

Economic evaluation and the Campbell Collaboration

Miranda Mugford

Health Economics and Ethics Group

School of Medicine Health Policy and Practice

University of East Anglia

Norwich NR4 7TJ

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Abstract

There is a growth of interest in incorporating economics evidence in ‘evidence informed’ decision making. The Campbell Collaboration is an organisation committed to summarising and providing evidence, using systematic review methods, to inform decisions about adopting interventions in the field of social welfare. It is a sister organisation to the Cochrane Collaboration, which has a similar role in the field of health care. The two Collaborations have a objective to develop jointly their methodological approaches to reviewing. The Cochrane Collaboration, being more established has 11 methods groups, the Campbell Collaboration has 4. The proposed joint Campbell and Cochrane Economics Methods Group will be considered for joint registration this year. The purpose and current agenda for this group raises several challenges for economists working in different applied fields, or for different sponsors, who need different methods for evaluation in different social sectors. The challenge is to settle on appropriate methodological advice for conduct and reporting of evaluations which cross sectors and may be used by a range of agencies.

Introduction

There is a growth in policy and professional interest in many countries in incorporating economics evidence in ‘evidence informed’ decision making. The quality of the evidence ‘library’ is being increased by the growing weight of evidence about what works emerging from two international collaborations, the Cochrane and Campbell Collaborations. Such evidence of effects of programmes may be necessary, but it is not sufficient for decision makers to prioritise within limited budgets.

The purpose of this paper is to introduce the Cochrane and Campbell Collaborations, describe and justify the planned joint economics methods group, and outline areas of challenge for economics and economists.

Background to the Campbell Collaboration

The Campbell Collaboration is an international organisation committed to summarising and providing evidence, using systematic review methods, to inform decisions about adopting interventions in the fields of social care, education and criminal justice. It is a sister organisation to the Cochrane Collaboration, which has a similar role in the field of health care.

Donald T Campbell and Archie Cochrane were both research methodologists with a mission to ensure that reliable evidence about ‘what works’ should be used in making practical decisions about policy.

In the field of health care evaluation, Cochrane’s name is widely known for his advocacy of rigorous research methodology, and especially the randomised controlled trial (Cochrane 1972). In a similar way, Campbell’s name is well known to those concerned with evaluation methodology in educational and other social welfare fields, as the co-author of several key research methods texts (for example Cook and Campbell 1979). Both Cochrane and Campbell warned of the dangers of being misled by poorly or uncontrolled comparisons and by the play of chance in observations of statistics based on small samples and single experiments. Both made

pleas for the use of critical review of all available controlled research studies in deciding about professional practice, and before starting new primary research studies.

The Cochrane Collaboration [<http://www.cochrane.org>] was formed in 1992, and named after Archie Cochrane, and has held an international colloquium every year since then: the eleventh meeting will be in October in Barcelona, Spain. The Campbell Collaboration [<http://www.campbellcollaboration.org/>] was founded during the later 1990s, formally established in 2000 and held its first colloquium in 2001 in Philadelphia, USA.

Both organisations were founded by applied researchers specialising in evaluation of care or services, together with academic experts in research synthesis, systematic review, and statistical meta-analysis. Many of the applied researchers are also, or have been, service providers at the bedside or office (clinicians) or whiteboard (teachers) or at community level (social workers, public health specialists).

Both Collaborations have similar guiding principles. The Campbell Collaboration *“ aims to help people make well-informed decisions by preparing, maintaining, and promoting access to systematic reviews of studies on the effects of social and educational policies and practices”*.

The Cochrane Collaboration

“aims to help people make well informed decisions about health care by preparing, maintaining and ensuring the accessibility of systematic reviews of the effects of health care interventions”.

The emphasis of the reviews is on the question of ‘what works best?’, with guidance to reviewers not to guide readers’ decisions about best practice or policy, but to remind that there are other issues (such as resources, priorities and values) which will determine the best option in any context. Cochrane and Campbell reviews are intended to inform decisions, not to dictate them. Reviews are therefore, so far, designed to report effects of interventions on a range of reported outcomes, with some commentary on quality of data and absence of information, including mention of

possible outcomes not reported. Occasionally, reviews include summary of economic outcomes reported, but reviewers in both collaborations are unsure whether or how to build an economic element into a Cochrane or Campbell review.

