APPENDIX 17:

HEALTH ECONOMIC EVIDENCE – COMPLETED

METHODOLOGY CHECKLISTS

Multidisciplinary teams

Reference: NAO (2009) *Supporting People with Autism Through Adulthood: Report by the Comptroller and Auditor General*. HC 556 Session 2008–2009. 5 June. London: The Stationery Office.		
Economic question: multidisciplinary team versus standard care for identification, management and support of adults with autism		
Section 1: Applicability (relevance to specific guideline review question[s] and the NICE reference case)	**Yes/Partly/ No/Unclear/ N/A**	**Comments**
1.1 Is the study population appropriate for the guideline?	Yes	Adults with high-functioning autism
1.2 Are the interventions appropriate for the guideline?	Yes	–
1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	–
1.4 Are costs measured from the NHS and PSS perspective?	Partly	Public sector and individual costs; NHS and local government costs reported separately
1.5 Are all direct health effects on individuals included?	N/A	Cost analysis
1.6 Are both costs and health effects discounted at an annual rate of 3.5%?	N/A	Annual costs estimated
1.7 Is the value of health effects expressed in terms of QALYs?	N/A	Cost analysis
1.8 Are changes in HRQoL reported directly from patients and/or carers?	N/A	–
1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	N/A	–
1.10 Overall judgement: Partially applicable		
Other comments: –		

Section 2: Study limitations (the level of methodological quality)		Yes/Partly/ No/ Unclear/ N/A	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	–
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Snapshot approach of measuring costs
2.3	Are all important and relevant health outcomes included?	N/A	Cost analysis
2.4	Are the estimates of baseline health outcomes from the best available source?	No	Unpublished data from a survey, local services and expert opinion
2.5	Are the estimates of relative treatment effects from the best available source?	No	Based on data from a survey, local services and expert opinion
2.6	Are all important and relevant costs included?	Yes	–
2.7	Are the estimates of resource use from the best available source?	Partly	Some published estimates, local data
2.8	Are the unit costs of resources from the best available source?	Yes	National unit costs
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	N/A	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	–
2.11	Is there no potential conflict of interest?	Yes	–
2.12 Overall assessment: Potentially serious limitations			
Other comments: –			

Supported employment programmes

Reference: Mawhood, L. & Howlin, P. (1999) The outcome of a supported employment scheme for high-functioning adults with autism or Asperger syndrome. *Autism*, 3, 229–254.		
Economic question: supported employment programmes versus standard care		
Section 1: Applicability (relevance to specific guideline review question[s] and the NICE reference case)	**Yes/ Partly/ No/Unclear/ N/A**	**Comments**
1.1 Is the study population appropriate for the guideline?	Yes	Adults with high-functioning autism
1.2 Are the interventions appropriate for the guideline?	Yes	–
1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	–
1.4 Are costs measured from the NHS and PSS perspective?	Partly	Only intervention costs included
1.5 Are all direct health effects on individuals included?	No	HRQoL not measured
1.6 Are both costs and health effects discounted at an annual rate of 3.5%?	N/A	Time horizon 2 years
1.7 Is the value of health effects expressed in terms of QALYs?	No	–
1.8 Are changes in HRQoL reported directly from patients and/or carers?	N/A	–
1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	N/A	–
1.10 Overall judgement: Directly applicable		
Other comments: –		

Section 2: Study limitations (the level of methodological quality)		Yes/ Partly/ No/Unclear/ N/A	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	N/A	Quasi-experimental parallel group controlled trial
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Only intervention period
2.3	Are all important and relevant health outcomes included?	No	HRQoL not measured
2.4	Are the estimates of baseline health outcomes from the best available source?	Partly	Controlled trial
2.5	Are the estimates of relative treatment effects from the best available source?	Partly	Controlled trial
2.6	Are all important and relevant costs included?	No	Supported employment programme cost only; cost of standard service not reported; no other costs considered
2.7	Are the estimates of resource use from the best available source?	Partly	No patient-level costing; no costing of control intervention
2.8	Are the unit costs of resources from the best available source?	No	Local prices
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partly	Assuming zero intervention cost for control
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	Simple cost estimates
2.11	Is there no potential conflict of interest?	Yes	–
2.12 Overall assessment: Potentially serious limitations			
Other comments: –			

Review: Economic analysis for this guideline			
Economic question: supported employment programmes versus standard care (day services)			
Section 1: Applicability (relevance to specific guideline review question[s] and the NICE reference case)		Yes/ Partly/ No/Unclear/ N/A	Comments
1.1	Is the study population appropriate for the guideline?	Yes	Adults with autism
1.2	Are the interventions appropriate for the guideline?	Yes	–
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	–
1.4	Are costs measured from the NHS and PSS perspective?	Yes	–
1.5	Are all direct health effects on individuals included?	Yes	–
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	Yes	–
1.7	Is the value of health effects expressed in terms of QALYs?	Yes	–
1.8	Are changes in HRQoL reported directly from patients and/or carers?	No	Utility data from people in sick leave used as a proxy
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	Short-Form Six-Dimension utility index algorithm
1.10 Overall judgement: Directly applicable			
Other comments: –			

Section 2: Study limitations (the level of methodological quality)		Yes/ Partly/ No/ Unclear/ N/A	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	–
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	8 years
2.3	Are all important and relevant health outcomes included?	Yes	–
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Quasi-experimental parallel group controlled trial
2.5	Are the estimates of relative treatment effects from the best available source?	Partly	Quasi-experimental parallel group controlled trial
2.6	Are all important and relevant costs included?	Yes	–
2.7	Are the estimates of resource use from the best available source?	Partly	Published evidence
2.8	Are the unit costs of resources from the best available source?	Yes	UK national costs
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	–
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Probabilistic sensitivity analysis
2.11	Is there no potential conflict of interest?	Yes	–
2.12 Overall assessment: Minor limitations			
Other comments: Lack of data on the long-term benefits associated with provision of supported employment programmes			