A Scoping Review of Appropriateness of Care Research Activity in Canada from a Health System-Level Perspective

Étude de la portée des activités de recherche sur la pertinence des soins au Canada, du point de vue du système

SUSAN BRIEN, GALINA GHEIHMAN, YI KI (YVONNE) TSE, MARY BYRNES, SOPHIA HARRISON, MARK J. DOBROW, CHARLES WRIGHT AND CY FRANK


<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boucher et al. 2003</td>
<td>Drug use evaluation of oral antibiotics prescribed in the ambulatory care settings in the Canadian armed forces</td>
<td>drug therapy, antibiotics</td>
<td>primary care</td>
<td>appropriateness rating</td>
<td>guidelines</td>
<td>pan-Canadian</td>
<td>Present-day drug use evaluation (DUE); prescribing among military practitioners and assessment of the degree of adherence to two sets of guidelines</td>
</tr>
<tr>
<td>Hanna et al. 2003</td>
<td>Intravenous immune globulin use in Canada</td>
<td>biopharmaceuticals, blood products</td>
<td>transfusion medicine</td>
<td>retrospective review of use</td>
<td>guidelines</td>
<td>pan-Canadian</td>
<td>Evaluation of intravenous immunoglobulin use</td>
</tr>
<tr>
<td>Malcolm and Marrie 2003</td>
<td>Antibiotic therapy for ambulatory patients with community-acquired pneumonia in an emergency department setting</td>
<td>drug therapy, antibiotics</td>
<td>ambulatory care</td>
<td>prospective observational study</td>
<td>guidelines</td>
<td>health region</td>
<td>Evaluation of the appropriate treatment of community-acquired pneumonia in an emergency department (ED) ambulatory setting</td>
</tr>
</tbody>
</table>
## Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schneeweiss et al. 2003</td>
<td>Clinical and economic consequences of reference pricing for dihydropyridine calcium channel blockers</td>
<td>drug therapy</td>
<td>chronic disease</td>
<td>longitudinal analysis</td>
<td></td>
<td>provincial</td>
<td>Clinical impact of reference drug pricing of calcium channel blockers (CCB)</td>
</tr>
<tr>
<td>Tamblyn et al. 2003</td>
<td>The medical office of the 21st century (MOXXI): effectiveness of computerized decision-making support in reducing inappropriate prescribing in primary care</td>
<td>drug therapy</td>
<td>information technology (IT)</td>
<td>randomized control trial (RCT)</td>
<td>drug indications, computerized decision support</td>
<td>provincial</td>
<td>Impact of computerized decision-making support (CDS) on reducing inappropriate prescribing</td>
</tr>
<tr>
<td>Butler and Stolberg 2004</td>
<td>The use of cross-sectional diagnostic imaging in a major Canadian health care centre</td>
<td>diagnostic imaging</td>
<td>acute care</td>
<td>appropriateness rating, peer review</td>
<td>peer review</td>
<td>hospital system</td>
<td>Diagnostic imaging (cross-sectional)</td>
</tr>
<tr>
<td>Cree et al. 2004</td>
<td>Effect of home care service levels on health outcomes in hip fracture patients in Alberta</td>
<td>health services utilization</td>
<td>home care, hip fracture</td>
<td>patient outcomes</td>
<td></td>
<td>provincial</td>
<td>Home care services</td>
</tr>
<tr>
<td>Dawar et al. 2004</td>
<td>A fresh look at an old vaccine: does BCG have a role in 21st-century Canada?</td>
<td>biopharmaceuticals, immunizations</td>
<td>public health, tuberculosis</td>
<td>epidemiology and outcomes</td>
<td></td>
<td>pan-Canadian, First Nations population</td>
<td>Evaluation of the appropriateness of tuberculosis (TB) vaccine in First Nations children</td>
</tr>
</tbody>
</table>
### Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson et al. 2004</td>
<td>Appropriate antibiotic utilization in seniors prior to hospitalization for community-acquired pneumonia is associated with decreased in-hospital mortality</td>
<td>drug therapy, antibiotics</td>
<td>geriatrics, pneumonia</td>
<td>administrative data</td>
<td>guidelines</td>
<td>provincial</td>
<td>Appropriate antibiotic use in seniors hospitalized with pneumonia</td>
</tr>
<tr>
<td>Kennedy et al. 2004</td>
<td>Variations in rates of appropriate and inappropriate carotid endarterectomy for prevention in four Canadian provinces</td>
<td>surgery, carotid endarterectomy</td>
<td>cardiovascular</td>
<td>RAND/UCLA appropriateness rating</td>
<td>pan-Canadian</td>
<td></td>
<td>Appropriate use of carotid endarterectomy</td>
</tr>
<tr>
<td>Kent et al. 2004</td>
<td>Need for coronary artery bypass grafting in Newfoundland and Labrador: the impact of increased demand</td>
<td>diagnostic imaging, angiography</td>
<td>cardiovascular</td>
<td>incident cohort</td>
<td>criteria</td>
<td>provincial</td>
<td>Evaluation of the appropriateness of coronary angiography</td>
</tr>
<tr>
<td>Klinke et al. 2004</td>
<td>Underuse of Aspirin in type 2 diabetes mellitus: prevalence and correlates of therapy in rural Canada</td>
<td>drug therapy, Aspirin</td>
<td>chronic disease, diabetes</td>
