LSE CPEC CARE POLICY & EVALUATION CENTRE

Challenges of economic evaluations of health and social care interventions

CPEC webinar: measuring what matters

Catherine Henderson, Care Policy and Evaluation Centre, LSE

25th March 2025

Evaluating health and social care interventions

- Medical Research Council framework [1]:
  - "*Complex intervention research goes beyond asking whether an intervention works in the sense of achieving its intended outcome*"
  - Need to think about multiple effects, how it works, context, value for money, what happens next
  - Other designs appropriate, not just randomised controlled trials

Challenges

- Evaluation challenges include “moving target” problem; assortment of short- and long-term effects; individual level or collective outcomes [2]

Economic evaluation

- Multiple components, tailored to individuals, packages deliberately flexible, multiple agencies, mechanisms that affect both outcomes and costs, perspective – whose costs?, measuring costs while keep questionnaire length acceptable, valuation – availability of unit costs [3]

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RESEARCH PAPER

The effectiveness and cost-effectiveness of assistive technology and telecare for independent living in dementia: a randomised controlled trial

Robert Howard[1], Rebecca Gathercole[2], Rosie Bradley[3], Emma Harper[3], Lucy D[illegible][3], [illegible][3], Natalie Lam[3], Emma Talbot[4], Emma Hooper[5], Rachel Winson[6], Bethany Scutt[illegible][9], Victoria Ordonez Montano[7], Samantha Nunn[8], Grace Lavelle[2], Andrew Ba[illegible], Peter Bentham[10], Alistair Burns[11], Barbara Dunk[12], Kirsty Forsyth[13], Chris Fo[illegible], Iracema Leroi[15], Stanton Newman[16], John O'Brien[17], Catherine Henderson[18], Martin Knapp[illegible], John Woolham[2], Richard Gray[3]

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ELSEVIER

JAMDA

journal homepage: www.jamda.com

Original Study

Cost-Effectiveness of an Online Intervention for Caregivers of People Living With Dement[illegible]

Check for updates

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International Psychogeriatrics (2022), 34:10, 905–917 © The Author(s), 2022. Published by Cambridge University Press in association with International Psychogeriatric Association. This is an Open Access article, distributed under the terms of the Creative Commons Attribution NonCommercial NoDerivatives licence (https://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is unaltered[illegible] properly cited. The written permission of Cambridge University Press must be obt[illegible] for commercial re-use or in order to create a derivative work.

Cost-effectiveness of mirtazapine for [illegible]gitive behaviors in dementia: findings from a randomiz[illegible]d controlled [illegible]a[illegible]

Catherine Henderson,[1] Martin Knapp,[1] Susan Stirling,[2] Lee Shepstone,[2] Juliet High,[2] Clive Ballard,[3] Peter Bentham,[4] Alistair Burns,[5] Nicolas Farina,[6] Chris Fox,[2] Julia Fountain,[7] Paul Francis,[3] Robert Howard,[8] Iracema Leroi,[9] Gill Livingston,[8] Ramin Nilforooshan,[10] Shirley Nurock,[11] John T. O'Brien,[12] Annabel Price,[13] Ann Marie Swart,[2] Naji Tabet,[6] Tanya Telling,[14] Alan J. Thomas,[15] and Sube [illegible]

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ORIGINAL ARTICLE

Health and Social Care in the community

WILEY

[illegible]osts and cost[illegible]ect[illegible]ness [illegible]th[illegible]m[illegible]ting[illegible]ntres support programme for people living with dementia and carers in Italy, Poland and the UK: The MEETINGDEM study

Cathe[illegible]e Henderson PhD[1] | Amritpal Rehill MSc[1] | Dawn Brooker PhD[2] | [illegible]Evans PhD[2] | Jennifer Bray BSc(Hons)[2] | [illegible]udia Scorolli PhD[4] | Dorota Szcześniak PhD[5] | [illegible]ion MSc[6] | Teresa Atkinson MSc[2] | Elisabetta Farina MD, PhD[3] | Joanna Rymaszewska MD, PhD[5] | Rabih Chattat MD, PhD[4] | Franka Meiland PhD[7] | Rose-Marie Dröes PhD[7] | Martin Knapp PhD[1]

Psychological Medicine

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Original Article

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Cost-effectiveness of PoNDER health visitor training for mothers at lower risk of depression: findings on prevention of postnatal depression from a cluster-randomised controlled trial

Catherine Henderson[1], Simon Dixon[2], Annette Bauer[1], Martin Knapp[1], C. Jane Morrell[3], Pauline Slade[4], Stephen J. Walters[2] and Traolach Brugha[5]

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Illustrations from previous studies

[4]-[9]

Some challenges encountered in these studies

- Complex intervention issues
- Risks to generalisability
- Valuation
- What conclusions can be drawn? What happens next?

