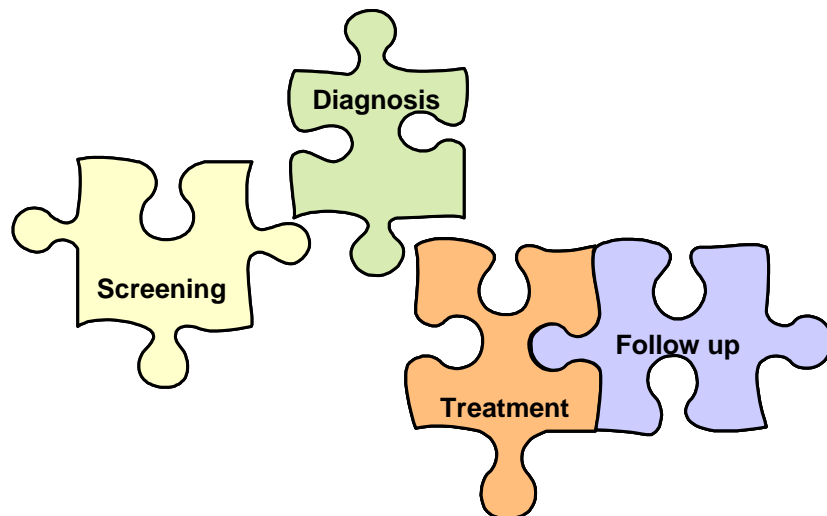


# Presentation 7

**Presenting summary cost-effectiveness results in guidelines**



# Presenting economic evidence in NICE guidelines

- **Introducing GRADE for clinical evidence**
  - Improve decisions by presenting clear overview of harms/benefits
  - Better judgements of 'quality' - reflecting internal and external validity
  - Improve link between evidence and recommendations for users
- **Developed similar table for economic evidence**
  - Important to present concise summary alongside clinical evidence
  - Put resource use (/costs?) from clinical studies in GRADE profile table
  - But CE is usually modelled and different quality criteria apply
  - State explicitly if economic evidence is not available or not relevant

# NICE economic evidence table

**Question** (population, intervention, comparator)

## **GRADE clinical evidence profile**

- Row per outcome (~9 benefits/harms, may include resource use)
- Columns for quality assessment & summary of findings
- Quality grade by outcome (very low, low, moderate, high)

## **Economic evidence profile**

- For results of own or published CEAs (models & 'trial-based')
- Cannot "meta-analyse" - present 'best' model, or range of models (one per row)
- Quality assessment on left (limitations, applicability, other comments)
- Summary of findings on right (IC, IE, ICER/NB + uncertainty range)

## **Footnotes**

- Explain rationale for judgments & give further information
- Essential for economic as well as GRADE profile

# Applicability

## Relevance to guideline question & NICE reference case

- Patient population appropriate for guideline?
- Interventions appropriate for guideline?
- Healthcare system similar to current UK NHS?
- NHS and personal social services perspective?
- All direct health effects on individuals included?
- Costs and health effects discounted at 3.5% pa?
- Value of health effects expressed in QALYs?
- Changes in HRQoL obtained from patients and/or carers?
- Utilities obtained from representative sample of general public?

# Applicability

## Overall judgement

- **Directly applicable** – the study meets all applicability criteria, or fails to meet one or more applicability criteria but this is unlikely to change the conclusions about cost effectiveness.
- **Partially applicable** – the study fails to meet one or more applicability criteria, and this could change the conclusions about cost effectiveness.
- **Not applicable** – the study fails to meet one or more applicability criteria, and this is likely to change the conclusions about cost effectiveness.

*Studies that are 'not applicable' would usually be excluded from further consideration*

# Limitations

Level of methodological quality
• Model structure reflect nature of condition?
• Time horizon sufficient?
• Important and relevant health outcomes included?
• Baseline health outcomes from best available source?
• Relative treatment effects from best available source?
• Important and relevant costs included?
• Resource use from best available source?
• Unit costs from best available source?
• Appropriate incremental analysis?
• Sensitivity analysis?
• Conflicts of interest?

# Limitations

## Overall judgement

- **Minor limitations** – the study meets all quality criteria, or the study fails to meet one or more quality criteria but this is unlikely to change the conclusions about cost effectiveness.
- **Potentially serious limitations** – the study fails to meet one or more quality criteria and this could change the conclusions about cost effectiveness.
- **Very serious limitations** – the study fails to meet one or more quality criteria and this is highly likely to change the conclusions about cost effectiveness.

*Studies with 'very serious limitations' would usually be excluded from further consideration*

# The Economic Profile - summary

- Include important measures of resource use from clinical trials, when available, in standard GRADE table
- Present estimates of cost or cost-effectiveness from published literature and/or new analyses in economic evidence table
- Appraise quality and relevance of economic evaluations using checklists for applicability and limitations
- Continue to present a full write-up of any new analyses
- Also provide short summary of economic evidence in main text
- And discuss it in the 'evidence to recommendations' alongside the clinical evidence