<td>cohort</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of adherence to treatment guidelines for diabetes mellitus (DM) with respect to Aspirin use</td>
</tr>
</tbody>
</table>
Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lane et al. 2004</td>
<td>Potentially inappropriate prescribing in Ontario community-dwelling older adults and nursing home residents</td>
<td>drug therapy, psychotropic drug use</td>
<td>geriatrics, long-term care residents and home care</td>
<td>cohort</td>
<td>guidelines</td>
<td>provincial</td>
<td>Comparisons of potentially inappropriate drug therapy in long-term care residents versus home care residents</td>
</tr>
<tr>
<td>Lau et al. 2004</td>
<td>Stroke prophylaxis in institutionalized elderly patients with atrial fibrillation</td>
<td>drug therapy, preventive care</td>
<td>geriatrics, stroke</td>
<td>retrospective analysis</td>
<td>guidelines</td>
<td>health region</td>
<td>Use of stroke prophylaxis in elderly patients with atrial fibrillation (AF)</td>
</tr>
<tr>
<td>Lee et al. 2004</td>
<td>Cost savings and effectiveness of outpatient treatment with low molecular weight heparin of deep vein thrombosis in a community hospital</td>
<td>drug therapy</td>
<td>home care</td>
<td>cost-effectiveness, cost savings</td>
<td></td>
<td>provincial</td>
<td>Outpatient treatment of deep vein thrombosis</td>
</tr>
<tr>
<td>Pilote et al. 2004</td>
<td>Cardiac procedures after an acute myocardial infarction across nine Canadian provinces</td>
<td>surgery, cardiac procedures</td>
<td>cardiovascular, acute myocardial infarction</td>
<td>longitudinal analysis of rates and wait times</td>
<td></td>
<td>pan-Canadian</td>
<td>Variations in cardiac procedures after acute myocardial infarction</td>
</tr>
<tr>
<td>Putnam et al. 2004</td>
<td>Anticoagulation in atrial fibrillation: is there a gap in care for ambulatory patients?</td>
<td>drug therapy, warfarin</td>
<td>cardiovascular, community care</td>
<td>survey</td>
<td></td>
<td></td>
<td>Evaluations of care gaps in anticoagulation in atrial fibrillation (AF) patients</td>
</tr>
</tbody>
</table>
### Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/ intervention (primary, secondary)</th>
<th>Clinical area/ disease/ population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rancourt et al. 2004</td>
<td>Potentially inappropriate prescriptions for older patients in long-term care</td>
<td>drug therapy</td>
<td>geriatrics, long-term care residents</td>
<td>cross-sectional chart review</td>
<td>expert review</td>
<td>provincial</td>
<td>Use of criteria to determine inappropriate prescribing of medications in long-term care residents for the purpose of patient safety and quality of care</td>
</tr>
<tr>
<td>Rochon et al. 2004</td>
<td>Potentially inappropriate prescribing in Canada relative to the US</td>
<td>drug therapy</td>
<td>policy</td>
<td>retrospective cohort</td>
<td>Beers criteria</td>
<td>provincial</td>
<td>Evaluation of the impact of a more restrictive drug formulary on inappropriate prescribing patterns compared to a less restrictive policy</td>
</tr>
<tr>
<td>Schneeweiss et al. 2004</td>
<td>Clinical and economic consequences of a reimbursement restriction of nebulised respiratory therapy in adults: direct comparison of randomised and observational evaluations</td>
<td>non-drug technology, nebulised respiratory medications</td>
<td>primary care</td>
<td>cluster randomized control trial (RCT), observational time series analysis</td>
<td>guidelines</td>
<td>provincial</td>
<td>Impact of reimbursement restrictions for nebulised respiratory medications</td>
</tr>
</tbody>
</table>
### Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson et al. 2005</td>
<td>Population-based evaluation of the management of antithrombotic therapy for atrial fibrillation</td>
<td>drug therapy, preventive care</td>
<td>cardiovascular, atrial fibrillation</td>
<td>survey, case scenarios</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of the appropriate rates of antithrombotic therapy for atrial fibrillation</td>
</tr>
<tr>
<td>Barrett et al. 2005</td>
<td>Hospital utilization, efficiency and access to care during and shortly after restructuring acute care in Newfoundland and Labrador</td>
<td>health services utilization</td>
<td>acute care</td>
<td>utilization rates, appropriateness</td>
<td>peer review</td>
<td>provincial</td>
<td>Hospitalizations and restructuring</td>
</tr>
<tr>
<td>El Saadany et al. 2005</td>
<td>Economic burden of hepatitis C in Canada and the potential impact of prevention</td>
<td>health services utilization, preventive care</td>
<td>public health, hepatitis C</td>
<td>economic evaluation, Markov model</td>
<td></td>
<td></td>
<td>Economic burden of hepatitis C in Canada</td>
</tr>
<tr>
<td>Hagen et al. 2005</td>
<td>Neuroleptic and benzodiazepine use in long-term care in urban and rural Alberta: characteristics and results of an education intervention to ensure appropriate use</td>
