

Pharma quizzes:

1. True or false:

Efficiency is a key important concept in health economics to choose the intervention with the best values of money

True.

2. Heating bills within the hospital is considered _____ cost.

- a. direct overhead costs**
- b. Price**
- c. direct variable costs**
- d. direct capital costs**
- e. none of the above**

Answer: A

3. True or false: Pharmacoeconomics economics are concerned with the medical device products only.

False.

4. Costs of the child nursery as a result of illness are considered _____ costs.

- a. direct capital costs**
- b. indirect cost**
- c. direct overhead costs**
- d. none of the above**
- e. direct variable costs**

Answer: D (This is direct non-medical)

5. Cost related to returning back early to work or being able to work for longer hours are considered _____.

- a direct variable costs**
- b. direct capital costs**
- c. indirect cost**
- d. none of the above**
- e direct overhead costs**

Answer: C

6. True or false: Variable costs are defined as those costs that are dependent of the level of production.

True.

7. Paid hourly time of the clinician in the hospital outside their usual working days is considered ____ costs.

- a. direct overhead costs
- b. none of the above
- c. direct variable costs
- d. Indirect cost
- e. direct capital costs

Answer: C

8. Fasting blood glucose test is considered _____ cost.

- a. direct variable costs
- b. direct overhead costs
- c. none of the above
- d. direct capital costs
- e. price

Answer: A

9. True or false: The term intangible cost is used in economics to refer to productivity and patient out of pocket losses related to illness or death

Answer: False.

10. The water used to reconstitute the paracetamol syrup is considered _____ cost.

- a. direct overhead costs
- b. direct capital costs
- c. none of the above
- d. Indirect cost
- e. direct variable costs

Answer: E

11. True or false: Costs for the accounting department within the hospital are direct medical cost

True.

12. True or false: Cost incurring is not depending on whether a patient is insured or not

False.

13. Costs of the bed in the hospital are considered ____ costs.

- a. direct variable costs
- b. Price
- c. none of the above
- d. direct capital costs
- e. direct overhead costs

Answer: D

14. True or false: Marginal costs equal average costs in public health comparison

False.

15. True or false: Cost and Price are not interchangeable

True.

Which of the services represent the lowest cost per extra unit of QALY?

The table below includes data on cost, effectiveness, and cost-effectiveness for four health services compared to standard care (no service).

	Service A	Service B	Service C	Service D	Service E
Costs	100,000	100,000	200,000	200,000	200,000
Utility	0.25	0.8	0.9	0.3	0.1
Number of years gained	2	1	5	10	1

QALY 0.5 0.8 4.5 3 0.1

- a. A
- b. C
- c. D
- d. B

Clear my choice

Which of the services represent the lowest cost per extra unit of LYG?

The table below includes data on cost, effectiveness, and cost-effectiveness for four health services compared to standard care (no service).

	Service A	Service B	Service C	Service D	Service E
Costs	100,000	100,000	200,000	200,000	200,000
Utility	0.25	0.8	0.9	0.3	0.1
Number of years gained	2	1	5	10	1

- a. A
- b. D
- c. C
- d. B

Clear my choice

* بنك حسب
Cost/number of year
لك service
واقول دصة هي الجواب

On the article with the title: Cost-effectiveness Analysis of Adding a Second Agent to Inhaled Corticosteroids for Patients with Asthma. Assuming the main outcome was quality of life in addition to improvement at 6 months in FEV1 of at least 12% from baseline, what is the type of economic study? (Hint: FEV1 is a measure of lung function)

- a. CMA
- b. CUA
- c. CBA
- d. CEA

Clear my choice

probably D

On the article with the title: Cost-effectiveness Analysis of Adding a Second Agent to Inhaled Corticosteroids for Patients with Asthma. In methods Costs were estimated based on all asthma-related direct medical resources used. This included the study medications and any medical visits (office, clinic, emergency department, or hospitalization) related to asthma. The perspective of the study was not explicitly stated. What is the perspective?

- a. It is of no need to state perspective since the reader can guess
- b. We can assume the perspective to be of provider
- c. We can assume the perspective to be the payer
- d. Perspective should be explicitly stated

Clear my choice

Cost benefit analysis compare health with non-health interventions from a societal perspective

- a. True
- b. False

Clear my choice

18

it of

What is the order of the services by QALYs from highest to the lowest? Hint: QALY incorporate changes in both quantity and quality

The table below includes data on cost, effectiveness, and cost-effectiveness for four health services compared to standard care (no service).

	Service A	Service B	Service C	Service D	Service E
Costs	100,000	100,000	200,000	200,000	200,000
Utility	0.25	0.8	0.9	0.3	0.1
Number of years gained	2	1	5	10	1

QALY = Utility * number = 0.5 0.8 4.5 3 0.1

- a. B, C, D, A, E
- b. C, D, B, A, E
- c. E, C, D, A, B
- d. A, B, C, D, E

Clear my choice

In assessing health interventions for new or rare disease (no available other treatments); neither pharmacoeconomics or Health economics is to be used-

- a. False
- b. True

Clear my choice

Cost benefit analysis compare health interventions from various perspective

- a. True
- b. False

Clear my choice

On the article with the title: Cost-effectiveness Analysis of Adding a Second Agent to inhaled Corticosteroids for Patients with Asthma. Assuming the main outcome being the improve in quality of life and ability to perform daily activity with no or minimal limitation was the study type appropriate?