Complex intervention issues

- Assistive Technology and Telecare is a complex HSC intervention
- Multiple factors affect successful delivery
- Context is very important

(back)

Risks to generalisability, validity

- Biases – recall, blinding, allocation to group
- Loss to follow up
- Events beyond the control of any research project (e.g. global pandemic)
- Analytical challenges (e.g. clustering, skew).

(back)

Valuation

- How to value possible losses and gains related to the intervention?
- Unit costs issues

(back)

What conclusions can be drawn? What happens next?

- Negative findings
- Complex findings varying by outcome measure
- Context
  - Scalability
  - Access/Equity and sustainability

(back)

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Measuring what matters

Challenges in assessing interventions for people living with dementia and their carers

Dr Derek King, Care Policy and Evaluation Centre, London School of Economics & Political Science

Challenges

1. Choice of QoL outcome measures
2. Loss to follow-up
3. Consider carer costs and outcomes

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Choice of QoL outcome measures

Generic:
EuroQoL(EQ-5D; mobility, self-care, usual activities, pain/discomfort, anxiety/depression)
SF-36; SF-12
Health Utilities Index

and/or

Dementia specific:
DEMQoL; DEMQoL – proxy; Carer DEMQoL
QOL-AD

Whose perspective?

- **Self-rating higher than proxy rating (Burkes et al., 2021); difficult to estimate incremental change if ceiling effect exits (Coucill et al., 2001)**

Impact of cognitive impairment

- **At what level of cognitive impairment is self-report reliable?**

RESEARCH Open Access

Factors associated with change over time in quality of life of people with dementia: longitudinal analyses from the MODEM cohort study

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Abstract

Background: Research to date offers mixed evidence about the relationship between quality of life and severity of cognitive impairment in people with dementia. We aimed to investigate longitudinal changes in patient- and proxy-rated health-related quality of life (HRQL) by severity of dementia and explore factors associated with changes in HRQL over a one-year period. We used data from the MODEM longitudinal cohort study which recruited dyads of persons with clinically diagnosed dementia and their principal carer and interviewed them face-to-face at baseline and again 1 year later.

Methods: Quota sampling was used to generate balanced numbers (target $n = 100$ for each severity level) of people with mild cognitive impairment (20+ on the standardised Mini-Mental State Examination (sMMSE)), moderate cognitive impairment (score 10 to 19), and severe cognitive impairment (score 0 to 9). Persons with dementia without an identifiable family carer or other informant (e.g., a formal/professional/paid carer) were excluded from the study. Participants answered a series of questions measuring their HRQL: DEMQOL, DEMQOL-proxy, EQ-5D-3 L, EQ-5D-3L proxy. Multiple regression models were built to understand the effects of baseline demographics and dementia symptoms (cognitive impairment, neuropsychiatric symptoms) on change in HRQL over 1 year.

Results: Two hundred and forty-three dyads of people with clinically diagnosed dementia and carers completed baseline and follow-up interviews. Most measures of HRQL remaining relatively stable between time-points, but one index of HRQL, EQ-5D proxy, significantly declined. Depending on the HRQL measure, different factors were associated with change in HRQL. The only factor consistently associated with decline in HRQL (when compared to improvement) was having a diagnosis of a non-Alzheimer's dementia.

Conclusions: Deterioration in HRQL is not an inevitable part of the dementia journey. However, people with non-Alzheimer's dementias may be more susceptible to HRQL decline. This may indicate that those with non-Alzheimer's dementia may benefit from specific support focussed on maintaining their quality of life.

Table 1 Demographics of persons with dementia (at baseline) – percentages unless otherwise stated

	Follow-up complete ($n = 243$)	Refusal or lost to follow-up ($n = 26$)	Died ($n = 38$)	*p*-value*
sMMSE Total score (baseline; 0–30): mean (SD)	15.9 (9.1)	14.8 (8.9)	8.6 (6.8)	CvsR:0.585 CvsD:0.001
NPI Total Score (baseline; 1–144): mean (SD) ↓	18.8 (14.9)	17.0 (12.2)	19.8 (17.8)	CvsR:0.425 CvsD:0.627
EQ-5D (baseline; 0–1): mean (SD)	0.80 (0.23)	0.83 (0.18)	0.90 (0.12)	CvsR:0.631 CvsD:0.053
EQ-5D proxy (baseline; 0–1): mean (SD)	0.53 (0.33)	0.60 (0.33)	0.42 (0.30)	CvsR:0.190 CvsD:0.051
DEMQOL (baseline; 28–112): mean (SD)	91.6 (13.1)	92.2 (11.0)	92.6 (13.2)	CvsR:0.864 CvsD:0.747
DEMQOL proxy (baseline; 31–124): mean (SD)	95.3 (13.5)	88.9 (12.8)	98.5 (15.2)	CvsR:0.051 CvsD:0.199

