



A Review of Economic Evaluation Studies in Thailand:

Are the data good enough to be used in decision making?

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Overview of presentation

- Introduction
- Objectives
- Method
- Results & Discussions
- Conclusions
- Policy recommendations





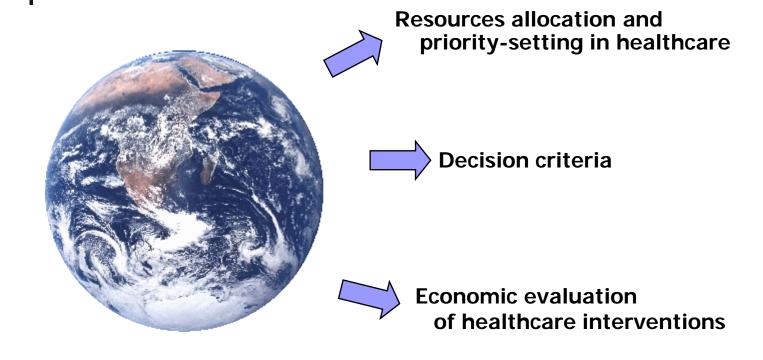








Introduction (1)

































Economic evaluation data



healthcare priority-setting ??













Introduction (2)

Teerawattananon Y, et al. : Systematic review of economic Pharmacoeconomics (in Press) evaluation literature in Thailand published in international journals between 1982 and 2005

In recent years, trends of publications 111 but poor quality & poor distribution in major health problems in Thailand

Limitation: English literature search by PubMed, EMBASE (Ovid) & Academic Search Elite (EbscoH) only













Objectives

To analyse and compare the quality, quantity and targeting of economic evaluation published in between international and domestic literature













Method of Review (1)

Literature survey

- It was carried out in February 2006
- The domestic publications were searched by using the following keywords and databases:

'economic evaluation' or

'cost - minimization' or

'cost – effectiveness' or

'cost – utility' or

'cost – benefit'

Both in English and Thai

 Thai Index Medicus, Thai Journal Online Website & Thai Research Database

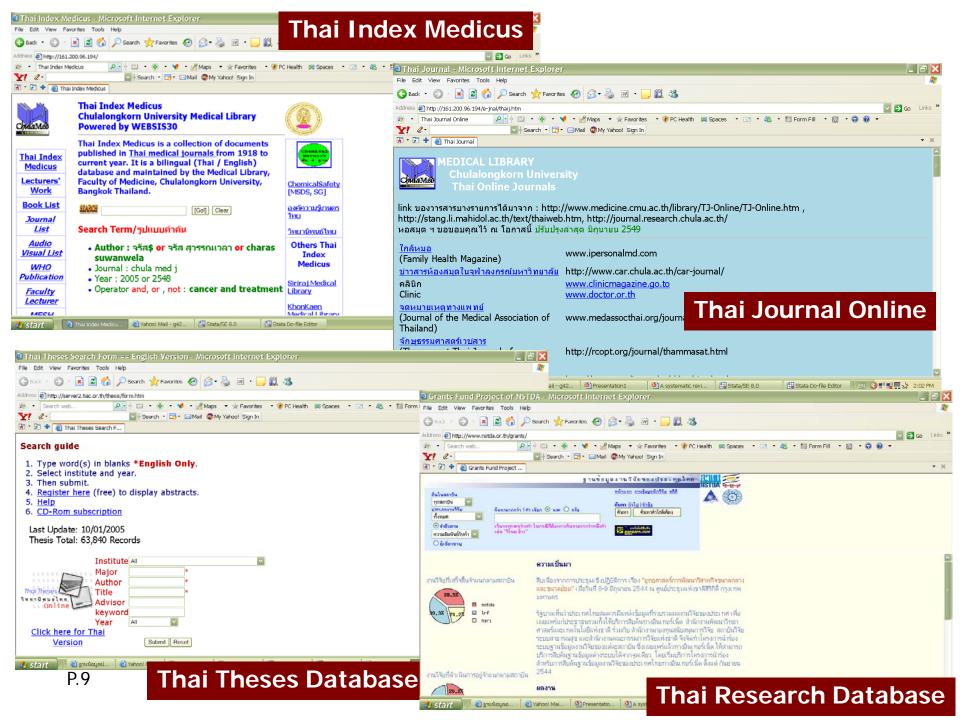














Method of Review (2)

Literature screening

- All publications were excluded if:
 - Editorial or methodological article
 - Presented only one of either the costs or the outcomes
 - Applied to other countries context (not Thai context)
 - No full-text formats available













Method of Review (3)

