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## Health Economics Information Resources: A Self-Study Course: Module 1

### Module 1: The Scope of Health Economics

#### This Module is divided into two parts:

**Part 1** - outlines the scope of the subdiscipline of health economics and highlights the range of potential information required **Part 2** - outlines and highlights the type of information that may be required and key sources of that information



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## Health Economics Information Resources: A Self-Study Course

### Module 1, Part 1: The Scope of Health Economics

#### Part 1 of this two-part module:

- describes the nature of health economics
- positions the role of health economics in health care decision making
- provides an overview of the structure of the subdiscipline of health economics; and
- Introduces and explains some fundamental concepts in health economics



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## Related Content:

## Health Economics Information Resources: A Self-Study Course

### Module 1, Part 1: The Scope of Health Economics



**Health Economics** lies at the **interface** of economics and medicine and **applies the discipline of economics to the topic of health.**

Why is it important to look at economics in health? There are several reasons. **Health resources are finite.** A choice must be made about **which resources to use for which activities.** By choosing to **use resources for one activity**, the **opportunity** of using those resources for **alternative activities** is given up and the **benefits associated with the best alternative use of resources** is lost. This is called the **opportunity cost**.

Let's look at **opportunity cost.** The aim of economics is to ensure that the **chosen activities have benefits** which **outweigh their opportunity costs** OR the **most beneficial activities** are chosen within the resources available.

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- ▶ [Key General Economics Concepts](#)
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Economics is concerned with **efficiency** but it is more than just efficiency.

Efficiency is not the only objective in choosing how health care resources should be allocated. We also need to think about **equity**, or the fair distribution of resources and benefits, which is also an objective in **health care decision-making**. Economics provides an **information framework** in which the objectives of both efficiency and equity may be pursued. Economics also provides a **framework** which aims at **maximizing** benefits within available resources.

**See Ex. 1 in Test Questions at end of module**

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# Health Economics Information Resources: A Self-Study Course

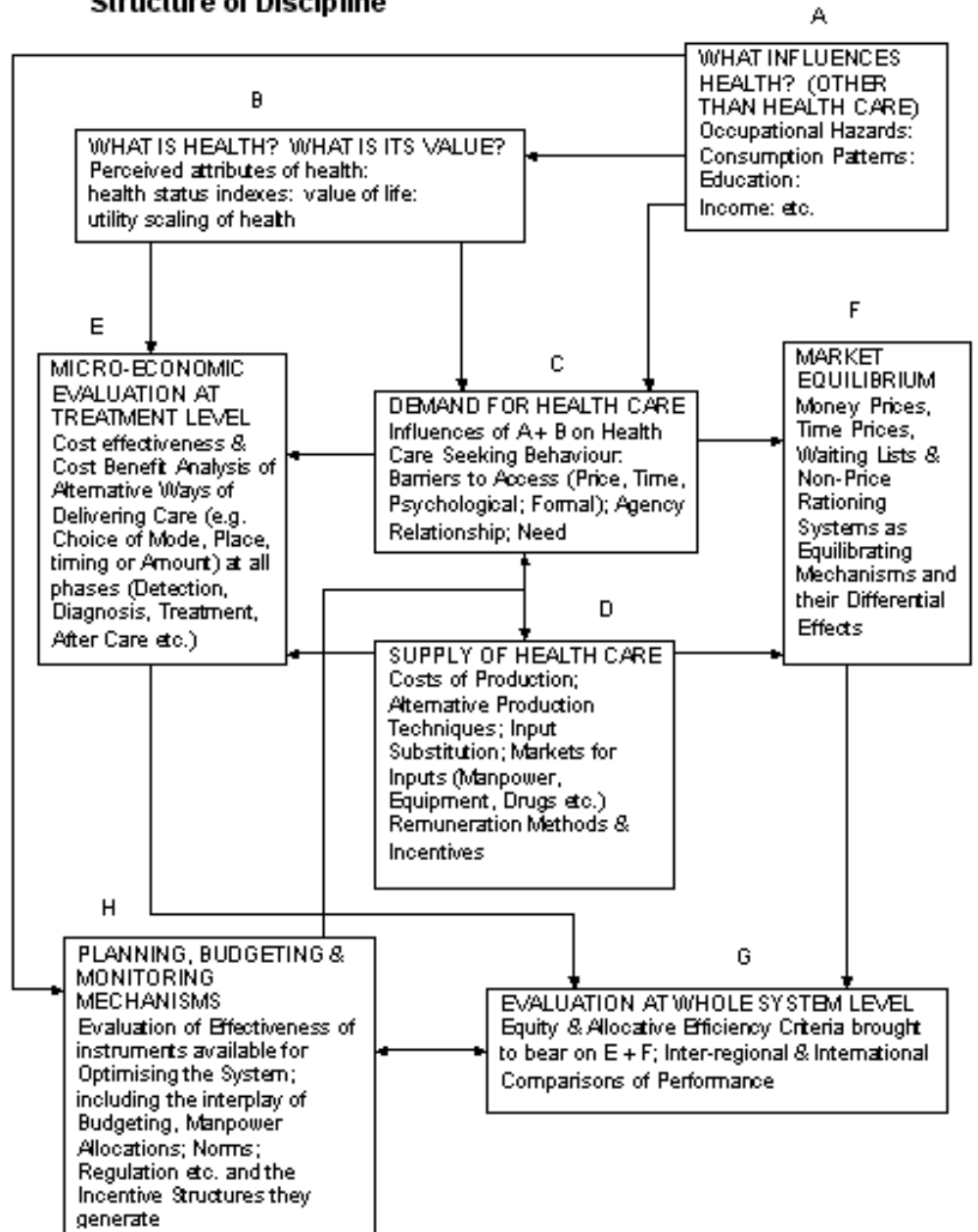
## Module 1, Part 1: The Scope of Health Economics

