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- Module 4: Principles of Critical Appraisal of Health Economic Evaluations

Related Content:

Health Economics Information Resources: A Self-Study Course

Module 3: Identification and Retrieval of Published Health Economic Evaluation Studies

Module 3 Introduction

This module:

- describes the definition and purpose of economic evaluation studies
- outlines and highlights the characteristics of the health economic evaluation literature
- outlines an effective approach to **identifying and retrieving economic evaluation studies** from bibliographic databases
- considers how economic evaluation studies are indexed in the two major bibliographic databases, <u>MEDLINE</u> and <u>EMBASE</u>

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Objective of economic evaluation studies

The aim of economic evaluation is to ensure that the benefits from health care programs implemented are greater than the opportunity cost of such programs by addressing questions of **Allocative efficiency** or **Technical efficiency**.

Allocative efficiency assesses competing programs and judges the extent to which they meet objectives.

Technical efficiency assesses the best way of achieving a given objective.

Economic evaluation defined

A **FULL economic evaluation compares** BOTH the <u>costs</u> AND **consequences** (<u>effectiveness</u>; <u>benefits</u>) of TWO or more interventions. A FULL economic evaluation requires the identification, measurement and valuation of BOTH costs and consequences. A FULL economic evaluation is the ONLY type of economic analysis that provides valid information on efficiency.

Economic evaluation study methodologies A full economic evaluation

A full economic evaluation analysis uses one of the following

- Glossary of Terms
- Key GeneralEconomicsConcepts
- Bibliography
- Web Sites
- Quizzes/Review
- Evaluation
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methodologies:

- cost-benefit analysis (CBA)
- cost-utility analysis(CUA)
- cost-effectiveness analysis (CEA)
- cost-minimization analysis (CMA)

These methodologies are **distinct from each other** and are used to **address different efficiency questions**. (see also <u>module 4</u>)

The **distinction** between the methodologies is found in the way in which the **consequences** are **measured and valued**. (see also module 4)

Partial evaluation studies

Partial evaluations constitute a number of economic study types which consider costs and/or consequences, but which either do not involve a comparison between alternative interventions or do not relate costs to benefits.

Partial evaluations can be **useful** in that they can provide **elements of information for a full evaluation** and help **answer questions** not related to efficiency.

It is important to remember that **PARTIAL EVALUATIONS DO NOT PROVIDE INFORMATION ON EFFICIENCY**.

Types of partial evaluation studies

Generally speaking, there are five types of partial evaluation studies. These are:

- Cost comparison / cost analysis
- Cost outcome description
- Cost description
- Outcome description
- Cost of illness study

See Ex. 1 in Test Questions at end of module

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Mislabeling of economic studies

Some economic studies which claim to be full economic evaluations may in fact only be **partial evaluations**. A study by Zarnke et al* found that, of a set of economic studies labeled as cost-benefit analyses:

- 68% did not use defined CBA methodology
- 53% were found to be only cost comparisons,i.e., partial evaluations

*Zarnke, KB; Levine, MAH; O'Brien, BJ. Cost-benefit analyses in the health-care literature: don't judge a study by its label. *Journal of Clinical Epidemiology* 1997;50:813-822

Consequences of mislabeling

Important consequences may occur as a result of mislabeling. Mislabeling of partial evaluations as full economic evaluations has the potential to misinform the health care decision-making process. It can also result in the incorrect application of indexing terms to studies that are indexed for bibliographic databases (through no fault of the indexer!) - thus making it more challenging in identifying studies which are true economic evaluations.

See Ex. 2 in Test Questions at end of module



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The quality of health economic evaluation studies

In addition to thinking about the consequences of mislabeling, we should also pay attention to the quality of health economic evaluation studies. Why? For two reasons.