- a. CEA
- b. CUA
- c. CMA
- d. CBA

Clear my choice

There is a growing need for the evidence for cost-effectiveness evidence since it would:

- a. Aid in pricing of health service and products
- b. Aid in reimbursement health providers and institutions
- c. Help in assessing the potential and barrier to market access
- d. All of the above

Clear my choice

The perspective of a health manager concerns mainly with direct and indirect cost

- a. True
- b. False

Clear my choice

Cost benefit analysis compare health interventions from various perspective

- a. True
- b. False

Clear my choice

Health costs describe resources consumed but not saved in the health system ---

- a. True
- b. False

Clear my choice

The perspective of an employer concerns with indirect cost

- a. false
- b. True

Clear my choice

016 Past papers:

Drug A and B and C are drugs to treat MI, use the table below to answer the following question. (X) would be:

	Drug A	Drug B	Drug C
Costs of MI treatment per 1000 cases (million)	4.5	5	8
No. Of death prevented per 1000 cases treated	90	120	80
Cost per live saved (thousands)	50	41.6	X

- a. 50,000 per one live saved
- b. 70,000 per one live saved
- c. 41,000 per one live saved
- d. 100,000 per one live saved

Clear my choice

$$\left(\frac{8 \times 10^6}{10^3} \right) \div 80 = 1000$$

Which of the following statements represents the best definition of pharmacoeconomics?

- a. Studies that attempt to identify, measure, and evaluate the results of health care services in general
- b. Process of identifying, measuring and comparing the costs and benefits of pharmaceutical interventions
- c. Studies that attempt to identify, measure, and evaluate the results of health care services in general
- d. Putting principles, methods, and theories into practice to quantify the value of pharmacy products

Clear my choice

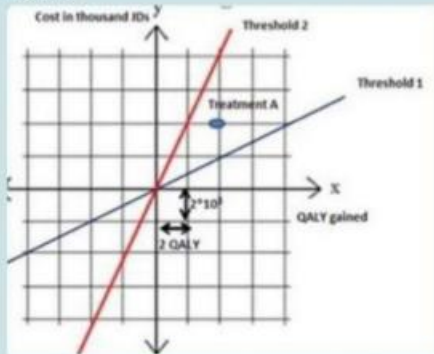
Drug A and B and C are drugs to treat MI, use the table below to answer the following question. Estimate extra cost per live saved comparing Drug A to B

	Drug A	Drug B	Drug C
Costs of MI treatment per 1000 cases (million)	4.5	5	8
No. Of death prevented per 1000 cases treated	90	120	80
Cost per live saved (thousands)	50	41.6	X

- a. 11,100 per live saved
- b. 8,400 per live saved
- c. 16,700 per live saved
- d. 20,000 per one life saved

Clear my choice

thousand JDs and the X-axis represents QALYs gained. Which of the following statements are/is correct with respect to the figure above



- a. Threshold 1 represents higher affordability of a community for health interventions
- b. Drug A is considered as a cost-effective treatment at threshold 1
- c. Threshold 2 represents higher affordability of a community for health interventions
- d. Threshold 1 and 2 represents equal affordability of a community for health interventions

Clear my choice

Drug A and B and C are drugs to treat MI, use the table below to answer the following question. Which of the drugs above appears more cost effective (compared to drug A)

	Drug A	Drug B	Drug C
Costs of MI treatment per 1000 cases (million)	4.5	5	8
No. Of death prevented per 1000 cases treated	90	120	80
Cost per live saved (thousands)	50	41.6	X

- a. Drug C
- b. Need ICER threshold
- c. Drug A apparently dominated over Drug C and B
- d. Drug B

In your pharmacy for years, you have been prescribing Drug A for blood pressure with a cost of 2000 JDs per year. Drug B is a new drug for HTN offered to your pharmacy with a cost of 2500 JDs per year. The incremental QALY (B-A) is 0.25. What would be incremental cost per QALY?

- a. 3000 JDs per QALY
- b. 2000 JDs per QALY
- c. 1000 JDs per QALY
- d. 4000 JD per QALY

Clear my choice

On the article with the title: Cost-effectiveness Analysis of Adding a Second Agent to Inhaled Corticosteroids for Patients with Asthma. Assuming the main outcome being the improve in quality of life and ability to perform daily activity with no or minimal limitation was the study type appropriate?

- a. CUA
- b. CBA
- c. CEA
- d. CMA

Clear my choice

Pain and Suffering are examples of:

- a. Marginal cost.
- b. Indirect costs
- c. Intangible costs
- d. Medical costs

Clear my choice

The table below includes data on cost, effectiveness, and cost-effectiveness for four health services compared to standard care (no service).

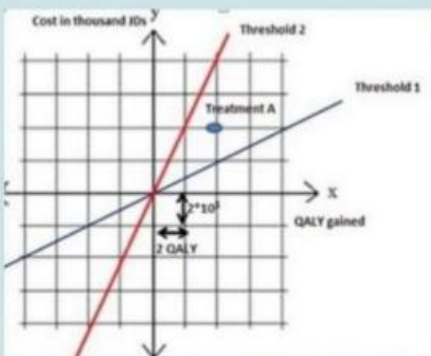
	Service A	Service B	Service C	Service D	Service E
Costs	100,000	100,000	200,000	200,000	200,000
Utility	0.25	0.8	0.9	0.3	0.1
Number of years gained	2	1	5	10	1

Which of the services represent the lowest cost per extra unit of QALY?

