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Editorial: A Fresh Start

In this issue

Editorial: A fresh start	1
The Cochrane Economics Methods Group: aims and brief history	2
CCEMG on the internet	2
The role of Cochrane methods groups	3
The NHS Economic Evaluation Database	3
Projects in progress	4
Abstracts of work	5
Recent meetings: IHEA, Rotterdam, 1999 Rome, October 1999	6
News from the Cochrane Collaboration Steering Committee	6
Forthcoming meetings and events	8

Five years after the publication of the first (and last) issue of the "Cochrane Collaboration Health Economics Group" newsletter, we are starting a new series with the hope that much stronger foundations will finally give continuity to our activities. The Group has become a registered Cochrane entity in September 1998 and has left behind the initial difficulties, thanks to the commitment of an increasing number of health economists who believe in the aims and values of the Cochrane Collaboration.

The Collaboration has grown significantly in the past few years, and so has the health economics discipline. Health economists are increasingly contributing to the activities of review groups and are increasingly applying systematic review methods in their own research work. The Economics Methods Group and its newsletter aim at making such exchanges more structured and stable, as explained in this issue by Miranda Mugford.

This newsletter will be initially published in electronic format twice a year, although in the first year a limited number of paper copies will also be printed and circulated. The electronic version will be accessible at the following internet address: http://www.uea.ac.uk/menu/acad_depts/hsw/hpp/. The preparation and publication of the newsletter is supported by a grant from the Office of Health Economics in the UK.

The Economics Methods Group currently has around 80 actively interested members, with a regular trickle of new enquiries from all over the world. The three co-convenors and administrative coordinator, and a significant group of other willing members have found time from their other (paid) duties during the last year to coordinate the group, to raise funds, to organise workshops, and to plan ahead for better funded times. With no funds specifically for the group, we nevertheless

managed to organise, attend and run workshops at the meeting of the International Health Economics Association in Rotterdam in June 1999, the UK Health Economics Study Group in Aberdeen in July 1999 and at the Cochrane Colloquium in Rome in October 1999.

Several members of the group have had abstracts accepted for the meeting of the International Society for Technology Assessment in Health Care in the Hague in June 2000. We are planning for an introductory satellite session and at least one workshop at this year's Cochrane Colloquium in Cape Town. We have even started discussion for meetings at the next Colloquium in Lyon in 2001.

We have also been granted funds, by the Institute of Health Economics in Alberta, Canada, for a workshop in early 2001 to prepare a book presenting the debate, the evidence, and the research questions, on economic evaluation and systematic review.

We will continue to seek core funding for the group, and when successful, we will be in a better position to encourage and take forward specific projects. However, we have the embryo of a register of members' research interests and publications, which will be added to the *Cochrane Methodology Register* as appropriate. We are also delighted that the NHS Economic Evaluation Database (NHSEED) is now included in *The Cochrane Library*, as explained by John Nixon in this issue, and that there are already research projects underway linked to reviewing the content of that database. Cochrane reviewers who would like to compare their reviews with economic evaluations abstracted in the NHSEED can now do so, and we would be very interested in collating the results of any such projects.

Franco Sassi



The Cochrane Economics Methods Group: Aims and brief history

Miranda Mugford

In September 1998, the Cochrane Health Economics Group was formally registered by the Cochrane Collaboration Steering Committee. However, the group had existed for some time before this. In the early 1990s, two workshops were organised in the UK for invited health economists who had some interest in the Cochrane Collaboration, and included members of the Cochrane Collaboration interested in developing guidance for reviewers on how to handle economic issues in reviews. Although not formally registered as a Cochrane entity, this informal group of economists met as the Cochrane Health Economics Group, and held popular workshops at Cochrane Colloquia in Canada in 1994, and in Amsterdam in 1997.

Members of the group include both economists and other health care professionals and researchers involved in the Cochrane Collaboration. They have published work on methods for cost assessment in economic studies and the role of systematic reviewing in economic evaluation, and have also been involved in continuing development of guidelines for review of economic evaluation studies, and preparation of economic evidence for product evaluations.