Structure of the discipline of health economics according to Williams\*

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## Structure of Discipline



\* Source: *Being reasonable about the economics of health. Selected essays by Alan Williams.* Culyer, A.J. and Maynard, A. (eds.). Cheltenham. Edward Elgar. 1997. p.46 (Fig.4.1)

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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 1: The Scope of Health Economics

### Module 1, Part 1: Exercise 1

This exercise is not interactive. Print the page out and do the exercise on the printed page. You will use this exercise when you get to Module 3 to compare what you write down with specific subject terms used in searching the two major bibliographic databases, MEDLINE and EMBASE.

**What does health economics mean to you?** (Write a short paragraph.)

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- ▶ [Key Health Economics Concepts](#)
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**Write down some specific topics or headings which you associate with the subject of health economics.**

(Note: MEDLINE's indexing vocabulary is called Medical Subject Headings or MeSH; EMBASE's indexing vocabulary is known as EMTREE terms. The topics or headings you write down do **not** need to be accurate MeSH or EMTREE terms, just topics or headings you remember from doing previous searches or in looking for information using Internet search engines. You will see the terms used in MeSH and EMTREE in Module 3).

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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## What is Health Economics?

Health Economics **incorporates** the **thinking** of **additional disciplines** both within the health field and beyond.

If we look beyond health, we must incorporate pure [economics](#), [finance](#) and [insurance](#), [industrial organization](#), [labor economics](#), [public policy](#) (and finance), [sociology](#), and [statistical methods](#) into our thinking.

Within the health arena, the disciplines of [health services research](#), [medicine](#), [medical ethics](#), [psychology](#) and [public health](#) / [epidemiology](#) must be considered when considering health economics.

See Ex. 2 in Test Questions at end of module



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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 1: The Scope of Health Economics

### Module 1, Part 1: Summary

#### Health economics:

- is a broad-based **subdiscipline of economics**
- is concerned with **maximizing benefits within available resources**
- **overlaps** with a number of topics, both within and apart from, health and medicine
- **interacts** with many other disciplines
- **encompasses more than economic evaluation** alone
- has a **significant role in health care decision-making** at policy and clinical level

### On to Module 1, Part 2: Key Information Sources

#### Part 2 of this module:

- outlines the **range and type of information** relevant to health economics
- outlines and highlights **key sources and tools** which may be used in **accessing information** for health economics



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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

Fortunately there are **many sources of information** relating to health economics for the interested health economics researcher. These sources of information will be considered under the following categories:

- [Journals](#)
- [Bibliographic databases](#)
- [Value-added information](#)
- [Grey literature](#)
- [Research/work in progress](#)
- [Statistical data](#)
- [WWW resources](#)

In addition to the resources covered in this online course, see [Health Economics Core Library Recommendations, 2003](#), compiled by [AcademyHealth](#) for NLM and NICHSR for an extensive list of Health Economics information sources.

See Ex. 3 in Test Questions at end of module



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## Health Economics Information Resources: A Self-Study Course

### Module 1, Part 2: Key Information Sources

#### Journals

Articles reporting applied or methodological work relevant to health economics appear in a broad spectrum of peer-reviewed journals ranging from general medical to applied economics publications

- these may be categorized by the following main areas:
  - health economics journals ([discipline-based](#))
  - [economics](#) journals
  - [health services research and health policy](#) journals
  - [medical](#) journals - general and specialist

#### Health economics journals (discipline-based)

These journals **investigate** all aspects of health economics such as the **theory and methods of economic analyses** and **health policy**.

Examples of discipline-based journals include:

- [Journal of Health Economics](#) (US editorial base)
- [Health Economics](#) (UK editorial base)

#### Economics journals

Pure economics journals investigate economic theory, methods and application. Two sites provide a list of economics journals.

▶ **Module 4:**  
**Principles of  
 Critical Appraisal  
 of Health  
 Economic  
 Evaluations**

**Related Content:**

- ▶ [Glossary of Terms](#)
- ▶ [Key General Economics Concepts](#)
- ▶ [Bibliography](#)
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## WebEc (World Wide Web Resources in Economics)

- A-Z listing
- also organized by applied categories; e.g., Health & Welfare

## EconBase (Elsevier)

- 79 economics journal titles that are indexed in EconBase
- has an email alerting service that you can sign up for to receive updates on topics of your choice
- provides free online searching of the journals citation database

## Health services research and health policy journals

Health services research and health policy journals also cover the methods and application of economic analyses and health policy.

The following is a list of journals within health services research that are particularly relevant to health economics and health policy with links to their publishers.

