

Cost-Benefit and Cost-Utility Analyses in a Randomized Clinical Trial for Psychological versus Medical Treatments for Depression

Lana Wald
American University

American Evaluation Association

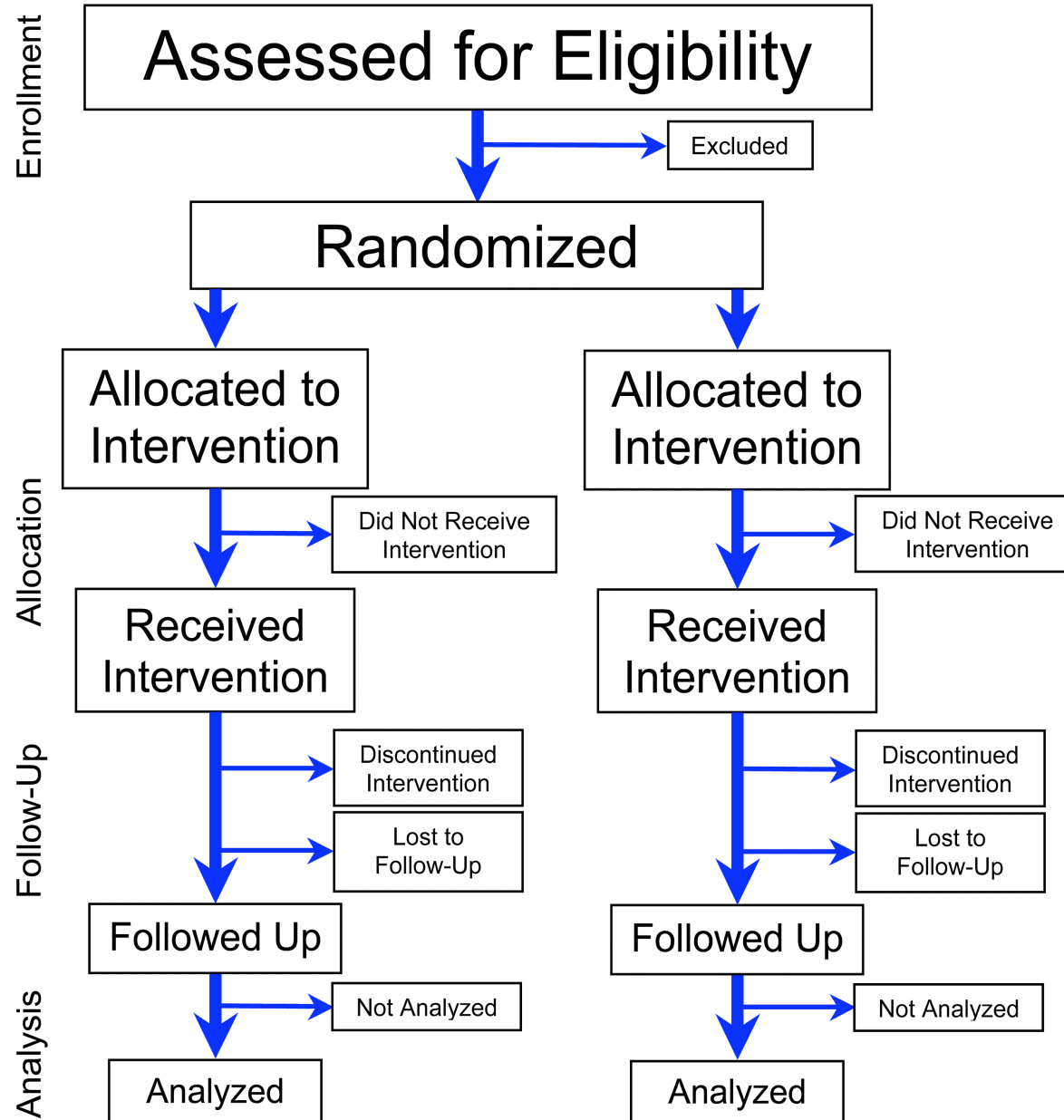
October 27, 2016

Objectives

- Define randomized clinical trial (RCT)
- Provide benefits and limitations of using a cost-inclusive evaluation as part of an RCTs
- Explain design methods used when adding cost-inclusive evaluation to already established RCTs
 - Provide real-world example: Cost benefit and cost utility analysis of CBT vs. LT for SAD

What

trial?



- Schultz, K. F., Altman, D. G., & Moher, D. (2010). CONSORT 2010 statement: Updated guidelines for reporting parallel group randomised trials. *British Medical Journal*, 340: c332.

