** in terms of:

- *Impact*
- *Sustainability*
- *Affordability*



**Better  
health outcomes**

Improving the health  
of individuals and  
populations



**Improved  
patient experience**

Improving the patient  
experience of care  
(including quality and  
satisfaction)



**Improved  
staff experience**

Improving the  
work life of health  
professionals



**Lower  
cost of care**

Reducing the per  
capita cost of  
healthcare

# REAL WORLD EXAMPLES



VIRAL HEPATITIS  
**COMSAVAC**

Multi-Country Community  
Screening, Vaccination,  
and Care

## 1. Cost-Effectiveness Analysis (CEA)



CEA is a methodology used by regulatory agencies and decision makers to measure the **value for money** of a new intervention.



# REAL WORLD EXAMPLES



VIRAL HEPATITIS  
**COMSAVAC**

Multi-Country Community  
Screening, Vaccination,  
and Care

## 1. Health Technology Assessment (HTA)

HTA involves systematic evaluation of the clinical effectiveness, cost effectiveness and **broader impacts** of health technologies, informing healthcare decision-making with evidence based insight.



**VALUE JUDGEMENT**

# VALUE-BASED TEAM IN COMSAVAC



Multi-Country Community  
Screening, Vaccination,  
and Care

## Aims



# REVIEW OF LITERATURE

## Eligibility criteria



Multi-Country Community  
Screening, Vaccination,  
and Care

### INCLUSION CRITERIA

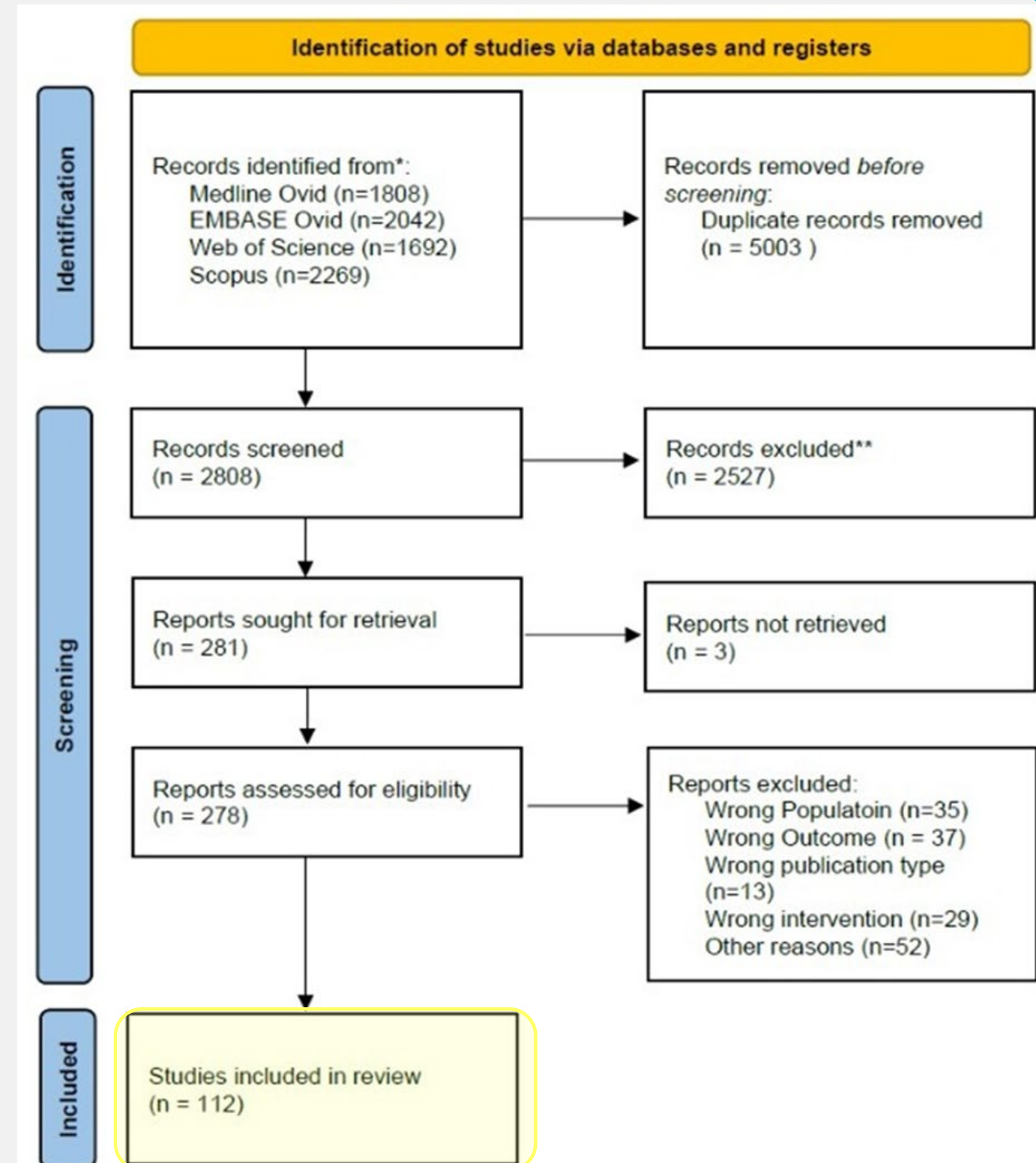
- **Real-world interventions**
- conducted at **community or primary care** level
- to enhance **Screening, Linkage-to-care or Treatment** of HBC, HVC or HCC
- in **marginalized populations**
- implicitly or explicitly designed to address at least **one of the four domains of value-based healthcare**.
- English language.
- Full text available.