- a. D
- b. A
- c. C
- d. B

Which of the following is considered as fixed costs

- a. Acquisition cost of drug
- b. Time of the pharmacist
- c. Diagnostic test
- d. Diagnostic machine



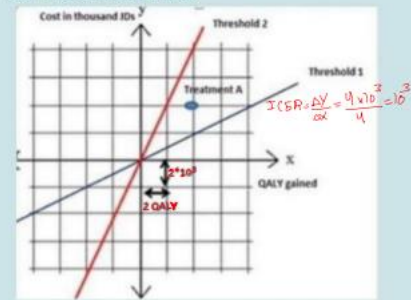
Use the figure below to answer the following question. The Y-axis represents the incremental costs in thousand JDs and the X-axis represents QALYs gained. At threshold 1

- a. The new treatment A should be accepted
- b. The new treatment A has an ICER of 300 JD per QALY
- c. The new treatment A is not considered cost-effective
- d. The new treatment A is considered affordable

Which of the following statements is true regarding perspective in a Pharmacoeconomics analysis?

- a. Costs and outcomes identified and measured relative to the perspective(s) selected.
- b. The same service can have similar costs when assessed from different perspectives.
- c. Payer perspective considers the out of pocket expenses
- d. Perspective determine which types of cost to be included in an economic evaluation

Use the figure below to answer the following question. The Y-axis represents the incremental costs in thousand JDs and the X-axis represents QALYs gained. The ICER for Treatment A is



- a. 25000 JD per QALY
- b. 1000 JDs per QALY
- c. 500 JDs per QALY
- d. 2000 JDs per QALY

The table below includes data on cost, effectiveness, and cost-effectiveness for four health services compared to standard care (no service).

	Service A	Service B	Service C	Service D	Service E
Costs	100,000	100,000	200,000	200,000	200,000
Utility	0.25	0.8	0.9	0.3	0.1
Number of years gained	2	1	5	10	1

What is the order of the services by QALYs from highest to the lowest? Hint: QALY incorporate changes in both quantity and quality

- a. A, B, C, D, E
- b. C, D, B, A, E
- c. E, C, D, A, B
- d. B, C, D, A, E

015 Past papers:

Wrong about scarcity: no resources at all

All economic problems come from: scarcity

~~If numbers are from the past (retrospective) they need to be ? And if they are projected to future they need to be ? : adjusted, discounted~~

~~A term used to refer to the commonly charged or prevailing fees for health services that the patients pay: U&G charge~~

Measurement unit in CUA is: QALY

QALY of 1 means: perfect health

QALY: humanistic

ICER: economic

CBA is the most common type of PE evaluation: false

Different areas: CBA

Always valid on monetary: CBA

One generic unit: CUA

Costing elements: quantity and unit cost

Broadest economic evaluation: societal perspective

Example of dominance: high effectiveness and low cost

Efficacy term in CEA is related to: randomized trials

Definition of PE

Identify types of costs

Identify perspectives

Description of ICER

QUESTION 1:

Which of the following statements represents the best definition of pharmacoeconomics?

A. Description and analysis of the costs of drug therapy to healthcare systems and to society

B. Process of identifying, measuring, and comparing the costs, risks, and benefits of programs, services, or therapies and determining which alternative produces the best health outcomes for the resources invested

C. Putting principles, methods, and theories into practice to quantify the value of pharmacy products and services used in the real world

D. Studies that attempt to identify, measure, and evaluate the results of healthcare services in general

QUESTION 2:

There are various categories of healthcare costs. Which of the following best represents a direct medical cost and an indirect nonmedical cost, respectively?

- A. Pain and transportation
- B. Drugs and suffering
- C. Mortality and morbidity
- D. Medical professional time and lost productivity

QUESTION 3:

Which of the following statements is true regarding the perspective (point of view) of a pharmacoeconomic analysis?

- A. Should be conducted from a single perspective
- B. Should be conducted from multiple perspectives
- C. Costs and consequences should be identified and measured relative to the perspective(s) selected
- D. Societal perspective is the only relevant and valid perspective for a local pharmacoeconomic analysis

QUESTION 4:

The appropriate use of cost-minimization analysis requires which of the following to be true?

- A. Costs must include measures of lost productivity
- B. Outcomes must be adjusted for quality of life
- C. Data must be obtained from similar sources
- D. Consequences for each alternative must be equivalent

QUESTION 5:

Which of the following are distinguishing characteristics of a "full" economic evaluation?

- A. Comparison of two or more treatment options
- B. Determination of the least expensive treatment alternative
- C. Both costs and consequences of the treatment alternatives are examined
- D. A and C
- E. A and B

QUESTION 6:

Which of the following is not a common strategy for incorporating pharmacoeconomics into practice?

- A. Modeling
- B. Determining the cheapest alternative with respect to drug acquisition cost
- C. Conducting a local pharmacoeconomic evaluation
- D. Evaluating and applying the literature

QUESTION 7:

The economic evaluation method, cost-effectiveness analysis, would be best applied in which of the following cases?