Benefits of Randomized Clinical Trials

- Random Selection
- Random Assignment
-  Biases
-  Confounding Variables

Limitations of Randomized Clinical Trials

- Ideal Situation = Real World?
- Utilization of outside data sources or remote data
- Relationship with parent study staff
- Staff Support
- Available Funding

RCT Overview

- Data from RCT at UVM (Grant # R01Mh078982)
 - PI: Kelly Rohan, PhD
 - 5 year trial
 - $N = 177$ (CBT-SAD, $N = 88$; LT, $N = 89$)

Treatment	Yr1 (Pilot)	Yr2	Yr3	Yr4	Yr5
CBT-SAD	12	14	15	25	22
LT	12	10	18	25	24
Total	24	24	33	50	46

Treatments

Light Therapy for SAD

- 30 minutes each morning
 - then, individually tailored



CBT-SAD

- Group Format Rohan (2009)
 - 2x wk sessions (12 total)



Study Aim

- Differences in CBT vs LT for SAD over 2 winters:
 - Costs
 - Benefits
 - Effectiveness



Measures

- BDI-II
- SIGH-SAD
- Patient Daily Diaries
- Cost Questionnaire



Treatment Cost Estimation

Patient Costs

- Patient Cost
 - Treatment engagement
 - Productivity
 - Transportation



Treatment Cost Estimation

Patient perspective



- Intended Treatment
 - Treatment as prescribed
- As Treated
 - Individual differences in treatment engagement
- Opportunity Cost
 - \$0/minute for patient time in front of light box
- Follow-up Treatment
- Cumulative Costs

Treatment Cost Estimation

Provider Costs

- Health services
 - converted into CPT codes x Medicaid rate
- Cost of space
 - Average rental price per sq ft
- Overhead costs
 - median hourly income of an office manager



Treatment Benefit Estimation



- Hospital services and associated costs
 - Median cost for hospital visit paid by Medicaid
- Emergency room service use
 - # of visits x median emergency room charge
- Doctor's office visits
 - Patient self-report and converted to CPT codes x visit paid by Medicaid
- Monetary benefits of CBT-SAD and LT
 - $\text{total cost of health}_{\text{servicesbeforetx}} - \text{total costs of health}_{\text{servicesaftertx}}$

Cost Utility Estimation



- BDI-II scores converted into QALYs

(Freed et al., 2007)

Health Utility to QALY Time-weighting Schedule

Timeframe	# of months	Data used
Early January to mid-February	1.5	Pretreatment (Pre)
Mid-February to mid-May	3	Posttreatment (Post)
Mid-May to end of September	4.5	Spontaneous remission (Sprsum)
October through December	3	1-year (next winter) follow-up (Yr1)
January to December	12	2-year (second winter) follow-up (Yr2)

$(\text{Pre} \times 1.5) + (\text{Post} \times 3) + (0.9 \text{ Sprsum} \times 4.5) + (\text{Yr1} \times 3) + (\text{Yr2} \times 12)$