<td>drug therapy, psychotropic drug use</td>
<td>geriatrics, long-term care residents</td>
<td>interrupted time-series with chart reviews</td>
<td>recommendations</td>
<td>provincial</td>
<td>Evaluation of the use of psychotropic drugs in long-term care (LTC) and appropriate documentation of their use</td>
</tr>
</tbody>
</table>
Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ho et al. 2005</td>
<td>The impact of a pharmacist-managed dosage form conversion service on ciprofloxacin usage at a major Canadian teaching hospital: a pre- and post-intervention study</td>
<td>drug therapy, antibiotics</td>
<td>acute care</td>
<td>pre–post intervention</td>
<td>guidelines</td>
<td>provincial</td>
<td>Impact of a pharmacist-managed dosing program to reduce inappropriate ciprofloxacin use</td>
</tr>
<tr>
<td>Hogg et al. 2005</td>
<td>Cost savings associated with improving appropriate and reducing inappropriate preventive care: cost-consequences analysis</td>
<td>health services utilization, preventive care</td>
<td>primary care</td>
<td>expenditures</td>
<td>provincial</td>
<td>Evaluation of the cost consequences of implementing evidence-based appropriate preventive care practices</td>
<td></td>
</tr>
<tr>
<td>Mitton et al. 2005</td>
<td>Continuity of care and health care costs among persons with severe mental illness</td>
<td>health services utilization</td>
<td>mental health, community care</td>
<td>observational cohort, utilization cost analyses</td>
<td>provincial</td>
<td>Evaluation of the impact of continuity of care and related costs</td>
<td></td>
</tr>
<tr>
<td>Rapoport et al. 2005)</td>
<td>Antipsychotic use in the elderly—shifting trends and increasing costs</td>
<td>drug therapy, psychotropic drug use</td>
<td>geriatrics</td>
<td>cross-sectional time series analysis, expenditures</td>
<td>provincial</td>
<td>Evaluation of the trends in utilization and costs over time</td>
<td></td>
</tr>
<tr>
<td>Vik et al. 2005</td>
<td>Treatment of osteoporosis in an older home care population</td>
<td>drug therapy</td>
<td>osteoporosis</td>
<td>longitudinal analysis</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of treatment of osteoporosis in home care clients</td>
</tr>
</tbody>
</table>
# Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alter et al. 2006</td>
<td>Proliferation of cardiac technology in Canada</td>
<td>diagnostic imaging</td>
<td>cardiovascular</td>
<td>utilization rates, expenditures</td>
<td>pan-Canadian</td>
<td>Cardiac technologies (e.g., electrocardiograms [ECG], stress tests, catheterization, percutaneous coronary intervention [PCI], coronary artery bypass grafting [CABG])</td>
<td></td>
</tr>
<tr>
<td>Azoulay et al. 2006</td>
<td>Patterns and utilization of isotretinoin for acne from 1984 to 2003: is there need for concern?</td>
<td>drug therapy, acne treatment</td>
<td>dermatology</td>
<td>retrospective cohort, administrative data</td>
<td>guidelines</td>
<td>provincial</td>
<td>Impact of guideline implementation on use of isotretinoin for acne</td>
</tr>
<tr>
<td>Guttmann et al. 2006</td>
<td>Volume matters: physician practice characteristics and immunization coverage among young children insured through a universal health plan</td>
<td>biopharmaceuticals, immunizations</td>
<td>paediatrics</td>
<td>longitudinal analysis</td>
<td>government-set target</td>
<td>provincial</td>
<td>Evaluation of immunization coverage in children</td>
</tr>
<tr>
<td>Ko et al. 2006</td>
<td>Appropriateness of spironolactone prescribing in heart failure patients: a population-based study</td>
<td>drug therapy, spironolactone</td>
<td>cardiovascular, heart failure</td>
<td>population-based</td>
<td>guidelines</td>
<td>provincial</td>
<td>Appropriateness of spironolactone treatment in heart failure patients</td>
</tr>
</tbody>
</table>
## Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landry et al. 2006</td>
<td>Assessing the consequences of delisting publicly funded community-based physical therapy on self-reported health in Ontario, Canada: a prospective cohort study</td>
<td>health services utilization</td>
<td>community care, physiotherapy</td>
<td>prospective cohort</td>
<td>provincial</td>
<td>Impact of delisting community-based physiotherapy on patient outcomes</td>
<td></td>
</tr>
<tr>
<td>Marshall et al. 2006</td>
<td>Impact of administrative restrictions on antibiotic use and expenditure in Ontario: time series analysis</td>
<td>drug therapy, antibiotics</td>
<td>policy</td>
<td>time-series analysis, expenditures</td>
<td>provincial</td>
<td>Impact of policy change for reimbursement on antibiotic use and associated costs</td>
<td></td>
</tr>
<tr>
<td>Palencia et al. 2006</td>
<td>The costs of planned caesarean versus planned vaginal birth in the Term Breech Trial</td>
<td>health services utilization, labour and delivery</td>
<td>obstetrics</td>
<td>international controlled trials, cost analysis using Ontario Ministry of Health and Long-Term Care (MOHLTC) policies</td>