- A. When comparing two or more treatment alternatives that differ in humanistic outcome
- B. When comparing two or more treatment alternatives that are equal in clinical outcome
- C. When comparing two or more treatment alternatives that differ in clinical outcome
- D. When comparing two or more treatment alternatives that differ in cost

QUESTION 8:

Which of the following statements best describes "economic outcomes"?

- A. Medical events that occur as a result of a disease or treatment
- B. Direct, indirect, and intangible costs compared with the consequences of medical treatment alternatives
- C. Consequences of disease or treatment on patient functional status or quality of life
- D. Cost savings associated with a disease or treatment alternative

QUESTION 9:

Which of the following statements about the application of pharmacoeconomics to pharmacy decision-making is false?

- A. Pharmacoeconomics can be a powerful tool for determining the value of drug-use guidelines
- B. Pharmacoeconomics should be the only consideration when making a drug therapy decision
- C. Pharmacoeconomics can assist pharmacy and therapeutics (P&T) committees in incorporating clinical, economic, and humanistic outcomes of drug therapy into formulary management decisions
- D. Pharmacoeconomics can provide data to support resource allocation decisions

QUESTION 10:

When quantifying the value of a clinical pharmacy service, your goal is to express the benefits associated with this service in a dollar value. Which economic evaluation method would you employ?

- A. Cost-benefit analysis
- B. Cost-effectiveness analysis
- C. Cost-minimization analysis
- D. Cost-utility analysis

QUESTION 11:

Which of the following statements provides the best description of an incremental cost effectiveness ratio?

- A. A summary measurement of efficiency
- B. The cost per benefit of a new strategy, independent of other treatment alternatives
- C. The extra cost to obtain an extra benefit realized from switching from one alternative to another
- D. The cost per quality-adjusted life-year gained

QUESTION 12:

Which of the following potential advantages could also be considered a potential disadvantage of using the literature as a strategy to apply pharmacoeconomics to "real world" decision-making?

- A. Study results can be from a randomized clinical trial
- B. Strategy is inexpensive
- C. A variety of results might be available for consideration
- D. Strategy is relatively quick and inexpensive

QUESTION 13:

Which of the following criteria are commonly used for evaluating the quality of a published pharmacoeconomic study?

- A. Evaluate if the perspective of the analysis is relevant to the study objective
- B. Evaluate what the study design is and if it is appropriate given the scope of the problem
- C. Evaluate the researchers' credentials and assess if they have sufficient experience to conduct a pharmacoeconomic evaluation
- D. Evaluate how costs and consequences associated with treatment alternatives are valued

QUESTION 14: ✗

Which of the following is true regarding the use of modeling as an application strategy?

- A. A disadvantage of modeling is that it can confuse efficacy with effectiveness
- B. Modeling can be used to assess efficacy but not effectiveness
- C. Modeling is a relatively inexpensive method for obtaining pharmacoeconomic information specific to an organization or patient population
- D. An advantage of modeling is that it is an inexpensive method; a disadvantage is that it is much more time-consuming than other strategies for obtaining pharmacoeconomic data

QUESTION 15:

Which of the following is considered a disadvantage of conducting a local pharmacoeconomic evaluation and a reason for assessing the impact of a local decision of cost and quality of care?

- A. It is expensive and time-consuming
- B. Unable to interpret and generalize results
- C. Able to produce organization-specific results
- D. Decreased chance of patient selection bias

QUESTION 16: ✗

The development and use of pharmacoeconomics models is very prevalent today.

Which of the following are common modeling techniques employed?

- A. Markov modeling
- B. Monte Carlo simulation
- C. Decision analysis
- D. A and C
- E. All of the above

From the perspective of a provider, which one of the following is a direct cost of health care?

- A. The amount paid out-of-pocket by patients directly to their physicians for a clinic visit.
- B. The patient charge for a visit to an emergency department.
- C. The prescription cost of insulin at the community pharmacy.
- D. The salary of the clinical pharmacist who monitors a patient's therapy.

From the perspective of an employer, indirect costs are best described by which one of the following?

- A. Hospitalization costs borne by the patient.
- B. Drug effects on patient functioning.
- C. Loss of patient income associated with missed workdays.
- D. Family caregiving costs.

The costs and consequences of health care can be different depending on the perspective of the evaluation. Costs from a patient's perspective are best described as which one of the following?

- A. Essentially, what patients are charged for a product or service.
- B. Essentially, the true cost of providing a product or service, regardless of the charge.
- C. Essentially, the charges allowed for a health care product or service.
- D. Essentially, the cost of giving and receiving medical care, including patient morbidity and mortality.

Which one of the following constitutes a full economic evaluation?

- A. Two antibiotics are compared and relative cure rates are determined.
- B. The costs for treatment of hypertension by general practice physicians, versus pharmacists, are considered in light of the blood pressure control achieved.
- C. The costs and efficiency of treatment of hypercholesterolemia with a new HMG-CoA reductase inhibitor are determined.
- D. The acquisition costs of two therapeutically equivalent antihypertensive agents are compared.

Which one of the following is an example of a partial economic evaluation?

- A. A comparison of the costs and consequences of two alternatives.
- B. A cost-utility analysis.
- C. A comparison of the costs of two equally effective alternatives.
- D. A quality of life comparison of multiple treatment alternatives.