24 months

= QALY

RESULTS

Treatment Costs Per Patient

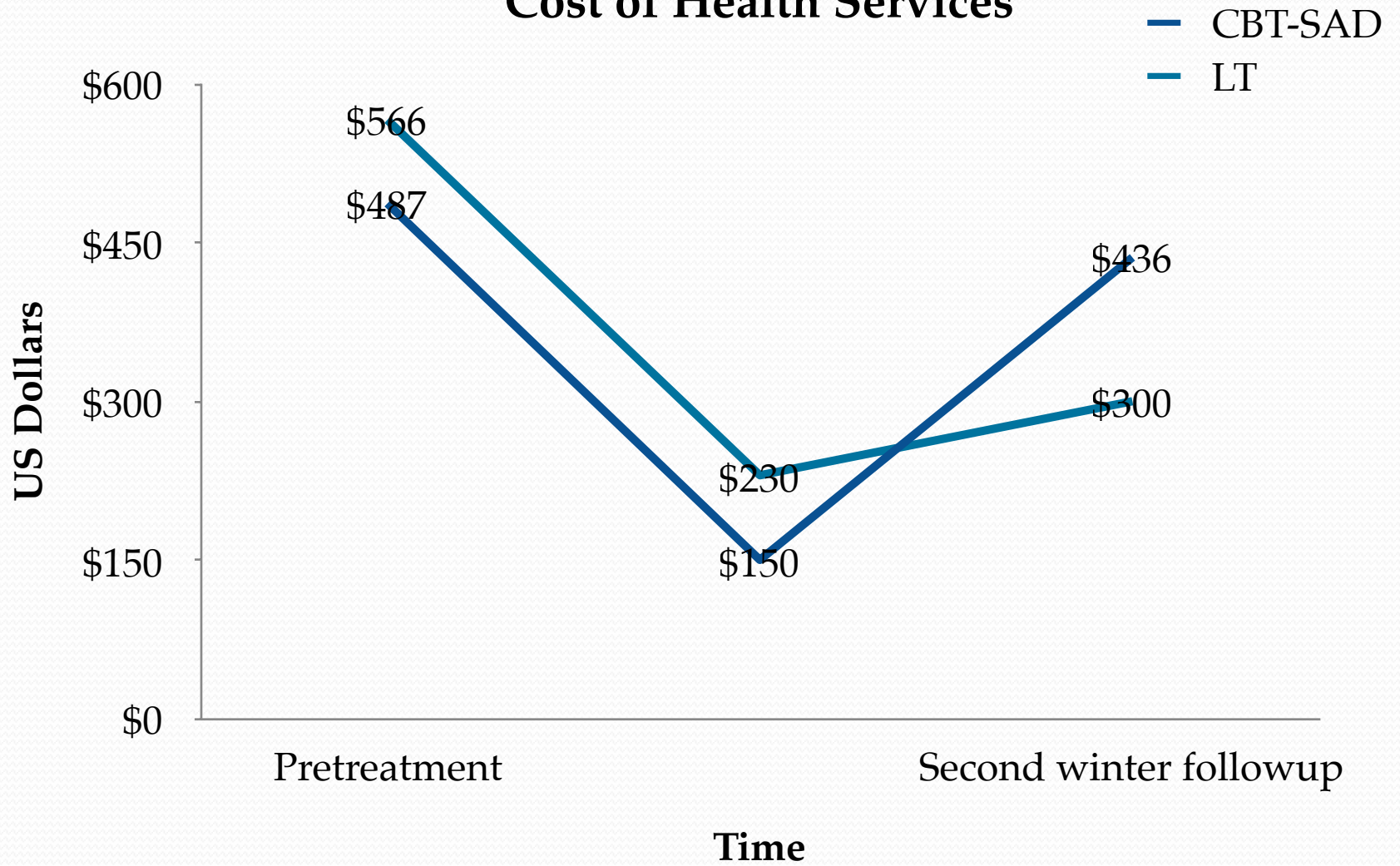
Provider perspective

Resource type	Resource amount		Cost per unit	Total cost (resource amount x cost per unit)	
	CBT	LT		CBT	LT
Psychiatrist time	0	1.5	\$68.06	\$0.00	\$102.09
Therapist time	4.5	0	\$34.34	\$154.53	\$0.00
Supervisor time	1.5	0.5	\$34.34	\$51.51	\$17.17
Manuals/homework	60	18	\$0.10	\$6.00	\$1.80
Space (sq. ft)	180	0	\$0.05	\$8.22	\$0.00
Office management	0.5	0	\$18.19	\$9.10	\$0.00
Total Cost				\$229.35	\$121.06

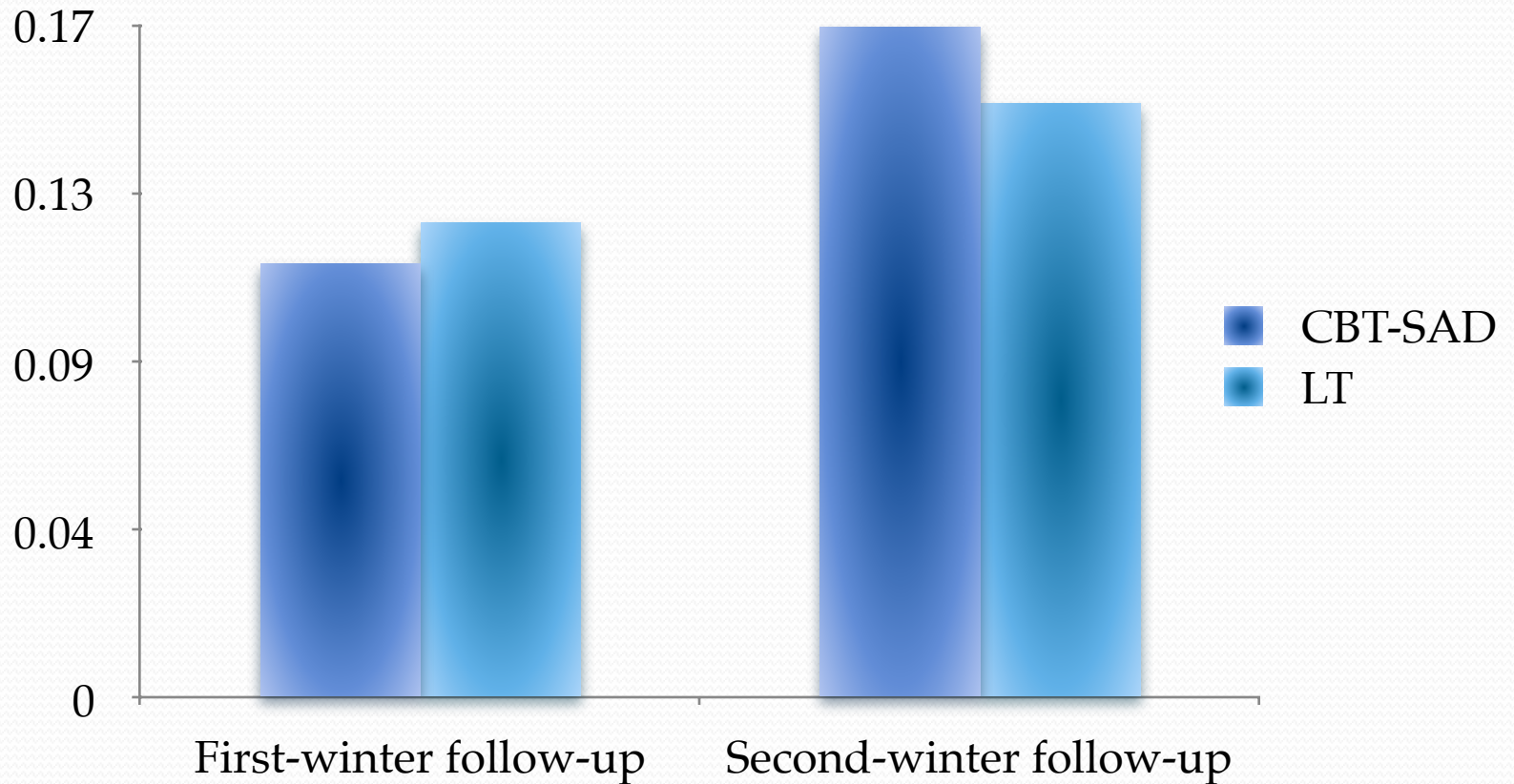
CBT-SAD Cost Less Cumulatively from the Patient Perspective

- Intended Treatment
 - **CBT-SAD < LT**
- As Treated
 - **CBT-SAD < LT**
- Opportunity Cost
 - **CBT-SAD > LT**

