
#### What’s New

<table>
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<tr>
<th>Section</th>
<th>Key Changes</th>
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| **Introduction**         | • Theoretical foundations for the guidance provided  
                          • Role of economic evaluation within health care decision-making highlighted  
                          • Reference-case analysis introduced                                   |
| **Decision problem**     | *Previously referred to as Study Question*  
                          • Highlights role of economic evaluations to inform decisions  
                          • A discrete decision problem should be specified for each perspective and subgroup of interest |
| **Types of evaluations** | • Cost-utility analysis is the recommended form of analysis  
                          o Promotes comparability  
                          o Allows for full assessment of uncertainty                                |
| **Target population**    | • Stratified analyses of subgroups should be conducted when factors that may lead to different estimates in costs or outcomes are identified |
| **Comparators**          | • All currently used and potentially displaced interventions should be considered — comprehensive approach to selecting comparators |
| **Perspective**          | • The perspective should directly relate to the decision problem                                                                         |
| **Time horizon**         | • The time horizon should be long enough to capture all the costs and outcomes associated with the intervention |
| **Discounting**          | • The recommended reference-case rate for costs and outcomes is 1.5%  
                          • Change to rate based on theoretical foundations of the Guidelines, grounded in the principles of a social decision-making viewpoint on social choice |
| **Modelling**            | • Model choice should be based on the decision problem and what is known about the natural course of the disease  
                          • Researchers should consider existing well-constructed and validated models to help inform the appropriate model structure  
                          • Additional guidance on: expert elicitation; model calibration; model validation; and incorporation of future outcomes and costs is discussed |
| **Effectiveness**        | • Increased detail provided  
                          • The assessment of the evidence should be based on fitness for purpose, credibility, and consistency. Trade-offs among these criteria should be noted. |
| **Measurement and valuation of health** | *Previously referred to as Valuing Outcomes*  
                          • Clarifies guidance on: combining health utilities and valuing non-health effects |
| **Resource use and costs** | • Reflects updated CADTH Guidance Document for the Costing of Health Care Resources in the Canadian Setting: Second Edition  
                          • The relationship between resource identification, measurement and valuation, and the decision problem highlighted  
                          • Additional guidance on: the use of administrative data and the inclusion of patient and informal caregiver time |
### Section | Key Changes
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**Analysis** | New section added  
- Highlights the importance of conducting probabilistic analyses

**Uncertainty** |  
- Focuses on the three categories of uncertainty to be addressed: parameter, methodological, structural  
  - Parameter: addressed by the use of probabilistic analyses (no longer referred to as probabilistic sensitivity analyses)  
  - Methodological: where the results of a reference-case analysis are compared with a non-reference-case analysis  
  - Structural: addressed by the use of scenario analyses  
- Provides more detailed guidance on the use of value of information analysis methods  
- Deterministic analysis of parameter uncertainty is not recommended  
- Variability now addressed through consideration of heterogeneity within target population

**Equity** |  
- All outcomes should be weighted equally regardless of the characteristics of those receiving the health effect  
- Analyses should be presented in a disaggregate format with descriptions of relevant patient populations to allow for the consideration of any equity related policy issues

**Reporting** |  
- No major changes

**Generalizability** | Section removed  
- Details on issues of generalizability included in individual sections, where relevant

Note: All sections have been reviewed and revised accordingly to ensure alignment.