The variability in the quality of published health economic evaluation studies is well documented *

This variability has significant implications for the identification and subsequent utilization of information on efficiency in the health care decision-making process

- *Jefferson T, Demicheli V, Vale L. Quality of systematic reviews of economic evaluations in health care. *JAMA* 2002;287:2809-12. [online] Site URL.
- *Jefferson T, Demicheli V. Quality of economic evaluations in health care. *BMJ* 2002;324:313-314. [online] Site <u>URL</u>.

Issues regarding quality of health economic evaluation studies

In this section we look at some of the issues and problem areas in the quality of health economic evaluation studies. We find **three major deficiencies**: **poor methodological design**, **inadequate reporting**,

Related Content:

- Glossary of Terms
- Key GeneralEconomicsConcepts
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and **publication bias**.

Poor methodological design includes such concerns as poor quality data sources, failure to define clearly the economic evaluation method used, or use of an inappropriate method if the economic evaluation is to address the research question, and omission of sensitivity analysis to test robustness of modeling.

Inadequate reporting is generally a lack of transparency regarding methodology and/or a lack of stringency of journal editorial policy with regard to acceptance of economic submissions.

Publication bias results from **bias** in the **effectiveness literature** (e.g., when studies showing negative results have not been published) or from the motivation for conducting an economic evaluation (e.g., studies sponsored by groups with financial interests in the outcomes of the study).

Guidelines for conduct of an economic evaluation

Guidelines have been developed as a means of addressing the problem of quality variability in health economic evaluation studies. Guidelines may be categorized as those which address the conduct, reporting, or appraisal of economic evaluation studies.

These form two distinct categories: guidelines for **use prior to pharmaceutical reimbursement**, as, for example, the Ontario Guidelines for Economic Analysis of Pharmaceutical Products, or guidelines aimed at **improving health economic methods**, such as the Washington Panel*, CCOHTA (Canadian Coordinating Office for Health Technology Assessment).

Inconsistencies found between guidelines for conduct may be due to differences in purpose or differences in the health care system.

*Weinstein MC. et al. Recommendations of the Panel on Cost-effectiveness in Health and Medicine. *JAMA* 1996;276:1253-58. [online] Site <u>URL</u>.

Guidelines for reporting economic evaluations

The editorial process employed by medical journals with regard to economic submissions can be less rigorous compared to that process employed for biomedical papers.

There is evidence that economic evaluations published in general

clinical journals and in journals that published more of these analyses are of higher quality.*

*Neumann PJ, Stone PW, Chapman RH, Sandberg EA, Bell CM. The quality of reporting in published Cost-Utility Analyses, 1976-1997. Ann Intern Med 2000; 132: 964-972. [online] Site URL.

Some general medical journals have introduced reporting guidelines, such as the *British Medical Journal* (BMJ), *Journal of the American Medical Association* (JAMA), and the *New England Journal of Medicine*.

The BMJ guidelines* are the most explicit of those produced so far.

*Drummond MF, Jefferson TO. Guidelines for authors and peer reviewers of economic submissions. *BMJ* 1996;313:275-83. [online] Site URL.

Guidelines for appraisal of economic evaluations

Numerous **checklists** exist for use in the quality assessment of health economic evaluations. These checklists vary in presentation and depth but address common core issues. Reporting guidelines such as those developed for the BMJ can be adopted for use in quality assessment.

The guidance for writing abstracts for the NHS Economic Evaluations
Database (NHS EED) provides a quality assessment tool

*Improving access to cost-effectiveness information for health care decision-making: the NHS Economic Evaluation Database. NHSCRD Report no.6(2nd ed). York. NHS Centre for Reviews and Dissemination. 2001. [online] Site URL.

Already-appraised economic evaluations: A look at the NHS Economic Evaluation Database

The NHS Economic Evaluation Database (NHS EED) is a valueadded source of economic evaluation studies. The studies have been identified from relevant core bibliographic databases and evaluated by specific criteria. NHS EED is a key source in providing structured abstracts of economic evaluation studies that include a critical appraisal, and a commentary on the relevance of study findings to practice.

