APPENDIX 17: ECONOMIC EVIDENCE PROFILES

Clinical / economic question: 3

Asser	Assertive community treatment versus standard case management								
Study & count	Limitatio ns	Applicabilit y	Other comments	Increment al cost (£)	Increment al effect (QALYs)	ICER (£/QALY)	Uncertainty		
ry Clark et al. 1998 USA	Minor limitation s ¹	Partially applicable ²	Authors computed ratios of cumulative quality of life years to total costs rather than incremental cost-effectiveness ratio (ICER). Average quality of life ratios per \$10,000 in societal costs were 0.24 (assertive community treatment) and 0.20 (standard case management). It was not possible to calculate incremental effects and ICER based on data presented.	£6,2933	NA	NA	One way sensitivity analysis: imputed data for informal care-giving costs and legal costs – did not significantly affect base case results		

¹ Based on single US study (limited generalisability); one-way sensitivity analyses conducted

² US study; societal perspective (includes costs of legal and community services); health effects measured using subjective quality of life years and not QALYs

³ Converted from 1995/96 US \$ using a PPP exchange rate of 0.641 (<u>www.oecd.org/std/ppp</u>) then inflated to 2008/09 prices using HCHS indices (Curtis, 2009)

Psychosis with substance misuse: full guideline DRAFT (July 2010)

Case r	Case management training programme versus waiting list control								
Study	Limitatio	Applicabilit	Other comments	Increment	Increment	ICER	Uncertainty		
&	ns	y		al cost (£)	al effect	(£/QALY			
count					(QALYs))			
ry									
Craig	Minor	Partially	This study is a partial economic	£1,2346	NA	NA	No sensitivity analyses conducted		
et al.	limitation	applicable5	evaluation (cost analysis) as authors						
2008	s4		did not attempt combine total costs						
UK			and outcomes using ICERs.						

Integr	Integrated assertive community treatment versus non-integrated community treatment and standard care								
Study	Limitatio	Applicabilit	Other comments	Increment	Increment	ICER	Uncertainty		
&	ns	У		al cost (£)	al effect	(£/QALY			
count					(QALYs))			
ry									
Mors	Minor	Partially	Partial economic evaluation -	NA	NA	NA	No sensitivity analyses conducted		
e et al	limitation	applicable8	simple cost analyses. Not possible to						
2006	s7		calculate incremental costs and						
USA			effects based on data presented by						
			authors.						

⁴ Array of effectiveness measures used in study – not formally combined with cost data in order to calculate ICERs; no sensitivity analyses

⁵ Cost analysis included criminal justice sector costs; array of effectiveness measures used in study (psychiatric symptoms; drug and alcohol consumption, quality of life, social functioning)

⁶ Inflated from 2003/04 to 2008/09 prices using HCHS indices (Curtis, 2009)

⁷ Based on single US study; no incremental analysis – no synthesis of total cost differences with outcomes

⁸ Societal perspective for cost analysis (social security and transfer payments)

Clinical / economic question: 4

Cogni	Cognitive behavioural therapy and motivational interviewing versus routine care								
Study	Limitatio	Applicabilit	Other comments	Increment	Increment	ICER	Uncertainty		
&	ns	у		al cost (£)	al effect	(£/QALY			
count					(QALYs))			
ry									
Hadd	Minor	Partially	Authors did not present incremental	-£1,87611	NA	NA	One way sensitivity analyses around		
ock et	limitation	applicable	effects or ICER but calculated				assumptions about costs: discount rate,		
al.	s9	10	probability of intervention being				excluding costs of family support visits.		
2003			less costly than routine care (WTP of						
UK			£0) as 69.3%.						

12-ste	2-step recovery model versus Behavioural skills training model								
Study	Limitatio	Applicabili	Other comments	Increment	Increment	ICER	Uncertainty		
&	ns	ty		al cost (£)	al effect	(£/QAL			
count		-			(QALYs)	Y)			
ry									
Jerrel	Potential	Partially	As no differences were detected in	£7,68314	NA	NA	No sensitivity analysis was performed		
l et	ly	applicable	clinical outcomes after 18 months,						
al.	serious	13	study was a cost-minimisation						
1997	limitatio		analysis						
USA	ns12		-						

⁹ ICER calculated but not reported by authors; small sample size reduces statistical significance of any clinical differences between treatment groups ¹⁰ Societal perspective for cost analysis (patient travel, productivity losses); measure of effectiveness was Global Assessment of Functioning scale – limits generalisability

¹¹ Inflated form 1998/99 UK pounds to 2008/09 values using Hospital and Community Health Services (HCHS) indices (Curtis, 2009)

¹² Single US study – limited generalisability to UK setting; insufficient description of resource use and cost estimates; non-randomised study design (limited internal validity)

¹³ US health service perspective; array of effectiveness measures used in study including psychological functioning, psychiatric and substance abuse symptoms rather than single measure e.g. QALYs; no sensitivity analyses performed

¹⁴ Converted from 1996/97 US \$ using a PPP exchange rate of 0.635 (<u>www.oecd.org/std/ppp</u>) then inflated to 2008/09 prices using HCHS indices (Curtis, 2009)

12-ste	12-step recovery model versus Case management									
Study & count	Limitatio ns	Applicabili ty	Other comments	Incremental cost (£)	Increment al effect (QALYs)	ICER (£/QALY)	Uncertainty			
ry Jerrell et al. 1997 USA	Potentiall y serious limitatio ns (see above)	Partially applicable (see above)	See above	£4,459 (see above)	NA	NA	No sensitivity analysis was performed			

Case 1	Case management versus Behavioural skills training model									
Study	Limitatio	Applicabili	Other comments	Incremental	Increment	ICER	Uncertainty			
&	ns	ty		cost (£)	al effect	(£/QALY				
count					(QALYs))				
ry										
Jerrell	Potentiall	Partially	See above	£3,225 (see	NA	NA	No sensitivity analysis was performed			
et al.	y serious	applicable		above)						
1997	limitatio	(see above)								
USA	ns (see									
	above)									

Clinical / economic question: 5

Modi	Modified therapeutic community versus treatment as usual									
Study & count ry	Limitatio ns	Applicabili ty	Other comments	Incremental cost (£)	Increment al effect (QALYs)	ICER (£/QALY)	Uncertainty			
Frenc h et al. 1999 USA	Potentiall y serious limitatio ns15	Partially applicable 16	No single summary outcome measure was used by authors – economic evaluation was therefore a cost -consequences analysis. No incremental analysis was performed by authors and it was not possible to calculate ICERs based on data presented. Costs and outcomes were measured over different time horizons.	-£41117	NA	NA	No sensitivity analysis was performed			

¹⁵ Little information provided by authors regarding patient characteristics; no formal synthesis of costs and outcomes; no sensitivity analyses

¹⁶ Based on single US cohort study – limited generalisability; Array of effectiveness measures used (substance use, HIV-risk behaviour, psychological symptoms) rather than a single outcome measure

¹⁷ Converted from 1994/95 US \$ using a PPP exchange rate of 0.637 (<u>www.oecd.org/std/ppp</u>) then inflated to 2008/09 prices using HCHS indices (Curtis, 2009)