The Cochrane Collaboration's main role, 'preparing, maintaining and making accessible systematic reviews of the effects of health care' is motivated by an underlying aim to improve the effectiveness of health care. In the face of scarce resources, decision makers need to consider not only the effects on health outcomes but also the value or utility of the health effects and the amount of resources required, to determine how to act on the evidence from Cochrane Reviews. The need to assess this 'economic value' of alternative forms of care is reflected in the continuing development of economic evaluation methods

and increasing numbers of studies with health economic input. Cochrane reviewers are finding that more trials now include an economic element, and there is a need for guidance on judging the quality of economic evaluation, reporting the outcomes and summarising the results. Some Cochrane Review Groups have health economists as members who can advise on addressing economic questions that arise from specific reviews, for example Pregnancy and Childbirth, Incontinence, Schizophrenia, and Effective Practice and Organisation of Care (EPOC).

As one of the methods groups within the Cochrane Collaboration, our role may be extended this year to become a methods group for the sibling Campbell Collaboration which has recently been established. The Campbell Collaboration is an emerging international effort that aims to help people make well-informed decisions by preparing, maintaining, and promoting access to systematic reviews of studies on the effects of social and educational policies and practices. Although the group's work has been mostly focussed on health issues so far, the non-health consequences of health care and the health consequences of other social policies are of importance for decision making. We therefore welcome the opportunity to develop our group and research agenda in collaboration with economists from the fields of education and social care.

The aims of the group are to:

Develop and disseminate methods

- for reviewing trials, and other studies, with economic elements
- for building economic evaluations from reviews of effectiveness

Be a discussion and methods development group for economists involved with Cochrane Reviews

CCEMG ON THE INTERNET

We have established a 'closed' e-mail discussion list for members of the group to improve circulation and exchange of information within the group. The new Cochrane Economic Methods Group mailbox is at <http://www.mailbase.ac.uk/lists/cochrane-emg/>. To join contact the list owner, Kath Hartnell, at the address indicated on the last page of this newsletter.

healthecon-discuss is a general health economics discussion list. Membership is open to health economists (and those interested in health economics) world-wide. The list is a forum for discussion on health economics. The list is international in membership and discussion reflects this. Subscribers may also receive mail directed to this list's superlist healthecon-all.

All queries relating to this particular list should be sent to: healthecon-discuss-request@mailbase.ac.uk

All queries relating to the mailbox service should be sent to: mailbase-helpline@mailbase.ac.uk

Cochrane Economics Methods Group web site:

http://www.uea.ac.uk/menu/acad_depts/hsw/hpp/

Other useful web sites:

The Cochrane Collaboration
<http://www.cochrane.org>

The Campbell collaboration:
<http://campbell.gse.upenn.edu/intro.html>

ccinfo – contact Kathie Clark
kclark@fhs.csu.mcmaster.ca

- to encourage transparency of methods
- to encourage liaison with other methods groups on topics of common interest

Provide links for Cochrane Review Groups with health economists and other sources

- through the International Health Economics Association and other health economic networks
- through economic evaluation databases and reviews

Run workshops and discussions on economic issues and methods relevant to the aims of the Cochrane Collaboration



The role of Cochrane Methods Groups

Mike Clarke & Sally Hopewell

There are currently 11 registered methods groups and 5 possible methods groups listed on *The Cochrane Library*. Methods groups within the Cochrane Collaboration have five general functions. These functions are: providing policy advice, providing training and support, conducting empirical research, helping to monitor the quality of systematic reviews prepared within the Collaboration, and serving as a forum for discussion. It is expected that the joint Cochrane-Campbell methods groups and methods groups within the Campbell Collaboration will act in a similar way.

