

Methodological Challenges & Issues in Economic Evaluations of Long-Term Care Interventions

Helen Weatherly, Rita Faria, Mohammad Al-Sharayri,
Bernard Van den Berg, Mark Sculpher

Centre for Health Economics, University of York, UK

The Economic Evaluation Policy Research Unit (EEPRU) receives funding from the
Department of Health Policy Research Programme

Outline

- Methods for the economic evaluation of long-term care interventions
 - Background and policy context
 - Economic evaluation methods applied
 - Future considerations

Background

What is (long-term/social) care?

“interventions that support individuals by meeting needs or enabling them to meet needs that arise as a result of physical, mental or emotional impairment” (Burge, 2010)

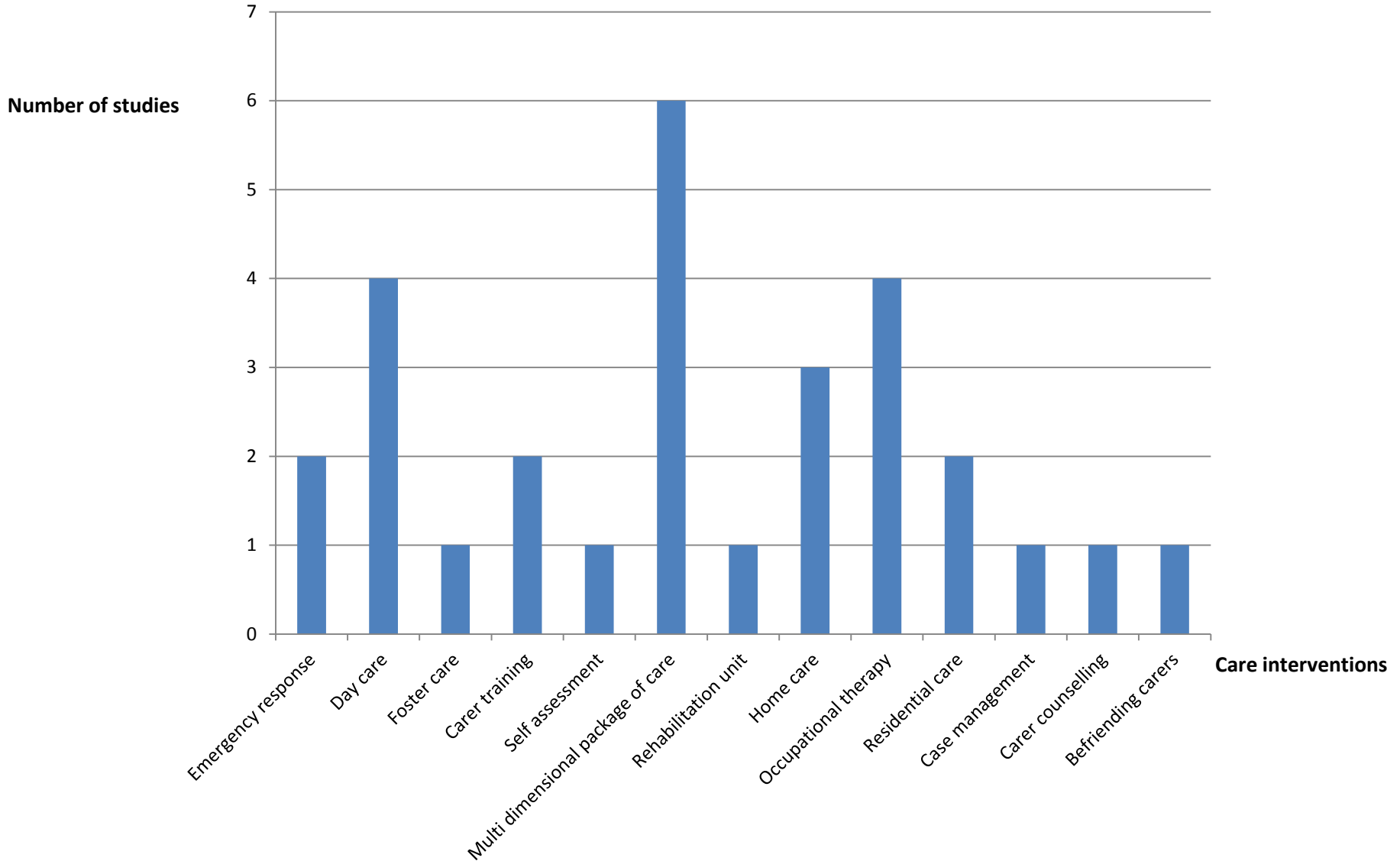
Methods

- 13 health, care and economic bibliographic databases searched
- Search strategies incorporated long-term care, social care, and economic evaluation terms
- Systematic extraction of information on data collection & evaluation methods for each study

Results

- 29 studies included, out of 6,082 titles retrieved
 - 15 cost consequence analyses
 - 14 cost effectiveness analyses
- Methodological considerations
 - Perspective
 - Costs and outcomes
 - Informal/unpaid care