Details of the structure and organisation can be found on the two websites (which have links to each other). Reviews that are produced by both collaborations are peer reviewed, internally and externally, and published electronically, with regular updates. The Campbell Collaboration publishes on the website a list of registered review titles within the fields of education, criminal justice, social welfare and methods. Most are at the protocol stage, but a few are complete and results are published and can be downloaded. See appendix A.

The Cochrane Library has also included databases produced and published by the NHS CRD (including DARE and EED), to allow users to compare a range of evidence with a single search. This allows users to see, at one time, the systematic review of controlled trials, critical abstracts of reviews of effectiveness not necessarily based on trials, and critical abstracts of economic evaluation studies. Recent changes in publishing arrangements, as Wiley International have been given the contract for publishing the Cochrane Database of Systematic Reviews, may change this convenient arrangement (Julie Glanville, personal communication).

Both collaborations have international steering committees to oversee the policy and process of publishing results of reviews. Both are internationally representative, with elected members, and the two steering groups share some members in common. The secretariat for the Cochrane Steering Committee is UK based, and that of the Campbell Steering Committee is US based. Both collaborations have collaborative review groups. These are the key to the production and maintenance of systematic reviews. In the Campbell Collaboration there are, so far, three overarching review groups or fields, for 'education', 'social welfare', and 'crime and justice'. The Collaborations also have Centres in different countries. So far the Campbell Collaboration has 2 in the USA, in Denmark. There are 15 Cochrane Centres. The Cochrane and Campbell Centres offer training and advice to reviewers, maintain databases of results of searches for relevant studies, maintain web materials, and provide co-ordination between review groups and publishers of the outputs of the

reviews, maintain links with users of reviews and funding bodies, and provide a base for administration of the Collaboration and Colloquia.

The two collaborations have both developed handbooks for reviewers. The text is available on the web sites and covers many hundreds of pages. These provide guidance in methods for conducting a review from beginning to end, so that it meets the agreed standards of the collaboration. The philosophy of both of the handbooks is that the advice is based, as far as possible, on empirical evidence about what is the most transparent, objective and least misleading approach to summarising and presenting evidence. There are many aspects of systematic review methodology which are being developed and tested, and the handbooks are regularly updated. Both collaborations have methods groups, described in more detail below, which have as one of their tasks to maintain parts of the handbooks.

Funding

Both Collaborations have found much enthusiasm and some funding from national government departments charged with incorporating (better) evidence into their policy advice. The UK government health departments were and are a very important source of support to the Cochrane Collaboration, funding the UK Cochrane Centre, and the editorial base for 13 of a total of 38 review groups. This was agreed as part of a wider investment in developing the evidence base for health care, which also included the York NHS Centre for Reviews and Dissemination.

Both Collaborations are founded on the assumption and principle that practitioners with an interest and enthusiasm in providing excellent care will not only want to use evidence from systematic reviews, but will contribute to doing reviews as part of their professional development. This has proved to be true in some fields of health care: a considerable number of important reviews have been the result of mainly voluntary effort, and some have, at the same time, enhanced reputations for the authors of the reviews. It could be argued, however, that many of these reviews could not have emerged without the additional infrastructure for training and editorial processes. Many more Cochrane reviews have been assisted by full research funding, from health technology assessment agencies for example. It is a condition of publication in

the Cochrane Library, however, that reviews are maintained and updated, and this work seldom attracts project funding.

Cochrane and Campbell methods groups

The two collaborations cover overlapping fields of interest such as health promotion, health rehabilitation, social care for disabled and frail. The two Collaborations have many similarities and differences, but have been established with an objective to jointly develop methodological approaches to reviewing. One way of achieving this is to set up joint methods interest groups to develop methods and advise reviewers, and also the Collaborations' policy, in aspects of doing and reporting systematic reviews. The Cochrane Collaboration, has 11 methods groups (see Appendix B). None of these have formal funding for their Cochrane function. The groups rely, rather, on the methodologists giving time funded from other sources for this additional collaborative research opportunity, in a similar way to the involvement of voluntary effort by reviewers. It has become apparent as academic time and funds are increasingly squeezed, that this is not a reliable way to engage experts.

