

APPENDIX 17: ECONOMIC EVIDENCE PROFILES

1.1 Service models

Assertive community treatment versus standard case management							
Study and country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Clark and colleagues (1998) US	Minor limitations ¹	Partially applicable ²	Authors computed ratios of cumulative quality of life years to total costs rather than ICER. Average quality of life ratios per \$10,000 in societal costs were 0.24 (ACT) and 0.20 (SCM). It was not possible to calculate incremental effects or ICER based on the data presented	£6,293 ³	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 a 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 dollars using a purchasing power parity (www.oecd.org/std/ppp) exchange-rate of 0.641, then inflated to 2008/09 prices using hospital and community health services indices (Curtis, 2009).

Case management training programme versus waiting list control							
Study and country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Craig and colleagues (2008) UK	Minor limitations ⁴	Partially applicable ⁵	This study is a partial economic evaluation (cost analysis) because authors did not attempt to combine total costs and outcomes using ICERs	£1,234 ⁶	NA	NA	No sensitivity analyses conducted

Integrated assertive community treatment versus non-integrated community treatment and standard care							
Study and country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Morse and colleagues (2006) US	Minor limitations ⁷	Partially applicable ⁸	Partial economic evaluation – simple cost analyses. Not possible to calculate incremental costs and effects based on data presented by authors	NA	NA	NA	No sensitivity analyses conducted

⁴ Array of effectiveness measures used in study – not formally combined with cost data 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 and social functioning).

⁶ Inflated from 2003/04 to 2008/09 prices using hospital and community health services 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).

Modified therapeutic community versus treatment as usual							
Study and country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
French and colleagues (1999) US	Potentially serious limitations ⁹	Partially applicable ¹⁰	No single summary outcome measure was used by authors; economic evaluation was therefore a cost-consequence analysis. No incremental analysis was performed by authors and it was not possible to calculate ICERs based on the data presented. Costs and outcomes were measured over different time horizons	-£411 ¹¹	NA	NA	No sensitivity analysis was performed

⁹ Little information provided by authors regarding patient characteristics; no formal synthesis of costs and outcomes; no sensitivity analyses.

¹⁰ 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.

¹¹ Converted from 1994/95 US dollars using a purchasing power parity (www.oecd.org/std/ppp) exchange rate of 0.637, then inflated to 2008/09 prices using hospital and community health services indices (Curtis, 2009).

1.2 Psychological and psychosocial interventions

Cognitive behavioural therapy and motivational interviewing versus routine care							
Study and country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Haddock and colleagues (2003) UK	Minor limitations ¹²	Partially applicable ¹³	Authors did not present incremental effects or ICER but calculated probability of intervention being less costly than routine care (willingness to pay of £0) as 69.3%	-£1,876 ¹⁴	NA	NA	One-way sensitivity analyses around assumptions about costs: discount rate, excluding costs of family support visits.

12-step recovery model versus behavioural skills training model							
Study and country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Jerrell and colleagues (1997) US	Potentially serious limitations ¹⁵	Partially applicable ¹⁶	As no differences were detected in clinical outcomes after 18 months, study was a cost-minimisation analysis	£7,683 ¹⁷	NA	NA	No sensitivity analysis was performed

¹² ICER calculated but not reported by authors; small sample size reduces statistical significance of any clinical differences between treatment groups.

¹³ Societal perspective for cost analysis (patient travel, productivity losses); measure of effectiveness was the GAF scale, which limits generalisability.

¹⁴ Inflated from 1998/99 pounds sterling to 2008/09 values using hospital and community health services indices (Curtis, 2009).

¹⁵ Single US study – limited generalisability to UK setting; insufficient description of resource use and cost estimates; non-randomised study design (limited internal validity)

¹⁶ US health service perspective; array of effectiveness measures used in study including psychological functioning, psychiatric and substance-abuse symptoms rather than single measures, for example QALYs; no sensitivity analyses performed.

¹⁷ Converted from 1996/97 US dollars using a purchasing power parity (www.oecd.org/std/ppp) exchange rate of 0.635, then inflated to 2008/09 prices using hospital and community health services indices (Curtis, 2009).

12-step recovery model versus case management							
Study and country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Jerrell and colleagues (1997) US	Potentially serious limitations (see above)	Partially applicable (see above)	See above	£4,459 (see above)	NA	NA	No sensitivity analysis was performed

Case management versus behavioural skills training model							
Study and country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Jerrell and colleagues (1997) US	Potentially serious limitations (see above)	Partially applicable (see above)	See above	£3,225 (see above)	NA	NA	No sensitivity analysis was performed