

## Guidelines for the Economic Evaluation of Health Technologies: Canada (4th Edition)

### What's New

| Section                                    | Key Changes   |
|--|---|
| <b>Introduction</b>                        | <ul style="list-style-type: none"> <li>Theoretical foundations for the guidance provided</li> <li>Role of economic evaluation within health care decision-making highlighted</li> <li>Reference-case analysis introduced</li> </ul>   |
| <b>Decision problem</b>                    | <p><i>Previously referred to as Study Question</i></p> <ul style="list-style-type: none"> <li>Highlights role of economic evaluations to inform decisions</li> <li>A discrete decision problem should be specified for each perspective and subgroup of interest</li> </ul>   |
| <b>Types of evaluations</b>                | <ul style="list-style-type: none"> <li>Cost-utility analysis is the recommended form of analysis               <ul style="list-style-type: none"> <li>Promotes comparability</li> <li>Allows for full assessment of uncertainty</li> </ul> </li> </ul>  |
| <b>Target population</b>                   | <ul style="list-style-type: none"> <li>Stratified analyses of subgroups should be conducted when factors that may lead to different estimates in costs or outcomes are identified</li> </ul>  |
| <b>Comparators</b>                         | <ul style="list-style-type: none"> <li>All currently used and potentially displaced interventions should be considered — comprehensive approach to selecting comparators</li> </ul>   |
| <b>Perspective</b>                         | <ul style="list-style-type: none"> <li>The perspective should directly relate to the decision problem</li> </ul>  |
| <b>Time horizon</b>                        | <ul style="list-style-type: none"> <li>The time horizon should be long enough to capture all the costs and outcomes associated with the intervention</li> </ul>   |
| <b>Discounting</b>                         | <ul style="list-style-type: none"> <li>The recommended reference-case rate for costs and outcomes is 1.5%</li> <li>Change to rate based on theoretical foundations of the <i>Guidelines</i>, grounded in the principles of a social decision-making viewpoint on social choice</li> </ul>   |
| <b>Modelling</b>                           | <ul style="list-style-type: none"> <li>Model choice should be based on the decision problem and what is known about the natural course of the disease</li> <li>Researchers should consider existing well-constructed and validated models to help inform the appropriate model structure</li> <li>Additional guidance on: expert elicitation; model calibration; model validation; and incorporation of future outcomes and costs is discussed</li> </ul> |
| <b>Effectiveness</b>                       | <ul style="list-style-type: none"> <li>Increased detail provided</li> <li>The assessment of the evidence should be based on fitness for purpose, credibility, and consistency. Trade-offs among these criteria should be noted.</li> </ul>  |
| <b>Measurement and valuation of health</b> | <p><i>Previously referred to as Valuing Outcomes</i></p> <ul style="list-style-type: none"> <li>Clarifies guidance on: combining health utilities and valuing non-health effects</li> </ul>   |
| <b>Resource use and costs</b>              | <ul style="list-style-type: none"> <li>Reflects updated CADTH <i>Guidance Document for the Costing of Health Care Resources in the Canadian Setting: Second Edition</i></li> <li>The relationship between resource identification, measurement and valuation, and the decision problem highlighted</li> <li>Additional guidance on: the use of administrative data and the inclusion of patient and informal caregiver time</li> </ul>                    |

| Section                 | Key Changes   |
|-------------------------|---|
| <b>Analysis</b>         | <p><i>New section added</i></p> <ul style="list-style-type: none"> <li>Highlights the importance of conducting probabilistic analyses</li> </ul>  |
| <b>Uncertainty</b>      | <ul style="list-style-type: none"> <li>Focuses on the three categories of uncertainty to be addressed: parameter, methodological, structural               <ul style="list-style-type: none"> <li>Parameter: addressed by the use of probabilistic analyses (no longer referred to as probabilistic sensitivity analyses)</li> <li>Methodological: where the results of a reference-case analysis are compared with a non-reference-case analysis</li> <li>Structural: addressed by the use of scenario analyses</li> </ul> </li> <li>Provides more detailed guidance on the use of value of information analysis methods</li> <li>Deterministic analysis of parameter uncertainty is not recommended</li> <li>Variability now addressed through consideration of heterogeneity within target population</li> </ul> |
| <b>Equity</b>           | <ul style="list-style-type: none"> <li>All outcomes should be weighted equally regardless of the characteristics of those receiving the health effect</li> <li>Analyses should be presented in a disaggregate format with descriptions of relevant patient populations to allow for the consideration of any equity related policy issues</li> </ul>  |
| <b>Reporting</b>        | <ul style="list-style-type: none"> <li>No major changes</li> </ul>  |
| <b>Generalizability</b> | <p><i>Section removed</i></p> <ul style="list-style-type: none"> <li>Details on issues of generalizability included in individual sections, where relevant</li> </ul>   |

Note: All sections have been reviewed and revised accordingly to ensure alignment.