The Campbell Collaboration has 3 methods groups, also listed in Appendix B. So far there is one joint group [Joint Qualitative Methods/ Implementation and Process Methods Group], which was registered as a joint methods group early in 2003.

The proposed Campbell and Cochrane Economics Methods Group (C&C EMG)

There is demand for economics expert input from within and beyond the two collaborations. Within the Collaborations, reviewers often need economics expertise. Whether they like it or not, reviewers increasingly find that they are assessing trials with economic outcome data and economic analysis, and some are seeking guidance on how to judge this aspect, whether and how to extract data, and whether and how to pool data in meta-analysis. Quality of reviews is monitored through a peer review process. Where there are economic elements in a review, this aspect needs comment from an economist.

Some reviewers are conducting economic analysis alongside their reviews, often funded by HTA agencies in different countries. They are then faced with the dilemma of how to write the protocol for both the HTA review and economic evaluation and the Cochrane or Campbell review, and facing some occasional conflicts and gaps in advice on how to synthesise and model data for the economic evaluation. Some review groups have built up expertise in economics, some having links with economists with an interest in the specific area of policy or practice, and other reviewers have gained economics skills through their own study.

From early in the life of the Collaboration, it was recognised that the Handbooks needed to include advice on how to deal with economics in reviews. Two workshops were funded by the Office of Health Economics in 1992 and 1993 which brought together economists and other review methods experts. These formed the beginning of a Cochrane economics methods group. Although this group met and published newsletters, this was not formally registered as a Cochrane Methods Group until 1998. It was at that time established with the aims shown in Box 1.

Box 1: Aims of the Cochrane Economics Methods Group

1. Develop and disseminate methods:
 - for conducting reviews of trials, and other studies, with economic elements
 - for building economic evaluations from reviews of effectiveness
2. Be a discussion and methods development group for economists involved with Cochrane Reviews
 - to encourage transparency of methods
 - to encourage liaison with other methods groups on topics of common interest
3. Provide links for Cochrane Review Groups with health economists and other sources
 - through the International Health Economics Association and other economic networks
 - through economic evaluation databases and reviews.

4. Run workshops and discussions on economic issues and methods relevant to the aims of the Cochrane Collaboration.

The group has been convened jointly by Cam Donaldson, Luke Vale and myself, with administrative co-ordination at Norwich. The group currently has a list of over 100 members in more than 20 countries. Two editions of the newsletter have been published since 1998, funded by the Office of Health Economics (see the web site at <http://www.uea.ac.uk/hpp/healecon/cochrane.html>). The group's major landmark so far has been a book: 'From effectiveness to efficiency: the role of economics in systematic review' (Donaldson et al 2002). This book collects together thoughts from economists and reviewers (some are both) which illustrate a range of problems of approach and methods which need to be resolved before Handbook sections can be confidently written. The research agenda arising from these pieces was summed up in the final chapter (see extract Appendix C). Key issues included: Dealing with economics issues in systematic reviews of clinical studies, aspects of reviewing and summing up economic studies, and appropriate methodologies for addressing broader issues (social contexts, equity and externalities) in evaluations and reviews of health and social interventions. Most of these are familiar to specialists in economic evaluation. Some of the issues are specific to health care, but many are not, and will be issues of common concern in the field of social welfare.

When the Campbell Collaboration was formed there was a stated intent of having joint methods groups with the Cochrane Collaboration. Members of the Cochrane Group and members of networks of economists in education and social welfare, including the Rowntree funded Economic Evaluation and Social Welfare Network, and members of the Campbell Collaboration, were canvassed to find out who would be interested in this development.