NHS EED abstracts focus on health care issues of importance to developed countries.

Bibliographic database indexing of economic evaluations

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The accuracy of indexing terms that have been applied to individual economic evaluation studies will depend on three things: 1) a clear description of the study and accurate labeling of the methodology at the <u>reporting stage</u>; and, 2) the specificity of terms available within the database controlled vocabulary. This will, in turn, 3) depend on the indexing policy of the database producer.

The **structure and scope of indexing terms** will often **differ** between databases; not all bibliographic databases include a **controlled vocabulary**. If this is the case, reliance must be placed on free text searching.

See Ex. 3 in Test Questions at end of module

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Retrieving economic evaluation studies from MEDLINE

MEDLINE is an **important source of citations** for economic evaluation studies; however, when retrieving citations please keep this consideration in mind.

MeSH uses the **broader terms** 'cost-benefit analysis' and 'costs and cost analysis' **to index ALL types of economic evaluation studies** - not just cost-benefit studies - and **does not differentiate between the different types of economic evaluation methodologies**.

For retrieval purposes, one should be aware of **MeSH terms and indexing policies** and consider using **free text terms** when trying to **narrow retrieval** to specific economic evaluation methodologies; e.g., cost-minimization. Be also aware of **British spellings** of terms, e.g., cost-minimisation.

MeSH

The following is the relevant portion of the MeSH tree for economic evaluation. Use these terms in formulating your searches.

Economics

Costs and cost analysis
Cost allocation

- Glossary of Terms
- Key GeneralEconomicsConcepts
- Bibliography
- Web Sites
- Quizzes/Review
- Evaluation
- Contact Us



Cost-benefit analysis

Cost control (+1)

Cost of illness

Cost sharing (+2)

Health care costs

Direct service costs

Drug costs

Employer health costs

Hospital costs

Health expenditures (+1)

See Ex. 4 in Test Questions at end of module

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Retrieving economic evaluation studies from EMBASE

There is a clear distinction within EMTREE between the different types of economic evaluation methodologies.

EMTREE provides an individual indexing term for each type of economic evaluation methodology. In addition, EMTREE provides an additional indexing term - 'economic evaluation' (explodes).

The terms 'cost control' and 'cost of illness' appear as narrower terms under 'economic evaluation'. This use of these two terms is not strictly correct as these are partial evaluation study types.

EMBASE's EMTREE structure for economic evaluation etudies

health economics

economic evaluation

cost benefit analysis

cost control

cost effectiveness analysis

cost minimization analysis

cost of illness

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cost utility analysis
fee (+5)
health care cost
drug cost
health care financing
hospital cost (+3)
health insurance (+8)
pharmacoeconomics
drug approval
drug cost
drug formulary
drug utilization
utilization review

See Ex. 5 in Test Questions at end of module

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Module 3 summary

- An economic analysis must meet **strict definition criteria** in order to be described as a full economic evaluation
- A significant number of published studies which profess to be economic evaluations do not meet this definition
- There is significant variability in the quality of health economic evaluations
- Value-added sources assist in the identification and dissemination of reliable information on efficiency
- Effective bibliographic database searching for economic evaluations requires consideration of the availability, specificity and scope of indexing terms

Module 3 search strategies exercise

To test your understanding of this module, try selecting relevant MeSH and/or EMTREE headings and formulate search strategies for one or more of the following statements. You are invited to try all four statements.

- 1. the cost-effectiveness of screening for diabetic retinopathy
- 2. resource allocation implications and the cost-benefit of providing cardiology services in primary care
- 3. what are the costs and benefits of laparoscopic versus open

- Glossary of Terms
- Key GeneralEconomicsConcepts
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- surgery for inguinal hernia repair
- 4. is day surgery more efficient than in-patient surgery for tonsillectomy

View the <u>answers</u> to these search strategies.

