

OMERACT 5 Economics Working Group Report

The goal of creating common standards for economic evaluation was first launched at OMERACT 2. Over the past 2 years (OMERACT 4 and 5), progress toward achieving this goal has accelerated, in part prompted by the introduction of highly effective but costly new therapeutics in rheumatology¹.

The following series of articles highlights the findings and discussions during the OMERACT 5 Health Economics Module held in Toulouse, France, May 4-7, 2000. The primary objective of the module was to develop a potential set of requirements for conducting economic analyses in rheumatology. Ultimately, this set should consist of the minimum requirements that should be used or presented in all economic analyses in 4 designated areas of interest: (1) disease modifying antirheumatic drugs (DMARD) for rheumatoid arthritis (RA), (2) gastroprotective agents in RA, (3) nonsteroidal antiinflammatory drugs (NSAID) in osteoarthritis, and (4) pharmacological interventions for osteoporosis. The program began with a brief introduction discussing the development of a reference case for rheumatology, followed by short presentations of the results of methodological research projects initiated during OMERACT 4. These projects are more fully discussed in the following articles.

The first of these is entitled "Issues of Consensus and Debate for Economic Evaluation in Rheumatology," by Doug Coyle, *et al*. The objective of this paper is to report our initial attempts to develop standards for the conduct and reporting of economic analysis in the rheumatic diseases, with a particular emphasis on those methodological areas where consensus has not been reached.

The second in this series is entitled "Rating of Arthritis Health States by Patients, Physicians, and the General Public: Implications for Cost Utility Analysis," by Suarez-Almazor and Conner-Spady. This paper reports the findings of original methodological research, initiated at OMERACT 4, to assess the potential implications of utility ratings performed by different groups using solicitation techniques for cost utility analyses in RA. This study of nearly 200 people showed that the methodology used to elicit and analyze utilities can have major implications in the interpretation of the results of economic evaluations for RA interventions. These findings point to the need for additional research to evaluate measurement properties of utility tools

used in the assessment of health related quality of life in economic analyses.

The third in this series is a study by Ruof and colleagues, "Cost Assessment in Rheumatology: Evaluation of Applied Instrument Techniques." The goals of this methodological research project were to examine and compare the major characteristics of internationally applied cost assessment instruments in the rheumatic diseases. These authors concluded that the reviewed cost assessment instruments differed considerably with respect to the examined characteristics, further emphasizing the need for standardization.

The fourth report in this series, by Merkesdal and colleagues, is entitled "Development of a Matrix of Cost Domains in Economic Evaluations in the Rheumatic Diseases." This literature review showed that there is a great deal of variability and inconsistency in cost assessment approaches in economic evaluations in RA. The authors used this information to propose a preliminary scheme for the standardization for cost assessment in such studies.

The fifth paper in the series is entitled "Economic Evaluations in Health Policy," by Brian Ruff. This article discusses key issues at the interface between health policy and economic evaluation, both in general and as they pertain to the rheumatic diseases.

The final paper, by Gabriel, *et al*, presents a summary, recommendations, and a research agenda emanating from the OMERACT 5 Economics Module. The major emphasis of the OMERACT 5 Economics Module was focused discussions during 6 breakout sessions, each facilitated by a group leader and rapporteur. The discussions centered around 6 issues identified as key priorities by feedback from clinicians and economists to a pre-conference questionnaire. These included: (1) Outcomes for cost effectiveness analysis, (2) optimal sources of data on clinical effectiveness for economic evaluations, (3) optimal sources of utility measures, (4) the role of modeling in economic evaluation, (5) selection of the most appropriate comparators in economic evaluation, and (6) approaches to considering compliance with therapy and adverse effects, particularly in the context of economic evaluation.

As illustrated in the following series of articles, the OMERACT Economics Working Group has made important progress towards our ultimate goal of creating common standards for the conduct and reporting of economic evalu-

ation in the rheumatic diseases. Moreover, these discussions helped to clarify gaps in our current understanding of economic analysis methodology and served as the basis for the creation of our research agenda.

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REFERENCE

1. Gabriel SE, Tugwell P, O'Brien B, et al. Report of the OMERACT Task Force on Economic Evaluation. *J Rheumatol* 1999;26:203-6.