Which one of the following is true of partial economic evaluations?

- A. Partial evaluations should be performed as components of full economic evaluations.
- B. Partial evaluations assess all important components necessary for a complete economic analysis.
- C. Partial evaluations may provide a description of the costs, or consequences, of competing alternatives.
- D. Partial evaluations compare the costs and consequences of two treatments.

Which one of the following statements is not true about cost-minimization analysis?

- A. Cost-minimization analysis is a tool used to compare the costs of two or more treatment alternatives.
- B. Cost-minimization analysis shows only a cost-savings of one treatment alternative over another.
- C. Cost-minimization analysis measures costs of treatment alternatives in dollars and assumes comparable efficacy.
- D. Cost-minimization analysis is a method to be used when no evidence exists to support the therapeutic equivalence of two or more treatment alternatives.

When conducting a cost-benefit analysis (CBA), the results are best expressed as which one of the following?

- A. Cost-benefit ratio.
- B. Average cost per utility.
- C. cost-savings.
- D. Incremental cost ratio.

When quantifying the value of a clinical pharmacy service, which one of the following economic evaluation methods is the best to use?

- A. Cost-benefit analysis.
- B. Cost-effectiveness analysis.
- C. Cost-minimization analysis.
- D. Cost-utility analysis.

Which one of the following statements does not describe a cost-effective treatment alternative?

A. Less expensive and less effective, where the lost benefit was worth the extra cost.

B. Less expensive and at least as effective.

C. More expensive with an additional benefit worth the additional cost.

D. Less expensive and less effective, where the extra benefit is not worth the extra cost.

17. A cost-effectiveness analysis would be best applied to which one of the following situations?

- A. When comparing two or more treatment alternatives that differ in clinical outcome.
- B. When comparing two or more treatment alternatives that are equal in clinical outcome.
- C. When comparing two or more treatment alternatives that differ in humanistic outcome.
- D. When comparing two or more treatment alternatives that differ in cost.

18. Which one of the following statements best describes an incremental cost-effectiveness ratio?

- A. A summary measurement of efficiency.
- B. The cost per benefit of a new strategy, independent of other treatment alternatives.
- C. The cost to obtain an extra benefit realized when switching from one strategy to another.
- D. The cost per quality-adjusted life-year (QALY) gained.

19. When comparing treatment alternatives, which one of the following is the most correct application for cost-utility analysis?

- A. Alternatives that are life-extending with serious side effects.
- B. Alternatives that differ in cost.
- C. Alternatives that differ in efficacy and safety.
- D. Alternatives that are similar in clinical and humanistic outcomes.

X20. Which one of the following statements about discounting is not true?

- A. When costs and consequences of a treatment alternative occur in the future, they should be reduced to reflect current fiscal value.
- B. Discounting is the process of adjusting for differential timing.
- C. There is one standard discount rate that should be used in pharmacoeconomic analyses.
- D. Comparisons of programs or treatment alternatives should be made at the same time.

X21. Which one of the following statements regarding discounting is true?

- A. Researchers should always use a 5 percent discount rate.
- B. Costs incurred today to initiate a new program should be discounted.
- C. Discounting can be useful when comparing acute and long-term treatment strategies.
- D. Benefits should not be discounted.

22. The primary reason to perform a sensitivity analysis is to accomplish which one of the following?

- A. Test the robustness of the economic evaluation conclusions.
- B. Reveal sensitive variables of the economic evaluation.
- C. Uncover the range of plausible values.
- D. Allow for a meaningful comparison of treatment alternatives.

23. Which one of the following statements is *not* true regarding the application of pharmacoeconomics to pharmacy practice?

- A. Pharmacoeconomics can be a powerful tool for determining the most efficient use of drugs.
- B. Pharmacoeconomics can assist pharmacy and therapeutics committees in incorporating clinical, economic, and humanistic outcomes of drug therapy into formulary management decisions.
- C. Pharmacoeconomics can provide data to support individual patient treatment and resource allocation decisions.
- D. Use of pharmacoeconomic data ensures that organizational drug-use policies will influence physician prescribing patterns.

X24. Which one of the following formulary decision options would be *least* influenced by the inclusion of pharmacoeconomic data?

- A. Inclusion or exclusion of newly marketed agents.
- B. Inclusion with restriction of newly marketed agents.
- C. Deletion of drugs from the formulary.
- D. Determination of the least expensive to purchase alternative.

25. Which one of the following is true regarding health and quality of life?

- A. Quality of life is encompassed by a person's lifestyle, including work and economic status.
- B. Health or HRQOL refers only to those aspects of life dominated, or significantly influenced, by personal health or activities performed to maintain health.
- C. Quality of life is divided into physical and mental dimensions of functioning and well-being.
- D. The concept of health includes marital status, education, and religious beliefs.

26. Which one of the following activities is a dimension of general health status measurement?

- A. Carrying a bag of groceries.
- B. Physical functioning.
- C. Playing sports.
- D. Bathing or dressing.

X27. Which one of the following pairs illustrates two opposite extremes of mental well-being? These two attributes can be used to describe the range of a mental health continuum.

- A. Psychological distress and physical distress.
- B. Physical distress and psychological well-being.