The relative importance of the functions will vary between methods groups but the first two – providing policy advice and training and support – are the most important, since they contribute directly to achieving the aims of the Collaborations. Although it is often the fifth function (providing a forum for discussion) that brings people together, this should not be sufficient grounds to register a group formally as part of either Collaboration.

Advice from the methods groups is needed by the Steering Group of each Collaboration, by those responsible for core functions (such as developing software and training materials), and by those involved in the preparation and maintenance of reviews. This methodological advice helps with two types of decision: decisions about the methods that are used to prepare and maintain reviews (e.g. statistics), and decisions about the methods that are used by the Collaboration to meet its aims (e.g. informatics). For example, reviewers, editorial teams, those who provide training for reviewers, and those responsible for software development all need advice on how to assess the quality of studies. Similarly, review groups, centres, those involved in software development and the Steering Group need advice about how to code and keep track of studies, reviews and people so that they can easily be found when needed. The role of methods groups for both types of deci-

sion is to provide guidance for those responsible for decisions (e.g. the Steering Group or the editorial team of a review group), not to take decisions for them.

Methods groups play an important role in providing training for trainers and providing training within their particular areas of expertise (often in workshops at the annual Colloquia). Methods groups must be viewed as scarce resources that are best used to address general issues filtered through entities such as review groups, centres and the Steering Group.

As far as possible, the advice that methods groups provide should be based on good evidence, and not solely on opinion. This implies that methods groups need to maintain up-to-date systematic reviews of the empirical evidence relevant to their scope, and that they should be prepared to help fill gaps in this evidence. Methods groups should have a research agenda that reflects the kinds of advice, training and support they are expected to provide, and they should facilitate and support needed empirical methodological studies. Unfortunately, empirical evidence is often lacking for methodological issues, and methods groups must also be prepared to provide and help to guide judgements about methodological decisions. In addition to

drawing on the expertise of members of the group, this can be done by consulting with others and by maintaining a bibliography of relevant methodological articles.

As the *Cochrane Database of Systematic Reviews* has become the single most important source of information about the effects of health care, it has also become a major resource for addressing important questions about how to evaluate these effects (including the design, conduct, analysis and interpretation of controlled trials and systematic reviews). The same is likely to occur with the *Campbell Database of Systematic Reviews*. Within the Cochrane Collaboration, several methods groups have undertaken or have plans to conduct descriptive or analytic studies using the *Cochrane Database of Systematic Reviews*. The findings of such research need to be passed on to those involved in the preparation of reviews and others within the Collaboration who are likely to benefit from them. The same should apply within the Campbell Collaboration.

When resources are available, active monitoring of the quality of Cochrane and Campbell reviews may become a core function of some methods groups.

The NHS Economic Evaluation Database (NHS EED)

John Nixon

The NHS Economic Evaluation Database (NHS EED) is commissioned by the NHS R&D Programme to identify as many studies on economic evaluations in the literature as possible, and to disseminate the principal findings to clinicians and other decision-makers by means of structured and critical abstracts. The abstracts are freely accessible through a public database (<http://www.york.ac.uk/inst/crd>) on the

internet and, since issue 1 of 2000, on the Cochrane Library. The aim of the project is to assist in overcoming the problems researchers and decision-makers have in identifying and interpreting economic evaluations, which are spread over many databases and paper-based resources.

The database currently holds 1800 structured abstracts of full economic evalua-



tions (cost-effectiveness, cost-utility and cost-benefit studies) and bibliographic details of 1953 cost studies, 649 reviews (of cost-effectiveness) and 459 methodology papers. All clinical areas are covered and although NHS EED is primarily aimed at assisting health care professionals and researchers in the UK NHS, it is available to anyone who has access to the internet or the Cochrane Library. NHS EED abstracts are completed according to a set of guidelines and the project obtains technical and academic input from a Quality Assurance Group (QAG) – made up of health economists and medically trained researchers from the University of York, and an international advisory group made up of leading academics and NHS professionals.

