

MODEM

**A comprehensive approach to modelling
outcome and costs impacts of
interventions for dementia**

2014-2018

@MODEMProject

ILPN Conference 2016

LSE

A collaborative study:

LSE (PSSRU)

- Martin Knapp
- Adelina Comas-Herrera
- Raphael Wittenberg
- Bayo Adelaja
- Margaret Dangoor
- Josie Dixon
- Bo Hu
- Daniel Lombard
- Klara Lorenz (PhD student)
- David McDaid
- A-La Park
- Sanna Read
- Amritpal Rehill

LSE (Social Policy Department)

- Emily Grundy

Southampton University

- Ann Bowling
- Jitka Pikhartova

Newcastle University

- Carol Jagger
- Andrew Kingston

Sussex University

- Sube Banerjee
- Nicolas Farina

International Longevity Centre-UK

- Sally-Marie Bamford
- Sally Greengross

Research questions:

1. How many people with dementia will there be over the period to 2040; and what will be the costs of their treatment, care and support *under present arrangements*?
2. How do those costs *vary* with the characteristics and circumstances of people with dementia and their carers?
3. How could future costs change (in level and distribution) if *evidence-based interventions were more widely implemented*?

Interventions, costs and outcomes:

Interventions of interest

- **Risk-reduction** (e.g. lifestyle, nutrition, exercise etc.) and prevention (e.g. falls)
- **Treatments** (e.g. medications, cognitive stimulation therapy)
- **Care and support arrangements** (e.g. home care, telecare, respite, case management, acute care, end-of-life care)
- **Carer-focused arrangements** (e.g. carer training and support)

Costs and outcomes

- All resource impacts (health, social care and other), including resources of people with dementia, families and communities.
- Quality of life, clinical and lifestyle effects, for people with dementia and carers.

MODEM Components

Engagement with people with dementia, carers, other stakeholders.

Systematic Mapping of the Literature of effective and cost-effective interventions for people with dementia and carers (available via the *MODEM Dementia Evidence Toolkit*).

Collection new data, analyses of data from trials and large surveys.

Experiential evidence from people with dementia & carers

Suite of simulation models to estimate:

- N of people with dementia over the period to 2040
- family or other unpaid support available to them
- costs of services and unpaid support.
- **Impact of a wider roll-out** of evidence-based interventions on outcomes, costs, patterns of expenditure

A Legacy model to make local projections of needs for care and support, outcomes and costs.

Systemic mapping of the literature

- **Systematic mapping** of empirical evaluations of interventions to:
 - Prevent or delay dementia onset
 - Reduce symptom severity
 - Improve the quality of life of people with dementia & carers
- **Review of previously published systematic reviews**
- **Own reviews** of areas in which we have identified gaps
- The review informs the **choice of interventions** that we are modelling
- Mapping of value in its own right:
 - **Identification of gaps in evidence**
 - **Implications of different research methods** for use of evidence for modelling
 - Publicly available via the MODEM Dementia Evidence Toolkit

Data collection:

- Cohort of **300 dyads**: people living with dementia and carers.
- 100 each with mild, moderate and severe dementia, clinical population from Sussex.
- Interviewed at **baseline and 52 week** follow-up.
- Questions: different measures of need, care use and outcomes, enabling researchers to **cross-walk** across different measures and studies.
- Detailed questions on **use of care services** by people with dementia and **provision of unpaid care**.

MODEM suite of models:

- **Dynamic micro-simulation** projection model on disabling consequences of dementia (Newcastle)
- **Care pathways models** of how interventions impact on the use of services and costs (LSE)
- **Life-time costs model** of the overall costs of the care pathway for an intervention (LSE)
- **Macro-simulation** projection model of long-term care need and costs (LSE)

Macro-simulation model

PSSRU macro-simulation model will produce projections of:

- future numbers of people with dementia or cognitive impairment
- future numbers by severity of disability (interval needs)
- long-term care, including unpaid care and formal services
- associated public expenditure and wider costs

