16th Cochrane Colloquium
Evidence in the era of globalisation
Freiburg, Germany, October 3-7, 2008

Invited Session
Tuesday, October 7, 2008: 11:30 – 13:00h

Health Technology Assessments:

"Can We Bridge the Gap between Evidence-Based Medicine and Economic Evaluation?"

Session Chairs:
Jos Kleijnen and ***Miranda Mugford***

Speakers:

Ken Stein
(North & East Devon Health Authority; University of Exeter)
HTA, Health Economics and Cochrane Reviews:
Synergy or Tension?

Michael Schlander
(Institute for Innovation & Valuation in Health Care [InnoVal-HC]
and University of Heidelberg, Mannheim Institute of Public Health)
Outcome Measures in Economic Evaluation:
Quality-Adjusted Life Years (QALYs) and Willingness-to-Pay (WTP)

John F.P. Bridges
(Johns Hopkins Bloomberg School of Public Health, Baltimore, MD)
Patient-Reported Outcomes (PROs):
What Are They and How Do We Value Them?

p.t.o.

Cost effectiveness analysis (CEA) represents the most commonly used type of economic evaluation of health care programmes. At first glance, one might expect that CEA should rely heavily on evidence of clinical effectiveness, as cost effectiveness cannot exist in the absence of effectiveness. Indeed, HTA reports including economic evaluation are structured in a way that clinical effectiveness reviews precede the assessment of cost effectiveness. Meaningful economic evaluations, however, are meant to address the real-world performance of a technology ("does it work?"), not its efficacy under the ideal conditions of randomised clinical trials (RCTs; "can it work?"), and need to capture costs and effects over time frames usually extending beyond those documented in RCTs. Moreover, policy makers need evaluations as early as possible after marketing authorization has been granted for a new technology. For these reasons (among others), health economists refer to (sometimes sophisticated) modeling exercises to simulate long-term costs and outcomes. In order to provide advice on allocative efficiency, economists further need a common currency to valuate clinical outcomes. This often implies the use of measures different from natural units (clinical outcomes), in particular quality-adjusted life years (QALYs) and, less frequently, willingness to pay (WTP), the latter being more firmly grounded in economic theory. Recently interest has grown in patient-reported outcomes (PROs). As a result, economic concepts of evidence and effectiveness differ from those adopted by evidence-based medicine and the Cochrane Collaboration.