<td>provincial</td>
<td>A comparison of costs for planned caesarean versus vaginal delivery of breech babies at term</td>
<td></td>
</tr>
<tr>
<td>Rahme et al. 2006</td>
<td>Utilization and cost comparison of current and optimal prescribing of nonsteroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors</td>
<td>drug therapy, nonsteroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors</td>
<td>health system population</td>
<td>retrospective analysis, expenditures</td>
<td>guidelines</td>
<td>Evaluation of the appropriate prescribing of nonsteroidal anti-inflammatory drugs (NSAIDs) with gastro-protective agents and COX-2 inhibitors</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sealy and Whitehead 2006</td>
<td>The impact of deinstitutionalization of psychiatric hospitals and psychological distress of the community in Canada</td>
<td>health services utilization</td>
<td>mental health</td>
<td>observational</td>
<td></td>
<td>pan-Canadian</td>
<td>Impact of deinstitutionalization policies on psychological stress</td>
</tr>
<tr>
<td>Walker et al. 2006</td>
<td>An assessment of linezolid utilization in selected Canadian provinces</td>
<td>drug therapy, antibiotics</td>
<td>infectious diseases, infection control</td>
<td>retrospective cohort</td>
<td>recommendations and algorithm</td>
<td>pan-Canadian</td>
<td>Evaluation of the appropriateness of use of linezolid in treating antibiotic-resistant infections</td>
</tr>
<tr>
<td>Beauséjour et al. 2007</td>
<td>Patient characteristics at the initial visit to a scoliosis clinic</td>
<td>health services utilization</td>
<td>orthopaedics</td>
<td>cross-sectional study</td>
<td>guidelines</td>
<td>provincial</td>
<td>Appropriateness for referral to scoliosis clinic</td>
</tr>
<tr>
<td>Constantine et al. 2007</td>
<td>Intravenous immunoglobulin utilization in the Canadian Atlantic provinces</td>
<td>biopharmaceuticals, blood products</td>
<td>transfusion medicine</td>
<td>utilization rates, cost-effectiveness</td>
<td>guidelines</td>
<td>pan-Canadian</td>
<td>Evaluation of intravenous immunoglobulin use and cost-effectiveness</td>
</tr>
<tr>
<td>Cremieux et al. 2007</td>
<td>The economic impact of a partnership-measurement model of disease management</td>
<td>health services utilization, community care</td>
<td>cardiovascular</td>
<td>economic impact, input–output analysis</td>
<td></td>
<td>pan-Canadian</td>
<td>Community partnership-based disease-management project</td>
</tr>
</tbody>
</table>
### Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/ intervention (primary, secondary)</th>
<th>Clinical area/ disease/ population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kahn et al. 2007</td>
<td>Multicentre evaluation of the use of venous thromboembolism prophylaxis in acutely ill medical patients in Canada</td>
<td>non-drug therapy, preventive care</td>
<td>patient safety</td>
<td>chart audit</td>
<td>guidelines</td>
<td>pan-Canadian</td>
<td>Evaluation of the appropriateness and use of venous thromboembolism prophylaxis in surgical patients</td>
</tr>
<tr>
<td>Kerba et al. 2007</td>
<td>Defining the need for breast cancer radiotherapy in the general population: a criterion-based benchmarking approach</td>
<td>non-drug therapy, radiotherapy</td>
<td>oncology, breast cancer</td>
<td>registry</td>
<td>criterion-based benchmark approach</td>
<td>provincial</td>
<td>Determining the need for radiotherapy in breast cancer treatment</td>
</tr>
<tr>
<td>Lauber et al. 2007</td>
<td>Antibiotic prophylaxis practices in dentistry: a survey of dentists and physicians</td>
<td>drug therapy, antibiotics</td>
<td>dentistry, primary care</td>
<td>survey</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of antibiotics use in dentists and primary care physicians</td>
</tr>
<tr>
<td>Lum et al. 2007</td>
<td>Urban and rural differences in the management of asthma amongst primary care physicians in Alberta</td>
<td>health services utilization</td>
<td>primary care, asthma</td>
<td>chart review</td>
<td>guidelines</td>
<td>provincial</td>
<td>Differences in management of asthma in primary care settings</td>
</tr>
<tr>
<td>Peter et al. 2007</td>
<td>Neither seen nor heard: children and home care policy in Canada</td>
<td>health services utilization, home care</td>
<td>paediatrics, community care</td>
<td>normative analysis</td>
<td>pan-Canadian</td>
<td>Differences in management of asthma in primary care settings</td>
<td>Policy analysis and ethical implications of home care service availability for children and youth in Canada</td>
</tr>
</tbody>
</table>
## Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewitch et al. 2007</td>
<td>Receiving guideline-concordant pharmacotherapy for major depression: impact on ambulatory and in-patient health service use</td>
<td>drug therapy</td>
<td>mental health</td>