- [Applied Health Economics & Health Policy](#)
- [British Medical Journal](#)
- [European Journal of Health Economics](#) (HEPAC)
- [Evidence-Based Healthcare](#) (formerly: *Evidence-based Health Care*)
- [Health Affairs](#)
- [Health Care Analysis](#)
- [Health Economics](#)
- [Health Expectations](#)
- [Health Policy](#)
- [Health Policy & Planning](#)
- [Health Services Research](#)
- [Health Technology Assessment](#)
- [Health Technology Assessment and Policy](#) (new)
- [International Journal of Technology Assessment in Health Care](#)
- [JAMA](#)
- [Journal of Health Economics](#)
- [Journal of Health Services Research & Policy](#)
- [Journal of Mental Health Policy and Economics](#)
- [Medical Care](#)
- [Medical Decision Making](#)
- [Milbank Quarterly](#)
- [PharmacoEconomics](#)
- [Quality of Life Research](#)
- [Social Science & Medicine](#)

- [Value in Health](#)

## Medical journals

### General medical journals

General medical journals, such as, for example, the *British Medical Journal*, *JAMA*, *NEJM*, and *Annals of Internal Medicine* publish **studies** relating to **economic factors** affecting all aspects of health and health care on a regular basis. Articles also **apply economic analyses** in research. These journals **report** and **provide comment on** national and international **health policy** issues. Often articles are slanted to the study of health economics in a **particular country** such as England or the United States.

### Specialist medical journals

Specialist journals such as the *American Journal of Gastroenterology* or *Journal of the American Geriatric Society* tend to publish **studies** relating to **economic factors affecting the delivery of health care** within the specialty or on the **application** of economic analyses within the specialty.

**See Ex. 4 in Test Questions at end of module**

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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

### Recommended core bibliographic databases

- [PubMed\(MEDLINE\)](#) (US National Library of Medicine)
  - clinical, social and economic aspects of medicine and health care
  - MEDLINE's economic coverage considerably strengthened as a result of the migration of journal citations previously found in the HealthSTAR database
    - (note that: HealthSTAR Monograph citations are now available via LocatorPlus - [locatorplus.gov](http://locatorplus.gov)
    - and HealthSTAR meeting abstracts are now available via the NLM Gateway - [gateway.nlm.nih.gov/](http://gateway.nlm.nih.gov/))
- [EMBASE](#) (Elsevier)
  - clinical, social and economic aspects of medicine and health care, including pharmacoeconomics
- [CINAHL](#)
  - nursing and allied health literature with a significant economic component
  - use these and other economics terms to construct your search:

**Costs and Cost Analysis, Economic Aspects of Illness, Economic Competition, Economic Value of Life, Fees and Charges, Financial Management, Financing, Organized, Investments, and Resource Allocation**

- ▶ [Glossary of Terms](#)
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- **[Social Science Citation Index](#)**

- health care, social science, applied psychology and economics
- citations from over 1,700 of the world's leading scholarly social sciences journals covering more than 50 disciplines

- **[Web of Science](#)**

- interface allows simultaneous searching with the [Science Citation Expanded](#)<sup>®</sup>, [Social Sciences Citation Index](#)<sup>®</sup>, and [Arts & Humanities Citation Index](#)
- search current and retrospective multidisciplinary information from approximately 8,500 high impact research journals

- **[PsycINFO](#)** ([PsycINFO Direct - pay as you go version](#))

- psychology and related disciplines including medicine, psychiatry and nursing
- use these and other search terms to retrieve health economics citations from this database:

**Budgets, Cost Containment, Costs and Cost Analysis, Economy, Health Care Costs, Money, Resource Allocation**

## **[NHS Centre for Reviews & Dissemination Databases](#)**

- funded by the NHS Centre for Reviews and Dissemination
- produces three databases
  - **[NHS Economic Evaluation Database \(NHS EED\)](#)**
    - more information [here](#)
  - **[Database of Abstracts of Reviews of Effects \(DARE\)](#)**
    - a database of quality assessed reviews
    - CRD identifies potential systematic reviews and assesses them against a set of inclusion criteria so that only those of **high methodological quality** are included
  - **[Health Technology Assessment Database \(HTA\)](#)**
    - this database contains records of ongoing projects being conducted by members of INAHTA (International Network of Agencies for Health Technology Assessment) as well as publications reporting completed technology assessments carried out by INAHTA members and other technology assessment organizations
    - the abstracts in the database are descriptive rather than analytical
    - the reports have not been evaluated by reviewers



## EconLit

- principal bibliographic tool of mainstream pure and applied economics
- expanded version of the *Journal of Economic Literature (JEL)* indexes of journals, books, dissertations
- includes Abstracts of Working Papers in Economics (Cambridge University Press)

## Other recommended bibliographic databases

Some other health related databases which may be relevant include:

- **International Pharmaceutical Abstracts** ([PharmSearch - pay as you go version](#))
  - "30 years of in-depth indexed reference to the world pharmacy (in the broadest sense) literature; plus, related health, medical, cosmetic journals, and state pharmacy journals; abstracts of presentations at major pharmacy meetings"
  - includes economics, pharmacoeconomics and sociology
- **Sociological Abstracts**
  - "a primary resource for accessing the latest research sponsored in sociology and related disciplines in the social and behavioral sciences"
  - international set of journals indexed
- **Applied Social Sciences Index and Abstracts (ASSIA)**
  - "provides a comprehensive source of social science and health information for the practical and academic professional"
- **PAIS International**
  - public, social policy and the social sciences in general
  - US focus
- **ABI/Inform Global** (Proquest)
  - business and management database
  - advertising, marketing, economics, human resources, finance, taxation and computers

