The cost and outcomes of community-based care for the seriously mentally ill

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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Community-based care for the seriously mentally ill in three regions: Boston, Central Massachusetts and Western Massachusetts.

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Study population
Psychiatrically disabled Medicaid beneficiaries, aged 18 to 64, with a diagnosis of schizophrenia and major affective disorder.

Setting
Community. The economic study was carried out in the USA.

Dates to which data relate
The effectiveness and resource use data referred to 1992. 1992 prices were used.

Source of effectiveness data
Effectiveness data were derived from a single study.

Link between effectiveness and cost data
The costing was undertaken retrospectively on the same patient sample as that used in the effectiveness study.

Study sample
An age- and gender-stratified random sampling plan was used for each region to select the patients. Power calculations determined the sample size. In total, 144 patients were included in the sample. Boston, Central Mass and Western Mass supplied 62, 35, and 46 patients respectively.

Study design
This was a retrospective cohort study, carried out in three regions.
Analysis of effectiveness

The analysis of effectiveness was based on intention to treat. The primary health outcome used in the analysis was mental health status. The Medical Outcome Studies (MOS) mental health status measure (Stewart and Ware) was used in interviews with clients. Groups were not comparable in sociodemographic and clinical characteristics, and adjustments were used in the analysis to control for the differences.

Effectiveness results

The mean (SD) mental health status score of clients was 54 (21.4) for Boston, 59 (16.7) for Central Massachusetts, and 52.4 (19.2) for Western Massachusetts. A 95% confidence interval was used.

Clinical conclusions

Clients’ mean mental health status score did not differ between regions.

Measure of benefits used in the economic analysis

Since the analysis of effectiveness showed similar effectiveness results in the three groups under investigation, the analysis was based on differences in costs only.

Direct costs

Costs were incurred over a 12 month period and do not appear to have been discounted. Quantities and costs were not reported separately. Community-based care costs included Medicaid costs. The quantity and cost data were taken from Medicaid paid claims files and from the Department of Mental Health (DMH) inpatient admissions and client tracking files. 1992 price data were used.

Statistical analysis of costs

Costs were treated stochastically.

Currency

US dollars ($).

Sensitivity analysis

No sensitivity analysis was carried out.

Cost results

The mean (SD) annual total cost of mental care in the three regions was: Boston $14,947 (17,416), Central Massachusetts $24,254 (24,120), and Western Massachusetts $18,712 (20,189).

Authors’ conclusions

Western Massachusetts (community-based care) was more cost-effective than the other regions (Boston and Central Massachusetts).

CRD COMMENTARY - Selection of comparators

A justification was given for the comparator used. The comparators chosen were existing Mental Health Services in Boston, and Central and Western Massachusetts regions. You, as a user of this database, should consider whether these are relevant to your own setting.
Validity of estimate of measure of benefit
As acknowledged by the authors, the results of the effectiveness analysis should be interpreted in the light of the study limitations; namely the small sample size and observational design. Based on the similar effectiveness results for the three regions, the authors carried out a cost-minisation analysis.

Validity of estimate of costs
Insufficient details of cost estimation were provided. Costs to patients, and other in society, were not included in the analysis. Cost results might have been underestimated because of the small sample size, as acknowledged by the authors. Cost results may not be generalisable to other settings or countries.

Other issues
The findings are applicable specifically to the target group identified in the study. A sensitivity analysis would have been useful to test the robustness of the study results.

Implications of the study
Further studies are needed before any policy recommendations can be made.

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