<td>retrospective cohort</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of appropriate pharmacotherapy for depression</td>
</tr>
<tr>
<td>Alport et al. 2008</td>
<td>Cryoprecipitate use in 25 Canadian hospitals: commonly used outside of the published guidelines</td>
<td>biopharmaceuticals, blood products</td>
<td>transfusion medicine</td>
<td></td>
<td>guidelines</td>
<td>pan-Canadian</td>
<td>Evaluation of cryoprecipitate use in Canadian hospitals</td>
</tr>
<tr>
<td>Alter et al. 2008</td>
<td>The relationship between physician supply, cardiovascular health service use and cardiac disease burden in Ontario: supply–need mismatch</td>
<td>health services utilization</td>
<td>cardiovascular</td>
<td>health services utilization</td>
<td></td>
<td>provincial</td>
<td>Correlation between cardiovascular health service intensity and regional disease burden</td>
</tr>
<tr>
<td>Beaulieu et al. 2008</td>
<td>Variability of hepatitis B testing in British Columbian end-stage renal disease (ESRD) patients: the case to focus on implementation of guidelines</td>
<td>biopharmaceuticals, immunizations</td>
<td>public health, hepatitis B</td>
<td>retrospective cohort, registry data</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of the immunization of dialysis patients for hepatitis B</td>
</tr>
</tbody>
</table>
## Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/ intervention (primary, secondary)</th>
<th>Clinical area/ disease/ population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edworthy et al. 2008</td>
<td>Smoldering rheumatoid arthritis: is the Canadian healthcare system neglecting a significant disease population?</td>
<td>drug therapy</td>
<td>chronic disease, rheumatoid arthritis</td>
<td>audit</td>
<td>guidelines</td>
<td>pan-Canadian</td>
<td>Treatment of rheumatoid arthritis patients</td>
</tr>
<tr>
<td>Iskedjian et al. 2008</td>
<td>Cost-effectiveness of escitalopram for generalized anxiety disorder in Canada</td>
<td>drug therapy, blood products</td>
<td>mental health, general anxiety disorder</td>
<td>decision tree</td>
<td>guidelines</td>
<td>provincial</td>
<td>Cost-effectiveness of using escitalopram for generalized anxiety disorder</td>
</tr>
<tr>
<td>Mahant et al. 2008</td>
<td>Reducing inappropriate hospital use on a general pediatric inpatient unit</td>
<td>health services utilization, hospital care</td>
<td>pediatrics</td>
<td>prospective observational study</td>
<td>appropriateness tool</td>
<td>health region</td>
<td>Evaluation of the appropriateness of hospitalization in a paediatric hospital</td>
</tr>
<tr>
<td>Papaioannou et al. 2008</td>
<td>The osteoporosis care gap in men with fragility fractures: the Canadian Multicentre Osteoporosis Study</td>
<td>health services utilization</td>
<td>geriatrics, osteoporosis</td>
<td>prospective population-based study</td>
<td>guidelines</td>
<td>pan-Canadian</td>
<td>Evaluation of the care gap in diagnosing and treating men with osteoporosis</td>
</tr>
</tbody>
</table>
Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul et al. 2008</td>
<td>Delisting publicly funded community-based physical therapy services in Ontario, Canada: a 12-month follow-up study of the perceptions of clients and providers</td>
<td>health services utilization</td>
<td>physiotherapy</td>
<td>survey</td>
<td></td>
<td>Impact of delisting publicly funded community physiotherapy</td>
<td></td>
</tr>
<tr>
<td>Sanyal et al. 2008</td>
<td>The relationship between type of drug therapy and blood glucose self-monitoring test strips claimed by beneficiaries of the Seniors’ Pharmacare Program in Nova Scotia, Canada</td>
<td>non-drug technology, glucose test strips</td>
<td>chronic disease, diabetes</td>
<td>retrospective review</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of claims for blood glucose test strips and diabetes drugs</td>
</tr>
<tr>
<td>Ackroyd-Stolarz et al. 2009</td>
<td>Potentially inappropriate prescribing of benzodiazepines for older adults and risk of falls during hospital stay</td>
<td>drug therapy, psychotropic drug use</td>
<td>patient safety</td>
<td>retrospective review of charts and administrative data</td>
<td>Beers criteria</td>
<td>hospital system</td>
<td>Evaluation of the inappropriate use of benzodiazepines in elderly patients in hospital</td>
</tr>
<tr>
<td>Al-Abdullah et al. 2009</td>
<td>The appropriateness of referrals to a paediatric emergency department via a telephone health line</td>
<td>health services utilization, emergency department use</td>
<td>paediatrics</td>
<td>chart review, provider survey</td>
<td>criteria</td>
<td>provincial</td>
<td>Evaluation of the appropriateness of referrals to an emergency department (ED) by teletriage (Telehealth Ontario)</td>
</tr>
</tbody>
</table>
## Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cinnamon et al. 2009</td>
<td>Assessing the suitability of host communities for secondary palliative care hubs: a location analysis model</td>
