

Quality Assessment of Health Economic Evaluation

Usa Chaikledkaew BSc(Pharm), MA, PhD^{*,**},
Kankamon Kittrongsiri BSc(Pharm)^{*,**}

^{*} *Social and Administrative Pharmacy Excellence Research (SAPER) Unit, Department of Pharmacy,
Faculty of Pharmacy, Mahidol University, Bangkok, Thailand*

^{**} *Health Intervention and Technology Assessment Program, Ministry of Public Health, Nonthaburi, Thailand*

In Thailand, the results of economic evaluations have increasingly been used to help improve the transparency of health technology prioritization and to inform the resource allocation decision-making process. However, variable quality can mean that application of study results can be limited. To help improve uniformity and widen the application of results, quality assessment of health economic evaluations is crucial. By subjecting health economic evaluations to a rigorous quality assessment process, decision-makers can choose to only use findings from studies that reach the appropriate standard as the basis for policy-making. This article gives a summary of the three key areas to examine when assessing quality—1) data sources, 2) result reporting and 3) analysis methodology. It is hoped that this will help provide critical guidance to users of economic evaluation results to ensure that they understand and are able to perform quality assessment prior to applying study findings.

Keywords: *Quality assessment, Economic evaluation, Thailand*

J Med Assoc Thai 2014; 97 (Suppl. 5): S113-S118

Full text. e-Journal: <http://www.jmatonline.com>

Health economic evaluation (HEE) is one of the approaches used in health technology assessment (HTA). In Thailand, the results of economic evaluations have increasingly been used to help improve the transparency of health technology prioritization and to inform the resource allocation decision-making process^(1,2). Subjecting HEEs to quality assessment ensures that studies are of the requisite standard and helps determine whether they are fit to inform policy decision-making. Increasingly, policy-makers are using the evidence garnered from health economic evaluations to inform their policy decisions. This can be seen, for instance, in the drug regulation authority's drug registration process and the selection process for inclusion of drugs on the National List of Essential Medicines or hospital formulary, both of which rely in part on data from economic evaluations. Clearly then, it is important that health professionals have access to information regarding the quality of the health economic evaluations from which they are taking data.

Why assess the quality of health economic evaluation studies?

Data from health economic evaluations (HEE) should only inform policy decision-making when users understand the three main reasons why assessing the quality of these health economic evaluations is important.

First, quality assessment ensures that only appropriate HEE studies are used to inform policy. This means that only HEE studies that compare the costs and outcomes of at least two health interventions should be used. However, most studies that refer to themselves as a cost-effectiveness analysis do not fulfil these criteria. Any study that either evaluates only costs or does not compare two or more interventions should be regarded as invalid as a basis for policy decisions regarding cost-effectiveness. A diagram of this process is shown in Fig. 1.

Second, quality assessment ensures that the quality of the information generated by the HEE is of the requisite high quality. Teerawattananon et al's recent study assessing the quality of result reporting in HEE studies within the Thai context found that both the quality and quantity of HEE studies in Thailand was still limited⁽³⁾. Their study also revealed significant variation in the methods used, meaning that the comparison of data from different studies is very difficult; this is surely due in part to the absence of

Correspondence to:

Chaikledkaew U, Social and Administrative Pharmacy Excellence Research (SAPER) Unit, Department of Pharmacy, Faculty of Pharmacy, Mahidol University, 447 Sri-Ayudthaya Road, Payathai, Ratchathevee, Bangkok 10400, Thailand.
Phone: 0-2644-8678 ext 5317, Fax: 0-2644-8694
E-mail: usa.chi@mahidol.ac.th