Examples of Care Interventions

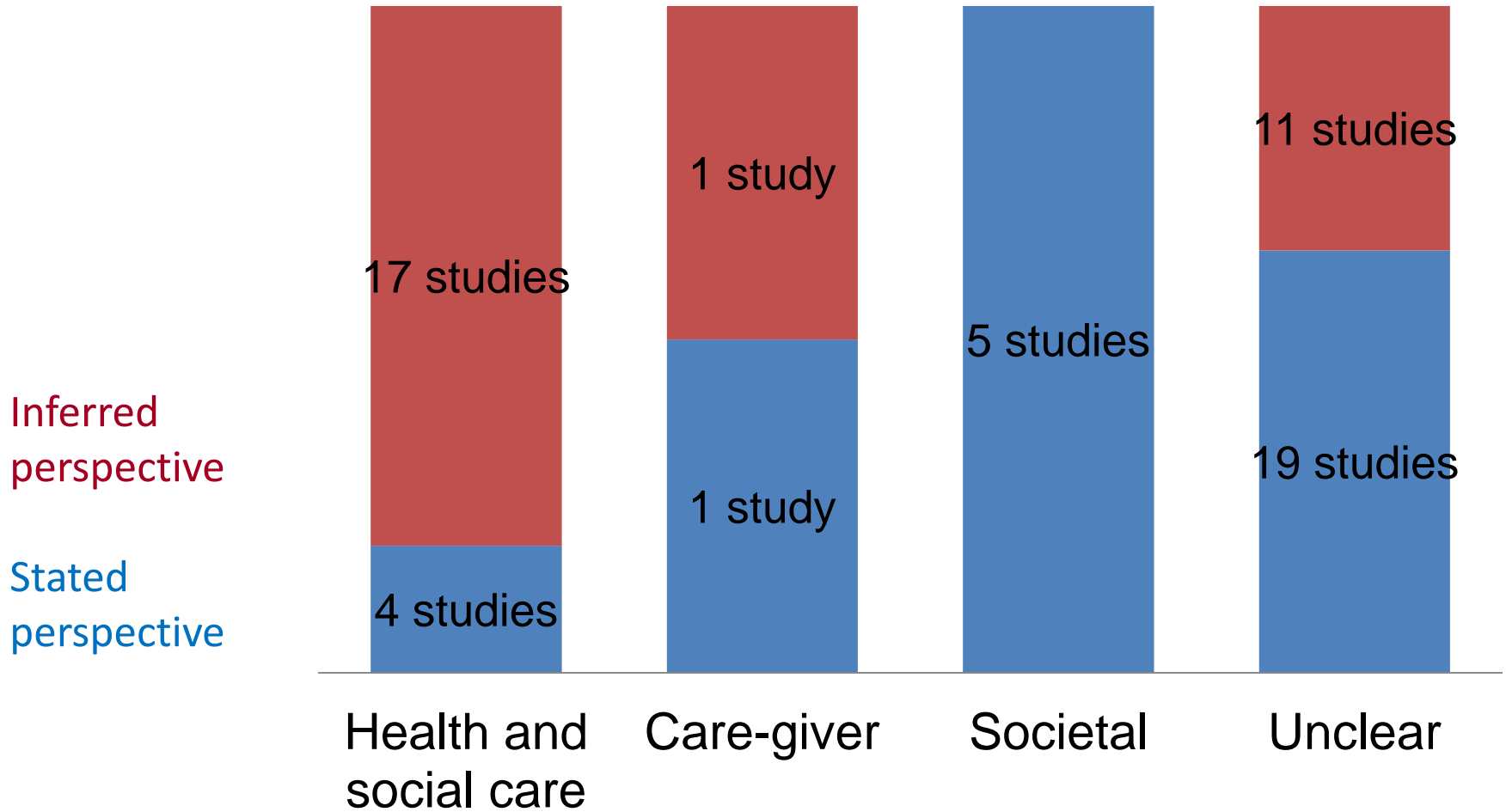


Results

(I) Perspective

- Describing the decision making context
 - Rationale for the evaluation and stakeholder groups not always specified
 - Decision making objective/s explicit in less than a third of studies
 - Interventions assessed not always clearly described
- Majority of studies did not state the perspective of the analysis
- Inconsistencies between stated and inferred perspective for the costs and outcomes included in the analysis

Results



Results

(II) Outcomes and Costs

- Measurement and valuation of outcomes
 - Wide range of outcomes measured
 - E.g. Functional, generic health-related quality of life, mental health state, service satisfaction, time-spent caring, resource use (costs) due to institutionalisation incurred/saved/survival at home
 - QALYs were the primary outcome measure used most (n= 6)
 - Large majority of primary outcomes relate to the care recipient only (n=19), 6 relate to the carer only and 4 relate to both the care recipient and the carer
- Inter-sectoral impacts
 - 26 studies included costs falling on the health care sector
 - 14 studies included costs falling on more than one sector
- Sectors costed and outcome measures used did not necessarily correspond to perspective stated

Costs and Outcomes according to Stated Perspective

Health & social care (n=4)	Care-giver (n=1)	Societal (n=5)	Not stated (n=19)
<ul style="list-style-type: none">• Costs<ul style="list-style-type: none">• Health & social care (n=4)• Private: out-of-pocket (n=1) • Outcomes<ul style="list-style-type: none">• Health (n=3)• Wellbeing (n=1)	<ul style="list-style-type: none">• Costs<ul style="list-style-type: none">• Private: out-of-pocket and informal