

### Introduction

How Health Economic Analyses (HEAs) are conducted directly impacts the results obtained and policies in resource allocation. Therefore, it is essential to consider their quality during decision-making. Our aim was to develop a domain-based tool for the critical assessment of cost-effectiveness and cost-utility studies.

## Methods

Through discussions of the working group, we established the domains for inclusion in the new tool. Then, we conducted a scoping review (doi: 10.17605/OSF.IO/6R3CG) to identify tools available for the critical assessment of HEAs. We extracted the questions/recommendations provided and classified them into the pre-established domains, allowing us to identify complementary aspects to incorporate and improve the first version of the new tool. The first version was presented and piloted with a group of researchers involved in the conduction or evaluation of HEAs.

# Development of a Tool for Quality **Assessment of Health Economic Evaluations**

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### Results

Four quality domains to structure the		
alignment to essential items and is gu		
is provided at the end. Quality of repor		
<b>Figure: Preliminary design of th</b>		
Is the researc under evalua	<b>1: Applicability</b> h question of the study ation applicable to the esearch question?	<b>Domain 2</b> Does the m the clinica including is
() Yes () Partially () No () Unclear		() Yes () Partially () No () Unclear
<b>Domain 3: Modelling - Parameters</b> Are the parameters originated from high-quality evidence and are they appropriately adjusted for use in the model?		Does the cre indicate (consid willingn
() Yes () Partially () No () Unclear		() Yes () Partially () No () Unclear

## Conclusions

The tool was developed to integrate often missed critical aspects that impact the methodological quality of HEAs. A multidisciplinary panel with different key stakeholders is being organized to review and enhance this first version of the tool.

Ire the new tool were established (Figure). Domain's adequacy is assessed by its d is guided by signaling questions; final judgement on overall methodological quality reporting was not included, as it is already tackled by existing tools, such as CHEERS.

#### n of the proposed tool.

#### **Domain 2: Modelling - Structure** es the model adequately represent he clinical condition under study, cluding issues of effectiveness and costs?

#### **Domain 4: ICER precision** es the credibility interval of the ICER indicate precision of the result (considering the user-defined willingness-to-pay threshold)?

- Yes Partially
- NO

- interest;
- 2) Modelling
- 3) Modelling -
- 4) ICER



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#### **Description of domains:**

1) Applicability: judges the applicability of the research question in light of the assessor's question of

Structure: evaluates the model representativeness of the clinical condition and the adequacy of its assumptions;

Parameters: assesses the quality (accuracy, transformation into inputs, and certainty) of the key parameters used in the model;

precision: evaluates the certainty of the incremental cost-effectiveness/utility ratio.

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