Meetings resulting from this, funded by the Nuffield Trust, and at the third Campbell Colloquium in Stockholm in Feb 2003, resulted in an agreed document. The proposed joint Campbell and Cochrane Economics Methods Group will be submitted for joint registration this year. A proposed initial structure for the group will have a panel of convenors representative of the broad fields covered by Cochrane and Campbell. The C&CEMG aims to be representative across less and more wealthy countries, sectors including health, crime, education and social welfare, and specialisms of economics relevant to evaluation and policy analysis.

The new group aims to provide the basis to develop support for reviewers and Steering Group in the Campbell Collaboration, and to continue support to reviewers and the Steering Group in the Cochrane Collaboration. Aims are given in Box 2. These are broadly similar to those of the Cochrane Economics Methods Group with some changes of emphasis, including a more active promotion of economics approaches among reviewers or 'the research synthesis community'. However the scope of the group is envisaged to be much wider than we planned as the Cochrane Economics Methods Group.

The group has the aim to represent skills and develop and test methods and advice on the following areas that may affect the development of protocols for reviews, the conduct of reviews, and the subsequent use of the results of reviews:

- the use of economic evaluation to inform policy development
- different approaches to economic evaluation and their application, including
 - descriptive cost studies
 - unit cost analysis
 - cost effectiveness

- cost benefit
 - cost utility;
- measurement and presentation of costs and benefits, including
 - units of measurement
 - the assignment of monetary values
 - relative prices and changes in prices
 - time horizons for evaluations
 - the time value of benefits and costs
 - risk and uncertainty
 - externalities
 - inter-sectoral issues
 - distributional impacts;
- measurement of impact, including
 - econometric (statistical) techniques for measuring impact
 - development of outcome measures suitable for economics;
- Implementation, including
 - affordability
 - value for money
 - priorities and competing programmes
- Implications for 'roll-out' / mainstreaming
 - incentives
 - production constraints.

This broader scope is ambitious, but reflects expressed needs of policy makers for more than just best practice in health economic evaluation. It will need funded and focussed work and wide collaboration outside our well connected health economic evaluation and decision analytic circles. Once registered, the panel has agreed to actively seek funding for the programme of work laid out by the planning group.

Box 2: The C&CEMG aims

- Promote and support the consideration of economic issues within the research synthesis community and within systematic reviews and across the wider research community
- Develop economic methods to be used by reviewers and those involved with research synthesis which are
 - Relevant to the reviews and to consumers of reviews
 - Appropriate in terms of their application
 - Unbiased and objective in their application
- Undertake empirical research in the development and application of economic methods for studies which develop the evidence base
- Link reviewers and economists who can help with reviews or provide specialist advice
- Review the validity and quality of application of economic methods
- Disseminate valid methods and good practice
- Relate to other methods groups to ensure complementarity and avoidance of duplication.

The proposed research agenda for the first five years includes: finding out the needs of reviewers and review groups for economics input; establishing and reviewing methods and criteria for reviewing economics studies across sectors; defining

appropriate economics methods for different policy questions; establish and review central list of key methodological research in the field - beginning with member's relevant publications.

It is also the role of the methods and review groups to answering questions posed by the Steering Committees of both Collaborations. This is part of the regular monitoring and reporting of members and group activities, but occasionally specific work has been commissioned.

Discussion and way forward

This paper has presented a brief history and outline of a group which stands at the cross roads. Until now the Cochrane Economics Methods Group has been a small but important link between producers of high quality evidence on effects of health care and economic methodologists who develop methods and provide analyses for decision makers. The Group itself can make relatively few claims to development of high powered methods (as yet), but many individuals who have done this are members of the group. Lack of visibility is the result of lack of funding.

The purpose and current agenda for the Campbell and Cochrane Economics Methods Group is defined to some extent by the objectives and focus of the two Collaborations, but raises a particular challenge to economists who use different methods for evaluation in different social sectors, or for different sponsors, to settle on appropriate methodological advice for conduct and reporting of evaluations which cross sectors and may be used by a range of agencies.