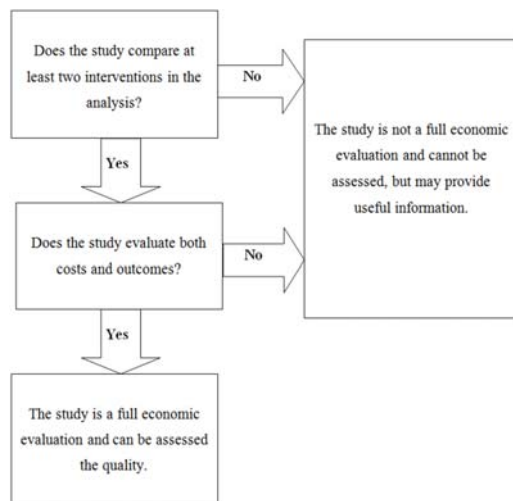


Fig. 1 Method to select health economic evaluation studies for quality assessment.

economic evaluation guidelines specific to Thailand. HEE information of a high quality should only be regarded as of use to policy decision-makers where it is performed correctly and reported accurately; a lack of high quality HEE studies should be regarded as a barrier to effective policy decision-making⁽⁶⁻¹²⁾.

Third, quality assessments allow the reliability of the HEE results to be evaluated appropriately. Since HEE studies can be performed using a modeling approach and researchers can input parameter data to predict the cost-effectiveness of a given health interventions, there is a tendency for manipulation of the results to occur, which can lead to unreliable HEE results. Quality assessment of HEE studies limits this and ensures greater result reliability.

A method for selecting health economic evaluation studies for quality assessment

Once HEE studies have been identified, each study should be examined to see if it fits the criteria for quality assessment. Any studies that fail to fulfil the criteria should not be used for quality assessment, although they should still be retained for reference. There are two criterion that need to be fulfilled (Fig. 1): 1) the study must compare at least two choices of interventions and 2) the study must evaluate both costs and outcomes.

Guidelines for health technology assessment in Thailand (second edition): Recommendations for quality assessment of economic evaluation studies

Once the appropriate studies have been

identified, quality assessment can begin. The quality assessment examines three areas: 1) data sources 2) result reporting and 3) analysis methodology.

Quality assessment of data sources

Economic evaluation studies rely on numerous clinical and cost data sources. The quality of the data garnered from these sources will affect the quality of the analysis; thus, assessment of their quality is crucial. The quality of cost data sources in economic evaluations is assessed according to the hierarchy of evidence (see chapter “Measurement of Costs for Health Economic Evaluation” in this volume) and the quality of clinical data is assessed according to the hierarchy of clinical evidence (see “Measurement of Health Outcomes” in this volume).

Quality assessment of result reporting

The quality of the result reporting is assessed using the criteria developed by Drummond et al^(4,5). A summary of these criteria is given below:

- The study perspective is clearly defined.
- The characteristics of the compared intervention are described.
- Discounting for both costs and outcomes of the study period is greater than one year.
- Incremental cost-effectiveness ratio (ICER) is calculated.
- Uncertainty analysis is performed.
- All funding sources are disclosed.

Quality assessment of analysis methodology

A number of guidelines have made recommendations on how best to assess the quality of the methodology used in economic evaluations. These can be divided into two types: guidelines established by the national bodies responsible for performing economic evaluations in each country (e.g. Australia⁽¹⁴⁾, Canada⁽¹⁵⁾, Denmark⁽¹⁶⁾, Norway⁽¹⁷⁾, Hungary⁽¹⁸⁾, England and Wales⁽¹⁹⁾, and Thailand⁽¹³⁾) and guidelines developed by health economists (i.e. Drummond et al^(4,5), Gold et al⁽²⁰⁾, and Tan-Torres⁽²¹⁾).

To ensure that all economic evaluations are transparent, easily comparable, and of high quality, in this second edition of HTA guidelines for Thailand, we outline a specific reporting format for researchers to follow, comprising of ten key elements, all of which should be included. A report checklist has been developed to help guide this process (Table 1). The report checklist can be used alongside the guidelines to assess whether HEE studies can be used by decision-

