

## APPENDIX 18: ECONOMIC EVIDENCE – COMPLETED

### METHODOLOGY CHECKLISTS

This checklist is designed to determine whether an economic evaluation provides evidence that is useful to inform the decision-making of the GDG. It is not intended to judge the quality of the study *per se*, or the quality of reporting.

<b>Bibliographic reference:</b>			
Clark, R. E., Teague, G. B., Ricketts, S. K., <i>et al.</i> (1998) Cost-effectiveness of assertive community treatment versus standard case management for persons with co-occurring severe mental illness and substance use disorders. <i>Health Services Research</i> , 33, 1285-1308.			
<b>Guideline topic:</b> Psychosis with coexisting substance misuse		<b>Review question:</b> 1.2.1	
<b>Checklist completed by:</b> Matthew Dyer			
<b>Section 1: applicability (relevance to specific guideline review question[s]) and the NICE reference case). This checklist should be used first to filter out irrelevant studies</b>		<b>Yes/Partially/No/Unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the guideline?	Yes	
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?	Partially	US health service
1.4	Are costs measured from the NHS and personal social services perspective?	Partially	Societal (includes legal and community services costs)
1.5	Are all direct health effects on individuals included?	Partially	Subjective quality of life year
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	3 and 5%
1.7	Is the value of health effects expressed in terms of QALYs?	Partially	Quality of life year
1.8	Are changes in HRQoL reported directly from patients and/or carers?	Yes	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	No	Subjective quality of life scores taken from patients

1.10	Overall judgement	Partially applicable	
Other comments:			
<b>Section 2: study limitations (the level of methodological quality). This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	3 years
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single US RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Partially	Includes legal and community service costs
2.7	Are the estimates of resource use from the best available source?	Yes	Single US RCT
2.8	Are the unit costs of resources from the best available source?	Yes	US national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partially	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partially	One-way sensitivity analyses
2.11	Is there no potential conflict of interest?	No	
2.12	Overall assessment	Minor limitations	
Other comments:			
Ratios of cumulative quality of life years to total costs rather than ICERs were computed by authors			

<b>Bibliographic reference:</b>			
Craig, T., Johnson, S., McCrone, P., <i>et al.</i> (2008) Integrated care for co-occurring disorders: psychiatric symptoms, social functioning and service costs at 18 months. <i>Psychiatric Services</i> , 59, 276–282.			
<b>Guideline topic:</b> Psychosis with coexisting substance misuse		<b>Review question:</b> 1.2.1	
<b>Checklist completed by:</b> Matthew Dyer			
<b>Section 1: applicability (relevance to specific guideline review question(s) and the NICE reference case). This checklist should be used first to filter out irrelevant studies</b>		<b>Yes/Partially/No/Unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the guideline?	Yes	
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 personal social services perspective?	Partially	Includes criminal justice costs
1.5	Are all direct health effects on individuals included?	Partially	Psychiatric symptoms, drug and alcohol consumption, quality of life and social functioning
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	18-month study period
1.7	Is the value of health effects expressed in terms of QALYs?	No	Array of effectiveness measures
1.8	Are changes in HRQoL reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	Overall judgement	Partially applicable	
Other comments:			

<b>Section 2: study limitations (the level of methodological quality). This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partially	18 months
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single UK study
2.5	Are the estimates of relative treatment effects from the best available source?	Partially	
2.6	Are all important and relevant costs included?	Yes	Direct costs only
2.7	Are the estimates of resource use from the best available source?	Yes	Single UK cluster RCT
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partially	Cost-consequence analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there no potential conflict of interest?	No	
2.12	Overall assessment	Minor limitations	
Other comments:			
No formal synthesis of costs and effectiveness data (simple cost analysis)			
Multiple effectiveness measures (psychiatric symptoms, drug and alcohol consumption, quality of life and social functioning)			

<b>Bibliographic reference:</b>			
French, M. T., Sacks, S., De Leon, G., <i>et al.</i> (1999) Modified therapeutic community for mentally ill chemical abusers: outcomes and costs. <i>Evaluation and the Health Professions</i> , 1, 60–85.			
<b>Guideline topic:</b> Psychosis with coexisting substance misuse			<b>Review question:</b> 1.2.3
<b>Checklist completed by:</b> Matthew Dyer			
<b>Section 1: applicability (relevance to specific guideline review question(s) and the NICE reference case). This checklist should be used first to filter out irrelevant studies</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the guideline?	Yes	
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?	Partially	US health service
1.4	Are costs measured from the NHS and personal social services perspective?	Partially	US health service provider
1.5	Are all direct health effects on individuals included?	Yes	Substance use, HIV-risk behaviour, psychological symptoms
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	12-month study period
1.7	Is the value of health effects expressed in terms of QALYs?	No	Array of effectiveness measures
1.8	Are changes in HRQoL reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	Overall judgement	Partially applicable	
Other comments:			