### EXCLUSION CRITERIA

- Studies not describing real-world interventions (epidemiological studies, economic evaluations outside an actual intervention, protocols, background articles, etc)
- Non marginalized ethnic-minorities.
- Letters to editors, commentaries, congress abstract, reviews.

# REVIEW OF LITERATURE

## PRISMA flow chart





# RESULTS

## Map



VIRAL HEPATITIS  
**COMSAVAC**

Multi-Country Community  
Screening, Vaccination,  
and Care



# RESULTS

## HBV summary table



Multi-Country Community  
Screening, Vaccination,  
and Care

		COMSAVAC DOMAINS		
		<i>Prevention</i>	<i>Treatment</i>	<i>Linkage to care</i>
VALUE-BASED DOMAINS	<i>Patient experience</i>	17 (50%)	1 (3%)	7 (20%)
	<i>Population health</i>	17 (50%)	1 (3%)	5 (15%)
	<i>Resource allocation</i>	-	-	-
	<i>Care-team wellbeing</i>	1 (3%)	-	-

**HBV (n=34)**

# RESULTS

## HBV summary table (target people)



Multi-Country Community  
Screening, Vaccination,  
and Care

	<i>Prevention</i>	<i>Treatment</i>	<i>Linkage to care</i>	<i>Total</i>
<i>Migrants and Refugees</i>	23	7	1	31
<i>PWID and Homeless</i>	2	1	-	3
<i>Minority Groups</i>	7	1	1	9
<i>Prisoners</i>	-	-	-	0
<i>Healthcare Personnel</i>	2	-	-	2

# RESULTS

## HBV summary table (barriers)



Multi-Country Community  
Screening, Vaccination,  
and Care

	<i>Prevention</i>	<i>Treatment</i>	<i>Linkage to care</i>	<i>Total</i>
<i>Lack of knowledge</i>	9	1	1	11
<i>Social and family stigma</i>	7	1	1	8
<i>Confidentiality</i>	2	-	-	2
<i>Cultural and religious barriers</i>	10	7	-	17
<i>Document status challenges</i>	2	1	-	3
<i>Language barriers</i>	14	6	1	21
<i>Financial constraints</i>	3	2	-	5
<i>Logistic difficulties</i>	7	2	-	8
<i>Competing priorities</i>	1	-	-	1



# RESULTS

## HBV summary table (interventions)



Multi-Country Community  
Screening, Vaccination,  
and Care

	<i>Prevention</i>	<i>Treatment</i>	<i>Linkage to care</i>	<i>Total</i>
<i>POC Testing or Treatment</i>	5	2	-	<b>7</b>
<i>Navigators/Mediators/Peers</i>	8	4	-	<b>12</b>
<i>Cultural or Religious Outreach</i>	7	3	1	<b>11</b>
<i>Mobile Health Units</i>	5	2	-	<b>7</b>
<i>Financial Incentive Programs</i>	1	-	-	<b>1</b>
<i>Data Collection (Surveys, Interviews, Focus Groups)</i>	12	1	1	<b>14</b>
<i>Educational Initiatives</i>	7	1	1	<b>9</b>
<i>Social Media Engagement</i>	4	1	-	<b>5</b>
<i>Telemedicine Services</i>	1	-	-	<b>1</b>

# SCOPING CONCLUSIONS



Multi-Country Community  
Screening, Vaccination,  
and Care

## **NO VALUE-BASED TOOL DESCRIBED IN LITERATURE**

None of the examined papers present a value-based tool specifically designed or implemented for our context of interest