Table 1. Checklist for quality assessment for health economic evaluation studies

Title of study			
Name of journal, volume, year, page			
1. The study assesses both costs and outcomes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. The study compares at least two interventions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If answers are "Yes" for both questions, please continue to the below checklist			
If answer is "No" for any question, the study is not full economic evaluation			
Criteria for quality assessment for economic evaluation studies	Answer ¹		Comments
	Yes	No	N/A
Study design			
1. State the background of the problem			
2. State the economic importance of the study			
3. State the clinical importance of the study			
4. State the objective of the study			
5. State the target population for intervention			
6. State the perspective of the study			
7. State the time horizon			
8. State the type of economic evaluation methods (i.e., CMA, CBA, CEA, or CUA)			
9. The type of economic evaluation method is appropriate to the study objective			
10. State the design of the analysis			
11. State the description of all interventions in the analysis			
12. State the rational of selecting the comparators in the analysis			
Cost and effectiveness data			
13. Identify the outcome measured in the study			
14. State the sources of effectiveness data			
			If yes, the lowest rank =.....
15. State the study design of effectiveness data (if one study was used.)			
16. State the description of meta-analysis in synthesizing effectiveness data (if multi-study were used.)			
17. State the valuation of utility			
			If yes, the lowest rank =.....
18. Summarize effectiveness parameters in table			
19. Cost data components are in accordance with study perspective			
20. State the sources of cost or charge data			
			If yes, the lowest rank =.....
21. Describe the method of collecting indirect cost and direct non-medical cost			
22. State the resource use separately from the cost data			
23. State the valuation of resource use and unit cost			
24. State the year of valuation for all costs			
25. State details provided of any adjustment for inflation/deflation for all costs			
26. State the currency unit of cost data			
27. In the case of exchanging money values, state the exchange rate			
28. State the method of transforming charges into costs or costs into charges			
29. In the case of using data from expert opinion, state the sources and methods used to collect the data			
30. In the case of the study period being longer than 1 year, state whether discounting has been performed for costs and/or effect.			

Table 1. cont.

Criteria for quality assessment for economic evaluation studies	Answer ¹			Comments
	Yes	No	N/A	
31. In case of the study period being longer than 1 year, state the discount rate				
32. State the rationale of using the chosen discount rate				
33. In cases of discounting has not been performed, state the rationale				
34. Summarize cost parameters in table				
Model (if applicable)				
35. Describe the event pathway in the model				
36. Show a diagram of event pathways in the model				
37. State the software used in the model				
38. State the details of model validation that have been provided				
39. State the time horizon used in the model				
40. For Markov models, state the cycle length of the model				
41. State all assumptions used in the model				
Uncertainty or Sensitivity analysis				
42. Perform the sensitivity analysis				
43. State the sensitivity analysis method				
44. State the choice of variables and the ranges used in the sensitivity analysis				
45. Describe the rationale of chosen parameters in the sensitivity analysis				
Result presentation				
46. When performing the incremental analysis, all relevant interventions are included.				
47. Report the results of the incremental analysis				
48. Present the results of the undiscounted reference case values i.e., total cost, total effectiveness, incremental cost, incremental effectiveness, and incremental cost-effectiveness ratio				
49. Explain the summary of the reference case results				
50. Present the important disaggregated and aggregated results				
51. Present the result in graph i.e. the cost-effectiveness plane				
52. Present the sensitivity analysis i.e. tornado diagram or cost-effectiveness acceptability curve				
53. State the conclusion of sensitivity analysis				
54. In case of the budget impact analysis performed, state the analysis result				
Discussion				
55. State the answers for research questions				
56. State the conclusion in accordance with the reported results				
57. State the conclusions and appropriate precaution of the study				
58. Explain the feasibility of the application of study results on policy decision making				
59. Discuss the important ethical implications				
60. Explain the limitations of the study				
61. Compare the results with other studies' results				
62. State the impact on annual budget				
63. State the funding sources for the study				
64. State the author's conflict of interest with the funding sources				

¹Answer "Yes" if the study clearly specify according to criterion

Answer "No" if the study not clearly specify according to criterion

Answer "Not applicable" if the criterion not applicable to the analysis i.e. The criteria of modeling approach are not applicable for non-model study.

