Targeting, care management and preventative services for older people: the cost-effectiveness of a pilot self-assessment approach in one local authority

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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.

CRD summary
This study examined the clinical and economic impact of self-assessment for older people with low-level needs, who would not normally meet the eligibility criteria for a range of preventive services. The authors concluded that self-assessment produced comparable satisfaction and was cheaper than the usual care for these people and was cost-effective. The analytic methods appear to have been appropriate, but there were limitations and caution is required when assessing the validity of the authors’ conclusions.

Type of economic evaluation
Cost-effectiveness analysis

Study objective
This study examined the clinical and economic impact of self-assessment for older people with low-level needs, who would normally fall outside the existing eligibility criteria for a range of preventive services.

Interventions
The intervention was the completion of a form by an older person. Facilitators publicised the intervention and assisted users, after self-assessment, using a directory to identify the relevant services, which included advice on minor aids, a falls-prevention service, carers’ services, housing and home improvement services, and community support services. The comparator was the usual assessment by a health care professional.

Location/setting
UK/community and secondary care.

Methods
Analytical approach:
The analysis was based on a single study with a six-month time horizon. The authors did not explicitly state the perspective adopted.

Effectiveness data:
The clinical evidence came from a randomised controlled trial (RCT), where a series of computer-generated random numbers was used to allocate people to intervention groups. The sample was 100 people over the age of 55 years from one health authority in northwest England. These people were referred to the council’s assessment and care management system, with 54 (mean age 80.2 years; 72.2% women) assigned to self-assessment and 46 (mean age 81.1 years; 67.4% women) assigned to professional assessment by a care manager. They were followed-up for six months and the outcomes were their scores on ease of use, information, and overall satisfaction, which were assessed by questionnaire.

Monetary benefit and utility valuations:
Not considered.

Measure of benefit:
The key outcomes were the scores on ease of use, information, and overall satisfaction, and there was no summary measure.
Cost data:
The economic analysis included the time taken for assessment by facilitators or care managers, including consultations with users, case discussions, paperwork, and travel time. A list of items included in the economic analysis was clearly reported and the unit costs and resource quantities were presented. Resource use was estimated through interviews with staff. The costs were assessed using recommended costing methods and were published costs of assessment in community care. The service costs were provided by the health authority. All costs were in UK pounds sterling (£) and referred to the fiscal year 2006 to 2007.

Analysis of uncertainty:
Confidence intervals were calculated for the clinical and economic outcomes, using conventional statistical analyses.

Results
The mean total costs were £167 with self-assessment and £345 with usual assessment (p<0.001). The main cost was the assessment itself, which had a statistically significant difference between groups, with £88 for self-assessment versus £256 for usual care (p<0.001).

No statistically significant differences in clinical outcomes were observed. The scores for ease of use were 8.2 in both groups; the information scores were 3.5 with self-assessment and 3.3 with usual care; and the satisfaction scores were 10.9 in both groups.

Authors’ conclusions
The authors concluded that self-assessment produced comparable satisfaction and was cheaper than the usual care, for older people with low-level needs, and was cost-effective.

CRD commentary
Interventions:
The interventions were appropriately selected as the proposed preventive strategy was compared against the usual care in the authors’ setting. These comparators might not be generalisable to other health care systems.

Effectiveness/benefits:
A RCT is generally considered to be a valid source of evidence, given its rigorous design. This analysis was of a subsample of individuals who attended one centre in the health authority and it was unclear if the sample size was sufficient to detect statistically significant differences in the clinical outcomes between the groups. The two groups were comparable at baseline in their socio-demographic characteristics and health. The follow-up appears to have been appropriate. The clinical outcomes were the patients’ self-reported preferences, while objective measures of the impact of the strategies on the patients’ health would have been useful.

Costs:
The economic viewpoint was not explicitly stated, but the cost categories and the data sources suggest that the perspective was that of the health care system. In general, the economic analysis was satisfactory and extensive details on the unit costs and resource quantities were given. The price year was reported, enhancing the transparency of the analysis. Appropriate statistical analyses of the costs were carried out.

Analysis and results:
The study results were clearly presented and a synthesis of the costs and benefits was not required, as a cost-consequences analysis was carried out. The uncertainty was investigated, using a statistical approach based on the calculation of confidence intervals around the expected costs and benefits. The authors stated that the main limitations of their study were the small sample size, the short time horizon, and the use of data from a single health authority, which makes it unclear whether the results could be generalised to other locations.

Concluding remarks:
The analytic methods appear to have been appropriate, but there were limitations and caution is required when assessing the validity of the authors’ conclusions.
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