<td>health services utilization</td>
<td>community care, palliative care</td>
<td>location analysis model</td>
<td>provincial</td>
<td>Determination of optimal locations for palliative care hubs</td>
<td></td>
</tr>
<tr>
<td>Cruess et al. 2009</td>
<td>The treatment of wet age-related macular degeneration (AMD) in Canada: access to therapy (policy review)</td>
<td>drug therapy, treatment of age-related macular degeneration (AMD)</td>
<td>ophthalmology, geriatrics</td>
<td>costs, burden of illness</td>
<td>provincial</td>
<td>Evaluation of the costs associated with treating age-related macular degeneration (AMD) and implications for public funding of treatment</td>
<td></td>
</tr>
<tr>
<td>Doucette et al. 2009</td>
<td>Improving access to care by allowing self-referral to a hepatitis C clinic</td>
<td>health services utilization</td>
<td>public health, hepatitis C</td>
<td>chart review</td>
<td>provincial</td>
<td>Appropriateness of self-referral to hepatitis C clinics</td>
<td></td>
</tr>
<tr>
<td>Gooch et al. 2009</td>
<td>The Alberta hip and knee replacement project: a model for health technology assessment based on comparative effectiveness of clinical pathways</td>
<td>health services utilization, joint replacement</td>
<td>orthopaedics</td>
<td>randomized control trial (RCT), comparative effectiveness</td>
<td>provincial</td>
<td>Health technology assessment of joint replacement</td>
<td></td>
</tr>
<tr>
<td>Grzybowski and Schuurman 2009</td>
<td>Planning the optimal level of local maternity service for small rural communities: a systems study in British Columbia</td>
<td>health services utilization, rural communities</td>
<td>obstetrics, maternity care</td>
<td>iterative model</td>
<td>guidelines</td>
<td>provincial</td>
<td>Model to predict optimal level of maternity care for rural communities</td>
</tr>
</tbody>
</table>
### Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawker et al. 2009</td>
<td>A population-based nested case-control study of the costs of hip and knee replacement surgery</td>
<td>surgery, joint replacement</td>
<td>orthopaedics</td>
<td>case-matched comparisons, expenditures</td>
<td>provincial</td>
<td>Comparison of cost-consequences of joint replacement in osteoarthritis patients</td>
<td></td>
</tr>
<tr>
<td>Middelkamp et al. 2009</td>
<td>Evaluation of adult outpatient magnetic resonance imaging sedation practices: are patients being sedated optimally?</td>
<td>drug therapy, psychotropic drug use</td>
<td>ambulatory care, magnetic resonance imaging (MRI) clinics</td>
<td>survey</td>
<td>protocol</td>
<td>pan-Canadian</td>
<td>Use of anxiolytics in outpatient magnetic resonance imaging (MRI) clinics</td>
</tr>
<tr>
<td>Roussy et al. 2009</td>
<td>Cost of corneal transplantation for the Quebec health care system</td>
<td>surgery, corneal transplantation</td>
<td>ophthalmology</td>
<td>physician and prescription data, expenditures</td>
<td>provincial</td>
<td>Costs associated with corneal transplantation</td>
<td></td>
</tr>
<tr>
<td>Tang et al. 2009</td>
<td>Cardiac rehabilitation after stroke: need and opportunity</td>
<td>health services utilization</td>
<td>cardiovascular, rehabilitation</td>
<td>retrospective cohort analysis, survey</td>
<td>provincial</td>
<td>Evaluation of barriers to cardiac rehabilitation for stroke patients</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster et al. 2010</td>
<td>Use of intravenous immune globulin (IVIG) in the intensive care unit (ICU): a retrospective review of prescribing practices and patient outcomes</td>
<td>biopharmaceuticals, blood products</td>
<td>transfusion medicine</td>
<td>trend analysis</td>
<td>drug indications</td>
<td>provincial</td>
<td>Evaluation of the use of intravenous immune globulin (IVIG)</td>
</tr>
<tr>
<td>Gomes et al. 2010</td>
<td>Blood glucose test strips: options to reduce usage</td>
<td>non-drug technology, glucose test strips</td>
<td>chronic disease, diabetes</td>
<td>cross-sectional time series analysis</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of impact of reducing glucose test strip use</td>
</tr>
<tr>
<td>Kerba et al. 2010</td>
<td>Defining the need for prostate cancer radiotherapy in the general population: a criterion-based benchmarking approach</td>
<td>non-drug therapy, radiotherapy</td>
<td>oncology, prostate cancer</td>
<td>registry</td>
<td>evidence-based estimates</td>
<td>provincial</td>
<td>Determining need for radiotherapy in prostate cancer treatment</td>
</tr>
<tr>
<td>Leslie et al. 2010</td>
<td>A before-and-after study of fracture risk reporting and osteoporosis treatment initiation</td>
<td>health services utilization, preventive care</td>
<td>orthopaedics, bone mineral assessment testing</td>
<td>before and after</td>
<td>guidelines</td>
<td>provincial</td>
<td>Impact of change in guidelines on appropriate use of osteoporosis drugs</td>
</tr>
<tr>
<td>Lundine et al. 2010</td>