This document is closely based on the document which will be submitted for registration of the new group. As soon as that process is successfully completed, a membership survey will be started to update our records, a founding newsletter will be published, and the hunt for funds will start in earnest.

References

Cochrane AL. Effectiveness and Efficiency. Random Reflections on Health Services. London: Nuffield Provincial Hospitals Trust, 1972. (Reprinted in 1989 in association with the BMJ)

Cook, Thomas D, Campbell, Donald T. Quasi-experimentation : design & analysis issues for field settings. Boston; London : Houghton Mifflin, 1979

Donaldson C, Mugford M, Vale L (editors). From effectiveness to efficiency: the role of economics in systematic review. BMJ Publishing Group. London 2002

Appendix A

Campbell Collaboration: Registered reviews June 2003

Education:

Learner Training (LT) for Students of English as Second or Foreign Languages (ESL, EFL)

Peter Smith & A N Other (Tbs),The Open University, p.smith@open.ac.uk

Peer Assisted Learning in Elementary Schools .

Marika Ginsburg-Block,University of Minnesota, mgblock@tc.umn.edu, Cynthia A. Rohrbeck, George Washington University, rohrbeck@gwu.edu,John W. Fantuzzo, University of Pennsylvania, johnf@gse.upenn.edu

Effectiveness of Articulation Treatment in Children

Nidia Correa, UCF Center for Autism & Related Disabilitites (CARD), Chad Nye, UCF-CARD, Kim Hans, UCF-CARD

Interventions for Reducing School Truancy

Heather Cohen, University of Pennsylvania, John Fantuzzo, University of Pennsylvania, Michelle Menaker, University of Pennsylvania

Evidence on the Effectiveness of Volunteer Tutoring Programs

Gary W. Ritter, University of Arkansas, Rebecca Maynard, University of Pennsylvania

Effectiveness of Teacher Induction Programs

Richard Ingersoll, University of Pennsylvania

Effectiveness of Parental Involvement in Academic Performance of Elementary School Children

Chad Nye, University of Central Florida Center for Austism & Related Disabilities (UCF-CARD), Nidia Correa,UCF-CARD

Effectiveness of Problem Based Learning

Mark Newman, Middlesex University, Kate Flemming, University of York

Effects of School-based Social Problem-Solving Interventions on Aggressive Behavior

Sandra Jo Wilson and Mark W. Lipsey, Center for Evaluation Research and Methodology, Vanderbilt Institute for Public Policy

High School Dropout Prevention

Chad Nye, UCF-CARD,Toks Fashola, Johns Hopkins University

Treatment for Articulation/Phonological Speech Disorders in Children

Chad Nye and Nidea Correa, UCF-CARD

Families and School Together (FAST) Interventions

Haluk Soydan, University of Stockholm, Chad Nye, UCF-CARD

Special Groups and Individual Tutoring versus Mainstreaming for Academic Failures

Ken Dodge, Duke University, Tom Dishion, Oregon, and Joan McCord, Temple University

Group Based Interventions versus Alternatives for Antisocial Behavior and Effects on Education and Crime

Ken Dodge, Duke University, Tom Dishion, Oregon, and Joan McCord, Temple University

Effects of After School Programs

Sherri Lauver, Susan Zief, and Rebecca Maynard, University of Pennsylvania, USA

Crime and Justice:

Scared Straight and Other Juvenile Awareness Programs for Preventing Juvenile Delinquency

Anthony Petrosino, Center for Evaluation Initiatives for Children Program, Carolyn Turpin Petrosino, Harvard University, John Buehler, Harvard University

Repeat victimization programs

Graham Farrell and Brandon Webster, University of Cincinnati, USA

Interventions for domestic violence

Lynette Feder, University of Memphis, Doris Layton MacKenzie and David Wilson, University of Maryland, USA

Treatment for sex offenders

Friedrich Lösel, University of Erlangen-Nuremberg, Germany

Interventions for incarcerated violent juvenile offenders

Vicente Garrido and Luz Anyela, University of Valencia, Spain

Prison-based drug treatment programs

Doris Layton MacKenzie, University of Maryland, David Wilson, George Mason University, USA; and Ojmarrh Mitchell, University of Maryland, USA