Literature review

- Two reviewers evaluated the same publications
- The quality of studies were identified in 2 ways
 - (1) Published recommendations:
 - Study perspective
 - Description of comparator(s)
 - Discounting methods (if the period of study > 1 year)
 - Incremental cost-effectiveness ratio (ICER)
 - Uncertainty analysis
 - Funding sources













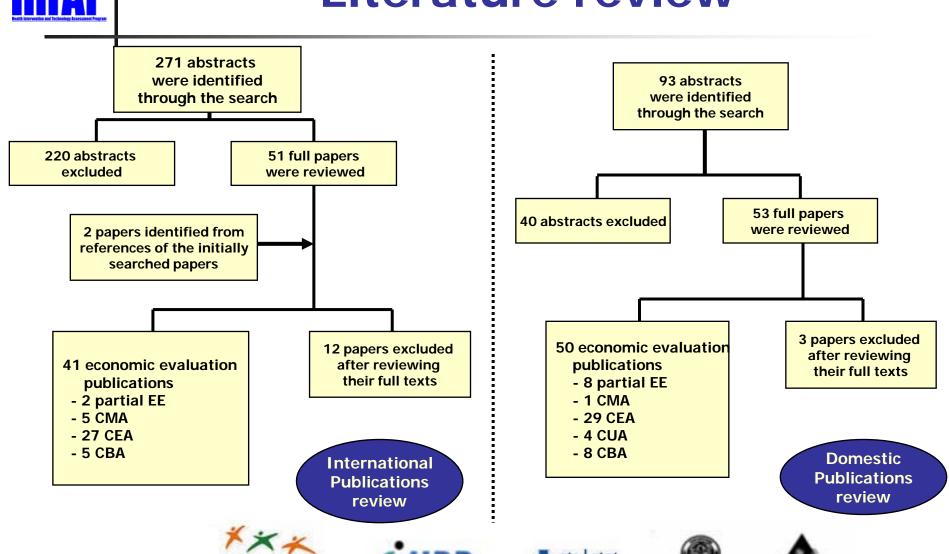
Method of Review (4)

(2) Quality for data sources used in economic analyses as proposed by Cooper et al*:

Rank	Clinical effect sizes	Costs	
1 (highest) 6 (lowest) 9	Meta-analysis of RCTs, direct comparison, final outcomes	Cost calculation conducted for specific study : same jurisdiction	
	Single RCT, direct comparison, final outcomes		
	Meta-analysis of RCTs, direct comparison, surrogate outcomes	Recently published cost calculations	
	Single RCT, direct comparison, surrogate outcomes	: same jurisdiction	
	Meta-analysis of placebo-controlled RCTs, surrogate outcomes	Unsourced data from previous economic evaluation : same jurisdiction Using charge rather than cost	
	Single placebo-controlled RCTs, surrogate outcomes		
	Case control / cohort studies		
	Non-analytical studies (e.g. case reports, case series)	Recently published cost : different jurisdiction	
	Expert opinion	Unsourced data : different jurisdiction	
	Not clearly stated Coyle D, Abrams K, et al. Use of evidence in decision models; an appraisal of health technology assess	Not clearly stated	

*Cooper N, Coyle D, Abrams K, et al. Use of evidence in decision models: an appraisal of health technology assessment in the UK since 1997. J Health Serv Res Policy 2005 Oct; 10(4): 245-50.