When answer "No", description of missing or irrelevant data should be specified.

makers as a basis for policy. The checklist is not limited to administrators and policy-makers at the national and local level. Indeed, if stakeholders such as pharmaceutical companies were required to submit HEE information about their products alongside the clinical information which they already have to supply, they could use the checklist as a key tool to generate data that might be very beneficial to those who decide which technologies are included in health benefit packages. However, the checklist should only be regarded as a tool to help guide the preliminary phase of quality assessment; it is not intended to be used to judge the quality of study's methodology or results.

Method for scoring the quality of economic evaluation studies

Many studies have used the checklist to allocate a score to each question, after which the individual scores are added together to arrive at a total final score that is indicative of a study's overall quality. A review of the existing literature identified six studies that outlined suggested scoring systems for the quality assessment of health economic evaluations. However, no uniform scoring approach was found that is both valid and reliable for the quality assessment of methodology used in economic evaluation. As such, the use of a scoring system for the quality assessment of methodology used is not recommended⁽²²⁾. Instead, results from the quality assessment should be presented in the same format as the checklist, with a description of the results and how they compare to the criteria presented alongside. Moreover, full explanation of the methodology used and the results should be given, along with a description of the key strengths and weaknesses of the present study that may affect the reliability of the results.

Acknowledgement

The development of these guidelines would not have been possible without the technical support, challenging criticism and encouragement of many colleagues and institutions. As authors, we wish to acknowledge all individuals and related organizations that contributed throughout the process for guideline development. In addition, we would like to give particular thanks to the funding support through the Health Intervention and Technology Assessment Program (HITAP) from the National Health Security Office, the Thailand Research Fund under the Senior Research Scholar on Health Technology Assessment (RTA5580010) and Thai Health Global Link Initiative

Program (TGLIP), supported by Thai Health Promotion Foundation.

Potential conflicts of interest

None.

References

1. Clewer A, Perkins D. Economics for health care management. Essex: Prentices Hall; 1998.
2. Bobadilla JL, Cowley P, Musgrove P, Saxenian H. Design, content and financing of an essential national package of health services. Bull World Health Organ 1994; 72: 653-62.
3. Teerawattananon Y, Russell S, Mugford M. A systematic review of economic evaluation literature in Thailand: are the data good enough to be used by policy-makers? Pharmacoeconomics 2007; 25: 467-79.
4. Drummond MF, Jefferson TO. Guidelines for authors and peer reviewers of economic submissions to the BMJ. The BMJ Economic Evaluation Working Party. BMJ 1996; 313: 275-83.
5. Drummond M, Sculpher M, Torrance G, O'Brien B, Stoddart G. Methods for the economic evaluation of health care programmes. 3rd ed. New York: Oxford University Press; 2005.
6. Neumann P. Using cost-effectiveness analysis to improve health care: opportunities and barriers. Oxford: Oxford University Press; 2005.
7. Neumann PJ, Zinner DE, Wright JC. Are methods for estimating QALYs in cost-effectiveness analyses improving? Med Decis Making 1997; 17: 402-8.
8. Graham JD, Corso PS, Morris JM, Segui-Gomez M, Weinstein MC. Evaluating the cost-effectiveness of clinical and public health measures. Annu Rev Public Health 1998; 19: 125-52.
9. Stone PW, Chapman RH, Sandberg EA, Liljas B, Neumann PJ. Measuring costs in cost-utility analyses. Variations in the literature. Int J Technol Assess Health Care 2000; 16: 111-24.
10. Adam T, Koopmanschap MA, Evans DB. Cost-effectiveness analysis: can we reduce variability in costing methods? Int J Technol Assess Health Care 2003; 19: 407-20.
11. Sculpher MJ, Pang FS, Manca A, Drummond MF, Golder S, Urdahl H, et al. Generalisability in economic evaluation studies in healthcare: a review and case studies. Health Technol Assess 2004; 8: iii-iv, 1-192.
12. Barbieri M, Drummond M, Willke R, Chancellor J,