**See Ex. 5 in Test Questions at end of module**



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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

### Value-added information sources in health economics

Value-added sources provide some additional information over and above bibliographic details. The nature and form of this information varies. In general, studies have been critically appraised or selected based on defined criteria. Examples relating to health economics include:

### Databases

- [NHS Economic Evaluation Database](#) (NHS EED)
- [Health Economic Evaluations Database](#) (HEED)
- [The CEA Registry](#)

### Secondary Journals

- [Evidence Based Healthcare](#)
- [ACP Journal Club](#)

See Ex. 6 in Test Questions at end of module



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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

### Databases - Value-added information

#### The NHS Economic Evaluation Database (NHS EED)

- produced by
  - NHS Centre for Reviews & Dissemination, University of York, UK
- available via:
  - [NHSCRD Web site](#) - (updated monthly)
  - The [Cochrane Library](#) (updated quarterly)
- features:
  - full critical appraisal of economic evaluation studies by health economists
  - detailed structured abstract
  - other types of health economic analysis with bibliographic details
  - MeSH indexing\*

\*see also [Module 3: MeSH](#)

#### The Health Economic Evaluations Database (HEED)

- produced by
  - Office of Health Economics, UK & International Federation of Pharmaceutical Manufacturers Associations (OHE-IFPMA).
- available by [subscription](#)
- features:
  - reviewed by health economists

- ▶ [Glossary of Terms](#)
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- structured format providing:
  - bibliographic details
  - study definitions
  - analysis and results
  - keywords
- not included:
  - full critical appraisal
  - controlled vocabulary indexing

## The CEA Registry (formerly known as the Harvard CUA Database)

- produced by
  - Harvard Center for Risk Analysis
- available at this [site](#)
- features:
  - reference list of studies that have used costs per quality-adjusted life year (**QALY**) to measure health benefits 1976 - 1997
  - Comprehensive League table of Cost-QALY Ratios
  - League table of cost-QALY ratios which adhere to the Washington Panel\*
  - Catalog of Preference Scores used for QALYs
  - checklist used to appraise CUA studies

\* see also [Module 3](#): Economic Evaluation Guidelines

## Value-added information sources - secondary journals

- [\*\*\*Evidence-based Healthcare\*\*\*](#)
  - reviews articles from 70+ journals from the field of the financing, organization and management of health care
  - provides structured abstracts
  - gives expert commentary
- [\*\*\*ACP Journal Club\*\*\*](#)
  - *ACP Journal Club* contains reviews of articles from clinical and other health care journals including studies of the economics of health care programs or interventions
  - provides structured abstracts, and
  - includes expert commentary

**See Ex. 7 in Test Questions at end of module**



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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

The grey literature

Grey literature is characterized as material that is **not published through regular book-publishing channels, is not subject to formal bibliographic control** (indexing for large bibliographic databases such as Medline), and **can be difficult to identify and obtain**; and lastly, it is often **country-specific**.

The Fourth International Conference on Grey Literature ([GL '99](#)) in Washington, DC, in October 1999 defined grey literature as follows:

"That which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers." (Source: What is Grey Literature? New York Academy of Medicine, 2003. [Online] ([NYAM](#))).

Alberani ([1990](#)) defines grey literature publications as non-conventional, fugitive, and sometimes ephemeral publications that may include, but are not limited to the following types of materials: **reports** (pre-prints, preliminary progress and advanced reports, technical reports, statistical reports, memoranda, state-of-the art reports, market research reports, etc.), **theses, conference proceedings, technical specifications** and **standards, non-commercial translations, bibliographies, technical and commercial**

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**documentation**, and **official documents not published commercially** (primarily government reports and documents).

Examples of producers of grey literature relevant to health economics include:

- government agencies/departments
- centers of health services research
- centers of economic research
- health policy-related organizations
- centers of health technology assessment
- health care provider organizations
- public health agencies at all levels (local, state, national)

A discussion of the impact and significance of grey literature appears in [Diane Helmer's](#) helpful chapter on [Grey Literature](#) prepared for the Etext on Health Technology Assessment (HTA) Information Resources.

## Grey literature - specialist catalogs

Catalogs of specialist libraries in the field offer a rich bibliographic source of grey literature. Examples include the New York Academy of Medicine Library, the Canadian Health Services Research Foundation (CHSRF) Cabot database, formerly the Canadian Health Economics Research Association (CHERA), and the Health Management Information Consortium (UK) Database (HMIC).

