

Addendum to the EAC assessment report

Impact of the baseline CRBSI rate on the cost-effectiveness of Tegaderm CHG

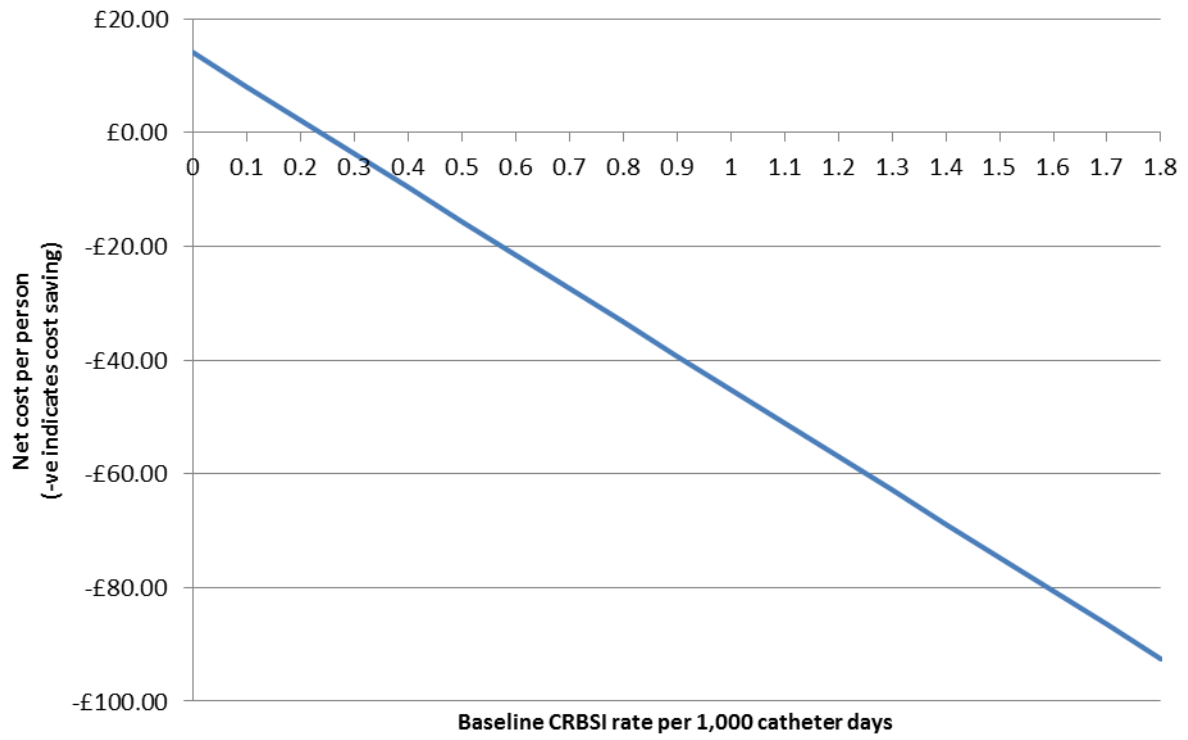
In order to aid the Medical Technology Advisory Committee (MTAC) in their making of recommendations, the External Assessment Centre (EAC) has prepared this short report showing the impact CRBSI (catheter-related bloodstream infections) have on the cost-effectiveness of Tegaderm CHG when compared with standard dressing. In its assessment report, the EAC undertook its base case analysis using a CRBSI rate of 1.48 per 1,000 catheter days (based on data from a national study of English intensive care units (ICUs) using a consistent definition for CRBSI in 2010 (1)). This was in line with the value used by the sponsor. Cost savings of £72.90 per patient were estimated for Tegaderm CHG compared with standard dressings.

CRBSI data from English ICUs between 2008 and 2010 indicated this rate was falling (1). The trend in this rate since 2010 is unknown. Therefore, 2013 data from ICUs in Scotland and Wales were considered. Rates of 0.3 confirmed CRBSI per 1,000 catheter days were reported in Scotland (2) and 0.19 CRBSI per 1,000 catheter days in Wales (3). It should also be noted that in 2010, Scotland and Wales reported CRBSI rates of 0.8 (4) and 0.29 (5) per 1,000 catheter days respectively, both of which are lower than the rate recorded in England. No data were identified reporting on CRBSIs in critically ill patients within Northern Ireland.

Given the uncertainties in the CRBSI data, the EAC undertook scenario analyses using a baseline rate of 0.3 CRBSI per 1,000 catheter days (based on Scottish ICUs in 2013 (2)). The Scottish data, rather than the Welsh data, were utilised as confidence estimates were provided and a larger sample size used. In both the English and Scottish scenarios, Tegaderm CHG was cost saving over standard dressings. When the rate of 0.3 CRBSI per 1000 catheter days was adopted, the cost savings for Tegaderm CHG was reduced from £72.90 to £3.56 per patient.

Univariate sensitivity analysis has been conducted around the baseline rate of CRBSI. This shows that Tegaderm CHG becomes cost incurring compared with standard dressings at a rate of 0.237 CRBSI per 1,000 catheter days. The univariate sensitivity analysis is illustrated in Figure 1.

Figure 1: Univariate sensitivity analysis around baseline CRBSI rate per 1,000 catheter days



References

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