Table 2 Distribution of HRQL measures at baseline and follow-up, and change over time (completers only)

	Baseline (T1)		Follow-up (T2)		Difference (T2-T1)				
	Mean	SD	Mean	SD	Mean	SD	95%CI	Min	Max
EQ-5D (n=153)[a]	0.82	0.22	0.82	0.20	0.00030	0.21	-0.033, 0.034	-0.81	0.21
EQ-5D proxy (n=225)[a]	0.53	0.33	0.47	0.35	-0.062	0.32	-0.10, -0.020	-0.96	1.01
DEMQOL (n=140)[b]	92.0	13.0	92.0	12.9	0.05	7.7	-1.2, 1.3	-21.0	23.0
DEMQOL proxy (n=241)[c]	95.2	13.6	97.8	13.2	2.6	10.2	1.3, 3.9	-36.0	36.0

SD Standard Deviation, *CI* Confidence Interval

[a] Scale from -0.59 to 1.0

[b] Scale from 28 to 112

[c] Scale from 31 to 124

Loss to follow-up

Cognitive impairment; refusal; entered residential care; death

Censoring

Joint models incorporating survival analysis model; multistate models (e.g. Gathercole et al., 2021)

Consider carer costs and outcomes

Should a societal perspective combine costs and outcomes?

- Cost carer time (replacement/opportunity cost) - what of other carer costs (e.g. out of pocket, own health care use)?
- Lin et al. (2019) review: 11% of CUA combined PwD and carer QoL values
- Carer interventions – add costs of PwD service use?

BMJ

BMJ 2013;347:f6342 doi: 10.1136/bmj.f6342 (Published 25 October 2013)

RESEARCH

Cost effectiveness of a manual based coping strategy programme in promoting the mental health of family carers of people with dementia (the START (STrAtegies for RelaTives) study): a pragmatic randomised controlled trial

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Abstract

Objective To assess whether the START (STrAtegies for RelatTives) intervention added to treatment as usual is cost effective compared with usual treatment alone.

Design Cost effectiveness analysis nested within a pragmatic randomised controlled trial.

Setting Three mental health and one neurological outpatient dementia service in London and Essex, UK.

Participants Family carers of people with dementia.

Intervention Eight session, manual based, coping intervention delivered by supervised psychology graduates to family carers of people with dementia added to usual treatment, compared with usual treatment alone.

Primary outcome measures Costs measured from a health and social

Results Of the 260 participants recruited to the study, 173 were randomised to the START intervention, and 87 to usual treatment alone. Mean HADS-T scores were lower in the intervention group than the usual treatment group over the 8 month evaluation period (mean difference −1.79 (95% CI −3.32 to −0.33)), indicating better outcomes associated with the START intervention. There was a small improvement in health related quality of life as measured by QALYs (0.03 (−0.01 to 0.08)). Costs were no different between the intervention and usual treatment groups (£252 (−28 to 565) higher for START group). The cost effectiveness calculations suggested that START had a greater than 99% chance of being cost effective compared with usual treatment alone at a willingness to pay threshold of £30 000 per QALY gained, and a high probability of cost effectiveness on the HADS-T measure.

Conclusions The manual based coping intervention START, when added to treatment as usual, was cost effective compared with treatment

BJPsych The British Journal of Psychiatry (2020) 216, 35–42. doi: 10.1192/bjp.2019.160

Clinical effectiveness of the START (STrAtegies for RelaTives) psychological intervention for family carers and the effects on the cost of care for people with dementia: 6-year follow-up of a randomised controlled trial

Gill Livingston, Monica Manela, Aidan O'Keeffe, Penny Rapaport, Claudia Cooper, Martin Knapp, Derek King, Renee Romeo, Zuzana Walker, Juanita Hoe, Cath Mummery and Julie Barber

Background

The START (STrAtegies for RelaTives) intervention reduced depressive and anxiety symptoms of family carers of relatives with dementia at home over 2 years and was cost-effective.

Aims

To assess the clinical effectiveness over 6 years and the impact on costs and care home admission.

Method

We conducted a randomised, parallel group, superiority trial recruiting from 4 November 2009 to 8 June 2011 with 6-year follow-up (trial registration: ISCTRN 70017938). A total of 260 self-identified family carers of people with dementia were randomised 2:1 to START, an eight-session manual-based coping intervention delivered by supervised psychology graduates, or to treatment as usual (TAU). The primary outcome was affective symptoms (Hospital Anxiety and Depression Scale, total score (HADS-T)). Secondary outcomes included patient and carer service costs and care home admission.

