APPENDIX 17: ECONOMIC EVIDENCE PROFILES

Clinical / economic question: 3

Assertive community treatment versus standard case management							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Clark et al. 1998 USA	Minor limitations[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.	£6,293[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 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 (www.oecd.org/std/ppp) then inflated to 2008/09 prices using HCHS indices (Curtis, 2009)

Case management training programme versus waiting list control							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Craig et al. 2008 UK	Minor limitations4	Partially applicable5	This study is a partial economic evaluation (cost analysis) as authors did not attempt combine total costs and outcomes using ICERs.	£1,2346	NA	NA	No sensitivity analyses conducted

Integrated assertive community treatment versus non-integrated community treatment and standard care							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Morse et al 2006 USA	Minor limitations7	Partially applicable8	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 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

Cognitive behavioural therapy and motivational interviewing versus routine care							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Haddock et al. 2003 UK	Minor limitations9	Partially applicable 10	Authors did not present incremental effects or ICER but calculated probability of intervention being less costly than routine care (WTP of £0) as 69.3%.	-£1,87611	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 & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Jerrell et al. 1997 USA	Potentially serious limitations12	Partially applicable 13	As no differences were detected in clinical outcomes after 18 months, study was a cost-minimisation analysis	£7,68314	NA	NA	No sensitivity analysis was performed

[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 perfomed

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

12-step recovery model versus Case management							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Jerrell et al. 1997 USA	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 & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Jerrell et al. 1997 USA	Potentially serious limitations (see above)	Partially applicable (see above)	See above	£3,225 (see above)	NA	NA	No sensitivity analysis was performed

Clinical / economic question: 5

Modified therapeutic community versus treatment as usual							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
French et al. 1999 USA	Potentially serious limitations[15]	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 (www.oecd.org/std/ppp) then inflated to 2008/09 prices using HCHS indices (Curtis, 2009)