

The cost-effectiveness of self care support interventions


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Self care support

- Huge burden of disease associated with chronic conditions
- Self care suggested as a possible means of reducing the burden and improving patient outcomes
- Numerous interventions but Chronic Disease Self Management Program (on which Expert Patient Programme (EPP) is based) is best known
- Rolled out across England and Wales
- 100,000 target by 2012

Background

- Evidence of cost-effectiveness of interventions to support self care is limited
 - Often major study design flaws and/or analytical errors
 - US studies
 - Transferability
 - Choice of outcome measures
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RCT of EPP

- National evaluation of EPP based on CDSMP, designed to improve self-efficacy
- Economic evaluation with QALY as outcome measure
- 2 arm trial comparing EPP with waiting list control
- Any individual with (self reported) long term condition eligible
- No specific inclusion/exclusion criteria

QALY results

	<i>Mean QALY</i>	<i>Difference (95% CI)</i>	<i>Difference allowing for baseline characteristics* (95% CI)</i>
Intervention group	0.276	0.0184	0.020
Control group	0.258	(-0.004 to 0.041)	(0.007 to 0.034)

* adjusted for age, gender, condition and baseline EQ-5D score

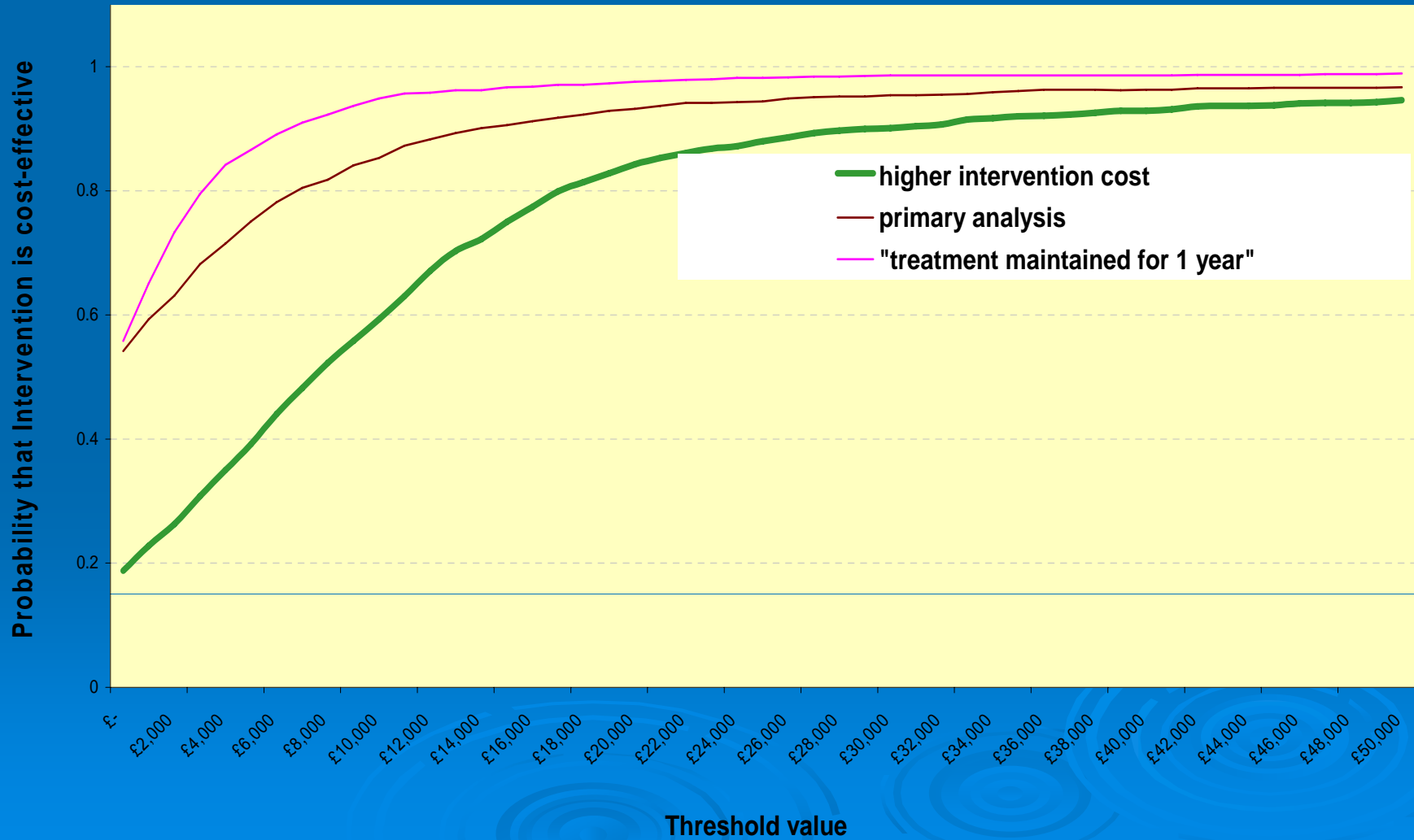
Results: total costs

	<i>EPP group</i>	<i>Control group</i>	<i>95% CI around difference in mean cost</i>
Health care costs only	£1169	£1560	£389 (£38 to £741)
Total Cost including patient costs with intervention costed at £250 per patient*	£1912	£1939	£27 (-£368 to £422)

* the cost of the intervention is based on estimates from Department of Health calculated by dividing total cost of programme by throughput

CEACs

Cost-effectiveness acceptability curve



Conclusions of single trial analysis

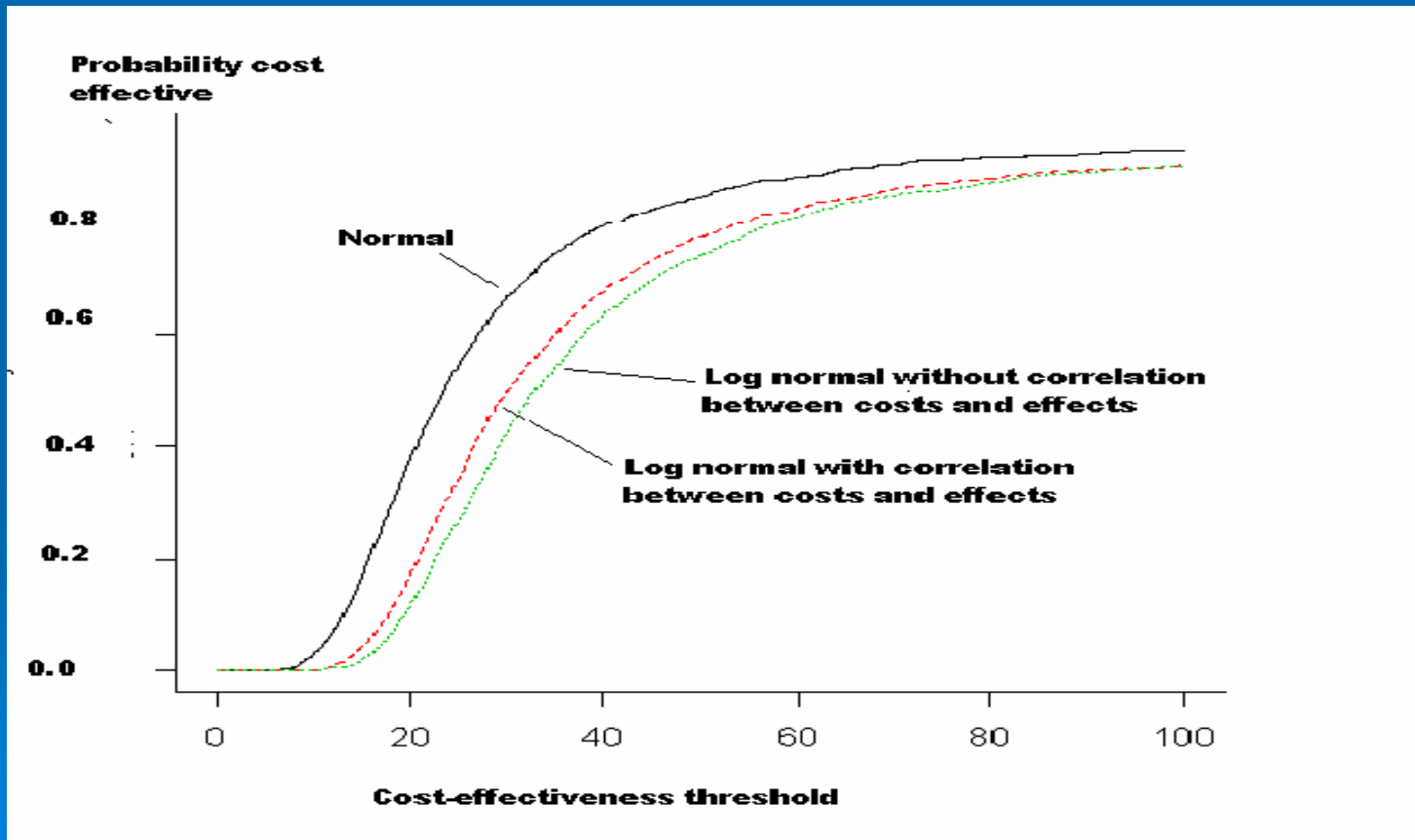
- Based on this single trial based analysis, EPP looks cost-effective
- However, is this ALL relevant evidence?
- Concept of relevance