Results

In total, 222 (85.4%) of 173 carers randomised to START and 87 to TAU were included in the 6-year clinical efficacy analysis. Over 72 months, compared with TAU, the intervention group had improved scores on HADS-T (adjusted mean difference −2.00 points, 95% CI −3.38 to −0.63). Patient-related costs (START versus TAU, respectively: median £5759 *v.* £16 964 in the final year; $P = 0.07$) and carer-related costs (median £377 *v.* £274 in the final year) were not significantly different between groups nor were group differences in time until care home (intensity ratio START:TAU was 0.88, 95% CI 0.58–1.35).

Conclusions

START is clinically effective and this effect lasts for 6 years without increasing costs. This is the first intervention with such a long-term clinical and possible economic benefit and has potential to make a difference to individual carers.

Declarations of interest

G.L., Z.W. and C.C. are supported by the UCLH National Institute for Health Research (NIHR) Biomedical Research Centre. G.L. and P.R. were in part supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) North Thames at Bart's Health NHS Trust. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. Z.W. reports during the conduct of the study; personal fees from GE Healthcare, grants from GE Healthcare, grants from Lundbeck, other from GE Healthcare, outside the submitted work.

Keywords

Family carer; randomised controlled trial; depression; dementia; cost.

Discussion - other considerations

- Reproducibility
- Guidelines
- Sensitivity analysis
- Markov models

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THANK YOU.

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Measuring what matters

Economic evaluation of integration packages for refugees

Dr Magdalena Walbaum, Care Policy and Evaluation Centre,
London School of Economics & Political Science
25th March 2025

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1. Research question
2. Refugee journey
3. Model structure
4. Data and assumptions

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Research questions

- What is the economic implication of a new, fair, compassionate asylum system in the UK?
- What is the economic case for supporting people with refugee status with their re-accreditation to work in the UK?
- What is the economic implication associated with new government policies and investments designed to improve the integration of refugees in the UK?

Contents

1. Research question
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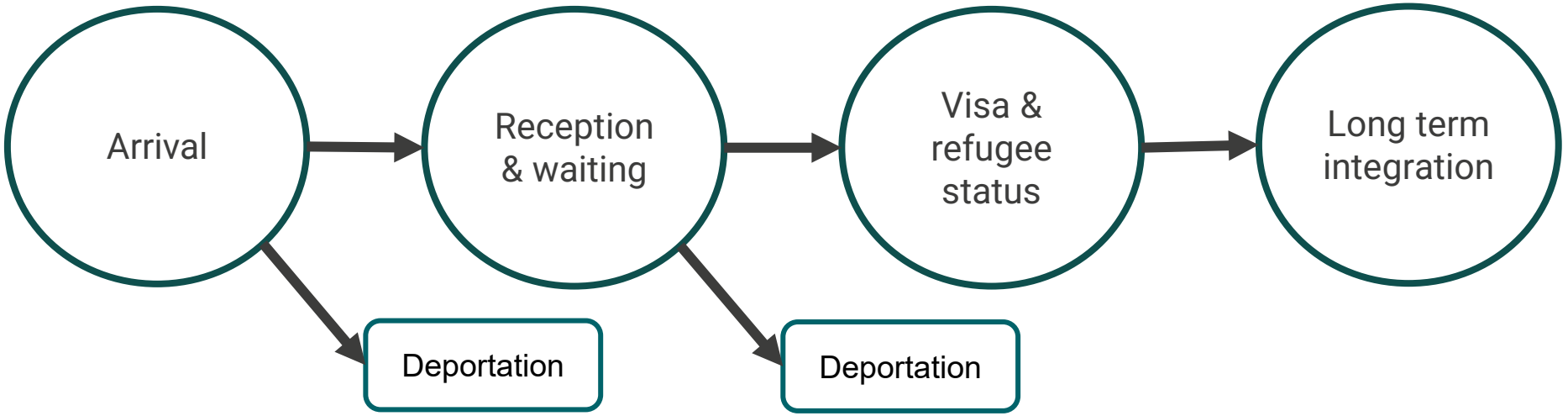
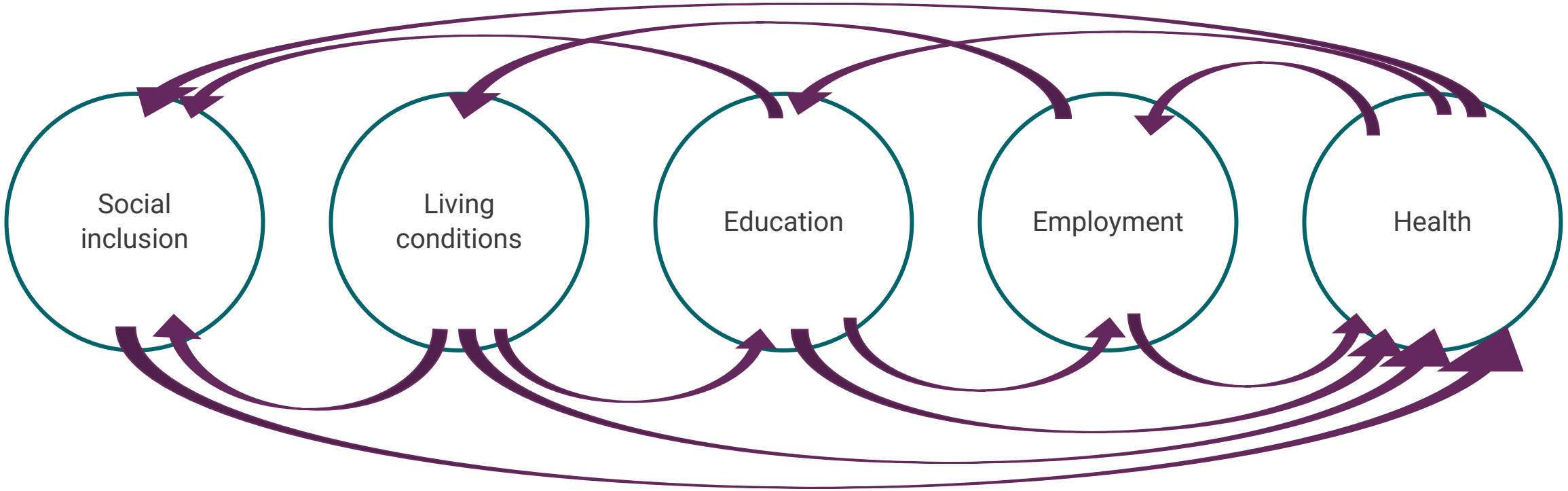
Refugee journey – How to tell the story