Module 3 Quiz

Prepare yourself to take the quiz for this module by <u>reviewing</u> possible questions. Then take the quiz. From the quiz you can apply for the **Certificate of Success** for Module 3.

Module 3 Quiz 3 [review questions]

If you do not wish to take the quiz for module 2, move on to Module 4: An Introduction to the Principles of Critical Appraisal of Health Economic Evaluation Studies

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"Test Yourself" Review Question

- Ex. 1 The following are a list of keywords. Which terms are correct MeSH terms used in retrieving economic evaluation studies?
 - A. Cost-benefit analysis B. A and C C. Expansion costs D. A and E
 - E. Costs and cost analysis
- Ex. 2 The aim of economic evaluation is to ensure that the benefits from health care programs implemented are greater than the opportunity cost of such programs by addressing questions of _____ or ____. Select the correct answer from the list below.
 - A. Interpretive efficiency or Inclusive efficiency B. Economic efficiency or Evaluative efficiency C. Allocative efficiency or Technical efficiency D. Informational efficiency or Requirements efficiency
- Ex. 3 No important consequences will occur as a result of mislabeling partial evaluations as full economic evaluations. True or False?
- This variability in the quality of published health economic evaluation studies has _____ implications for the identification and subsequent utilization of information on _____ in the health care decision-making process.
 - A. insignificant | economics B. significant | systematic reviews C. no significant | retrieval D. significant | efficiency
- Ex. 5 The MeSH term 'cost-benefit analysis' is used to index ALL types of economic evaluation studies, not just cost-benefit studies. True | False?



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Review Questions for Module 3 Quiz

This page provides review questions that will help you prepare for the Module 3 Quiz that tests your knowledge of the content you have just been studying. A link to the **interactive quiz** is provided here and also at the end of the review.

Quiz 3 (Module 3)

The aim of economic evaluation is to ensure that the benefits from health care programs implemented are greater than the opportunity cost of such programs by addressing questions of _____ or ____. Select the correct answer from the list below.

- A. Interpretive efficiency or Inclusive efficiency
- B. Economic efficiency or Evaluative efficiency

C. Allocative efficiency or Technical efficiency

D. Informational efficiency or Requirements efficiency

- Glossary of Terms
- Key GeneralEconomicsConcepts
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Explanation

The aim of economic evaluation is to ensure that the benefits from health care programs implemented are greater than the opportunity cost of such programs by addressing questions of **Allocative efficiency** or **Technical efficiency**

Allocative efficiency assesses competing programs and judges the extent to which they meet objectives.

Technical efficiency assesses the best way of achieving a given objective.

Which of these statements about a **FULL economic evaluation** does not belong with the others?

A. FULL health economic evaluations are easily identified because they consider costs.

- B. A FULL economic evaluation is the ONLY type of economic analysis that provides valid information on efficiency.
- C. A FULL economic evaluation requires the identification, measurement and valuation of BOTH costs and consequences.
- D. A FULL economic evaluation compares BOTH the costs and consequences (effectiveness; benefits) of TWO or more interventions.

Explanation

A FULL economic evaluation **compares** BOTH the **costs** AND **consequences** (**effectiveness**; **benefits**) of TWO or more interventions. A FULL economic evaluation requires the identification, measurement and valuation of BOTH costs and consequences. A FULL economic evaluation is the ONLY type of economic analysis that provides valid information on efficiency. Some studies consider costs but do not involve comparisons between interventions or do not relate costs to benefits; these are considered partial evaluation studies.

Partial evaluations do not provide information on efficiency. **True** | False

Explanation

It is important to remember is that **PARTIAL EVALUATIONS DO NOT PROVIDE INFORMATION ON EFFICIENCY**.

Generally speaking, there are **five types of partial evaluation studies**. These are: Cost comparison/cost analysis, Cost of illness study, Outcome description, Cost outcome description. Which one is missing from this list?