### New York Academy of Medicine (NYAM) Library

- [online catalog](#)
- NYAM Library publishes a quarterly alerting service, the [Grey Literature Report](#) covering the fields of health policy and public health
- full cataloging with hypertext links to online versions of the documents where available

### Canadian Health Services Research Foundation (CHSRF) Cabot database, formerly The Canadian Health Economics Research Association (CHERA)

- [CHSRF site](#)
- catalog of Canadian health services research literature that can be searched using a Web-based online search engine or browsed by title
- provides access to over 11,000 citations with over 800 containing the term, "economics"
- view citations for books, journal articles and proceedings

## **HMIC - Health Management Information Consortium (UK) database**

- [HMIC](#) (from Silverplatter) ([About HMIC](#))
- combined catalogs of the UK Department of Health, the King's Fund and the Nuffield Institute for Health
- intended to provide valuable information for health managers and administrators in the areas of health policy, health economics, social policy and care, and public health and primary care
- contains about 300,000 citations

## **Grey literature - research in progress**

To find the most current grey literature, sites that provide access to working papers, reprints and databases are invaluable. Five such sites are listed below with details about the site.

## **HSRProj - Health Services Research Projects in Progress Database**

- database providing descriptions of ongoing grants and contracts in health services research
- produced by NLM's National Information Center on Health Services Research and Health Care Technology (NICHSR)
- available free through the National Library of Medicine (NLM) Gateway (<http://gateway.nlm.nih.gov>) under "Other Collections" category

## **RePEc - Research Papers in Economics**

- [RePEc home page](#)
- collaboration of over 100 volunteers in 30 countries to enhance the dissemination of research in economics
- database of working papers in economics
- in addition to working papers, journal articles and software components are also included in the RePEc database

## **IDEAS - Internet Documents in Economics Access Service**

- [IDEAS home page](#)
- enables searching across complete RePEc database
- working papers, journals, software, book chapters, books, authors, and institutions can be searched

## **Cambridge University Abstracts of Working Papers in Economics**

- the Cambridge University Abstracts of Working Papers in Economics are available through [RePEc](#) and on [EconLIT](#)

## EDIRC - Economics Departments, Institutes and Research Centers in the World

- [EDIRC home page](#)
- more than 6964 institutions in 216 countries and territories are listed
- the content at this site is listed by country and also by areas (including country codes and continents, fields and function)

## References

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**See Ex. 8 in Test Questions at end of module**

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- ▶ [Module 3: Identification and Retrieval of Published Health Economic Evaluations](#)
- ▶ [Module 4: Principles of Critical Appraisal of Health Economic Evaluations](#)

## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

### Statistical data

Health economics depends on large amounts of data in the following areas for credibility:

- health care financing
  - cost of care
  - demographic
  - epidemiological
  - socioeconomic
  - economic burden of disease (**cost of illness**)
  - comparative
- availability and sources of statistical data will be influenced by the type of health care system in place\*
  - availability and sources of statistical data may vary between regions within countries

[HSRR \(Health Services/Sciences Research Resources\)](#) is an important new searchable database being developed by NICHSR. HSRR provides descriptions of data sets used in health services research, including data sets pertaining to health economics.

\*see [Module 2](#) on information most relevant to the US

### Statistical data - sources

Many national, state, regional and local entities provide data that can be useful in researching health economics. Several are listed below:

- ▶ [Glossary of Terms](#)
- ▶ [Key General Economics Concepts](#)
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- government departments and agencies
- private health policy research organizations ("think tanks")
- health care providers
- health-related organizations such as associations, NGOs (non-governmental organizations)
- health insurance industry
- healthcare information technology industry

International initiatives such as OECD and WHO (listed below) are large providers of health data.

- [Organisation for Economic Co-operation & Development](#)
  - OECD Health Data
  - comparative cross-national data
- World Health Organization
  - [Statistical Information Service](#) (WHOSIS)

\*see also [Module 2](#): International Data Providers

**See Ex. 9 in Test Questions at end of module**

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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

### WWW gateways

It should come as no surprise that the Internet is a rich source of health economics content.

Information is available from government sites such as NICHSR (National Information Center on Health Services Research and Health Care Technology) located at the National Library of Medicine, commercial sites such as HealthEconomics.com, educational institutions such as the University of York's Health Economics Resource Centre (HERC) and personal membership associations such as the International Health Economics Association (iHEA).

Lastly, information is aggregated by individuals such as Ansgar Hebborn who organizes the Health Economics - Places to Go site.

Below you will find descriptions of some of the better-known health economics content sites. Use the following as recommended starting points for searching the Web.

### [NICHSR Health Policy/Health Economics links](#)

- important health policy and health economics links from NICHSR
- part of a longer list of health services and informatics resources

[HealthEconomics.com](#)

▼ [Glossary of Terms](#)

▼ [Key General Economics Concepts](#)

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- for use by professionals in the fields of economics, medicine and pharmacy
- this list includes resources such as associations, consulting services, government resources, journals and publications and more

### [Health Economics Resource Centre \(HERC\)](#)

- from the University of York
- a listing of government agencies, evidence-based medicine, conferences and events, university departments and research units, online journals and search engines as well as miscellaneous ites

### [Information Resources in Health Economics](#)

- from the University of York, NHS Centre for Reviews and Dissemination
- find statistical resources, health care financing and expenditure, comparative health care, costs of care, databases, journals, health economics departments, research units and organizations, economics resources as well as general resources
- find email discussion groups and health economics bibliographies

### [Health Economics - Places to Go](#)

- this is a personal collection of links assembled by Ansgar Hebborn
- find biostatistics, economic evaluation, health economics and health policy resources as well as medical and public health links

### [HealthEconomics.nl](#)

- Health Economics and Pharmacoeconomics Glossary of Terms
- Maintained by the [Pharmacoeconomics](#) group of the [Pharmaco-epidemiology](#) department of the [University of Groningen](#), The Netherlands.