Police interventions for gun violence

Chris Koper, Jerry Lee Center for Criminology, University of Pennsylvania, USA

Programs for reentry into workforce for offenders

Christy Visher and Laura Winterfeld, Urban Institute, USA

Drug courts

John Roman, Urban Institute, USA

Restorative justice

Lawrence Sherman, University of Pennsylvania, USA, and Heather Strang, Australian National University, Australia

Closed circuit television

Brandon Welsh, University of Massachusetts, USA and David Farrington, Cambridge University, UK

Street lighting

Brandon Welsh, University of Massachusetts, USA and David Farrington, Cambridge University, UK

Juvenile curfews

Ken Adams, Indiana University, USA

Electronic monitoring

Marc Renzema, Kutztown University, USA

Parent support and training during early childhood

Odette Bernazzani, Catherine Cote, and Richard Tremblay, University of Montreal, Canada

Child skills training

Friedrich Lösel and Andreas Beelmann, University of Erlangen-Nuremberg, Germany

Cognitive-behavioral programs for offenders

Mark Lipsey, Gabrielle Chapman and Nana Landenberger, Vanderbilt University, USA

Faith-based religious programs for offenders

Byron Johnson, University of Pennsylvania, USA

Boot camps for delinquents and offenders

Doris Layton MacKenzie, David Wilson and Suzanne Kider, University of Maryland, USA

Hot spots policing

Anthony Braga, Harvard University, USA

Length of imprisonment

Don Andrews, Carleton University, Canada

Non-pharmacological Treatment for personality disorder

Carole Wilson, University of Liverpool, UK

Community-based programs for juveniles

Tammy White and Neil Alan Weiner, University of Pennsylvania, USA

Corporate crime deterrence

Sally Simpson, University of Maryland, USA

Family-based programs

David Farrington, Cambridge University, UK, and Brandon Welsh, University of Massachusetts, USA

Intervention for non-familial victims of violence

Rania Marandos, London Probation Service, UK

Interventions to prevent violent behaviour specifically targeted at people with diagnosed mental illness presenting to forensic services

Maria Leitner, James McGuire, Richard Wittington, and Wally Barr, University of Liverpool, UK

Neighborhood watch

Trevor Bennett and Katy Holloway, Glamorgan University, UK, and David Farrington, Cambridge University, UK

Outpatient treatment for drug-involved offenders

Faye Taxman, University of Maryland, USA

Prevention of crime aboard or against commercial aircraft

Anthony Petrosino, Campbell Crime & Justice Coordinating Group, and Carolyn Turpin-Petrosino, Bridgewater State College, USA

Risk assessment strategies for the forensic mental health population

Maria Leitner, James McGuire, Richard Wittington, and Wally Barr, University of Liverpool, UK

Screening instruments for juvenile suicide risk during lockup

Amanda Perry, University of York, UK, and Rania Marandos, London Probation Service, UK

Situational factors to prevent institutional violence

D.J. Cooke and Lorraine Johnstone, Douglas Inch Centre, Levensdale Hospital, UK, and Lisa Gadon, Glasgow Caledonian University, UK

Cost-benefits of sentencing

Cynthia McDougall, Raymond Swaray, and Amanda Perry, University of York, UK

Effects of custodial vs. non-custodial sentences on re-offending

Martin Killias and Patrice Villetaz, University of Lausanne, Switzerland

Aftercare treatment for juvenile offenders

Caroline Wong and Neil Wiener, University of Pennsylvania, USA, and Ira Schwartz, Temple University, USA

Social Welfare:

Systematic Review of the Impact of Welfare Reform on Family Structure

Matthew Stagner, Jennifer Ehrle, and Jane Reardon-Anderson

Assessing the health effects of housing improvements: a protocol for a systematic review of intervention studies