C. Psychological well being and psychological distress

Which of the following would not be considered a commonly measured dimension of health-related quality of life?

- A) Physical health and functioning
- B) Psychological health and functioning
- C) Social and role functioning
- D) Sexual functioning
- E) Perceptions of general well-being

Generic measures of health-related quality of life are not intended to

- A) be applicable across all diseases or conditions .
- B) replace disease-specific instruments in all situations.
- C) be applicable across different medical interventions.
- D) be applicable across a wide variety of populations.

The following are examples of preference-based measures of health-related quality of life except

- A) QWB.
- B) SF-36.
- C) HUI.
- D) EQ-5D.
- E) All the above are preference-based measures.

The following statements are true about quality-adjusted life years (QALYs) except

- A) QALYs can result from increasing length of life.
- B) QALYs can result from enhancing quality of life.
- C) QALYs gained is the most common outcome measure in cost-utility analysis.
- D) QALYs can only result from increases in both length and quality of life.

In regard to the SF-36, the following statements are true except

- A) it is considered a health profile.
- B) it is a disease-specific instrument.
- C) there is limited evidence supporting its validity.
- D) data from it can produce mental and physical component summary scores.
- E) it is one of the most commonly used health-related quality-of-life instruments

Health-related quality of life is most important in helping to determine the value of pharmacotherapy in which of the following situations?

- A) Chronic disease
- B) Curative treatments
- C) Acute conditions
- D) Palliative treatments
- E) Both a and d are correct.

018 collection:

1-There are various categories of healthcare costs. Which of the following best represents a direct medical cost and an indirect nonmedical cost, respectively?

- A. Pain and transportation
- B. Drugs and suffering
- C. Mortality and morbidity
- D. Medical professional time and lost productivity

Answer: D

2-The appropriate use of cost-minimization analysis requires which of the following to be true? *

- A. Costs must include measures of lost productivity
- B. Outcomes must be adjusted for quality of life
- C. Data must be obtained from similar sources
- D. Consequences for each alternative must be equivalent

Answer: D

3-Which of the following are distinguishing characteristics of a "full" economic evaluation?

- A. Comparison of two or more treatment options
- B. Determination of the least expensive treatment alternative
- C. Both costs and consequences of the treatment alternatives are examined
- D. A and C
- E. A and B

Answer: D

4-The economic evaluation method, cost-effectiveness analysis, would be best applied in which of the following cases?

- A. When comparing two or more treatment alternatives that differ in humanistic outcome
- B. When comparing two or more treatment alternatives that are equal in clinical outcome
- C. When comparing two or more treatment alternatives that differ in clinical outcome
- D. When comparing two or more treatment alternatives that differ in cost

Answer: C

5-When quantifying the value of a clinical pharmacy service, your goal is to express the benefits associated with this service in a dollar value. Which economic evaluation method would you employ?

- A. Cost-benefit analysis
- B. Cost-effectiveness analysis
- C. Cost-minimization analysis
- D. Cost-utility analysis

Answer: A

6-Which of the following statements provides the best description of an incremental cost-effectiveness ratio?

- A. A summary measurement of efficiency
- B. The cost per benefit of a new strategy, independent of other treatment alternatives
- C. The extra cost to obtain an extra benefit realized from switching from one alternative to another
- D. The cost per quality-adjusted life-year gained

Answer: C

7-Which of the following is wrong regarding scarcity? *

- A. It is a relative term
- B. The state of no resources at all
- C. It depends on the requirements
- D. Economics is interested in scarcity

Answer: B

8-All problems in economic studies stem from:

- A. Unnecessary wants
- B. Scarcity
- C. Lack of knowledge
- D. Miscommunication

Answer: B

9-The measurement unit in cost-utility analysis (CUA) is:

- A. Physical units
- B. Dinars
- C. QALYs

D. No unit because the outcomes are always equal

Answer: C

10-A QALY of 1 means*

A. Perfect health

B. Fair health

C. Coma

D. Death

Answer: A

11-Which if the following is true?

-Using QALY is more humanistic while ICER is economic

12-Which of the following is false regarding cost-benefit evaluation?

A. It can be highly biased

B. It is the most common type of health economic evaluation

C. It is the most comprehensive method of economic evaluation

D. The perceived needs impact the results

Answer: B

13-Both benefits and costs are quantified in monetary terms in*

A. CBA

B. CUA

C. CEA

D. None of the above

Answer: A

14-Which of the following can be easily used in different areas of economics?*

A. CBA

B. CUA

C. CEA

D. CMA

Answer: A

15-The broadest perspective in economic evaluation is:

- A. Payer perspective
- B. Societal perspective
- C. Provider perspective
- D. Patient perspective

Answer: B

16-The outcome is described as one generic unit in*

- A. CBA
- B. CUA
- C. CEA
- D. CMA

Answer: B

17-Which of the following is an example of dominance?*

- A. High effectiveness and high cost
- B. Low effectiveness and low cost
- C. High effectiveness and low cost
- D. A+B

Answer: C

18-From the perspective of a provider, which one of the following is a direct cost of health care?

- A. The amount paid out-of-pocket by patients directly to their physicians for a clinic visit.
- B. The patient charge for a visit to an emergency department.
- C. The prescription cost of insulin at the community pharmacy.
- D. The salary of the clinical pharmacist who monitors a patient's therapy.