### [Health Technology Assessment International \(HTAi\)](#)

- a new membership organization for the promotion of [health technology assessment](#) worldwide
- recognizes the importance of information to the HTA process
- has a librarian on its Board of Directors

### [International Health Economics Association \(iHEA\)](#)

- this is a personal membership site
- find conference information, jobs, other associations, and links

- very useful for the listing of other conferences and the listing of links: associations, consulting, funding, government, institutes, journals, research and resources

### **WebEc WWW Resources in Economics**

- long list of resources ranging from general through very specific resources
- of particular interest is the methodology and history of economic thought, economics data, micro-and-macro-economics, public, financial, business, regional economics and industrial organization, economic systems and the list of economics journals

**See also the link to [Web sites](#) in the Navigation Bar on the left-hand side of the page.**

**See Ex. 10 in Test Questions at end of module**

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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

### Module 1, Part 2 - Summary

- there are a **number of different types of information** relevant to health economics
- **sources of information** relevant to health economics **are diverse**
- the many **WWW Gateways** available provide a **good starting point** in the identification of types and sources of information relating to health economics
- the **choice** of information source will depend on:
  - the **nature** of the question/s asked
  - **who** the information is for
  - **where** the user is located

On to the [exercise](#) for this section.



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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## Module 1, Part 2: Key Information Sources

### Module 1, Part 2 - Exercise 2: selecting relevant databases

Consider which bibliographic databases you might select for any (or all) of the following research questions. You may wish to take a few moments and revisit the databases already discussed. Print out this page and note your answers down on the paper copy.

You may wish to bring up a new window to do your research by using **CTRL N** in your browser window (PCs and Macs). Close the window when you have finished.

- the cost-effectiveness of screening for diabetic retinopathy
- resource allocation implications and the cost-benefit of providing cardiology services in primary care
- obtaining consumer views for priority setting in health care
- how do consumers perceive benefit in relation to the addition of fluoride to drinking water?

- ▶ [Glossary of Terms](#)
- ▶ [Key General Economics Concepts](#)
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- what are the costs and benefits of laparoscopic versus open surgery for inguinal hernia repair?

View the [answers](#).

## Quiz

Prepare yourself to take the quiz for this module by [reviewing](#) possible questions. Then take the quiz. From the quiz you can apply for the Certificate of Success for Module 1.

### Module 1 [Quiz 1](#) [[review questions](#)]

If you do not wish to take the quiz for Module 1, move on to [Module 2: Sources and Characteristics of Information Relating to Health Care Financing in the US](#).

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## Related Content:

# Health Economics Information Resources: A Self-Study Course: Module 1

## Module 1, Part 2: Key Information Sources

### Module 1, Part 2 - Exercise 2: Answer sheet

Here are suggested resources for these questions. Your selections should be similar.

- **the cost-effectiveness of screening for diabetic retinopathy**

**Core databases:** NHS Economic Evaluation Database, MEDLINE, EMBASE, Science Citation Index, CE Registry, HEED

- **resource allocation implications and the cost-benefit of providing cardiology services in primary care**

**Core databases:** NHS EED, MEDLINE, EMBASE, Social Science Citation Index, Health Management Information Consortium Database (HMIC),

**Additional/optional:** ASSIA, New York Academy of Sciences Library Online Catalog

- **obtaining consumer views for priority setting in health care**

**Core databases:** MEDLINE, EMBASE, Social Science Citation Index, PsycINFO, Health Management Information Consortium Database (HMIC)

- ▶ [Glossary of Terms](#)
- ▶ [Key General Economics Concepts](#)
- ▶ [Bibliography](#)
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- ▶ [Evaluation](#)
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**Additional/optional:** ASSIA, Sociological Abstracts, New York Academy of Sciences Library Online Catalog

- how do consumers perceive benefit in relation to the addition of fluoride to drinking water?

**Core databases:** MEDLINE, EMBASE, Social Science Citation Index, Science Citation Index, EconLIT.

**Additional/optional:** Water Resources Abstracts, Environmental Abstracts, ASSIA

- **what are the costs and benefits of laparoscopic versus open surgery for inguinal hernia repair?**

**Core databases:** NHS EED, MEDLINE, EMBASE, CE Registry, Science Citation Index

**Additional/optional:** The Cochrane Library or NHSCRD Database of Abstracts of Reviews of Effects (DARE) and Health Technology Assessment(HTA) Databases.