<td>Adherence to perioperative antibiotic prophylaxis among orthopaedic trauma patients</td>
<td>surgery</td>
<td>orthopaedics, patient safety</td>
<td>retrospective cohort</td>
<td>guidelines</td>
<td>pan-Canadian</td>
<td>Adherence to perioperative antibiotic guidelines</td>
</tr>
</tbody>
</table>
### Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/ intervention (primary, secondary)</th>
<th>Clinical area/ disease/ population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atzema et al. 2011</td>
<td>Temporal changes in emergency department triage of acute myocardial infarction patients and the effect on outcomes</td>
<td>health services utilization, emergency department use</td>
<td>cardiovascular, acute myocardial infarction</td>
<td>retrospective cohort, administrative data</td>
<td>guidelines</td>
<td>provincial</td>
<td>Triaging of acute myocardial infarction patients in the emergency department (ED)</td>
</tr>
<tr>
<td>Guertin et al. 2011</td>
<td>The potential economic impact of restricted access to angiotensin-receptor blockers (ARBs)</td>
<td>drug therapy</td>
<td>cardiovascular, ACE-inhibitors versus angiotensin-receptor blockers (ARBs)</td>
<td>cost minimization model, Monte Carlo simulations</td>
<td></td>
<td>pan-Canadian</td>
<td>Evaluation of cost savings had use of angiotensin-receptor blockers (ARBs) been restricted rather than used as an alternative to ACE-inhibitors</td>
</tr>
<tr>
<td>Landry et al., 2011</td>
<td>Do family physicians request ultrasound scans appropriately?</td>
<td>diagnostic imaging, ultrasound</td>
<td>primary care</td>
<td>retrospective review</td>
<td>guidelines</td>
<td>health region</td>
<td>Appropriateness of referral for diagnostic imaging by primary care physicians</td>
</tr>
<tr>
<td>Lin et al. 2011</td>
<td>Post-discharge care for depression in Ontario</td>
<td>health services utilization</td>
<td>mental health</td>
<td>administrative data review and chart abstraction</td>
<td>indicators, evidence-based, Delphi panel</td>
<td>provincial</td>
<td>Rate of appropriate post-discharge care for depression</td>
</tr>
</tbody>
</table>
Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohinmaa et al. 2011</td>
<td>Impacts of anti-TNF on health care utilization and costs in patients with rheumatoid arthritis in Alberta, Canada</td>
<td>biopharmaceuticals</td>
<td>chronic disease, rheumatoid arthritis</td>
<td>propensity score matching, cost-effectiveness</td>
<td>provincial</td>
<td>Cost-effectiveness of anti-TNF versus disease modifying antirheumatic drugs (DMARDs) in treating rheumatoid arthritis</td>
<td></td>
</tr>
<tr>
<td>Pan et al. 2011</td>
<td>Cost–utility analysis based on a head-to-head Phase 3 Trial comparing ustekinumab and etanercept in patients with moderate-to-severe plaque psoriasis: a Canadian perspective</td>
<td>biopharmaceuticals</td>
<td>dermatology, psoriasis</td>
<td>cost utility, Markov model</td>
<td>pan-Canadian</td>
<td>Head-to-head comparison of effectiveness and costs of two dermatology treatments (ustekinumab and etanercept)</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atzema et al. 2012</td>
<td>Wait times in the emergency department for patients with mental illness</td>
<td>health services utilization, emergency department use</td>
<td>mental health</td>
<td>retrospective cohort, administrative data</td>
<td>guidelines</td>
<td>provincial</td>
<td>Emergency department triaging of patients with mental illness</td>
</tr>
<tr>
<td>Chalmers et al. 2012</td>
<td>Rates of interventions in labour and birth across Canada: findings of the Canadian Maternity Experiences Survey</td>
<td>health services utilization, labour and delivery</td>
<td>obstetrics</td>
<td>survey</td>
<td>rates of use of evidence-based interventions</td>
<td>pan-Canadian</td>
<td>Evaluation of the variations in labour and delivery interventions across Canada</td>
</tr>
<tr>
<td>Cohen et al. 2012</td>
<td>Specialized cardiological care may be overutilized in Quebec</td>
<td>health services utilization</td>
<td>cardiovascular</td>
<td>small area analysis, modelling using utilization variables</td>
<td>provincial</td>
<td>Potential overuse of medical specialists (internists and cardiologists) and revascularization procedures</td>
<td></td>
</tr>
<tr>
<td>Feasby et al. 2012</td>
<td>Appropriateness of the use of intravenous immune globulin (IVG) before and after the introduction of a utilization control program</td>
<td>biopharmaceuticals, blood products</td>
<td>transfusion medicine</td>
<td>chart review</td>
<td>RAND/UCLA Appropriateness rating</td>
<td>provincial</td>
<td>Appropriate use of intravenous immune globulin (IVG)</td>
</tr>
</tbody>
</table>
Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grace et al. 2012</td>
<td>The role of systematic inpatient cardiac rehabilitation referral in increasing equitable access and utilization</td>
<td>health services utilization</td>