## **(almost) COMPLETE LACK OF IMPACT MEASURES**

Long-term, multi-stakeholder outcomes

Economic Evaluation and Resource Allocation appraisal

External validity

**Definition and validation  
of a value-based assessment tool**

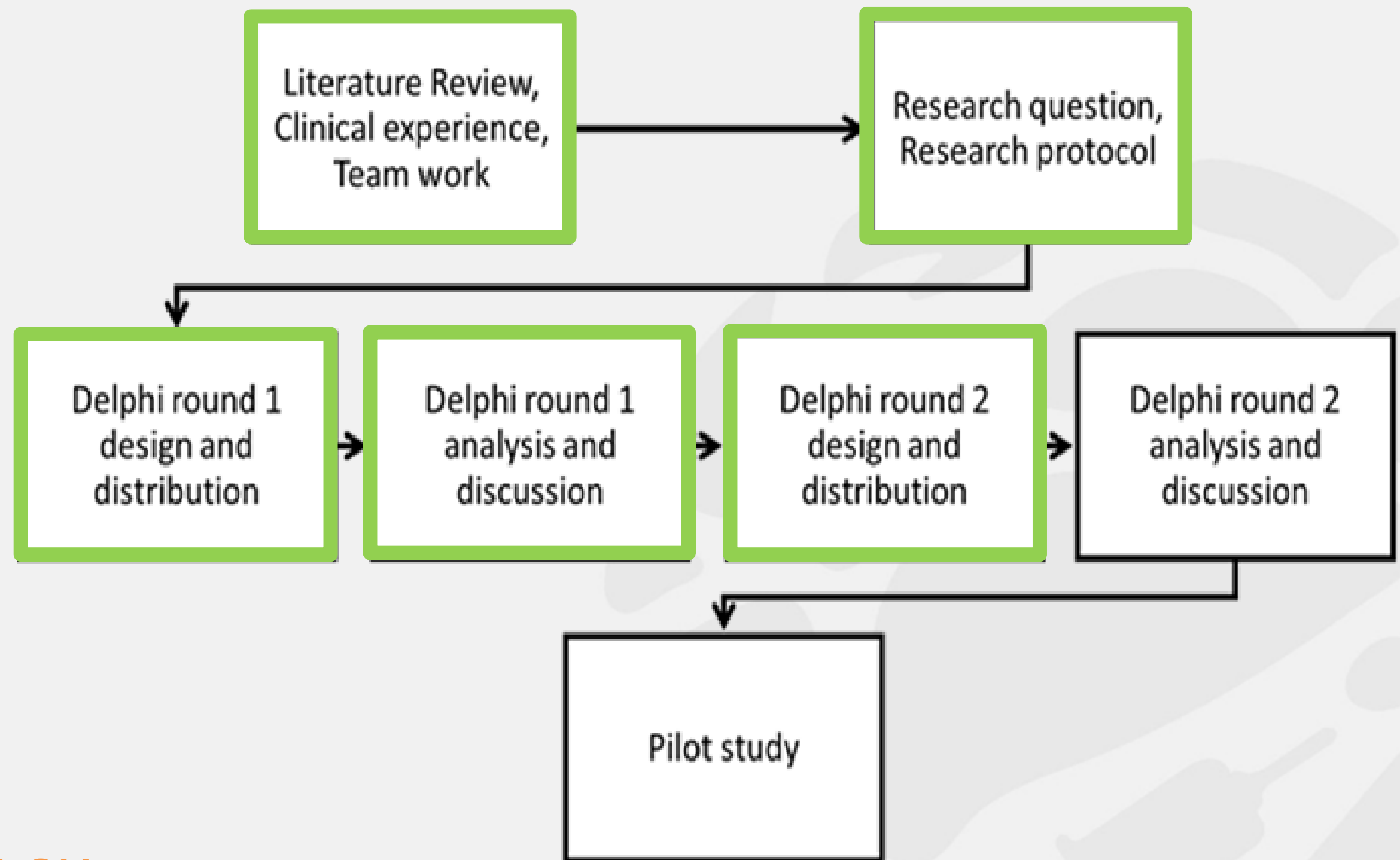
# DELPHI SURVEY

## Concept



VIRAL HEPATITIS  
**COMSAVAC**

Multi-Country Community  
Screening, Vaccination,  
and Care



"PROCEDURE USED TO COLLECT AND SUMMARISE **EXPERT JUDGEMENT** THROUGH THE USE OF A SERIES OF **QUESTIONNAIRES AND FEEDBACK.**"

*Skulmoski J. et al., Journal of Information Technology Education (2007).*

# DELPHI SURVEY

## Methods

Each value-based domain will be surveyed via a series of 10 questions/statements for each domain.

Experts (from VH-COMSAVAC Consortium) will be invited to assess the questionnaire against the following four criteria:

- General relevance
- Support from scientific evidence
- Measurability
- Actionability



Multi-Country Community  
Screening, Vaccination,  
and Care

POPULATION HEALTH	
P01	.....
P02	.....
P03	.....
P04	.....
P05	.....
P06	.....
P07	.....
P08	.....
P09	.....
P10	.....