care (n=1) • Outcomes:<ul style="list-style-type: none">• Resource use (n=1)	<ul style="list-style-type: none">• Costs<ul style="list-style-type: none">• Health & social care (n=5)• Private: out-of-pocket and informal care (n=5)• Voluntary sector (n=1) • Outcomes<ul style="list-style-type: none">• Health (n=4)• Wellbeing (n=1)	<ul style="list-style-type: none">• Costs<ul style="list-style-type: none">• Health & social care (n=18)• Private: out-of-pocket and informal care (n=8)• Cash transfers (n=3) • Outcomes<ul style="list-style-type: none">• Health (n=8)• Wellbeing (n=6)• Resource use (n=4)• Service satisfaction (n=1)

Results

(III) Informal/unpaid care monetary valuation methods

- Opportunity cost method
 - Minimum wage
 - Average hourly income for all employed county residents
 - Average gross hourly wage rate for both genders
- Proxy good method
 - Hourly rate per type of activity
 - Hourly rate for home care services
 - Hourly rate for home health aid

Discussion

Standard economic evaluation methods are useful for evaluating social care interventions but require particular consideration of the following:

(I) Perspective

- Who is the decision-maker? What is the decision-maker's objective, i.e. what is the maximand? Whose budget? Who is the provider? Who are the relevant stakeholders?

(II) Outcomes and costs

- Costs should be reported for each sector. For base-case, do not include costs outside key perspective
- Multiple outcome measures used → implications for comparisons across studies
- Outcome measures focus on health → are other outcomes important, and for whom?

(III) Informal care costs

- Various methods used to value informal care time → consensus on methods, recognising diversity of impacts of caring on carers life?