

Citation:

Are the results of this economic analysis valid?	
1. Is this report really asking an economic question:	
<ul style="list-style-type: none"> • comparing well-defined alternative courses of action? 	
<ul style="list-style-type: none"> • with a specified point-of-view (a hospital, a ministry of health, or preferably society as a whole) from which the costs and effects are being viewed? 	
<ul style="list-style-type: none"> • With clinically useful expressions of the costs and consequences of the alternative courses of clinical action? 	
<ul style="list-style-type: none"> • Effects equal, and a simple comparison of costs: "cost-minimisation" analysis. 	
<ul style="list-style-type: none"> • Effects unequal but measured in the same common unit of health: "cost-effectiveness analysis." 	
<ul style="list-style-type: none"> • Effects both unequal and measured in more than one kind of unit of health. • Converted into monetary units: "cost-benefit analysis." • Converted into personal preferences or utilities (QALYs): "cost-utility analysis." 	
2. Does it cite good evidence (that would meet the Therapy, Diagnosis, or Overview Guides) on the efficacy/accuracy of the alternatives?	
3. Does it identify all the costs and effects you think it should, and did it select credible measures for them?	

Are the valid results from this economic analysis important?	
1. Are the resulting costs or costs/unit of health gained impressive?	
2. Are the conclusions unlikely to change with sensible changes in costs and outcomes?	

ECONOMIC ANALYSIS WORKSHEET: Page 2 of 2:

A "league table" of costs to gain one additional quality adjusted life year (QALY):

Treatment	Cost/QALY (£ Aug. 1990)
Cholesterol testing and diet therapy (all adults aged 40-69)	220
Neurosurgical intervention for head injury	240
Advice to stop smoking from general practitioner	270
Neurosurgical intervention for subarachnoid haemorrhage	490
Antihypertensive treatment to prevent stroke (ages 45-64)	940
Pacemaker implantation	1100
Hip replacement	1180
Valve replacement for aortic stenosis	1140
Coronary artery bypass graft (left main vessel disease, severe angina)	2090
Kidney transplant	4710
Breast cancer screening	5780
Heart transplantation	7840
Cholesterol testing and treatment (incrementally) of all adults aged 25-39	14,150
Home haemodialysis	17,260
Coronary artery bypass graft (one vessel disease, moderate angina)	18,830
Continuous ambulatory peritoneal dialysis	19,870
Hospital haemodialysis	21,970
Erythropoietin treatment for anaemia in dialysis patients (assuming 10% reduction in mortality)	54,380
Neurosurgical intervention for malignant intracranial tumours	107,780
Erythropoietin treatment for anaemia in dialysis patients (assuming no increase in survival)	126,290

adapted from: Mason J, Drummond M, Torrance G: Some guidelines on the use of cost-effectiveness league tables. BMJ 1993;306:570-2.

Should this economic analysis be applied in your practice?	
1. Do the costs in it apply in your own setting?	
2. Are the treatments likely to be as effective in your setting?	
3. Is it worth it?	
<ul style="list-style-type: none"> If a cost-minimisation analysis, is the difference in costs big enough to warrant switching over to the cheaper one? 	
<ul style="list-style-type: none"> If a cost-effectiveness analysis, is the difference in effectiveness great enough for you to want to spend the difference? 	
<ul style="list-style-type: none"> If a cost-utility analysis, where does it lie in your local, current league table? 	

Additional Comments: