

# **Economic Evaluations of Social Care Interventions: Are we all on the same page?**

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- What is **social care**?
- What is **economic evaluation** & why is it useful?
- **International use of economic evaluations in health care.** Application within **social care** substantially **less well developed** than in health.

- **Review reference cases** on methods for the economic evaluation of social care interventions.
- **Review methods used** in empirical studies containing an economic evaluation of social care interventions.
- Consider what **methods** have been **used**, methods in **development** & methods **gaps**, and additional methods **research required**.

- Conducted a methods **systematic review** of published social care economic evaluations.
- **Extracted data on key requirements** for economic evaluation.
- **Expert advisors commented** on the findings of the review. This informed the methods results that were drawn from the studies.

Who is making the decision?  
What are their objectives?

**Perspective**

What else can be done to achieve what the service aims to achieve?

**Comparators**

How well does the service compare with the alternatives?

**Evidence**

What are the benefits if we used the funds in alternative ways?

**Opportunity cost**

**Uncertainty**

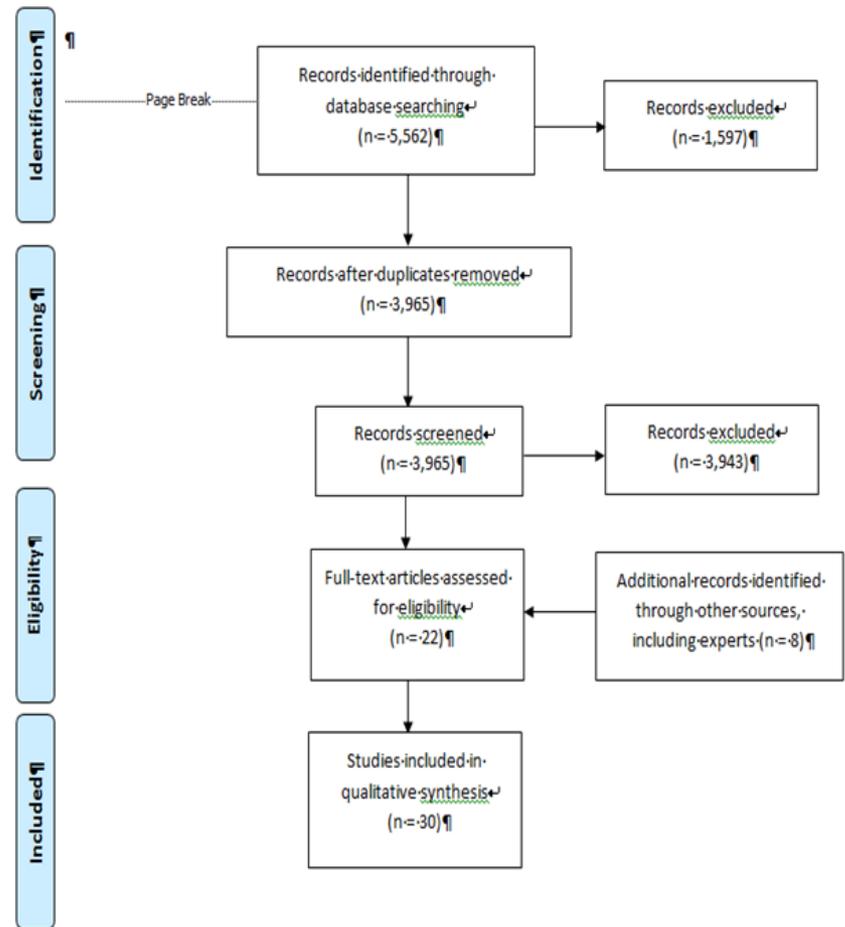
How certain are we that we are making the right choices?

|   |   |
|---|---|
| Element of assessment                                       | Interventions with a social care focus  |
| Defining decision problem                                   | The scope developed by NICE   |
| Comparator  | Interventions routinely delivered in the public and non-public social care sector   |
| Perspective on costs  | Public sector, often reducing to local government, Societal perspective (where appropriate), Other (where appropriate) e.g. employer  |
| Perspective on outcomes                                     | Effects on people for whom services are delivered (users, carers)   |
| Type of economic evaluation                                 | CUA, CCA, CBA, CMA  |
| Synthesis of evidence on outcomes                           | Based on systematic review  |
| Time horizon  | Long enough to reflect all important differences between costs and outcomes of interventions being compared   |
| Measuring and valuing health effects                        | Quality-Adjusted Life Years (QALYs) with EQ-5D as preferred health-related quality of life HRQoL measure  |
| Measure of non-health benefits                              | Capability measures where an intervention results in capability & health/social care outcomes   |
| Source of data for measurement of QoL                       | Reported directly by users &/or carers  |
| Source of preference data for valuation of changes in HRQoL | Representative sample of UK public  |
| Discount rate   | Annual rate of 3.5%, costs and health effects   |
| Equity position   | A QALY has same weight, regardless of other characteristics of individuals receiving health benefit. Equity considerations relevant to specific topics and how these were addressed in economic evaluation must be reported |
| Evidence on resource use and costs                          | Costs to relate to perspective used & should be valued using prices relevant to that perspective. Costs borne by users & value of informal care may be included if they contribute to outcomes                              |