Answer: D

19-From the perspective of an employer, indirect costs are best described by which one of the following?

- A. Hospitalization costs borne by the patient.
- B. Drug effects on patient functioning.
- C. Loss of patient income associated with missed workdays.
- D. Family caregiving costs.

Answer: B

20-The costs and consequences of health care can be different depending on the perspective of the evaluation. Costs from a patient's perspective are best described as which one of the following?

- A. Essentially, what patients are charged for a product or service.
- B. Essentially, the true cost of providing a product or service, regardless of the charge.
- C. Essentially, the charges allowed for a health care product or service.
- D. Essentially, the cost of giving and receiving medical care, including patient morbidity and mortality.

Answer: A

21-Which one of the following constitutes a full economic evaluation?

- A. Two antibiotics are compared and relative cure rates are determined.
- B. The costs for treatment of hypertension by general practice physicians, versus pharmacists, are considered in light of the blood pressure control achieved.
- C. The costs and efficiency of treatment of hypercholesterolemia with a new HMG-CoA reductase inhibitor are determined.
- D. The acquisition costs of two therapeutically equivalent antihypertensive agents are compared.

Answer: B

22-Which one of the following is an example of a partial economic evaluation?

- A. A comparison of the costs and consequences of two alternatives.
- B. A cost-utility analysis.
- C. A comparison of the costs of two equally effective alternatives.
- D. A quality of life comparison of multiple treatment alternatives.

Answer: D

23-Which one of the following is true of partial economic evaluations?

- A. Partial evaluations should be performed as components of full economic evaluations.
- B. Partial evaluations assess all important components necessary for a complete economic analysis.
- C. Partial evaluations may provide a description of the costs, or consequences, of competing alternatives.
- D. Partial evaluations compare the costs and consequences of two treatments.

Answer: C

24-Which one of the following statements is not true about cost-minimization analysis?

- A. Cost-minimization analysis is a tool used to compare the costs of two or more treatment alternatives.
- B. Cost-minimization analysis shows only a cost- savings of one treatment alternative over another.
- C. Cost-minimization analysis measures the costs of treatment alternatives in dollars and assumes comparable efficacy.
- D. Cost-minimization analysis is a method to be used when no evidence exists to support the therapeutic equivalence of two or more treatment alternatives.

Answer: D

25-When conducting a cost-benefit analysis (CBA), the results are best expressed as which one of the following?

- A. Cost-benefit ratio.
- B. Average cost per utility.
- C. cost-savings.
- D. Incremental cost ratio.

Answer: A

26-When quantifying the value of a clinical pharmacy service, which one of the following economic evaluation methods is the best to use?

- A. Cost-benefit analysis.
- B. Cost-effectiveness analysis.
- C. Cost-minimization analysis.
- D. Cost-utility analysis.

Answer: A

27-Which one of the following statements does not describe a cost-effective treatment alternative?

- A. Less expensive and less effective, where the lost benefit was worth the extra cost.
- B. Less expensive and at least as effective.
- C. More expensive with an additional benefit worth the additional cost.
- D. Less expensive and less effective, where the extra benefit is not worth the extra cost.

Answer: A

28-Which of the following would not be considered a commonly measured dimension of health-related quality of life?

- A. Physical health and functioning
- B. Psychological health and functioning
- C. Social and role functioning
- D. Sexual functioning
- E. Perceptions of general well-being

Answer: D

29-The following are examples of preference-based measures of health-related quality of life except:

- A. QWB.
- B. SF-36.
- C. HUI.
- D. EQ-5D.

Answer: B

30-The following statements are true about quality-adjusted life years (QALYs) except

- A. QALYs can result from increasing length of life.
- B. QALYs can result from enhancing quality of life.
- C. QALYs gained is the most common outcome measure in cost-utility analysis.
- D. QALYs can only result from increases in both length and quality of life.

Answer: D

31-In regard to the SF-36, the following statements are true except

- A. it is considered a health profile.
- B. it is a disease-specific instrument.
- C. data from it can produce mental and physical component summary scores.
- D. it is one of the most commonly used health-related quality-of-life Instruments

Answer: B

32-When comparing treatment alternatives, which one of the following is the most correct application of cost-utility analysis?

- A. Alternatives that are life-extending with serious side effects.
- B. Alternatives that differ in cost.
- C. Alternatives that differ in efficacy and safety.
- D. Alternatives that are similar in clinical and humanistic outcomes.

Answer: A

33-ICER has to be calculated if the new drug is located in in the cost-effect difference graph.*

- A. Northeast quadrant
- B. Northwest quadrant
- C. Southeast quadrant
- D. None of the above

Answer: A

34-An example of direct medical cost is:

- A. Transportation cost
- B. Hospital stay cost
- C. Missed days at work
- D. Pain

Answer: B

35-An example of direct medical cost is:

- A. Cost of treatment time
- B. Suffering
- C. Transportation cost
- D. None of the above

Answer: A

36-Define the following:

Price: the amount of money needed to buy a product -including profit-

ICER: the cost needed for an extra benefit gained from switching from option A to B

Economic evaluation: to identify, measure, and value the costs of alternatives to get the most effective outcome with the available resources

Total cost: total resources used multiplied by unit cost

37-Which of the following is a mismatch?

