

Health Evidence Review Commission

Quality of Evidence Statement

HERC relies heavily on high quality evidence and evidence-based guidelines in making prioritization decisions.

The following source list illustrates how HERC and the Value-based Benefits Subcommittee (VbBS) view various types of evidence for prioritization decisions. The existence of evidence in the form of a high-quality study design does not necessarily mean that the overall evidence on that topic will be considered high quality. For instance, a high quality systematic review might find that the available studies have significant potential for bias and may conclude there is a low strength of evidence or insufficient evidence to support an intervention.

Lower quality evidence may sometimes be considered in situations where higher quality evidence is difficult to obtain (for example, in rare clinical conditions).

The commission includes other factors into its decision making process, such as harms, treatment alternatives, health equity and the needs of specific subgroups when relevant data exists.

HERC may consider various factors in evaluating a particular study, including:

- Potential for bias
- Clinical significance of outcomes studied
- Strength and consistency of evidence, not just study quality
- Study relevance based on population and health system characteristics
- Conflicts of interests of the authors

The following sources generally produce high quality evidence and are preferred by HERC:

- Agency for Healthcare Research and Quality (AHRQ) <http://www.ahrq.gov/clinic/>
- Blue Cross Blue Shield Technology Evaluation Center (TEC) <http://www.bcbs.com/blueresources/tec/>
- British Medical Journal (BMJ) Clinical Evidence <http://www.clinicalevidence.com>
- Canadian Coordinating Office for Health Technology Assessment (CCOHTA) <http://www.cadth.ca/index.php/en/hta>
- Cochrane Database of Systematic Reviews <http://www2.cochrane.org/reviews/>
- Evidence-Based Practice Centers (EPC) www.ahcpr.gov/clinic/epc
- Health Technology Assessment Programme - United Kingdom <http://www.hta.nhsweb.nhs.uk/ProjectData>
- National Institute for Clinical Excellence (NICE) - United Kingdom <http://guidance.nice.org.uk/>
- Scottish Intercollegiate Guidelines Network (SIGN) <http://www.sign.ac.uk/guidelines/index.html>
- University of York <http://www.york.ac.uk/inst/crd/>

The following types of study designs can be considered high quality and are preferred by HERC:

- Systematic reviews of randomized controlled trials
- Systematic reviews of prospective cohort studies
- Evidence-based guidelines from trusted sources

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The following types of study designs/documents can be considered lower quality and are often reviewed by HERC:

- Guidelines issued by professional societies and advocacy organizations (e.g. American Heart Association)
- Coverage decisions by private health plans (e.g. Aetna)
- Well-conducted, peer-reviewed individual studies (experimental or observational)

The following types of evidence can be considered very low quality and are seldom reviewed by HERC:

- Case reports, case series
- Unpublished studies (posters, abstracts, presentations, non-peer reviewed articles)
- Individual studies that are poorly conducted, do not appear in peer-reviewed journals, are inferior in design or quality to other relevant literature, or duplicate information in other materials under review by the Commission