<b>Section 2: study limitations (the level of methodological quality). This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partially	12 months
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Partially	Single US cohort study
2.5	Are the estimates of relative treatment effects from the best available source?	Partially	
2.6	Are all important and relevant costs included?	Yes	Direct costs only
2.7	Are the estimates of resource use from the best available source?	Yes	Single US cohort
2.8	Are the unit costs of resources from the best available source?	Yes	Several sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partially	Cost-consequence analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there no potential conflict of interest?	No	
2.12	Overall assessment	Potentially serious limitations	
Other comments:			
No formal synthesis of costs and effectiveness data			
Multiple effectiveness measures (substance use, criminal activity, HIV-risk behavior, and psychological and employment status)			

<b>Bibliographic reference:</b>			
Haddock, G., Barrowclough, C., Tarrier, N., <i>et al.</i> (2003) Cognitive-behavioural therapy and motivational intervention for schizophrenia and substance misuse: 18-month outcomes of a randomised controlled trial. <i>British Journal of Psychiatry</i> , 183, 418–426.			
<b>Guideline topic:</b> Psychosis with coexisting substance misuse		<b>Review question:</b> 1.2.2	
<b>Checklist completed by:</b> Matthew Dyer			
<b>Section 1: applicability (relevance to specific guideline review question(s) and the NICE reference case). This checklist should be used first to filter out irrelevant studies</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the guideline?	Yes	
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 personal social services perspective?	Partially	Societal – patient costs (travel, out-of-pocket payments, productivity losses)
1.5	Are all direct health effects on individuals included?	Partially	GAF scale
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	Costs discounted at 6% rate
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?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	Overall judgement	Partially applicable	
Other comments:			

<b>Section 2: study limitations (the level of methodological quality). This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	18 months
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single UK RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Partially	Patient costs, productivity losses
2.7	Are the estimates of resource use from the best available source?	Yes	Single UK RCT
2.8	Are the unit costs of resources from the best available source?	Yes	UK national estimates
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partially	ICER calculated by authors but not reported
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	One-way sensitivity analyses and CEA curve presented
2.11	Is there no potential conflict of interest?	No	
2.12	Overall assessment	Minor limitations	
Other comments:			
Authors did not present ICER but did present probability of intervention being less costly than routine care			

<b>Bibliographic reference:</b>			
Jerrell, J. M. & Ridgely, M. S. (1997) Dual diagnosis care for severe and persistent disorders: a comparison of three methods. <i>Behavioural Healthcare Tomorrow</i> , 6, 26–33.			
<b>Guideline topic:</b> Psychosis with coexisting substance misuse		<b>Review question no:</b> 1.2.2	
<b>Checklist completed by:</b> Matthew Dyer			
<b>Section 1: applicability (relevance to specific guideline review question(s) and the NICE reference case). This checklist should be used first to filter out irrelevant studies</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the guideline?	Yes	
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?	Partially	US health service
1.4	Are costs measured from the NHS and personal social services perspective?	Yes	US health service
1.5	Are all direct health effects on individuals included?	Partially	Psychological functioning, psychiatric and substance-abuse symptoms
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	
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?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	Overall judgement	Partially applicable	
Other comments:			

<b>Section 2: study limitations (the level of methodological quality). This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	18 months
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single US study
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	Single US study
2.8	Are the unit costs of resources from the best available source?	Partially	US local estimates
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	No	Cost-minimisation analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there no potential conflict of interest?	No	
2.12	Overall assessment	Potentially serious limitations	
<p>Other comments:</p> <p>Because no differences were detected in clinical outcomes, study became cost-minimisation analysis</p> <p>Insufficient description of resource use and cost estimates</p>			

<b>Bibliographic reference:</b>			
Morse, G. A., Calsyn, R. J., Klinkenberg, W. D., <i>et al.</i> (2006) Treating homeless clients with severe mental illness and substance use disorders: costs and outcomes. <i>Community Mental Health Journal</i> , 42, 377-404.			
<b>Guideline topic:</b> Psychosis with coexisting substance misuse			<b>Review question no:</b> 3
<b>Checklist completed by:</b> Matthew Dyer			
<b>Section 1: applicability (relevance to specific guideline review question(s) and the NICE reference case). This checklist should be used first to filter out irrelevant studies</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the guideline?	Yes	
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?	Partially	US health service
1.4	Are costs measured from the NHS and personal social services perspective?	Partially	Societal (social security and transfer payments)
1.5	Are all direct health effects on individuals included?	Partially	Client satisfaction, psychiatric and substance-use symptoms
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	
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?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	Overall judgement	Partially applicable	
<b>Other comments:</b>			

<b>Section 2: study limitations (the level of methodological quality). This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline</b>		<b>Yes/ Partially/No/ Unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	24 months
2.3	Are all important and relevant health outcomes included?	Comment?	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single US RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Partially	Legal and community service costs
2.7	Are the estimates of resource use from the best available source?	Yes	Single US RCT
2.8	Are the unit costs of resources from the best available source?	Yes	US national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	No	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there no potential conflict of interest?	No	
2.12	Overall assessment	Minor limitations	
Other comments:			
Simple cost-analyses – no attempt to combine mean total cost differences with differences in outcome measures			