<td>cardiovascular, rehabilitation</td>
<td>prospective observational study</td>
<td>guidelines</td>
<td>provincial</td>
<td>Impact of systematic referral for cardiac rehabilitation and socio-demographic distribution of services use; “underuse”</td>
</tr>
<tr>
<td>Jin et al. 2012</td>
<td>De-insurance in Ontario has reduced use of eye care services by the socially disadvantaged</td>
<td>health services utilization</td>
<td>optometry, ophthalmology</td>
<td>survey</td>
<td>provincial</td>
<td>Impact of de-listing eye care services</td>
<td></td>
</tr>
<tr>
<td>Ko et al. 2012</td>
<td>Assessing the association of appropriateness of coronary revascularization and clinical outcomes for patients with stable coronary artery disease</td>
<td>surgery, re-vascularization</td>
<td>cardiovascular, coronary artery disease</td>
<td>retrospective chart review</td>
<td>criteria</td>
<td>provincial</td>
<td>Evaluation of the use of revascularization in appropriate cases and outcomes</td>
</tr>
</tbody>
</table>
### Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>MacFadden et al. 2012</td>
<td>Sex differences in implantable cardioverter-defibrillator outcomes: findings from a prospective defibrillator database</td>
<td>non-drug therapy, implantable cardiac defibrillator</td>
<td>cardiovascular, atrial fibrillation</td>
<td>prospective observational study</td>
<td>peer review</td>
<td>provincial</td>
<td>Evaluation of the variation in implantable cardioverter-defibrillator (ICD) use between men and women, including appropriate use of ICD therapies</td>
</tr>
<tr>
<td>Maleki-Yazdi et al. 2012</td>
<td>The burden of illness in patients with moderate to severe chronic obstructive pulmonary disease in Canada</td>
<td>health services utilization</td>
<td>chronic disease, chronic obstructive pulmonary disease (COPD)</td>
<td>chart review and patient survey, expenditures</td>
<td></td>
<td>pan-Canadian</td>
<td>Costs associated with treatment of acute exacerbations of chronic obstructive pulmonary disease (COPD)</td>
</tr>
<tr>
<td>Puyat et al. 2012</td>
<td>The essential and potential inappropriate use of antipsychotics across income groups: an analysis of linked administrative data</td>
<td>drug therapy, psychotropic drug use</td>
<td>health system population</td>
<td>administrative data</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of antipsychotic use across income groups</td>
</tr>
<tr>
<td>Rahme et al. 2012</td>
<td>Concordance with guideline recommendations: previous and more recent nonsteroidal anti-inflammatory drug prescriptions in Quebec, Canada</td>
<td>drug therapy, nonsteroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors</td>
<td>health system population</td>
<td>physician billing and prescription data</td>
<td>guidelines</td>
<td>provincial</td>
<td>Concordance of nonsteroidal anti-inflammatory drug (NSAID) and COX-2 inhibitor prescriptions with guideline recommendations</td>
</tr>
</tbody>
</table>
Appendix 2: Continued

<table>
<thead>
<tr>
<th>Citation (first author, year)</th>
<th>Article title</th>
<th>Health service/intervention (primary, secondary)</th>
<th>Clinical area/disease/population/care setting (primary, secondary)</th>
<th>Type of analysis (primary, secondary)</th>
<th>Method of appropriateness rating</th>
<th>Scope</th>
<th>Summary of article rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guilcher et al. 2013</td>
<td>Is the emergency department an appropriate substitute for primary care for persons with traumatic spinal cord injury?</td>
<td>health services utilization, emergency department use</td>
<td>primary care, acute spinal cord injury</td>
<td>longitudinal analysis</td>
<td>guidelines</td>
<td>provincial</td>
<td>Evaluation of the use of emergency departments for primary care-related issues by patients with spinal cord injury</td>
</tr>
<tr>
<td>Hermann et al. 2013</td>
<td>Management of neuropsychiatric symptoms in long-term care residents with Parkinson’s disease</td>
<td>drug therapy, psychotropic drug use</td>
<td>mental health, long-term care residents</td>
<td>cohort</td>
<td>guidelines</td>
<td>provincial</td>
<td>Management of psychotic symptoms in long-term care residents with Parkinson’s disease</td>
</tr>
<tr>
<td>Singh et al. 2013</td>
<td>Economic evaluation of percutaneous left atrial appendage occlusion, dabigatran, and warfarin for stroke prevention in patients with nonvalvular atrial fibrillation</td>
<td>drug therapy, preventive care</td>
<td>cardiovascular, atrial fibrillation</td>
<td>economic evaluation, Markov model</td>
<td></td>
<td>provincial</td>
<td>Evaluation of new stroke therapy (dabigatran) versus two standard therapies (warfarin and surgical intervention)</td>
</tr>
</tbody>
</table>
Appendix 2: Continued

References


Appendix 2: Continued


Appendix 2: Continued


Appendix 2: Continued


Appendix 2: Continued


Appendix 2: Continued


Appendix 2: Continued


