

# This method of prioritization allows the generation of relevant economic evidence for experts who prepare clinical practice guidelines.

## 1. The Problem

The Chilean process for the elaboration of the Clinical Practice Guidelines (CPG) uses the GRADE approach in order to develop evidence-based recommendations. One dimension of this approach is the evidence of cost-effectiveness. However, it is not always necessary to generate this type of evidence, because in certain cases there is no uncertainty regarding the cost-effectiveness of evaluated technologies. For this reason, it is proposed a method to prioritize what questions require this type of evidence.

## 2. Methods

1. A review on international experiences for prioritization methods of economic evaluation of evidence for CPG was carried out.
2. A prioritization proposal was agreed and validated with the unit in charge of preparing CPG.

## 3. Results

Three references were found regarding the prioritization of economic evaluations for CPG development.

1. Knies et al. (2018) indicates that the inclusion of economic evidence in CPG in England and the Netherlands has been a positive experience.
2. NICE-England emphasizes the role of health economists in agreeing with the team leading the guide in order to prioritize topics that will require additional economic analysis.
3. IETS-Colombia proposes categorize each question in 4 priority groups (high, medium, low and not relevant to carry out economic evaluation).

## 4. Proposal

- The proposed method is based on the manuals of NICE-England and IETS-Colombia.
- The criteria to include cost-effectiveness evidence in CPG recommendations are:
  1. High variability in clinical practice.
  2. High uncertainty regarding cost-effectiveness in the national context.
  3. Variation in clinical practice implies relevant health benefits or a high impact in terms of costs.

Then, based on these criteria, interventions are categorized into: high, medium, low priority and non-relevant questions to include evidence of cost effectiveness.

## 5. Conclusion

This method of prioritization allows the delivery of relevant evidence of cost-effectiveness for clinical experts.

## Current situation

The incorporation of evidence of cost-effectiveness in clinical practice guidelines is an incipient process in Chile.

Currently, economic evidence comes from reviews of international studies. In addition, a quality assessment is performed according to CHEERS criteria (Consolidated Health Economic Evaluation Reporting Standards).

In the future, “de novo” cost-effectiveness evaluations will be carried out for the Chilean context.

This method of prioritization could be used to determine what “de novo” economic evaluations should be performed.

## References

- Knies S, Severens JL, Brouwer WBF. Integrating clinical and economic evidence in clinical guidelines: More needed than ever! *J Eval Clin Pract.* 2018 Apr.
- NICE. Developing NICE guidelines: the manual. 2014.
- NICE. Incorporating health economics in guidelines and assessing resource impact. 2005.
- Carrasquilla G, Pulido A, Mieth K, Muñoz O, Hozz A, Guerrero R. Guía metodológica para la elaboración de guías de práctica clínica con evaluación económica en el Sistema General de Seguridad Social en Salud Colombiano. 2014.

[shorturl.at/fsEIV](https://shorturl.at/fsEIV)



## The prioritization of cost-effectiveness evidence for the Clinical Practice Guidelines in Chile.



Sergio Poblete, Catherine De la Puente, Victoria Hurtado, Francisco Araya, Marco Rubilar y Felipe Vera.  
Departamento de Evaluación de Tecnologías Sanitarias y Salud Basada en Evidencia



Take a picture to get the full paper (in Spanish).