Hilary Thompsett and Mark Petticrew

Cognitive-behavioural interventions for sexually abused children

Geraldine Macdonald, Paul Ramchandani and Julian Higgins

The health and social impacts of new road building

Matt Egan, Mark Petticrew and Hamilton

Effectiveness of the Families and Schools Together (FAST) program

Haluk Soydan and Chad Nye

Individual and group based parenting for improving psychosocial outcomes for teenage parents and their children

Esther Coren and Jane Barlow

The effectiveness of school-based nutritional/feeding interventions in addressing socio-economic inequities in the nutritional status (including micro-nutrient status), growth, cognition and performance of pre-school and school children

Elizabeth Kristjan

Cognitive-behavioural training interventions designed to assist foster carers in the management of difficult behaviour

Ioannis Kakevalakis and Geraldine Macdonald

Home based support for socially disadvantaged mothers

Esther Coren, J. Patterson and Jo Abbott

Psychosocial interventions for adolescents with anorexia nervosa: What works?

Stephanie Tierney

Supported housing for the seriously mentally ill

Rupa Chilvers, Alex Hayes and Geraldine Macdonald

Interventions for learning disabled sex offenders

Lorraine Ashman and Lorna Duggan

Family and parenting interventions in children and adolescent with conduct disorder and delinquency aged 10-17

K. Williams and S. Wolfenden

Group based parent-training programmes for improving emotional and behavioural adjustment in 0-3 year old children

J. Barlow and J. Parsons

Media-based behavioural treatments for behavioural disorders in children

Paul Montgomery and H. Roberts

Parent-training programmes for improving maternal psychosocial health

J. Barlow and E. Coren

Work and activity programmes for social assistance recipients

Kare Birgen-Hagen

Methods:

Nonexperimental replications of social experiments in education, training, and employment services
Steven Glazerman, sglazerman@mathematica-mpr.com, David Myers and Dan Levy, Mathematica
Policy Research, USA

Appendix B

Cochrane methods groups

Applicability and Recommendations
Health Economics
Health-Related Quality Of Life
Individual Patient Data Meta-Analyses
Methodology Review Group
Non-randomised Studies
Prospective Meta-Analysis
Reporting Bias Methods Group
Screening and Diagnostic Tests (See their Methods document and software.)
Statistical Methods
Qualitative Methods

Campbell methods groups

Statistics Methods Group
Implementation Process Methods Group
Information Retrieval Methods Group

Evidence based health economics: A research agenda ¹

Systematic reviews of clinical studies

In order to increase the usefulness, for economic evaluation, of systematic reviews of clinical studies, it would be of interest to answer the following questions:

- In what ways should the inclusion criteria for studies in systematic reviews be modified to accommodate the needs of economic evaluation?
- Can quality criteria be developed for non-randomised, or observational, studies?
- How can non-RCT data be best incorporated in systematic reviews?
- Is it possible, or desirable, for systematic reviews to give an estimate of the clinical effect size for sub-groups of the patient population, as well as the average effect size?
- How can issues of external validity (generalisability) be better addressed in systematic reviews of clinical studies.

Systematic review, and critical appraisal, of economic evaluations

More exploration is required of whether it is possible, or desirable, to undertake systematic reviews of economic studies. In particular, it would be useful to answer the following questions:

- What are the possible objectives in undertaking systematic reviews of economic evaluations and are these attainable?
- Can the *really critical* methodological features of economic evaluations be identified, so as to guide decisions on the inclusion of studies in systematic reviews?
- Can a quality score (or grading) system be developed for economic evaluations, and how would such a system be validated?

Evaluation of broader health interventions

Whilst the ‘standard’ RCT methodology is normally the preferred approach for evaluating medical interventions, the evaluation of other, broader, health interventions may require different approaches.

The extent to which this is the case could be assessed by answering the following questions:

- What are the real (*and imagined!*) problems of conducting RCTs of policy measures?
- Would more pragmatic designs for clinical trials address some of the concerns about unnecessary simplification of problems and increase the practical relevance of study results?
- In which situations would RCTs *not* be the preferred approach and can these be easily identified?
- Can we define more clearly the limits of the EBM paradigm and specify more fully the alternatives?

1. From Drummond, Chapter 11 in Donaldson et al 2002