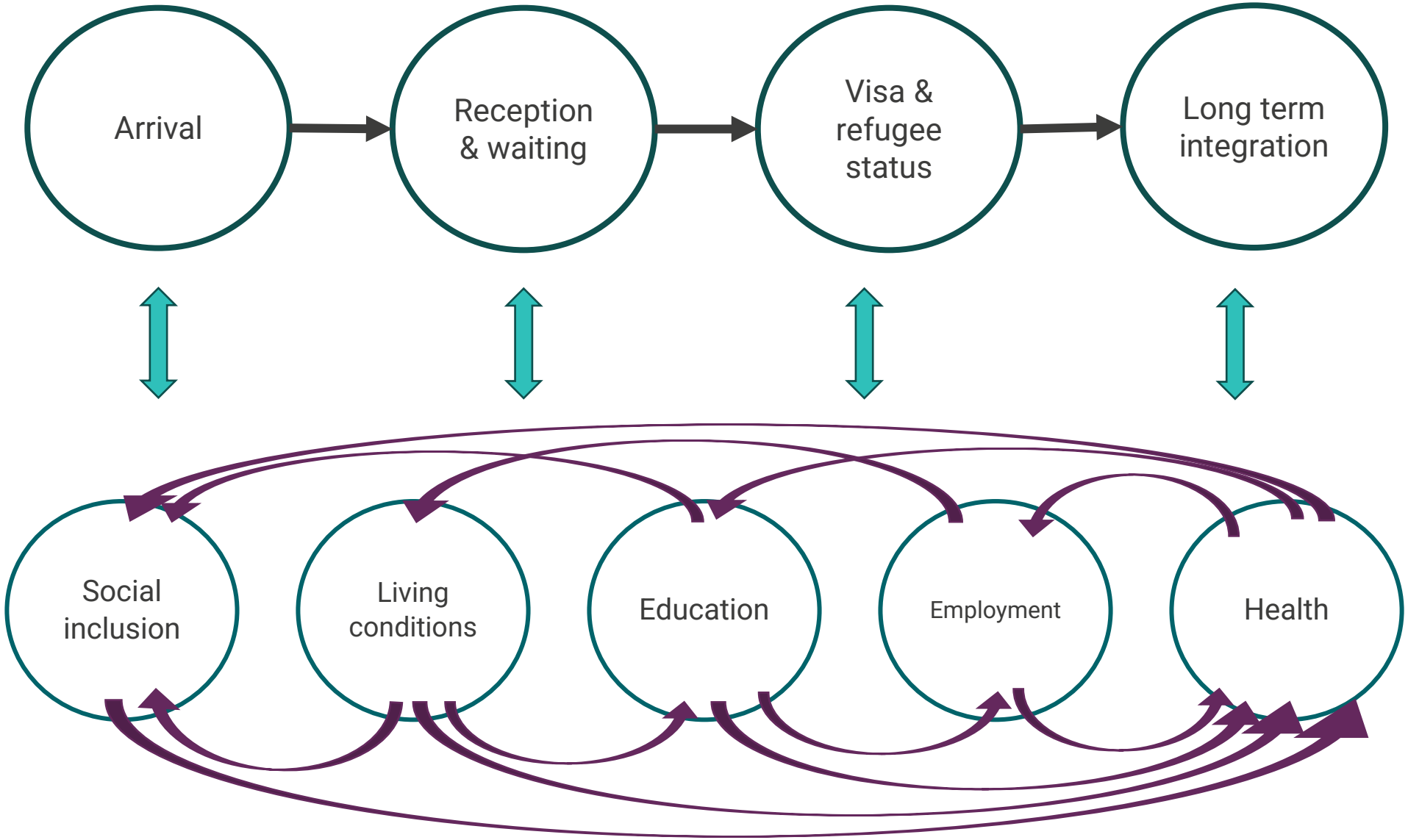
Challenge: How to tell the story considering the complexity of the refugee journey

