

the checklist could be interpreted as implying a linear process to implementing MCDA, this is rarely, if ever the case. Designing an MCDA is an iterative problem. The authors outline circumstances when it makes sense to diverge from the order of the steps as they are outlined in the checklist.

Another consideration when designing an MCDA is that many health care decisions are subject to budget constraints (including HTA and commissioning) and some shared decision making requires consideration of patient out-of-pocket costs. Accordingly, the report elaborates the implications for undertaking MCDA in the presence of a budget constraint.

### Resources, Skills, and Software

The successful implementation of MCDA requires four key participants: (1) *Decision makers* make the choice between alternatives; (2) *Stakeholders* provide the source of scores and weights; (3) *Analysts* are responsible for the design and implementation; and (4) *Experts* provide advice to the other participants. These roles are not mutually exclusive.

Many steps outlined in the MCDA checklist can be supported by specialized software. The software is especially useful for: (1) weighting and scoring, (2) problems that involve relatively large numbers of alternatives and criteria, and (3) the generation of graphical and tabular outputs. Some software packages also support survey development and collection of criteria weights.

### Future Research Directions

This report identified several areas for further research, including: (1) the level of precision required of an MCDA; (2) the cognitive challenges facing different types of stakeholders and the support that can overcome these challenges; (3) decision makers' preferences for the theoretical foundations of MCDA methods; (4) which value functions best describe stakeholders preferences; and (5) the best methods for incorporating uncertainty and budget constraints into an MCDA. Finally, the report focuses on value measurement approaches and recommends that further work also be undertaken to ensure that the conditions under which value measurement approaches are appropriate for health care decisions. ■

*Additional information:*

To view the initial MCDA task force report, go to: <http://www.ispor.org/Multi-Criteria-Decision-Analysis-guideline.asp>

## Spotlight on *Value in Health*

*From Volume 19, Issue 2 (March/April 2016):*

### COMPARATIVE EFFECTIVENESS RESEARCH / HTA

The Use of Economic Evidence to Inform Drug Pricing Decisions in Jordan (pp. 233-238)

This study describes the role of economic evidence in drug pricing decisions in Jordan, an example of a high-priority setting in a developing country where policies laid in place requesting cost-effectiveness evidence in certain situations.

Barriers to the use of economic information and the extent to which the results of economic evaluations in used were investigated. Economic evidence found partially influential in drug pricing decisions but due to poor quality it is unlikely to be the sole driver of decisions. Limited local data and health economic experience were the main barriers for the use of economic evidence in drug pricing decisions. Additionally, there are no official rules describing the elements and process by which the evidence should inform drug pricing decisions.

Accumulated observations for the use of economic evaluations and evidence-based decision making in Jordan were summarized. Recommendations have been proposed to enhance the role of economic evidence in influencing health policies and evidence-based decision making. An Official guideline for conducting pharmacoeconomic evaluations and their use in high priority settings such drug pricing must be developed in Jordan.

For the highlighted articles in *Value in Health* Volume 19, Issue 2, please see page 27.

## Value in Health Volume 19, Issue 2

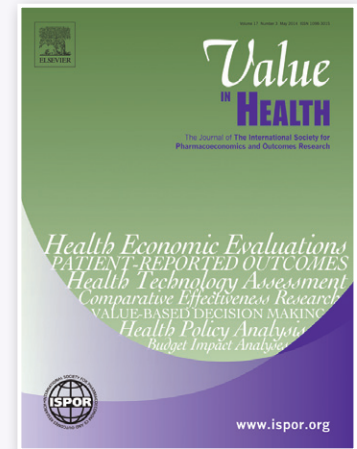
### The following articles will be included in the March/April 2016 issue of *Value in Health* (Volume 19, Issue 2):

The breadth of articles in the current issue of *Value in Health* reflects the expanding scope and impact of the types of research within pharmacoeconomics and outcomes research. Our journal remains committed to publishing cutting-edge Task Force Reports by ISPOR, as well as a variety of articles that inform decision making from a variety of perspectives. While we highlight select articles within sections of our journal, readers are encouraged to explore all articles since each reader's interests will vary. In addition to the terrific articles and the second part of the ISPOR Task Force Report on Multiple Criteria Decision Analysis (MCDA), please also see the accompanying editorial about the Task Force Report by Andrew Walker.

Kind regards,

**Michael F. Drummond, MCom, DPhil** and **C. Daniel Mullins, PhD**

Co-Editors-in-Chief, *Value in Health*



### FEATURED ARTICLES:

#### Multiple Criteria Decision Analysis for Health Care Decision Making – Report 2 of the ISPOR MCDA Emerging Good Practices Task Force

This second Task Force report provides emerging good-practice guidance on the implementation of MCDA to support health care decisions, including: a checklist to support the design, implementation and review of an MCDA; guidance to support the implementation of the checklist, the order in which the steps should be implemented, and incorporating budget constraints into an MCDA; an overview of the skills and resources required to implement MCDA, including the available software; and future research directions.

### ISSUE HIGHLIGHTS:

#### ECONOMIC EVALUATION

##### Estimating the Cost-Effectiveness of Implementation: Is Sufficient Evidence Available?

In this study, Sophie Whyte et al. demonstrate the use of diffusion curves and multi-period analysis to estimate the value of investing in implementation activities to increase uptake of natriuretic peptide testing.

#### PATIENT-REPORTED OUTCOMES

##### Responsiveness to Change in PROMIS® Measures among Children with Asthma: A Report from the PROMIS® Pediatric Asthma Study

This study by I-Chan Huang et al. aimed to compare the responsiveness to change of the Patient-Reported Outcomes Measurement Information System (PROMIS®) asthma impact, pain interference, fatigue, depressive symptoms, mobility, and peer relationships scales to a legacy scale, the Paediatric Asthma Quality of Life Questionnaire.

#### PREFERENCE-BASED ASSESSMENTS

##### Survival or Mortality: Does Risk Attribute Framing Influence Decision-Making Behavior in a Discrete Choice Experiment?

This article by Jorien Veldwijk et al. attributes framing in a discrete choice experiment and its affects to respondents' decision-making behavior and preferences is tested.

#### COMPARATIVE EFFECTIVENESS RESEARCH / HTA

##### The Use of Economic Evidence to Inform Drug Pricing Decisions in Jordan

Eman A Hammad describes the role of economic evidence in drug pricing decisions in Jordan. (See page 26 for summary)

#### METHODOLOGY

##### Expanding Health Technology Assessments to Include Effects on the Environment

Kevin Marsh et al. consider the case for incorporating environmental impacts into the health technology assessment process and discuss the associated challenges.

#### SYSTEMATIC REVIEWS

##### The Sources and Characteristics of Utility Weights for Economic Evaluation of Paediatric Vaccines: A Systematic Review

This review by Michael Herdman et al. investigates how utility weights have been elicited and used in cost-effectiveness analysis of paediatric vaccines for infectious diseases which requires quality of life (utility) weights.

For all articles in this issue, and to see what services *Value in Health* provides for its authors see: [http://www.ispor.org/valuehealth\\_index.asp](http://www.ispor.org/valuehealth_index.asp).