In order to improve the usefulness and relevance of NHS EED abstracts research is being undertaken in key areas of interest. These include methodological issues relating to health economics, the compilation of structured abstracts and the marketing and dissemination of NHS EED within the NHS and research community. Current research areas include:

- Focus group research within NHS health authorities to determine the usage and potential benefit of economic evaluations and NHS EED abstracts to decision-makers.
- The updating of the project's reference report (CRD Report 6) to reflect new methodology in health economics and the process of compiling structured abstracts.
- The use, or lack of use, of published systematic reviews by researchers undertaking economic evaluations, particularly in those employing modelling.
- The potential ways in which economic evaluation information can be integrated into the systematic review process.
- The development of a quality scoring system for economic evaluations.

Full details of how to search the database, how to make use of the NHS Centre for Reviews and Dissemination enquiry desk (nhscrd-info@york.ac.uk), how to contact NHS EED personnel and other useful information is provided on the web site.

Projects in progress

The following list illustrates current relevant projects by individual members of the group, or sub groups.

Defining the role of this group in reviewing the effects of health care

Summarising current economics concerns and solutions in Cochrane Review and Methods Groups (Miranda Mugford, CRGs, CMGs).

Summarising the research interests and links between members of the CEMG (Fisk, Mugford).

Summarising and questioning current guidelines for reviewing economic studies

Planned book on: approaches to combining systematic review and economic evaluation, criteria for choosing and judging approaches, research implications (editors: Donaldson, Vale, Mugford).

Use of BMJ guidelines for refereeing economic studies in reviews of: STDs (Gift, USA), AIDS prevention (Schrappe, Germany), antenatal care (Roberts, Henderson, Martin, Petrou), other (Jefferson, UK); ultrasound in pregnancy (Roberts, Henderson, Mugford, Martin), chlamydia screening (McCullagh, Mugford).

Collation and consensus on guidelines for economic evaluation (a Delphi approach). CHEC group (Evers, Goossens, de Vet, van Tulder, Ament, University of Maastricht).

Using systematic reviews of effects of care in economic evaluations

Policy implications of a Cochrane review in organisation of mental health (Gray and Maxwell).

Systematic review of cost-effectiveness and women's views of ultrasound screening for fetal anomalies in pregnancy (Neilson, Bricker, Roberts, Henderson, Martin, Mugford, Garcia).

Developing and testing use of systematic review methods in economic evaluation

Review of economics of immunisation for Hepatitis B.

Review of economics of immunisation for influenza.

Reviewing economic outcomes in perinatal trials.

Methods recommended for cost assessment in economic evaluations.

Reviewing treatments for renal failure.

Systematic review of the costs of antenatal care.

Systematic review of cost of illness studies in rheumatoid arthritis.

Reviewing 'economic' interventions in health care

Systematic reviews of four methods of primary care physician payment [ongoing within Effective Practice and Organisation of Care (EPOC) Cochrane Review Group (CRG)].

Systematic reviews of effects of target payments to health care professionals (also ongoing in EPOC CRG).

Methodological investigations

Planned survey of members of the group to elicit priorities for methods studies (Fisk).



Abstracts of Work

The following were submitted for presentation at the Annual Meeting of the International Society of Technology Assessment in Health Care, The Hague, June 2000. We are currently obtaining permission to publish more of these in the web site of the Methods Group.

Ultrasound screening in pregnancy: A systematic review of economic evidence

Tracy Roberts, Jane Henderson, Miranda Mugford, Leanne Bricker, Jim Nielson, Marie-Anne Martin, Jo Garcia. Health Economics Facility, HSMC, University of Birmingham.

Introduction: Systematic reviewing and meta analysis of clinical studies, particularly RCTs is a well established research method. However economic and cost studies are only beginning to be considered in this way. The objective of this study was to refine, update and expand a decision model of the cost effectiveness of antenatal ultrasound screening for fetal anomalies constructed from an earlier 'preliminary' review of the economic evidence (Roberts et al, BJOG September 1998).