Refugee journey – Key components of integration



Challenge: Areas are all interconnected and influence each other → Complex system

Refugee journey – Telling the story



Contents

1. Research question
2. Refugee journey
3. Model structure
4. Data and assumptions

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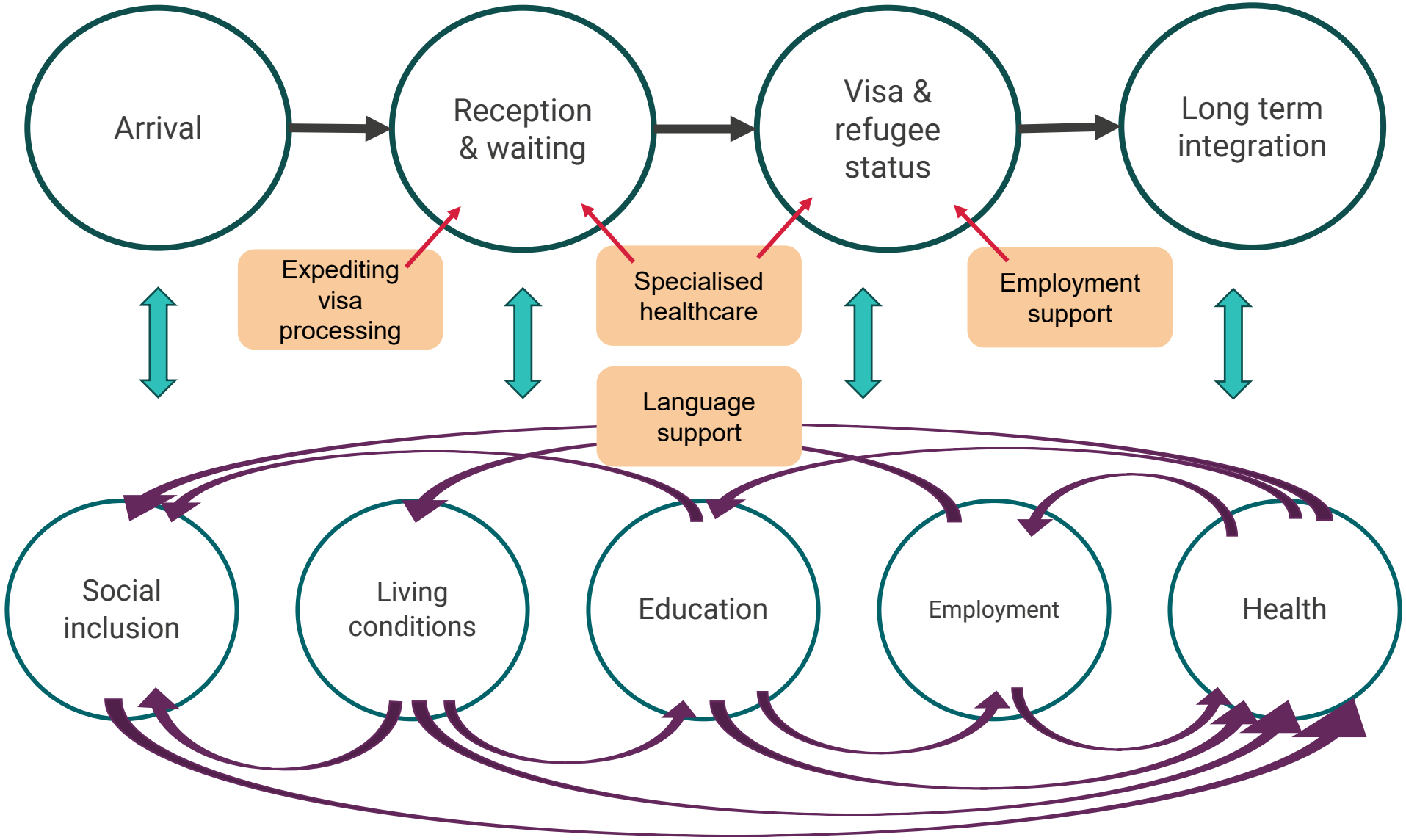
Model structure

