

**EVIDENCE APPRAISAL OF A SINGLE STUDY**  
**– ECONOMIC ANALYSIS –**

**Project / Topic of your Clinical Question:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_ **Today's Date (mm/dd/yy):** \_\_\_\_\_ **Final Evidence Level:** \_\_\_\_\_

**Article Title:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **First Author:** \_\_\_\_\_ **Journal:** \_\_\_\_\_

**Do the study purpose/objectives and inclusion/exclusion criteria assist in answering the clinical question?**

Yes  No  Unknown

*Comments:*

**A.** What is the study purpose/objective? \_\_\_\_\_

**B.** What are the Inclusion Criteria? \_\_\_\_\_

**C.** What are the Exclusion Criteria? \_\_\_\_\_

*\* **Bolded** questions represent the key criteria for each section.*

*\* Lettered questions (A., B., ...) provide additional information to better answer the bolded questions.*

**VALIDITY: ARE THE STUDY RESULTS VALID OR CREDIBLE? IS THE ECONOMIC EVALUATION USABLE?**

**1. Was a well-defined and answerable clinical question posed?**  Yes  No  Unknown

*Comments:*

**2. Was a comprehensive description of the competing alternatives given?**  Yes  No  Unknown

*Comments:*

**3. Was there evidence that the program effectiveness had been established?**  Yes  No  Unknown

*Comments:*

**4. Was there freedom from conflict of interest?**  Yes  No  Unknown

*Comments:*

**A.** Was there freedom from conflict of interest in the sponsor/funding agency?  Yes  No  Unknown

*Comments:*

**B.** Was there freedom from conflict of interest in the investigators?  Yes  No  Unknown

*Comments:*

**RELIABILITY: HOW WERE OUTCOMES AND COSTS ASSESSED AND COMPARED?**

**5. Did the analysis provide a full economic comparison of health care strategies?**  Yes  No  Unknown

*Comments:*

**6. Were the costs and outcomes properly measured and valued?**  Yes  No  Unknown

*Comments:*

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7. Was appropriate allowance made for uncertainties in the analysis?  Yes  No  Unknown  
*Comments:*
8. Are the estimates of costs and outcomes related to the baseline risk in the treatment population?  Yes  No  Unknown  
*Comments:*
9. Were outcomes and costs adjusted for different times at which they occurred, such as discounting?  Yes  No  Unknown  
*Comments:*
10. Was an incremental analysis of the outcomes and costs of alternatives performed?  Yes  No  Unknown  
*Comments:*

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### APPLICABILITY: CAN I APPLY THESE VALID, IMPORTANT STUDY RESULTS TO TREATING MY PATIENTS? WILL THE RESULTS HELP IN PURCHASING FOR LOCAL PEOPLE?

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11. Did the presentation and discussion of the results include all or enough of the issues that are of concern to purchasers?  Yes  No  Unknown  
*Comments:*
12. Were the conclusions of the evaluation justified by the evidence presented?  Yes  No  Unknown  
*Comments:*
13. Can the results be applied to the local population (or my population of interest)?  Yes  No  Unknown  
*Comments:*
- A. Is the intervention feasible in my care setting?  Yes  No  Unknown  
*Comments:*
- B. Were all patient important outcomes considered? (*Are substitute endpoints valid?*)  Yes  No  Unknown  
*Comments:*
- C. Are the likely benefits worth the potential harm and costs?  Yes  No  Unknown  
*Comments:*
14. Are your patient's values and preferences satisfied?  Yes  No  Unknown  
*Comments:*
- A. Were the patients in this study similar to my population of interest?  Yes  No  Unknown  
*Comments:*
- B. Do your patient and you have a clear assessment of their values and preferences?  Yes  No  Unknown  
*Comments:*
- C. Are they met by this cost analysis?  Yes  No  Unknown  
*Comments:*

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### – ECONOMIC ANALYSIS –

15. Would you include this analysis in development of a recommendation?

Yes  No  Unknown

Comments:

Additional Comments or Notes:

\* Consider each "No" answer and the degree to which this limitation is a threat to the validity of the results, then check the appropriate box to assign the level of quality for this study/article.

THE EVIDENCE LEVEL IS:  Good Quality Cost/Economic Analysis (1a)  
 Lesser Quality Cost/Economic Analysis (1b)  
 Not Valid, Reliable, or Applicable

TABLE OF EVIDENCE LEVELS				
DOMAIN OF CLINICAL QUESTION	TYPE OF STUDY / STUDY DESIGN			
	RCT <sup>+</sup> / CCT <sup>+</sup>	Cohort – Prospective	Economic Analysis Decision Analysis	Expert Opinion Case Reports
Cost Analysis	2a	3a	1a	5
Decision Analysis	2b	3b	1b	

<sup>+</sup> RCT = Randomized Controlled Trial

<sup>+</sup> CCT = Controlled Clinical Trial

Development for this appraisal form is based on:

1. Guyatt, G.; Rennie, D.; Evidence-Based Medicine Working Group.; and American Medical Association.: Users' guides to the medical literature : a manual for evidence-based clinical practice. *Users' guides to the medical literature : a manual for evidence-based clinical practice*: "JAMA & archives journals." Chicago, IL, 2002
2. Melnyk, B. M. and E. Fineout-Overholt (2005). Evidence-based practice in nursing & healthcare : a guide to best practice. Philadelphia, Lippincott Williams & Wilkins.
3. Phillips, et al: Oxford Centre for Evidence-based Medicine Levels of Evidence, 2001. Last accessed Nov 14, 2007 from <http://www.cebm.net/index.aspx?o=1025>.
4. Fineout-Overholt and Johnston: Teaching EBP: asking searchable, answerable clinical questions. *Worldviews Evid Based Nurs*, 2(3): 157-60, 2005