Methods: Systematic reviews of costs and effectiveness were conducted following the methods set out in the Cochrane protocol. Studies for the costs review, identified using a number of sources, were initially categorised based on title and abstract. They were reviewed in full, assessed according to pre-defined quality criteria before data were extracted. A primary cost study was done in one UK setting to estimate associated resource use and costs of procedures and compared with those extracted from the literature. Costs to women and their families were also estimated. Decision analytic techniques were used to combine data from the reviews of effects and costs, and to refine the initial model and provide new estimates for cost effectiveness.

Results: 188 studies were identified by the literature search but only 24 papers reached the stage of data extraction. After applying quality criteria, data were extracted from 12 studies. There was large variation in costs especially where

costs were from the international economic literature.

Conclusions: The simple question of the cost of antenatal ultrasound screening for fetal anomalies has a different answer based on different sources of cost evidence. The review actually broadened the range of uncertainty about cost-effectiveness. The primary study provided a point estimate but applicable in fewer settings. Identifying the optimal programme for antenatal ultrasound screening requires more data about wider issues such as costs to women, as well as more evidence about clinical options, costs and outcomes at and after the end of pregnancy.

Systematic reviews of economic evaluations: search strategies

Sassi F, Archard L, McDavid D, Le Grand J. LSE Health, Department of Social Policy, The London School of Economics, Houghton Street, London WC2A 2AE.

Introduction: Systematic searches of the literature for economic evaluations may be difficult, due to the type of journals in which such studies are published, the indexing criteria adopted by literature databases, and a serious lack of consistency in the terminology used by different authors. Search strategies have been suggested by researchers who compiled comprehensive bibliographies of economic evaluations (e.g. Elixhauser) and organisations producing specialist databases (e.g. CRD, OHE). However, the performance of these strategies has not been tested.

Methods: We selected seven major databases of medical and social science literature and we developed search strategies for each of them. The main focus was on

Medline, other databases were searched only for additional references not retrieved by Medline. A 'gold-standard' strategy was devised for the latter, supposedly able to identify all economic evaluations indexed in the database, along with three strategies aimed at reducing the overall numbers of references to be screened manually while retaining a high recall rate. These strategies were tested on a three-month period (January to March 1997).

Results: The 'gold-standard' strategy retrieved 1,841 references. Titles and abstracts were screened blindly by two independent reviewers against a set of inclusion criteria. 129 economic evaluations were identified (7%). The other 3 strategies retrieved 1,131; 459 and 514 references, and identified 82%; 64% and 72% of the 129 economic evaluations, respectively. Strategy C had the best references to evaluations ratio (5.5, vs. 14.3 of the gold-standard), and identified 94% of economic evaluations reporting incremental cost-effectiveness ratios. Searches of other databases yielded very few additional references, and do not seem worth pursuing.

Conclusions: Strategies for searching literature databases for economic evaluations can be devised, but no-one is ideal. A choice can be made with reference to the overall aims of the review, by balancing the sensitivity and specificity of alternative options.

Improving the Evidence Base for Economic Evaluation based on Decision Analysis

Douglas Coyle, Karen M Lee. Clinical Epidemiology Unit, Loeb Health Research Institute, Ottawa Hospital, Ottawa, Canada.

Introduction: The objective of this paper is to address two specific issues relating to the conduct of economic analysis based on decision analytic techniques: the impact on results of different sources of both effectiveness and resource use data.

Methods: Sensitivity analysis of erythropoietin use in orthopedic surgery and alendronate in the treatment of osteoporosis. Analysis focuses on the

effect on the incremental cost-effectiveness ratio of different sources of treatment effectiveness and resource use. For effectiveness, analysis compared results based on individual clinical trials and meta analysis. Further analysis compared the results based on resource use data from the clinical trials and data from administrative data sets.