- A. Costs and cost analysis
- B. Outcome analysis
- C. Environmental analysis
- **D. Outcome description**

Explanation

Generally speaking, there are five types of partial evaluation studies. These are: Cost comparison/cost analysis, Cost outcome description, Cost description, **Outcome description**, and Cost of illness study.

Some economic studies which claim to be full economic evaluations may in fact only be **partial evaluations**. A study by Zarnke et al* found that, of a set of economic studies labeled as cost-benefit analyses: ____ % did not use defined CBA methodology and ____ % were found to be only cost comparisons, i.e., partial evaluations.

- A. 90% and 45%
- B. 68% and 53%
- C. 20% and 80%
- D. 50% and 50%

Explanation

Some economic studies which claim to be full economic evaluations may in fact only be **partial evaluations**. A study by Zarnke et al* found that, of a set of economic studies labelled as cost-benefit analyses: **68%** did not use defined CBA methodology and **53%** were found to be only cost comparisons, i.e., partial evaluations.

No important consequences will occur as a result of mislabeling partial evaluations as full economic evaluations. True | **False**?

Explanation

This statement is false. Important consequences may occur as a result of mislabeling. Mislabeling of partial evaluations as full economic evaluations has the potential to misinform the health care decision-making process.

Important consequences may occur as a result of mislabeling. Mislabeling of partial evaluations as full economic evaluations can also result in the incorrect application of indexing terms to studies that are indexed for bibliographic databases - thus making it more challenging in identifying studies which are true economic evaluations.

True | False?

Explanation

The answer is true as stated.

The variability in the quality of published health economic evaluation studies is not well documented. True | **False**

Explanation

The variability in the quality of published health economic evaluation studies is well documented in Jefferson, et al 2002a and Jefferson, et al 2002b.

This variability in the quality of published health economic evaluation studies has _____ implications for the identification and subsequent utilization of information on _____ in the health care decision-making process.

- A. insignificant | economics
- B. significant | systematic reviews
- C. no significant | retrieval
- D. significant | efficiency

Explanation

This variability has **significant** implications for the identification and subsequent utilization of information on **efficiency** in the health care decision-making process.

What are some of the issues regarding the quality of health economic evaluation studies? We find **three** major deficiencies, **poor methodological design**, **inadequate reporting** and **publication bias**.

Poor methodological design includes such concerns as _____, failure to define clearly the economic evaluation method used, or use of an inappropriate method if the economic evaluation is to address the research question, and omission of sensitivity analysis to test robustness of modeling.

- A. a lack of data
- B. using metaanalysis inappropriately
- C. poor quality data sources
- D. using inappropriate statistical methods

Explanation

Poor methodological design includes such concerns as **poor quality data sources**, failure to define clearly the economic evaluation method used, or use of an inappropriate method if the economic evaluation is to address the research question, and omission of sensitivity analysis to test robustness of modeling.

Inadequate reporting is generally a lack of transparency regarding methodology and a lack of stringency of journal editorial policy with regard to economic submissions.

Publication bias results from **bias** in the **effectiveness literature** or from the motivation for conducting an economic evaluation.

Guidelines for conduct of an economic evaluation have been developed as a means of addressing the problem of quality variability in health economic evaluation studies. Guidelines may be categorized as those which address the conduct, reporting, or appraisal of economic evaluation studies. **True** | False?

Explanation

This statement is **true**; that is, guidelines have been developed as a means of **addressing** the problem of **quality variability** in health economic evaluation studies. Guidelines may be categorized as those which **address the conduct**, **reporting**, or **appraisal** of economic evaluation studies.

The editorial process employed by medical journals with regard to economic submissions of economic evaluations is usually more rigorous compared to that process employed for biomedical papers. True | False?

Explanation

The editorial process employed by medical journals with regard to economic submissions **can be less rigorous** compared to that process employed for biomedical papers.