- A. Cost-benefit analysis – comparing costs and willingness to pay for two alternatives
- B. Cost-utility analysis – Comparing costs and QALYs gained from two alternatives
- C. Cost-minimization analysis – two alternatives having different outcomes

D. All of the above are correct

Answer: C

38-In the cost-effectiveness plane, a drug in the southeastern quadrant should be approved*

A. True

B. False

Answer: True

39-When comparing two alternatives, incremental cost excludes the common fixed costs

A. True

B. False

Answer: True

40-Indirect costs include**

A. Cost of lost hours or loss of productivity

B. Cost of prescribed drugs

C. Travelling cost

D. Hospital parking

Answer: A

41-The indirect cost is most likely to be paid by the payer

A. True

B. False

Answer: False

42-The direct medical cost can be paid by the payer

A. True

B. False

Answer: True

43-Lab tests costs are*

A. Direct medical

B. Direct non-medical

C. Indirect

D. None of the above

Answer: A

44-Days missed are paid by the provider

- A. True
- B. False

Answer: False

45-Rent of a room for establishing a clinic is:

- A. Variable cost
- B. Fixed cost
- C. Intangible cost
- D. Indirect medical costs

Answer: B

46-Which one of the following statements regarding the perspective of economic evaluations is true?

- A. Economic evaluations are valid only if conducted from a single perspective
- B. Economic evaluations can be conducted from multiple perspectives.
- C. Economic evaluations should only be conducted from the perspective of the patient.
- D. Society is the only valid perspective for economic evaluations

Answer: B

47- Generally, to compare the two interventions (use of painkillers) and (In-vitro fertilization) we can use:

- A. CBA
- B. CUA
- C. CMA
- D. A+B

Answer: D

48-Cost of using a special diet as the patient gets the intervention is considered:

- A. Direct medical
- B. Direct non-medical
- C. Indirect
- D. Intangible

Answer: B

49-The cost related to returning early to work or being able to work for longer time is:

- A. Direct medical
- B. Direct non-medical
- C. Indirect
- D. Intangible

Answer: C

50-Two hypertension treatments are being compared on a national level in terms of total cost and lives saved by using them.

Drug A: cost = 40 thousand Dinars, lives saved = 5.

Drug B: cost = 140 thousand Dinars, lives saved = 10.

Calculate the cost-effectiveness ratio of drug A.

- A. 20
- B. 100
- C. 8
- D. 14

Answer: C

51-Calculate the ICER from the previous question.

- A. 20
- B. 100
- C. 8
- D. 14

Answer: A

52-The costs and consequences of health care can be different depending on the perspective of the evaluations. Costs from a patient's perspective are best described as which one of the following?

- A. What patients are charged for a product or service.
- B. Essentially, the true cost of providing a products or service, regardless of the charge.
- C. Essentially, the charges allowed for a health care product or service.
- D. The cost of giving and receiving medical care, including patient morbidity and mortality.

Answer: A

014 exam:

Health economics

- Cost – total resources used multiplied by unit cost (or none of the above)
- Direct medical cost – hospital stay cost
- Direct medical cost – cost of treatment time
- None of the above – cost of transportation
- Price – the amount of money needed to buy a product (including profit)
- ICER is best described as – the extra cost needed for an extra benefit gained from switching from option B to A
- Cost analysis – comparing cost of two alternatives
- None of the above – describing the cost and outcome of one product
- Cost benefit analysis – comparing cost and willingness to pay of two alternatives
- Cost utility analysis – comparing costs and QALYs gained of two alternatives
- Cost minimisation analysis is used when – two alternatives with equivalent costs and effect on life
- Economic evaluation is – to identify, measure and value costs of alternatives to get the most effective outcome with the available resources
- ~~Probabilistic sensitivity analysis gives more certain results about sensitivity compared to multiway analysis – true (mostly)~~
- You can plot the CEAC in multiway sensitivity analysis – false
- In CEAC the y axis is the cost effectiveness thresholds and the x axis is the probability of cost effectiveness – false
- In this cost-effectiveness plane, true – drug D should be approved (the one in the SE not sure which letter)
- In this cost-effectiveness plane, drugs that will need ICER – A and B
- True about perspectives – all of above
- True about cost benefit analysis – costs and benefits are expressed in monetary value
- Inflation is related to unit price while discounting is related to total cost – true (maybe)
- Discounting is only related to costs – false
- Study in 4 years follow up, prices were weighed according to 2018, this will need – Discounting
- Study over 4 years, patients are followed over 2 years, hospital bills taken from each year – will need both inflation and Discounting
- Study over 6 months with 6 months follow up will need – neither
- The alternative with best QALYs gained – $C > D > B > A$
- Alternative with best cost per QALY gained – C
- Indirect cost – the cost of work hours lost or loss of productivity
- The indirect cost is most likely to be paid by the payer – false
- The direct medical cost can be paid by the provider – true
- True about QALY – the quantity of life adjusted for the quality of life
- Economic evaluation involves choosing alternatives based on the cost-effectiveness threshold regardless to the community need
- Discounting reflects the preference of receiving an income today rather than the future – true
- We need to calculate ICER – if drug is located in the NE quadrant
- Incremental cost of two alternatives excludes common fixed costs - true

Good Luck