- Jolain B, Towse A. Variability of cost-effectiveness estimates for pharmaceuticals in Western Europe: lessons for inferring generalizability. *Value Health* 2005; 8: 10-23.
13. Chaikledkaew U, Teerawattananon Y, Kongpittayachai S, Sooksomboon N. Guidelines for health technology assessment in Thailand. Nonthaburi: The Graphico Systems; 2008.
 14. Commonwealth Australia. Guidelines for the pharmaceutical industry on preparation of submissions to the Pharmaceutical Benefits Advisory Committee. Canberra: Australian Government Publishing Services; 1995.
 15. Canadian Coordinating Office for Health Technology Assessment. Guideline for economic evaluation of pharmaceuticals: Canada. Ottawa: Canadian Coordinating Office for Health Technology Assessment; 1997.
 16. Kristensen FB, Horder M, Poulsen PB. Health technology assessment handbook. Copenhagen: Danish Institute for Health Technology Assessment; 2001.
 17. Norwegian Medicines Agency. Norwegian guidelines for pharmacoeconomic analysis in connection with applications for reimbursement. Oslo: Department for Pharmacoeconomics Ministry of Health and Social Affairs; 2002.
 18. Szende A, Mogyrosy Z, Muszbek N, Nagy J, Pallos G, Dozsa C. Methodological guidelines for conducting economic evaluation of health care interventions in Hungary: a Hungarian proposal for methodology standards. *HEPAC Health Economics in Prevention and Care* 2002; 3: 196-206.
 19. National Institute for Clinical Excellence (NICE). Guide to the methods of technology appraisal. London: NICE; 2004.
 20. Gold MR, Siegel JE, Russell LB, Weinstein MC. Cost-effectiveness in health and medicine. New York: Oxford University Press; 1996.
 21. Tan-Torres E, Baltussen R, Adum T, Hutubessy R, Acharya A, Evan DB, et al. Making CHOICES in health: WHO guide to cost-effectiveness analysis. Geneva: WHO; 2003.
 22. Thurston SJ, Craig D, Wilson P, Drummond MF. Increasing decision-makers' access to economic evaluations: alternative methods of communicating the information. *Int J Technol Assess Health Care* 2008; 24: 151-7.

การประเมินคุณภาพของงานวิจัยด้านการประเมินความคุ้มค่าทางสาธารณสุข

อุษา นายเกล็ดแก้ว, กันตกมล กิจตรงศิริ

ในประเทศไทยมีการใช้ข้อมูลการประเมินความคุ้มค่าทางสาธารณสุขเพื่อช่วยเพิ่มความโปร่งใสในการจัดลำดับความสำคัญของเทคโนโลยีด้านสุขภาพและกระบวนการตัดสินใจเพื่อจัดสรรปันส่วนทรัพยากร อย่างไรก็ตามงานวิจัยด้านการประเมินความคุ้มค่าทางสาธารณสุขนั้นมีคุณภาพที่หลากหลายอาจส่งผลให้เกิดข้อจำกัดในการนำผลการศึกษาไปประยุกต์ใช้ ดังนั้นการประเมินคุณภาพงานวิจัยด้านการประเมินความคุ้มค่าทางสาธารณสุขจึงมีความสำคัญ ทั้งนี้เฉพาะการศึกษาที่มีคุณภาพดีเท่านั้นที่ควรถูกนำมาใช้เพื่อสนับสนุนการตัดสินใจเพื่อจัดสรรปันส่วนทรัพยากรทางสุขภาพอย่างมีประสิทธิภาพ วัตถุประสงค์ของบทความนี้เพื่อเสนอแนะแนวทางที่สำคัญในการประเมินคุณภาพของงานวิจัยด้านการประเมินความคุ้มค่าทางสาธารณสุข ได้แก่ 1) แหล่งที่มาของข้อมูล 2) การรายงานผลการการศึกษา และ 3) วิธีวิจัย โดยมุ่งหวังว่าบทความนี้จะช่วยเป็นแนวทางสำหรับผู้ที่จะใช้ประโยชน์จากผลการศึกษากการประเมินความคุ้มค่าทางสาธารณสุข เพื่อทำให้มั่นใจได้ว่าสามารถประเมินคุณภาพงานวิจัยได้ก่อนที่จะนำมาใช้ประโยชน์ต่อไป