- Different types of models to use
- Decisions:
  - Suitable to answer the research question
  - Suitable to represent refugee journey
  - Suitable to evaluate the interventions we are trying to evaluate
  - Evidence + data availability

Model structure– Interventions



Contents

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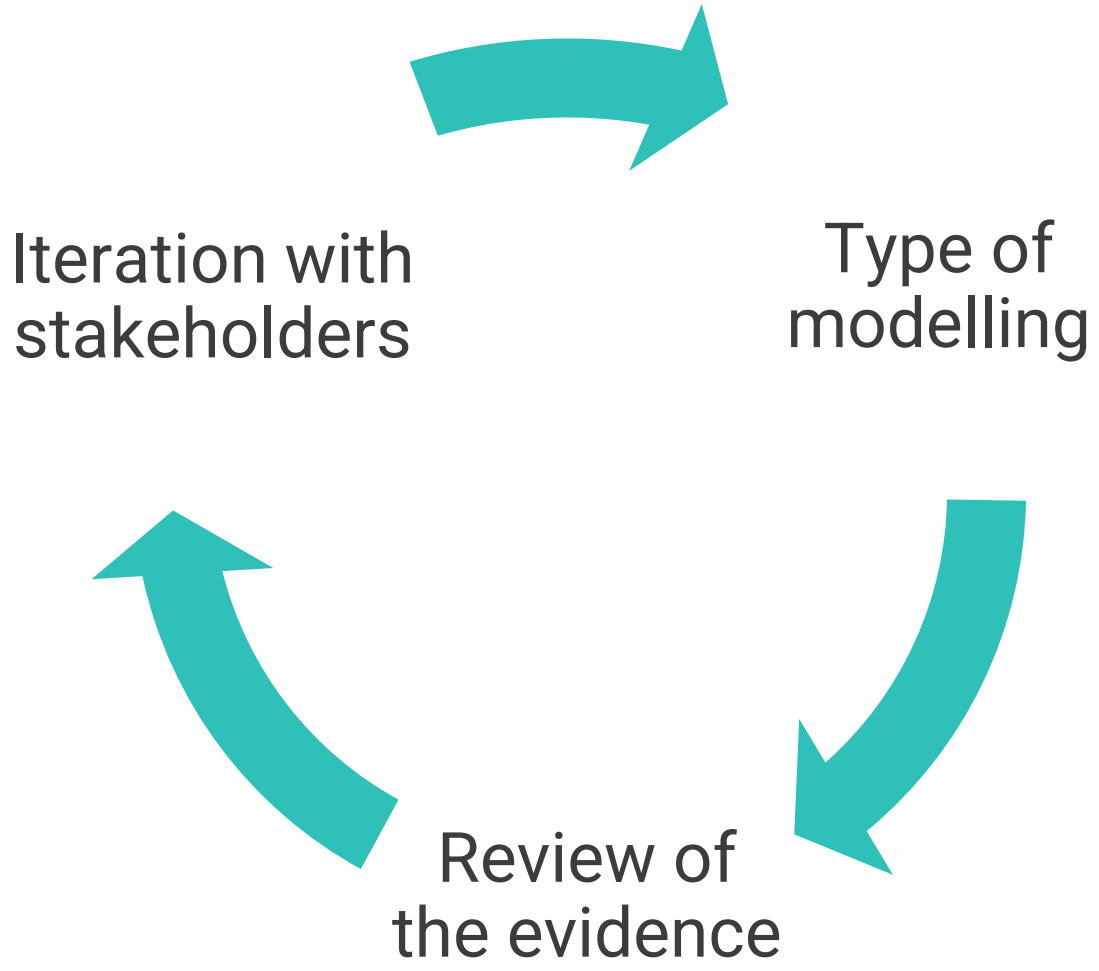
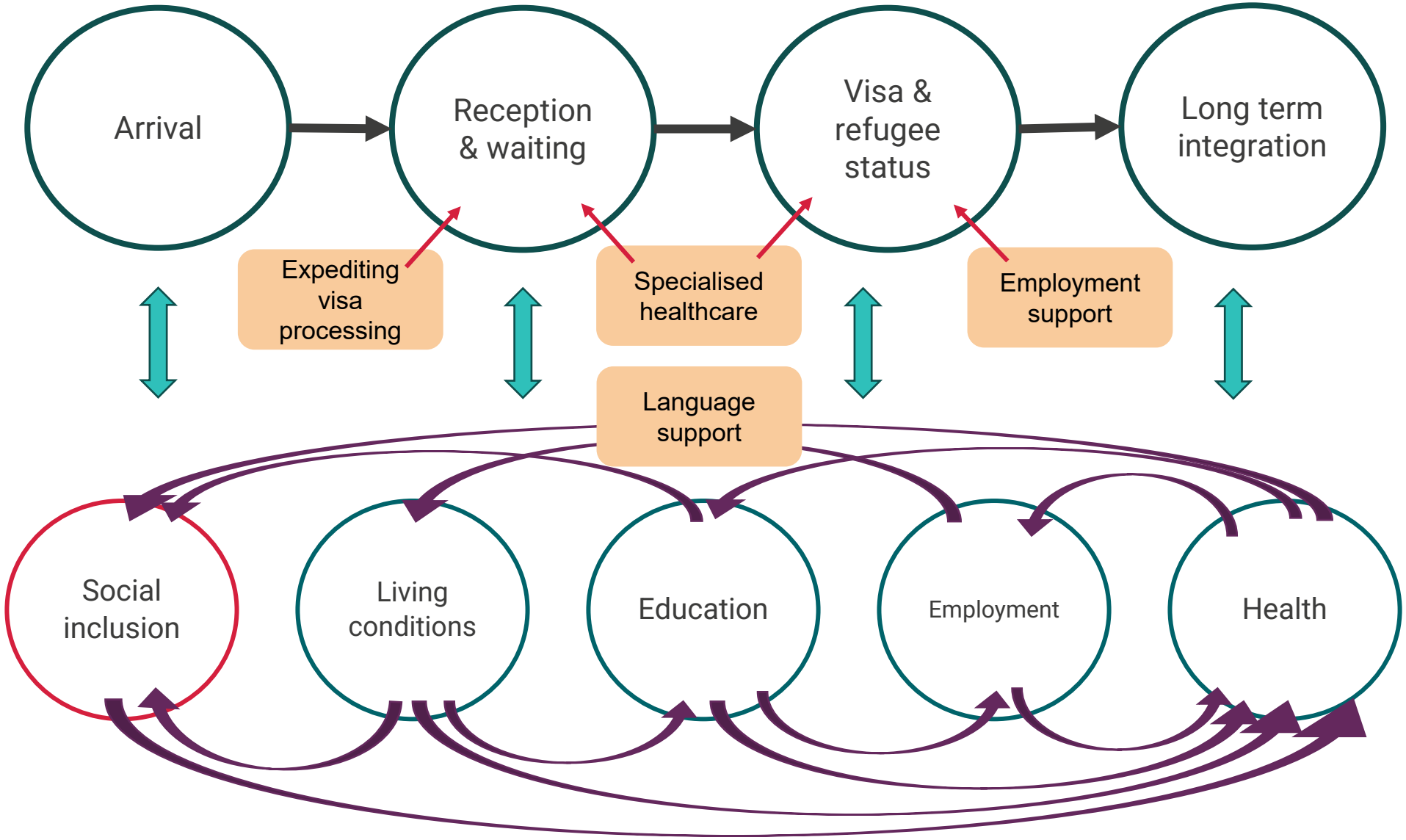
Data to populate the model



Data availability - assumptions



Some assumptions

- UK is the final destination, and they are not planning to leave the UK to seek asylum elsewhere
- People arriving want to integrate, find a job and become independent with agency
- People are not able to access the welfare state until their asylum applications are approved.
- Average visa processing time in the current system 18 months.

Coming back to research questions

- What is the economic implication of a new, fair, compassionate asylum system in the UK? → **Individual level simulation model**
- What is the economic case for supporting people with refugee status with their re-accreditation to work in the UK? → Return on investment
- What is the economic implication associated with new government policies and investments designed improve the integration of refugees in the UK? → Cohort Markov model

In summary

- Different challenges encountered throughout the process → modelling a complex system
- Iterative work with stakeholders to help find the best possible modelling approach
- Review of the evidence and data availability are key!

THANK YOU.

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