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## "Test Yourself" Review Questions

- Ex.1** Health Economics lies at the interface of economics and medicine. True or False?
- Ex.2** The following is a list of disciplines, some of which relate to health economics. Which discipline does not belong in this list?  
A. Health Education B. Anthropology C. Health Services Research  
D. Statistical Methods E. Public Health / Epidemiology F. Psychology
- Ex.3** Evaluate the following statement and determine if it is correct or incorrect: Unfortunately, there are few sources of information relating to health economics for the interested health economics researcher.  
Correct | Incorrect
- Ex.4** Select the specialist health economics journal/s within the economics discipline.  
A. BMJ B. Health Economics C. B and D D. Journal of Health Economics E. A and B
- Ex.5** PsycINFO and PAIS International do not contain health economics citations. True | False
- Ex.6** Value-added sources provide some additional information over and above bibliographic details. True | False
- Ex.7** The site with substantial content on cost-QALY ratios is called  
A. The CEA Registry B. The Health Economic Evaluations Database (HEED)  
C. Evidence Based Health Care D. The NHS Economic Evaluation Database (NHS EED)
- Ex.8** Which of the following statements is untrue and does not belong in this list? Grey literature is characterized as material:  
A. Not published through regular book-publishing channels B. Not subject to formal bibliographic control C. That can be difficult to identify and obtain  
D. That is generally available only in print (not electronic format) E. That can be country-specific



## "Test Yourself" Review Questions

**Ex.9** The following is a list of the types of statistical data most often required in health economics. Which letter listed below does not belong in the list?

- A. financing health care B. epidemiological C. cost of care D. demographic E. nutrition data F. socioeconomic G. comparative

**Ex.10** The Internet is a rich source of health economics information. Information is available from government sites as well as other sites including \_\_\_\_\_ and \_\_\_\_\_.

- A. educational sites and membership associations only B. commercial sites and educational sites only C. personal membership associations and educational sites D. personal and educational sites only



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## Related Content:

# Health Economics Information Resources: A Self-Study Course

## The Scope of Health Economics

### Review Questions for Module 1 Quiz

This page links to the review questions that will be used in the Module 1 quiz for you to take to test your knowledge of the content you have just been studying. It also links to the **interactive quiz**.

### [Quiz 1 \(Module 1\)](#)

Health Economics lies at the interface of economics and medicine. **True** or False?

### Explanation

**Health Economics** lies at the **interface** of economics and medicine and **applies the discipline of economics to the topic of health**.

- ▶ [Glossary of Terms](#)
- ▶ [Key General Economics Concepts](#)
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The benefits associated with the best alternative use of resources is called:

- A. Health economics
- B. Health resources
- C. Opportunity cost**
- D. Alternative activities

### Explanation

Let's look at what **opportunity cost** is. The aim of economics is to ensure that the **chosen activities have benefits** which **outweigh their opportunity costs** OR the **most beneficial activities** are chosen within the resources available.

Health economic decision-making concerns:

- A. Effectiveness
- B. Efficiency
- C. Equity
- D. All of the above**

### Explanation

Economics is concerned with Efficiency. Equity, or the fair distribution of resources and benefits, also needs to be considered in healthcare decision-making. Effectiveness, especially cost-effectiveness (discussed in [Module 4](#)), is also a part of health economics.

The following is a list of disciplines, some of which relate to health economics. Which discipline does **not** belong in this list?

- A. Health Education
- B. **Anthropology**
- C. Health Services Research
- D. Statistical Methods
- E. Public Health / Epidemiology
- F. Psychology

### **Explanation**

Health Economics **incorporates** the **thinking** of **additional disciplines** both within the health field and beyond.

If we look beyond health, we must incorporate pure economics, finance and insurance, industrial organization, labor economics, public policy (and finance), sociology, and statistical methods into our thinking.

Within the health arena, the disciplines of health services research, medicine, medical ethics, psychology and public health / epidemiology must be considered when considering health economics.

Evaluate the following statement and determine if it is correct or incorrect: Unfortunately, there are few sources of information relating to health economics for the interested health economics researcher.

Correct | **Incorrect**

### **Explanation**

Fortunately there are **many sources of information** relating to health economics for the interested health economics researcher. These sources of information will be considered under the following categories: journals, bibliographic databases, value-added information, grey literature, research/work in progress, statistical data, and WWW resources.

Select the specialist health economics journal/s within the economics discipline.

- A. BMJ
- B. Health Economics
- C. **B and D**
- D. Journal of Health Economics
- E. A and B

### **Explanation**

*Health Economics* and *Journal of Health Economics* investigate all aspects of health economics such as the theory and methods of economic analyses and theory and methods of health policy.



**PsycINFO** and *F International* do not contain health economics citations. True / **False**

### Explanation

[PsycINFO](#) covers psychology and related disciplines including medicine, psychiatry and nursing. Use these and other search terms to retrieve health economics citations from this database: Budgets, Cost Containment, Costs and Cost Analysis, Economy, Health Care Costs, Money, and Resource Allocation. [PAIS International](#) covers public, social policy and the social sciences in general US focus.

Value-added sources provide some additional information over and above bibliographic details.

**True** | False

### Explanation

Value-added sources provide some additional information over and above bibliographic details. The nature and form of this information varies. Examples include: *Evidence Based Healthcare* and *ACP Journal Club*.

The site with substantial content on cost-QALY ratios is called

- A. **The CEA Registry**
- B. The Health Economic Evaluations Database (HEED)
- C. Evidence Based Health Care
- D. The NHS Economic Evaluation Database (NHS EED)

### Explanation

**The CEA Registry** (formerly known as the Harvard CUA Database) features a Reference list of studies that have used costs per QALY to measure health benefits 1976 - 1997. It contains a Comprehensive League table of Cost-QALY Ratios, a League table of cost-QALY ratios which adhere to the Washington Panel and a catalogue of Preference Scores used for QALYs as well as a checklist used to appraise CUA studies.