There is evidence that economic evaluations published in general clinical journals and in journals that published more of these analyses are of higher quality. Neumann, et al, 2000.

The following are a partial list of keywords. Which terms are correct MeSH terms used in retrieving economic evaluation studies?

- A. Cost-benefit analysis
- B. A and C
- C. Expansion costs
- D. A and E
- E. Costs and cost analysis

Explanation

A and E are correct. Cost-benefit analysis and Costs and cost analysis are both MeSH terms used in retrieving economic evaluation studies.

The MeSH term 'cost-benefit analysis' is used to index ALL types of economic evaluation studies, not just cost-benefit studies. **True** | False?

Explanation

This statement is true. The MeSH term 'cost-benefit analysis' is used to index ALL types economic evaluation studies, not just cost-benefit studies.

EMTREE does not provide an individual indexing term for each type of economic evaluation methodology. True | **False**?

Explanation

The answer to this question is true. There is a clear distinction within EMTREE between the different types of economic evaluation methodologies.

EMTREE provides an individual indexing term for each type of economic evaluation methodology. In addition, EMTREE provides an additional indexing term - 'economic evaluation' (explodes).

The terms 'cost control' and 'cost of illness' appear as narrower terms under 'economic evaluation'. This use of these two terms is not strictly correct as these are partial evaluation study types.

Ready to take the Quiz for module 3? When you successfully complete the quiz you can apply for the Certificate of Success for this module.

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Quiz for Health Economics Module 3

Module 3 was intended to demonstrate an effective approach to systematic searching of published health economic evaluation studies. Upon successful completion of this quiz you may request a **Certificate of Success** by clicking on the **button** located at the **bottom of the answer page**.

1. The variability in the quality of published health economic evaluation studies is not well documented. True | False

True False

- 2. The aim of economic evaluation is to ensure that the benefits from health care programs implemented are greater than the opportunity cost of such programs by addressing questions of _____ or ____. Select the correct answer from the list below.
- A. Interpretive efficiency or Inclusive efficiency B. Economic efficiency or Evaluative efficiency C. Allocative efficiency or Technical efficiency D. Informational efficiency or Requirements efficiency
- 3. The MeSH term 'cost-benefit analysis' is used to index ALL types of economic evaluation studies, not just cost-benefit studies. True | False?

True False

4. Partial evaluations do not provide information on efficiency. True | False

True False

5. Important consequences may occur as a result of mislabeling.

Mislabeling of partial evaluations as full economic evaluations can also result in the incorrect allocation of indexing terms at the point of inclusion into a bibliographic database and mislabeling will cause difficulties in identifying studies which are true economic evaluations. True | False?

True False

- 6. Which of these statements about a FULL economic evaluation does not belong with the others?
- A. FULL health economic evaluations are easily identified because they consider costs. B. A FULL economic evaluation is the ONLY type of economic analysis that provides valid information on efficiency. C. A FULL economic evaluation requires the identification, measurement and valuation of BOTH costs and consequences. D. A FULL economic evaluation compares BOTH the costs and consequences (effectiveness; benefits) of TWO or more interventions.
- 7. EMTREE does not provide an individual indexing term for each type of economic evaluation methodology. True | False?

True False

8. Guidelines for conduct of an economic evaluation have been developed as a means of addressing the problem of quality variability in health economic evaluation studies. Guidelines may be categorized as those which address the conduct, reporting, or appraisal of economic evaluation studies. True | False?

True False

- 9. This variability in the quality of published health economic evaluation studies has _____ implications for the identification and subsequent utilization of information on _____ in the health care decision-making process.
- A. insignificant | economics B. significant | systematic reviews C. no significant | retrieval D. significant | efficiency
- 10. The following are a list of keywords. Which terms are correct MeSH terms used in retrieving economic evaluation studies?

Quiz for Module 3

A. Cost-benefit analysis B. A and C C. Expansion costs D. A and E

E. Costs and cost analysis

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