# DELPHI SURVEY

## Participants



Multi-Country Community  
Screening, Vaccination,  
and Care

The team of experts will be invited to complete the Delphi survey by email. The answers will be collected anonymously.

Experts include:

1. Medical doctors
2. Project coordinators
3. Community nurses
4. Health authorities
5. Laboratory experts
6. Health economists
7. Patients



**29 invited experts**  
**25 answers**

For the first round, experts will be asked to express their degree of agreement on a **Likert scale from 1 to 9** (with 1 corresponding to the lowest - “Not relevant” and 9 to the highest - “Relevant”), with the set of the statements formulated for each indicator

# DELPHI SURVEY

## Final indicator



Multi-Country Community  
Screening, Vaccination,  
and Care

RATE CONSENSUS at the end of round 1

- **Endorsed items**
- **Items to be re-rated**
- Excluded items
- Comments



## 2<sup>nd</sup> DELPHI ROUND

same methods of the first round

## FINAL INDICATOR

POPULATION HEALTH	
P01	.....
P02	.....
P03	.....
P04	.....
P05	.....
P06	.....
P07	.....
P08	.....
P09	.....
P10	.....



POPULATION HEALTH	
P01	.....
P02	.....
P03	.....
P04	.....
P05	.....

HEALTH OUTCOMES		1	2	3	4	5	6	7	8	9	10
HO 01	Was there the opportunity to receive the vaccination right away?										
HO 02	.....										
HO 03	.....										
HO 04	.....										
HO 05	.....										
PATIENT EXPERIENCE		1	2	3	4	5	6	7	8	9	10
PE 01	Did you feel that confidentiality was respected?										
PE 02	.....										
PE 03	.....										
PE 04	.....										
PE 05	.....										
RESOURCE ALLOCATION		1	2	3	4	5	6	7	8	9	10
C 01	Are you knowledgeable about resource allocation challenges linked to the project?										
C 02	.....										
C 03	.....										
C 04	.....										
C 05	.....										
STAFF EXPERIENCE		1	2	3	4	5	6	7	8	9	10
SE 01	Have you been informed about the outcomes of your intervention?										
SE 02	.....										
SE 03	.....										
SE 04	.....										
SE 05	.....										

The final output is a questionnaire that provide **one composite indicator for each value-based domain** and that can be adopted to **evaluate interventions according to a comprehensive value framework**

HEALTH OUTCOMES		1	2	3	4	5	6	7	8	9	10
HO 01	Was there the opportunity to receive the vaccination right away?										
HO 02	.....										
HO 03	.....										
HO 04	.....										
HO 05	.....										
PATIENT EXPERIENCE		1	2	3	4	5	6	7	8	9	10
PE 01	Did you feel that confidentiality was respected?										
PE 02	.....										
PE 03	.....										
PE 04	.....										
PE 05	.....										
RESOURCE ALLOCATION		1	2	3	4	5	6	7	8	9	10
C 01	Are you knowledgeable about resource allocation challenges linked to the project?										
C 02	.....										
C 03	.....										
C 04	.....										
C 05	.....										
STAFF EXPERIENCE		1	2	3	4	5	6	7	8	9	10
SE 01	Have you been informed about the outcomes of your intervention?										
SE 02	.....										
SE 03	.....										
SE 04	.....										
SE 05	.....										

1. Translation and dissemination of the tool

2. Completion of the questionnaire by healthcare professionals, mediators and patients

3. Dual data analysis (*absolute scores and concordance rates*)



# CONCLUSIONS



Multi-Country Community  
Screening, Vaccination,  
and Care

1. Community-based interventions require a multidimensional analysis due to their complexity.
2. We found no intervention designed and implemented in a way to cover all value domains. Predictably, some are more “orphan” than others.
3. This work pioneers the validation and testing of a value-based tool.



VIRAL HEPATITIS  
**COMSAVAC**

Multi-Country Community  
Screening, Vaccination,  
and Care

# Value of community-based viral hepatitis strategies among migrants in Europe

Melissa D'Agostino

*Gov → Value Lab - Università Cattolica del Sacro Cuore, Rome (Italy)*

[melissadagostino99@gmail.com](mailto:melissadagostino99@gmail.com)

**ISGlobal** Barcelona  
Institute for  
Global Health



UNIVERSITÀ  
CATTOLICA  
del Sacro Cuore



**SALUD ENTRE  
CULTURAS**

**PROMETHEUS**  
HELLENIC LIVER PATIENT ASSOCIATION



Fondazione IRCCS  
Ca' Granda  
Ospedale Maggiore  
Policlinico



Co-funded by the  
European Union