Results: Results varied greatly between the different sources of effectiveness and resource use data. Based on outcomes from individual clinical trials the cost per QALY gained from alendronate varied from \$27000 to \$104500. The cost per QALY gained from a meta analysis of all studies was \$35600. The cost per life year gained of erythropoietin was more than ten times greater using actual resource use data in clinical practice in Ottawa than using trial based data.

Conclusions: Economic analysis conducted through decision analytic techniques has been open to criticism over the ease at which desired results can be obtained. By adopting standards based on an evidence-based approach to identifying parameters, such criticisms can be avoided. Based on the results of this paper we recommend that meta analysis is the preferred source of outcome data but routine local data are the best source of resource use data.

Use of Systematic Review in Economic Evaluation: Case Studies of Intravascular Ultrasound and Immunosuppression

J. Hutton,¹ S. Kelly², S. Ali,¹ E. Berry.²

Introduction: There are two main ways to use systematic review in economic evaluation. One is to review the economic literature for previously published economic evaluations, and combine the results to summarise knowledge of the cost-effectiveness of current treatment approaches for a health problem. The alternative is to conduct separate reviews of the relevant literature in each aspect of the treatment i.e. clinical effectiveness, patient outcomes, resource use and costs. These data can then be combined in a model-based analysis to produce cost-effectiveness results.

Methods: To examine the feasibility of these approaches two systematic reviews

were undertaken in immunosuppression and intravascular ultrasound (IVUS). In the former, the economic literature on kidney and liver transplantation was reviewed to identify comparative studies of immunosuppression regimes. The studies were reviewed for quality using the BMJ checklist before being considered for combination. The IVUS review covered efficacy, outcomes, and cost separately searching for data from controlled studies. These were reviewed for design quality and adequacy of reporting before inclusion.

Results: 217 references on immunosuppression included 113 comparative studies, but less than 20 were of sufficient quality. The IVUS review found few controlled studies of efficacy, but by including observational studies found 11 usable. Of these only 3 reported data in a form easily usable in economic modelling. Data on patient outcomes and costs was rarely found.

Conclusions: From this exploratory work it appears that published economic studies are heterogeneous in choice of comparators, data sources and methodology. To answer a specific question the number of relevant studies is usually small. Separate reviews of data inputs can produce better evidence of efficacy but limited information on longer-term outcomes and costs. For technology assessment, the longer a technology has been in use the better the published data for review, but the research questions which can be answered may no longer be relevant to decision-makers.

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Recent Meetings

Reports from recent meetings of the Group

The International Health Economics Association meeting, Rotterdam 6-9th June 1999

From effectiveness to efficiency: health economics in the Cochrane Collaboration

Session chair: Cam Donaldson

The aims of this session were to introduce and discuss the potential role of the Cochrane Collaboration Economics Methods Working Group. This was done by:

Outlining the history of health economists' involvement in Cochrane;

Providing examples of the use of economics alongside reviews of effectiveness; and

Discussing the possible future directions for the Group.

Introducing the Economics Methods Working Group of the Cochrane Collaboration
Miranda Mugford

Case study 1: economic evaluation alongside a systematic review of methods of dialysis management
Luke Vale, Health Economics and Health Services Research Units, University of Aberdeen

Case study 2: evaluating economic intervention
Toby Gosden, Primary Care Research and Development Unit, University of Manchester

Looking forward: towards evidence-based health policy
Stephen Birch, Centre for Health Economics and Policy Analysis, McMaster University

Group discussion

Review and summing up
Mike Drummond, Centre for Health Economics, University of York.



**Rome 1999:
Business Meeting
6th October 1999**

*Chair: Cam Donaldson,
15 members attended*

Miranda Mugford and Luke Vale summarised activities since the first meeting of the registered group in Baltimore in 1998. Our update of the methods guidance for reviewers has been discussed at the UK Health Economist's study group.

We have added to and updated our list of members, through contacts at workshops and a membership meeting. Individual members have been working on methods and on specific reviews. The member's list exists as a database at UEA with 170 entries.