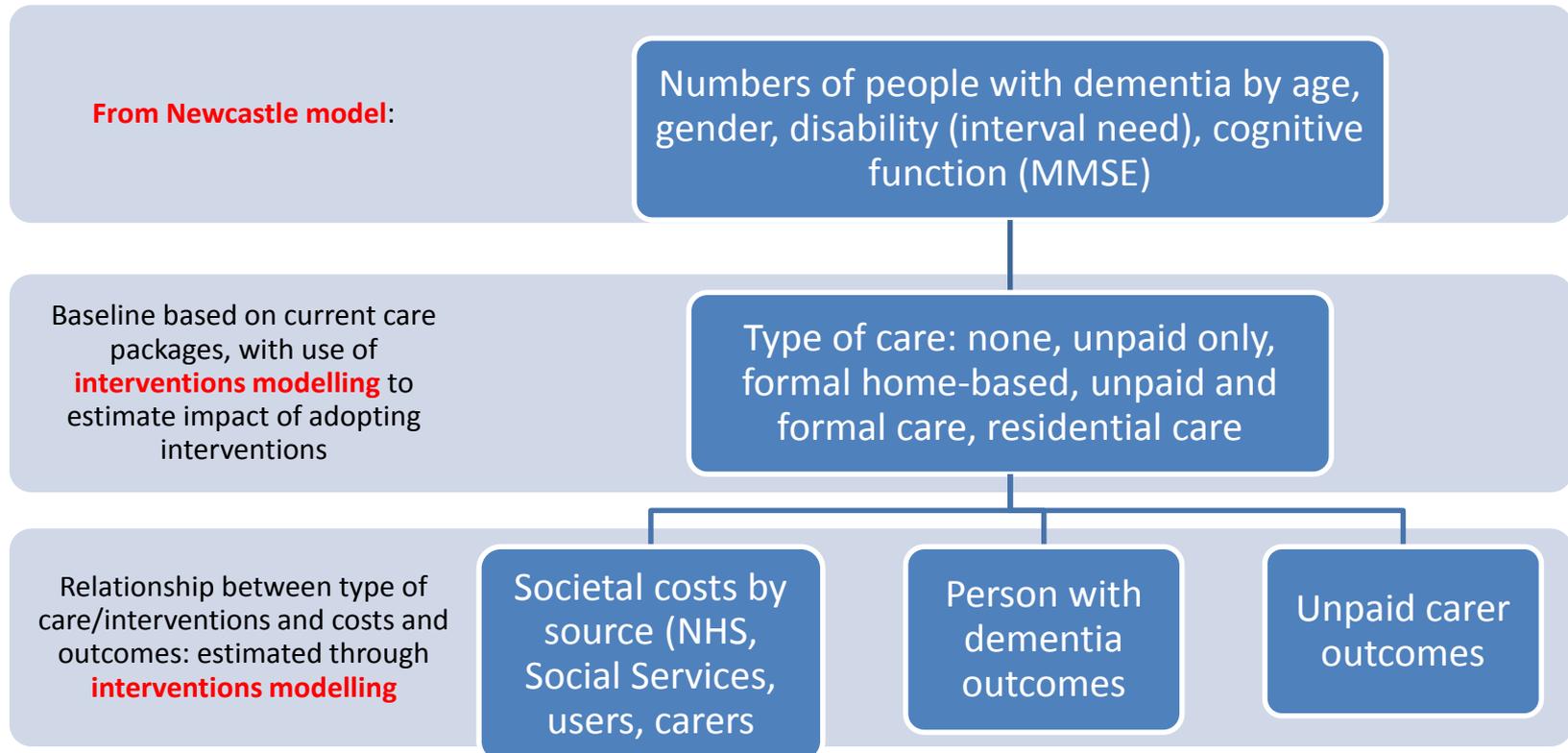
under variant assumptions about trends in:

- mortality rates by age and gender
- rates of dementia, cognitive impairment and disability
- supply of unpaid care, eg by daughters and sons
- patterns of care services, eg between home and residential care
- unit costs of care, eg cost of an hour's home care

Interventions models

- A suite of different models for different interventions, to examine their impact on service use, costs and quality of life
- Different interventions require different types of models, because of
 - differences in duration of intervention and duration of effect
 - differences in available data and evidence

Macro-simulation model: bringing it all together



Life-time costs model

- This model divides the median duration of dementia – 4.5 years – by severity of cognitive impairment and type of care
- Average costs of care by funding source, derived from trials' data, are attached to each month of care
- The lifetime estimate of care costs is around £200k, before any discounting, including health, social care and unpaid care.