But, another RCT showed these results...

	<i>National Evaluation of EPP</i> (95% CI)	Griffiths evaluation of EPP (95% CI)
Incremental QALYs (intervention minus control, adjusted for baseline EQ-5D)	0.020 (0.007 to 0.034)	-0.002 (-0.014 to 0.012)
Incremental cost (intervention minus control)	-£27 (-£422 to £368)	£146 (£65 to £223)

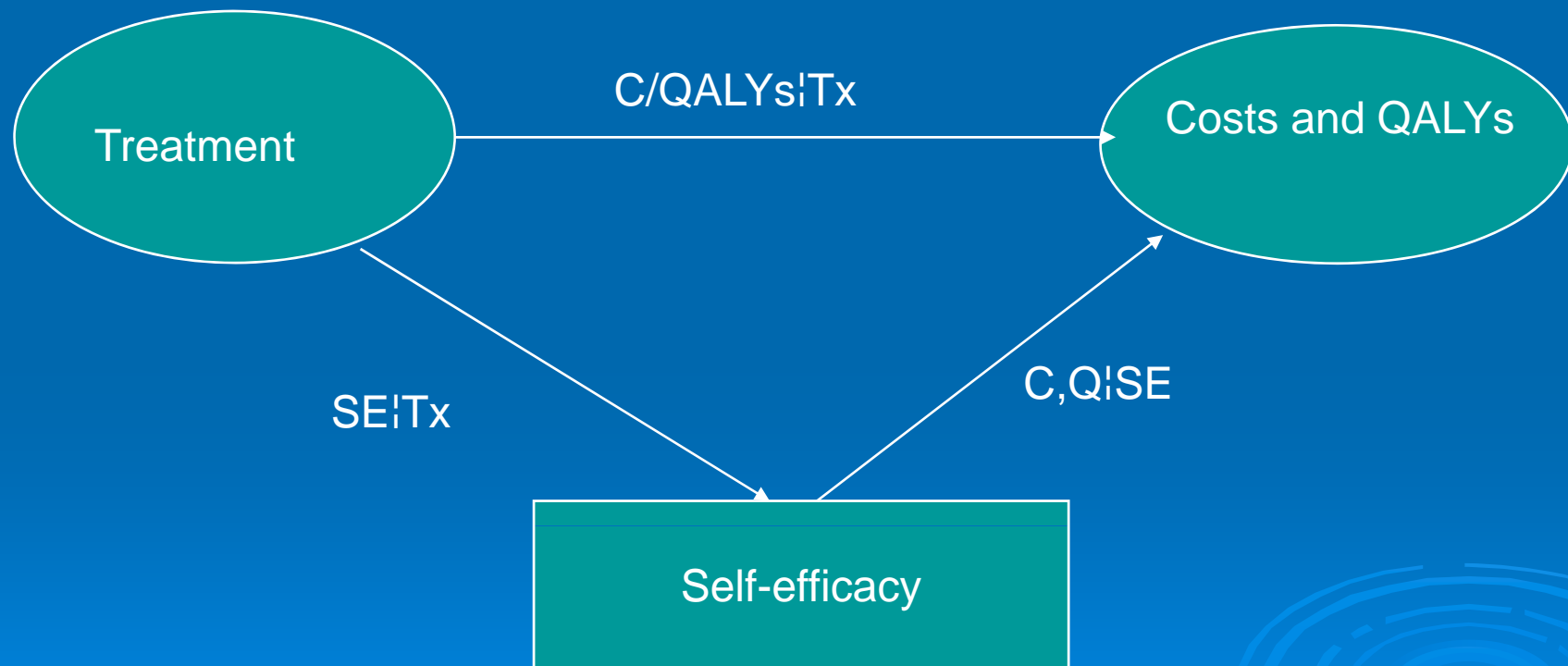
CEACs using two trials

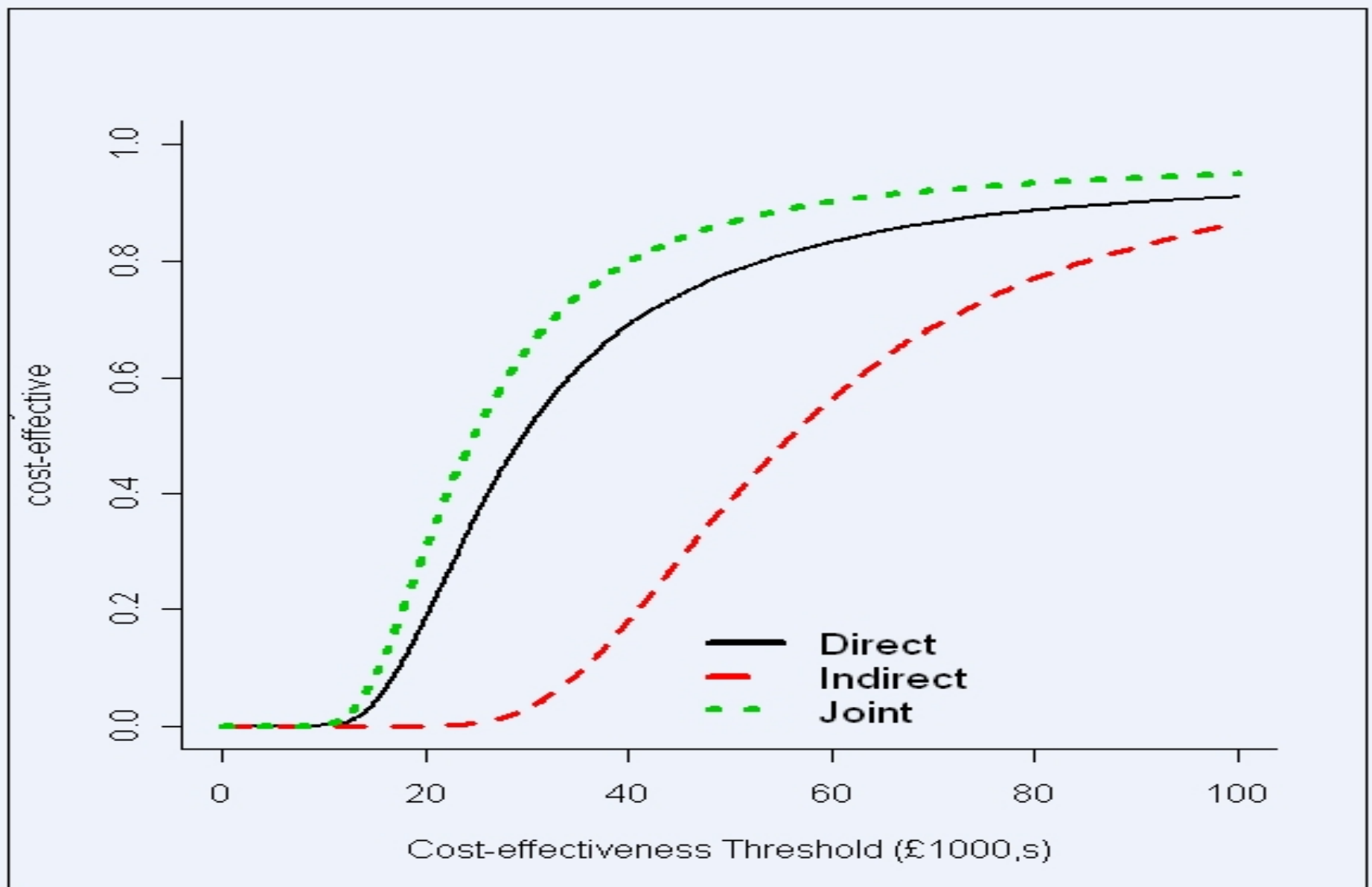


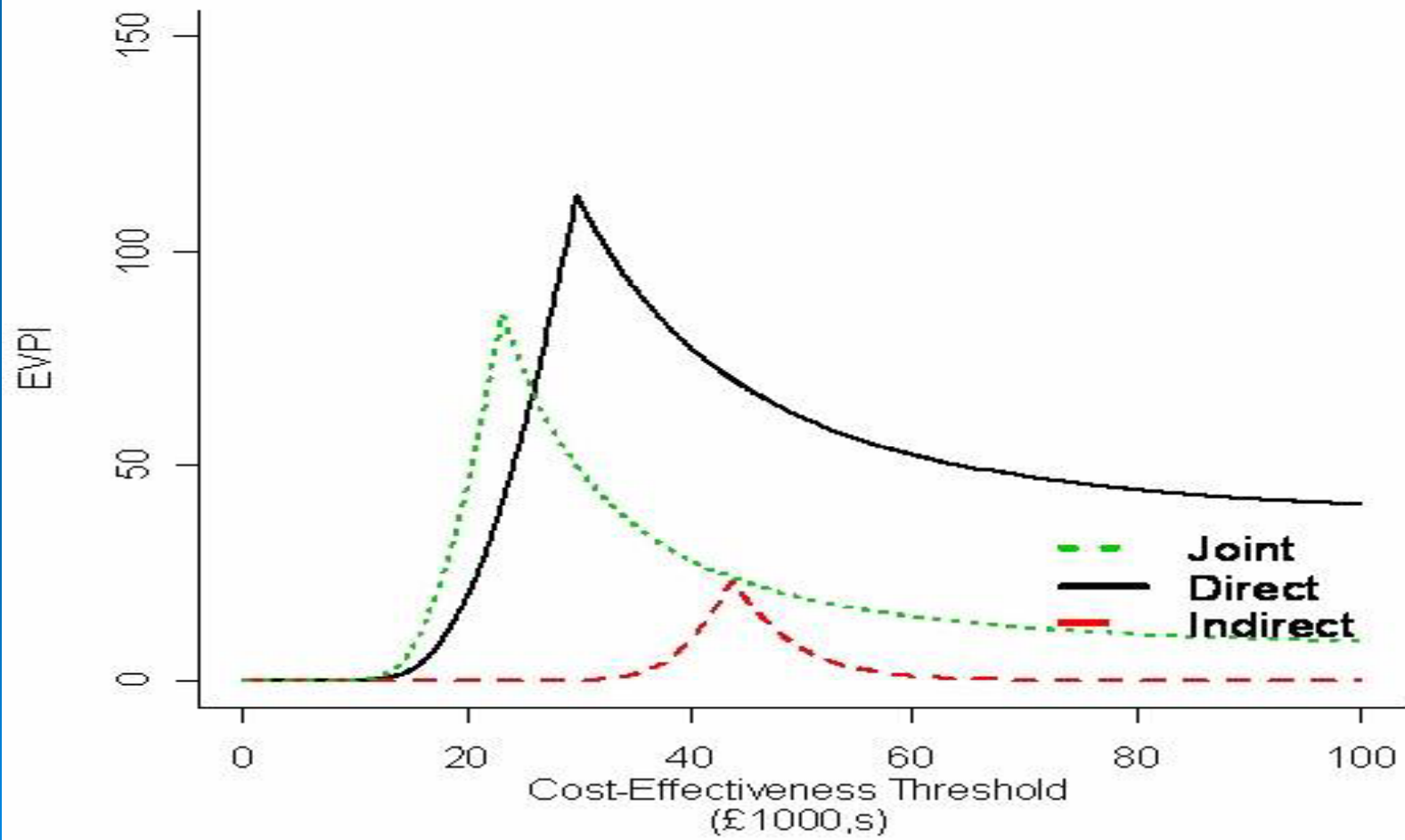
Other evidence

- Considerable amount of evidence from other studies re the effectiveness of CDSMP
 - Quality of evidence
 - Relevance of evidence
 - Use of surrogate/intermediate outcome measure (self-efficacy)
 - Aggregate data vs IPD
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Graphical representation of data







Conclusions

- Relevance is a key concept in synthesising evidence
- EPP might be cost-effective!!