The group will be called Cochrane Economics Methods Group (CEMG),

dropping the word 'health'.

Funding for the group was discussed. We had no major funding at the time of this meeting but are applying for funds from UK Economic and Social Research Council, and from the UK NHS Health technology assessment programme. Cam Donaldson was seeking funds for workshop and book on economic evaluation and systematic reviews. Adrian Towse – (Director of OHE) is willing to give small grants for workshops etc.

CEMG agreed need to develop a database of methodological issues and who is approaching these. We should do this by identifying a priority list maybe through survey to group/ CC information mail-base. Set targets for research – maybe before South Africa?

Input to Cochrane Handbook and methods databases: The guidance to economic issues in reviews was in our module in the Cochrane Library [soon to be on

CEMG web site]. It will develop as and when members contribute – and needs to be updated. Need to send handbook appendix to all members for comment

Discussion on strengthening links with methods groups and review groups: Reviewers don't necessarily come to methods groups for advice. Do we push for economics to be included in reviews or not? Is there a CC policy on this? Does it need to be included in the guidelines?

We need to circulate review groups, asking for help/which areas/methodological issues need to be addressed, and keep log of contact. Protocols – consumer group now review protocols. Need to know if other groups are including economics in their protocols, also contact editors, and find out if they are concerned about economic input in reviews without input/reviews on methodology – to raise these issues in the CEMG newsletter.

News

from Cochrane Collaboration Steering Committee

More information can be found at www.cochrane.org

Meeting of April 2000

Election of new Chair: because of the workload fallen on past Chairs, a joint nomination was made. Mike Clark will take the role of Chair from October 2000 to March 2001, while Peter Langhorne will take the role of Deputy Chair. Peter will take over as Chair in March 2001. Mike will delegate his responsibility for representing methods groups to someone else while he is Chair, and will then resume this role when he becomes Deputy Chair. His three-year term as methods groups' representative on the Steering Group is scheduled to end in October 2001.

Meeting of March 2000

CEO/Business Manager: the possibility of employing an executive officer or business manager was discussed and entity representatives were asked to consult with their constituencies for their views. Two sets of skills are needed, one related to a central operational role, and the other related to fund raising and

external relations. The job description should reflect the collaborative, non-hierarchical nature of the Collaboration. The job description will be developed in parallel with the business plan.

Business Plan: Fenella Rouse has been appointed to prepare an updated Business Plan for the Cochrane Collaboration. Lisa Bero, Xavier Bonfill, Davina Ghera, Jini Hetherington, Bongani Mayosi, Jim Neilson, Andy Oxman and Chris Williams will be invited to be members of a working group for developing this. A draft of the plan will be sent to entities for their feedback following preliminary approval by the Steering Group by July. The plan will then be revised as needed and finalised following discussion in Cape Town.

Cape Town Colloquium: A meeting will be held between Collaborative Review Groups and Methods Groups.

Tenth Cochrane principle: Jini Hetherington will canvas the views of members of the Collaboration with

regard to adding a tenth principle: promoting inclusiveness by giving attention to gender, disability, and social, linguistic, cultural, racial, geographical, financial and technical barriers to participation.

Cochrane Reviewers' Handbook: A revised version of the Handbook is expected to be released in 2000. Philippa Middleton agreed to join the Handbook Advisory Group. Guidelines need adding to the Handbook regarding the conversion into Cochrane Reviews of existing reviews using individual patient data, and the change in policy on the approval of synopses for Cochrane reviews.

Cross-entity documents: Documents that contain guidance relevant to the conduct of Cochrane reviews or operational aspects of the Cochrane Collaboration (and which are intended for cross-entity circulation) should be sent to the Collaboration Secretariat to forward to an appropriate person/people to check for accuracy before they are circulated.

Forthcoming meetings and events



Cochrane
Collaboration

**Economics Methods
Group**

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8th Annual Cochrane Colloquium

Cape Town, South Africa 25th to 29th October 2000

The CEMG will have a greater presence at the Colloquium than we have managed previously.