Which of the following statements is **true**?

A. *Evidence-based Healthcare* is a database of structured reviews

**B. HEED uses a structured format providing bibliographic details, study definitions, analysis and results, and keywords**

C. HEED provides the user with controlled vocabulary indexing

D. Harvard Center for Risk Analysis produces *Evidence-based Healthcare*

### **Explanation**

The **Health Economic Evaluations Database (HEED)** is reviewed by health economists. The format is highly structured providing bibliographic details, study definitions, analysis and results and keywords. The records do not contain either a full critical appraisal or controlled vocabulary indexing. [\*Evidence-based Healthcare\*](#) reviews articles from 70 + journals from the field of the financing, organization and management of health care and is not produced by the Harvard Center for Risk Analysis.

Which of the following statements is **untrue** and does **not** belong in this list? Grey literature is characterized as material:

- A. Not published through regular book-publishing channels
- B. Not subject to formal bibliographic control
- C. That can be difficult to identify and obtain
- D. That is generally available only in print (not electronic format)**
- E. That can be country-specific

### Explanation

Grey literature is characterized as material that is **not published through regular book-publishing channels**, is **not subject to formal bibliographic control** (indexing for large bibliographic databases such as Medline), and **can be difficult to identify and obtain**; and lastly, it is often **country-specific**. The grey literature is available in print and digital formats.

The **HMIC - Health Management Information Consortium (UK) Database** is the combined catalogues of the UK Department of Health, the King's Fund and the Nuffield Institute for Health.  
**True** | False

### Explanation

The **HMIC - Health Management Information Consortium (UK) Database** is the combined catalogues of the UK Department of Health, the

King's Fund and the Nuffield Institute for Health. It is intended to provide valuable information for health managers and administrators in the areas of health policy, health economics, social policy and care and public health and primary care. The database contains about 300,000 citations.

The following is a list of the types of statistical data most often required in health economics. Which letter listed below does **not** belong in the list?

- A. financing health care
- B. epidemiological
- C. cost of care
- D. demographic
- E. nutrition data**
- F. socioeconomic
- G. comparative

### **Explanation**

Nutrition data, while important, is generally not relevant to health economics as described in this module.

International initiatives such as OECD and WHO are not large providers of health data. True | **False**

### **Explanation**

International initiatives such as OECD and WHO (listed below) are large providers of health data.

The Internet is a rich source of health economics information. Information is available from government sites as well as other sites including \_\_\_\_\_ and \_\_\_\_\_.

- A. educational sites and membership associations only
- B. commercial sites and educational sites only
- C. personal membership associations and educational sites**
- D. personal and educational sites only

### Explanation

It should come as no surprise that the Internet is a rich source of health economics content.

Information is available from government sites such as NICHSR, commercial sites such as **HealthEconomics.com**, educational institutions such as the University of York's **Health Economics Resource Centre (HERC)** and personal membership associations such as the **International Health Economics Association (iHEA)**. Lastly, information is aggregated by individuals such as Ansgar Hebborn who organizes the **Health Economics - Places to Go** site.

**Ready to take the quiz for [module 1](#)?** When you successfully complete the quiz you can apply for the Certificate of Success for this module. <



## Quiz for Health Economics Module 1

Module 1 was intended to illustrate what information is required with respect to health economics and where to find it. Upon successful completion of this quiz you may request a **Certificate of Success** by clicking on the **button** located at the **bottom of the answer page**.

**1. The benefits associated with the best alternative use of resources is called:**

A. Health economics      B. Health resources      C. Opportunity cost      D. Alternative activities

**2. The following is a list of the types of statistical data most often required in health economics. Which letter listed below does not belong in the list?**

A. financing health care      B. epidemiological      C. cost of care      D. demographic  
 E. nutrition data      F. socioeconomic      G. comparative

**3. Select the specialist health economics journal/s within the economics discipline.**

A. BMJ      B. Health Economics      C. B and D      D. Journal of Health Economics  
 E. A and B

**4. The site with substantial content on cost-QALY ratios is called**

A. The CEA Registry      B. The Health Economic Evaluations Database (HEED)  
 C. Evidence Based Health Care      D. The NHS Economic Evaluation Database (NHS EED)

**5. Value-added sources provide some additional information over and above bibliographic details. True | False**

True      False

**6. The following is a list of disciplines, some of which relate to health economics. Which discipline does not belong in this list?**

- A. Health Education      B. Anthropology      C. Health Services Research  
D. Statistical Methods      E. Public Health / Epidemiology      F. Psychology

**7. PsycINFO and PAIS International do not contain health economics citations. True | False**

True      False

**8. Which of the following statements is untrue and does not belong in this list? Grey literature is characterized as material:**

- A. Not published through regular book-publishing channels      B. Not subject to formal bibliographic control  
C. That can be difficult to identify and obtain  
D. That is generally available only in print (not electronic format)      E. That can be country-specific

**9. The HMIC - Health Management Information Consortium (UK) Database is the combined catalogs of the UK Department of Health, the King's Fund and the Nuffield Institute for Health. True | False**

True      False

**10. International initiatives such as OECD and WHO are not large providers of health data. True | False**

True      False

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