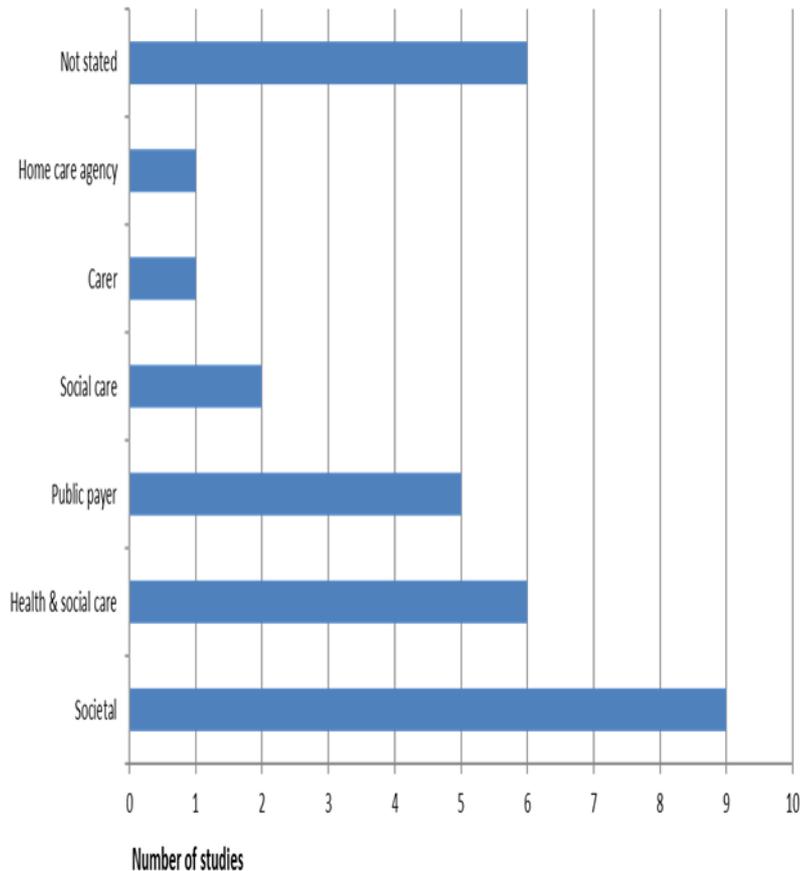
- **Broad perspective & evidence base.**  
Quantify health & non-health benefits and costs, & informal care as appropriate.
- **Comparators beyond health.**
- **Opportunity cost.**  
A threshold for social care has not yet been established.

- **30** social care economic evaluations.
- **23/39 (60%) of experts** accepted initial online invitation to provide feedback.
- **Variety of methods** applied to assess the cost-effectiveness of social care interventions.

Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram



## Stated perspective



- **6 different perspectives identified.**
- **6/30 (20%) of studies did not report the perspective.**
- **Stated perspective did not always match perceived perspective.**

- **Comparators:** 2 comparators only.
- **Study design:** 27/30 (90%) of studies based on primary studies. 14/30 (47%) of studies based on RCTs. Some use of observational survey data & data from services/literature.
- **Outcomes:** 25/30 (83%) studies considered social care outcomes. 19/30 (63%) of studies >1 outcome used. 10/30 (33%) of studies included the QALY. In 8/30 (27%) of studies, QALY was the primary outcome.

- **Resource use & unit costs:** Typically reported separately as appropriate. All studies reported social care costs. Other costs included health care, voluntary sector, private costs & welfare benefits. 26/30 (87%) studies included multi-sector costs.
- **Informal care:** 10/30 (33%) of studies quantified informal carer contributions using various cost & outcome methods. One study reported a rationale for the approach taken.

- **Opportunity cost:** A range of approaches was undertaken to examine cost-effectiveness and these involved different decision rules.
- **Uncertainty:** All studies included some exploration of uncertainty. 15/30 (50%) CEA studies calculated cost-effectiveness acceptability curves to explore the impact of uncertainty on the decisions.
- **Equity:** Not explicitly examined.

- **Implications:** Develop evidence base further. Undertake additional primary studies where evidence is not sufficient. Explore use of secondary data for EE. Improve reporting.
- **Methods issues:** Agree on objective/s of social care, appropriate outcome measure/s, develop CE threshold given agreed outcome measure, account for costs/outcomes across sectors, valuing carers, equity implications.
- **Methods research:** e.g. Beyond a QALY.