Is Accelerated Partner Therapy (APT) a cost-effective alternative to routine patient referral partner notification in the UK? Preliminary cost-consequence analysis of an exploratory trial

Roberts TE, Tsourapas A, Sutcliffe L, Cassell J, Estcourt C

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.

CRD summary
The study objective was to assess new models of partner notification for sex partners of people with chlamydia, gonorrhoea and non-gonococcal urethritis. The authors concluded that their results would be useful for informing development of future randomised controlled trial of accelerated partner therapy. Given that this study was an exploratory trial, the results should be used to inform the development of future trials rather than to inform policy decisions. As such, the conclusions of the authors' are valid.

Type of economic evaluation
Cost-effectiveness analysis

Study objective
The objective was to assess two new models of partner notification as compared with routine patient referral for sex partners of people with chlamydia, gonorrhoea and non-gonococcal urethritis. The study was exploratory.

Interventions
The interventions were: accelerated partner therapy (APT) hotline (telephone assessment of the patient’s sex partner by a clinic-based nurse-qualified health adviser); APT pharmacy (assessment of sex partner by a trained community pharmacist); and routine partner notification (patient referral that included infection specific information and advice that the sex partner should attend the clinic for testing and treatment).

Location/setting
UK/Community care.

Methods
Analytical approach:
Clinical and cost data were derived from a single exploratory trial. A short time horizon was used. The perspective stated by the authors was that of the UK NHS.

Effectiveness data:
Clinical and effectiveness data were derived from a single exploratory trial by Estcourt et al. (see Other Publications of Related Interest). In this study, each index patient was asked to choose which method they preferred for each contactable partner. Once the partner engaged with the allocated method, study staff explained the study and sought consent from the partner to participate. For this exploratory study, 135 contactable partners were recruited in the APT hotline group, 44 in the APT pharmacy group and 117 in the routine partner notification group. The main outcome measure of this study was the number of partners treated by allocated method.

Monetary benefit and utility valuations:
None.

Measure of benefit:
Numbers of partners treated by allocated method and median time from index diagnosis to partner treatment.
Cost data:
Direct costs were for nurse and pharmacist time, medication treatment, tests, condoms, leaflets and telephone equipment. The authors reported that resource use associated with routine partner notification was based on primary data collected in the Chlamydia Screening Studies (ClaSS) project by Roberts et al. (see Other Publications of Related Interest). All resource use as part of the two APT interventions was collected prospectively as part of the exploratory trial. Unit costs were derived from published studies and a UK compendium of costs for health and social care. The price year was 2008. All costs were reported in UK pounds sterling (£).

Analysis of uncertainty:
The authors reported that since this was a preliminary economic analysis alongside an exploratory trial they did not carry out sensitivity analyses.

Results
The proportion of partners treated by the allocated method was: 35% for APT Hotline; 34% for APT pharmacy; and 11% for routine partner notification.

Median time from index diagnosis to partner treatment by allocated method was one day for APT Hotline, one day for APT pharmacy and four days for routine partner notification.

The average cost per partner treated was £54.42 for APT Hotline, £53.29 for APT pharmacy and £45.89 for routine partner notification.

Authors’ conclusions
The authors concluded that their results would be useful for informing the development of future randomised controlled trials of accelerated partner therapy.

CRD commentary
Interventions:
Appropriate details of the interventions under study were provided. The interventions represented valid options for partner notification strategies. There were other options that might also have been valid comparators.

Effectiveness/benefits:
The clinical and effectiveness data were derived from an exploratory trial. Adequate details of the exploratory trial were given and included how patients’ partners were allocated to each partner notification arm, number of patients and primary outcomes. In the limitations of their study the authors reported that the purpose of this study was not to make comparisons among patient groups but to inform design of future clinical trials.

Costs:
The perspective adopted in the economic analysis was reported explicitly. It appeared that all relevant major costs for the stated perspective of the NHS were included in the analysis. Sources from which resource use and unit costs were derived were reported adequately by the authors. The price year was reported.

Analysis and results:
The authors reported that given that this was a preliminary analysis there was no need to undertake sensitivity analyses to assess the impact of uncertainty in the results. The authors adequately reported the many limitations of this study, which included that this was not a randomised study and patients’ chose the treatment and notification route for their partners. Given that this was an exploratory trial for the purposes of informing future randomised trials, the results will be valuable.

Concluding remarks:
Given that this study was an exploratory trial with a preliminary economic analysis, the results should be used to inform development of future trials rather than inform policy decisions. As such, the authors’ conclusions are valid.

Bibliographic details

PubMedID
21948957

DOI
10.1136/sextrans-2011-050176

Original Paper URL
http://sti.bmj.com/content/88/1/16.abstract

Other publications of related interest


Indexing Status
Subject indexing assigned by NLM

MeSH
Ambulatory Care /economics /organization & administration; Chlamydia Infections /economics /prevention & control; Community Pharmacy Services /economics /organization & administration; Contact Tracing /economics /methods; Cost-Benefit Analysis; Female; Gonorrhea /economics /prevention & control; Great Britain; Hotlines /economics; Humans; Male; Referral and Consultation /economics; Sexual Partners; Sexually Transmitted Diseases /economics /prevention & control /transmission; Urethritis /economics /prevention & control; Venereology /economics /organization & administration

AccessionNumber
22012003607

Date bibliographic record published
07/06/2012

Date abstract record published
31/08/2012