A Cochrane **Health Economics Satellite Session** workshop is being organised by Cam Donaldson, Luke Vale and Mike Drummond on Tuesday, October 24th, 2pm to 5pm and Wednesday, October 25th, 9am to 1pm. This workshop is designed to provide an introduction to economic techniques and to show how they can be applied to economic evaluations that are based on Cochrane reviews.

The **CEMG business meeting** will be held on Thursday, 26th October, 12:30pm to 2:00pm.

We also hope to join in the **'meet the entities session'** at the opening of the colloquium.

In addition, three workshops on health economics topics are planned during the Colloquium – see box.

Many other planned workshops concern economic issues in a broad sense (resource allocation, incentives, technology assessment, health policy). For example:

Health technology assessment and the Cochrane Collaboration: action in health care (introductory) Alric R  ther, Finn Boerium Kristensen, Gerd Antes, Jos Kleijnen, Kristian Wahlbeck, Claudia Wild.

Using the Cochrane Library for informing health policy and practice (introductory) Rajan Madhok.

From effectiveness to efficiency: the use of systematic reviews in health economic evaluations – Workshop in Banff, Alberta, Canada – February 2001

In the same way that it is important to carry out economic evaluations alongside randomised trials, the case can be made for carrying out such evaluations alongside systematic reviews. It is likely, however, that there is more than one way of doing this and it is important that the main methods are outlined for the benefit of users of reviews, producers of

reviews and economists who may be new to this field. Are there other economic issues which should be addressed under the auspices of the Cochrane Collaboration? This workshop/book will attempt to answer these questions.

The workshop is organised by the Methods Group convenors – Cam Donaldson, Miranda

Mugford and Luke Vale, and will be hosted by the Institute of Health Economics in Alberta. It involves invited papers, written in advance, which will form the basis of a book for BMJ Books.

Amongst the contributors who have already accepted are Stephen Birch, Doug Coyle, Mike Drummond, Toby Gosden and Tom Jefferson.

Third Meeting of the International Health Economics Association (iHEA)

York, United Kingdom – June 2001

The forthcoming meeting of the International Health Economics Association provides an opportunity to raise the profile of the Economic Methods Group amongst the international community of health economists. An application has been made to hold an organised session from the group at this Conference. The proposed session would be introduced by Miranda Mugford and would consist of three submitted papers. The first, by Luke Vale, on

using systematic review in the economic evaluation of alternative methods of hernia repair. The second, by Doug Coyle, a case study based on a systematic review project on improving the evidence base for economic evaluation based on decision analysis. The final presentation by Silvia Evers of the Consensus Health Economic Criteria (CHEC) list project on the work of this group. The session would also include a discussion led by Tom Jefferson

taking the perspective of 'can health economics be helpful to those summing up evidence about effects of health care – what do Cochrane economists need to do next?'

It is hoped the proposed session will be accepted for inclusion in the conference programme. If this happens it will help highlight the hard work and methodological advances that have achieved by all those that are working on economics in the Collaboration.

Exploring uncertainty in economic analysis: ways of extending systematic reviews to address issues of cost-effectiveness (advanced)

Brendan Delaney

Objective: To increase awareness of methods of calculating and presenting uncertainty in cost effective analysis.

The role of the NHS EED project within the systematic review process demonstration (advanced)

John Nixon, Mike Drummond, Miranda Mugford

Objective: To demonstrate how the UK NHS Economic Evaluation Database (NHS EED) can usefully be employed in providing summarised economic evaluation information within the systematic review process.

Review and rating of cost effectiveness analyses (advanced)

Matthias Schrappe, Karl Lauterbach

Objective: To give information on methods and structure of cost-effectiveness analysis, to provide tools to read such articles critically, to start a systematic review process of cost-effectiveness and cost-benefit analysis, and to discuss rating instruments as far as possible.