Literature review







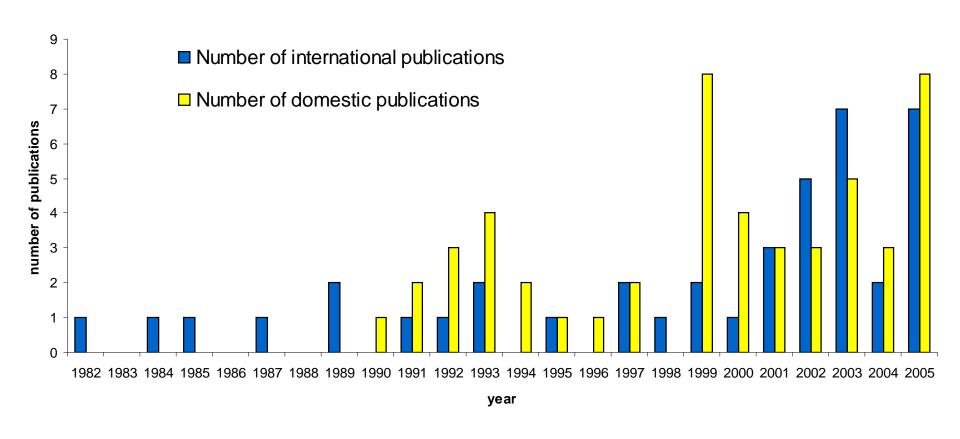








Thai economic evaluation publications







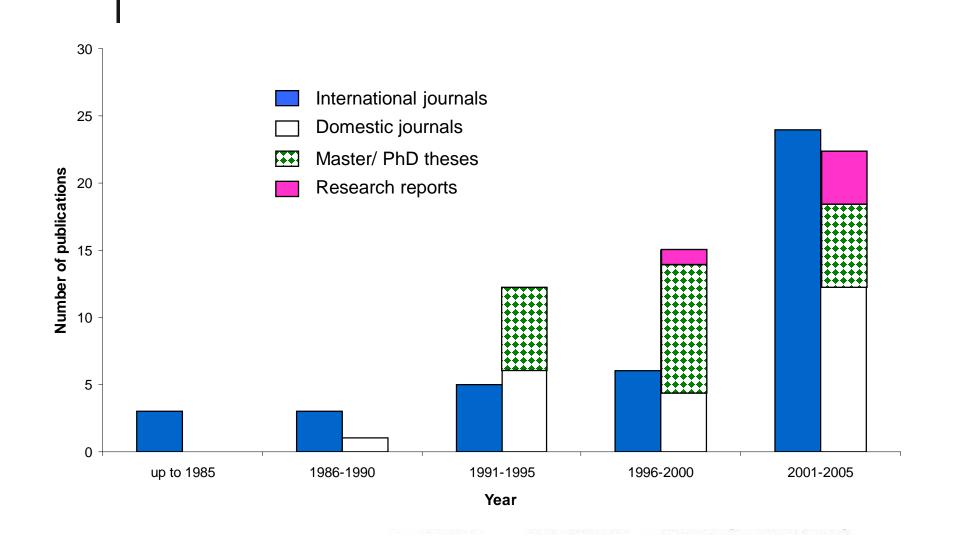






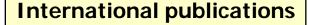


Type of publications

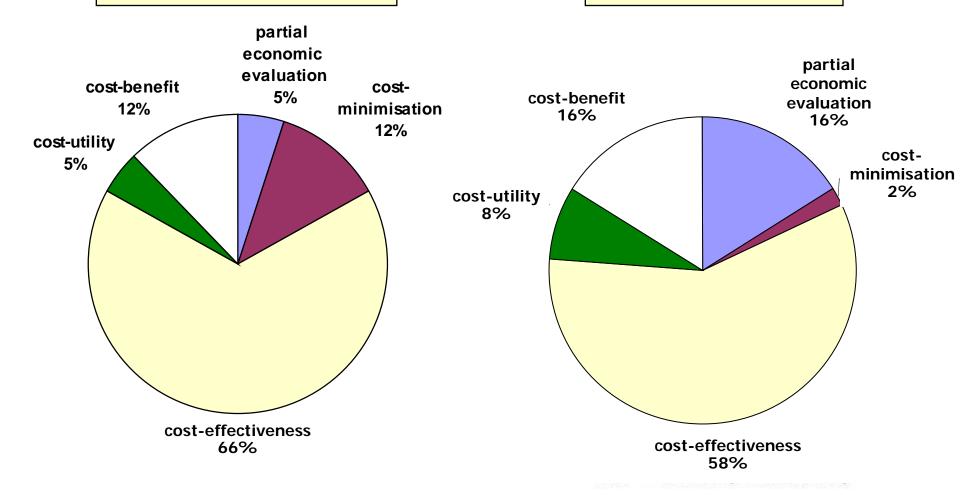




Type of economic evaluation

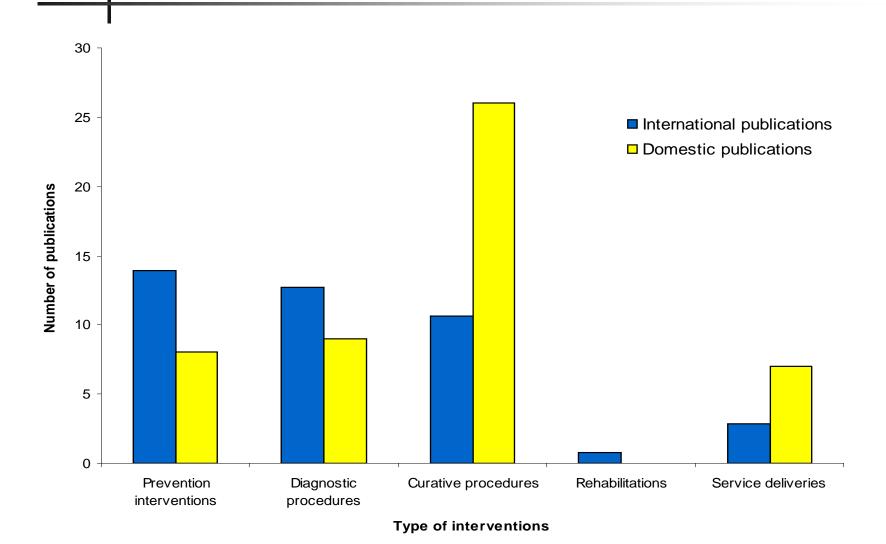


Domestic publications





Type of intervention





Extent to which Thai economic evaluations published between 1982 and 2005 met recommendations for good reporting

Recommendations	International publications		Domestic publications	
	Number of studies fulfilling recommendation	%	Number of studies fulfilling recommendation	%
Perspective specified	22/41	54	30/50	60
Description of comparator (s)	33/39	85	40/50	80
Used discounting for costs or/and outcomes (if study period was >1 yr)	5/16	31	15/24	63
Calculated and reported ICER	16/39	41	15/50	30
Performed uncertainty analysis	13/41	32	28/50	56
Disclosed funding sources	28/41	68	16/50	32

ICER = Incremental cost-effectiveness ratio







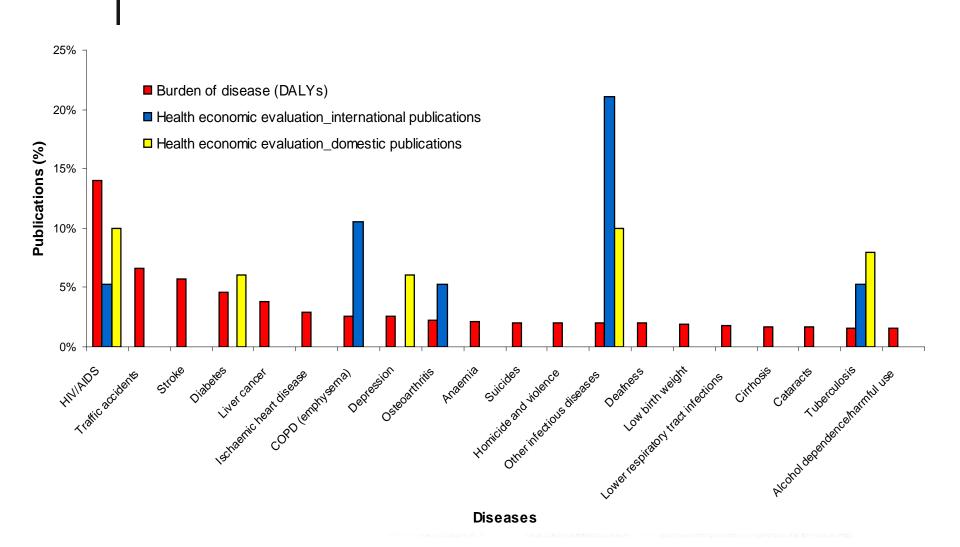




The ranks of the evidence used in the economic evaluation studies within a Thai context International 100% **5**% **15**% **15**% 90% 80% **50**% 55% 70% 10% Evidence presented (%) 60% **10**% 18% 5% 50% **34**% 5% 10% 3% 40% 23% 30% 3% 5% **17**% 20% **40**% **40**% 3% 13% 10% **20%** 10% 7% 0% Domestic 2% 100% 2% 12% 12% 2% 90% 4% 80% 18% 48% 70% **Evidence presented** 70% 60% 94% 32% 8% 2% 50% 80% 40% 30% 20% 12% 40% 20% 10% 18% 12% 0% Clinical effect size Baseline clinical data Adverse events& Costs Resource use complications Rank 2 Not spiecified Rank 1 Rank 3 Rank 4 Rank 5 Rank 6



Comparison of the proportion of overall disease burden and proportion of economic evaluation publications for the top 20 major healthcare issues in Thailand, 1982 - 2005





Conclusions

- No significant difference in terms of quantity and quality of conducting and reporting economic evaluation published in international and domestic literature
- Two serious methodological pitfalls :
 - The lack of calculation of an ICER
 - Limited use of uncertainty analyses
- Poor distribution of research resources to the determination of cost-effective interventions for major health problems in Thailand













Policy recommendations

- An urgent need for development of national methodological guideline for conducting and reporting economic evaluation in Thailand
- A comprehensive and systematic methods for prioritising topics for future economic assessment in Thailand