Cost of Health Services

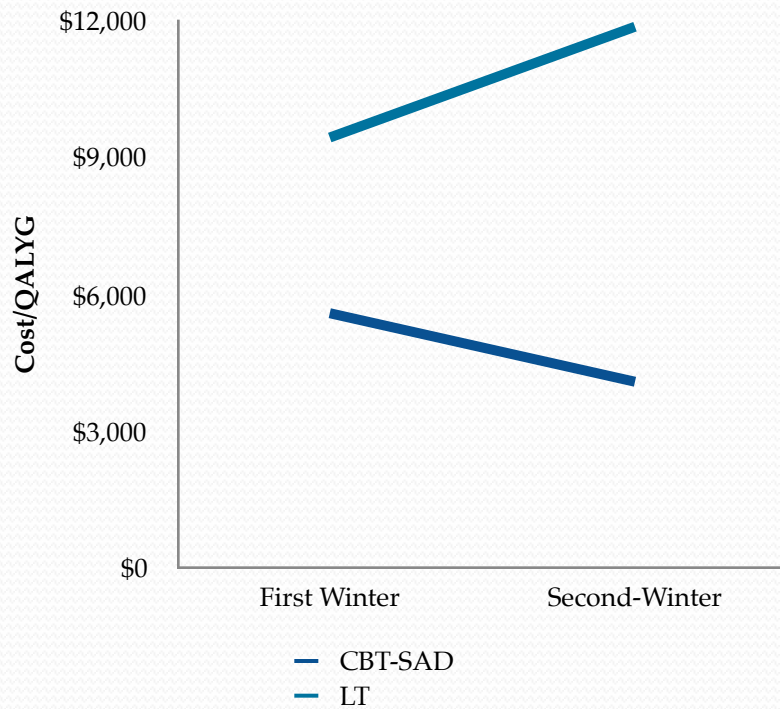


Median Quality of Life Years Gained

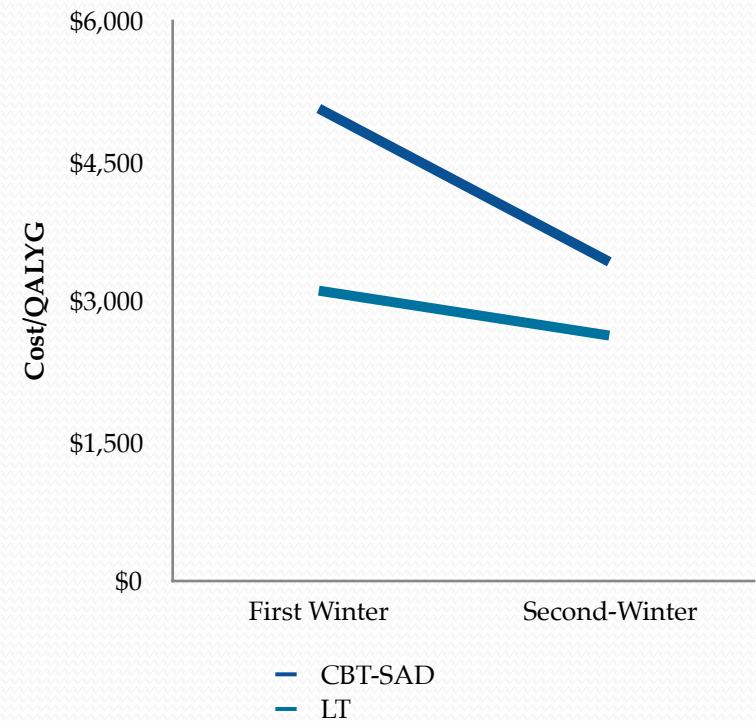


Cost/QALYG

As Treated Cost/QALYG



Opportunity Cost/QALYG



Limitations

- Estimated costs based on specific region in US
- Treatment cost according to current market data
- Service use outcomes based on self-report and service cost based on CPT codes converted to Medicaid rates
- Index treatment and follow-up treatment were different lengths of time
- Limited data on activities engaged in while undergoing light therapy
- QALYs over a 1 and 2 year period not lifetime

Future Research/Lessons Learned

- Gain access to patient medical records
- Have equal lengths of time re: index treatment and follow-up
- Gather data over an even longer period of time for accurate QALYs and long-term effects of CBT-SAD

References

- Beck, A. T., Rush, J. A., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy and depression*. New York, NY: Guildford Press.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Beck Depression Inventory-II*. San Antonio, TX: Harcourt Brace.
- Freed, M. C., Rohan, K. J., & Yates, B. T. (2007). Estimating health utilities and quality adjusted life years in seasonal affective disorder research. *Journal of Affective Disorders*, 100, 83-89.
- Green, C. A., & Pope, C. R. (1999). Gender, psychological factors, and the use of medical services: A longitudinal analysis. *Social Science & Medicine*, 48, 1363-1372.
- Greenberg, P. E., Kessler, R. C., Birnbaum, H. G., Leong, S. A., Lowe, S. W., Berglund, P. A., Corey-Lisle, P. K. (2003). The economic burden of depression in the United States: How did it change between 1990 and 2000? *Journal of Clinical Psychiatry*, 64, 1465-1475.
- Lam, R. W., & Levitt, A. J. (1999). *Clinical guidelines for the treatment of seasonal affective disorder*. Vancouver, BC: Clinical & Academic Publishing.
- Magnusson, A., & Boivin, D. (2003). Seasonal affective disorder: An overview. *Chronobiology International*, 20, 189-207.
- Rohan, K. J. (2009). *Coping with the seasons: A cognitive-behavioral approach to seasonal affective disorder*. New York, NY: Oxford University Press.
- Rohan, K. J., Lindsey, K. T., Roecklein, K. A., & Lacy, T. J. (2004). Cognitive-behavioral therapy, light therapy, and their combination in treating seasonal affective disorder. *Journal of Affective Disorders*, 80, 273-283.
- Rohan, K. J., Mahon, J. N., Evans, M., Ho, S., Meyerhoff, J., Postolache, T. T., & Vacek, P. M. (2015). Randomized trial of cognitive-behavioral therapy versus light therapy for seasonal affective disorder. *American Journal of Psychiatry*, 172, 862-869.
- Rohan, K. J., Meyerhoff, J., Ho, S., Evans, M., Postolache, T. T., & Vacek, P. M. (2016). Outcomes one and two winters following cognitive behavioral therapy or light therapy for seasonal affective disorder. *American Journal of Psychiatry*, 173, 244-251.
- Rohan, K. J., Roecklein, K. A., Lindsey, K. T., Johnson, L. G., Lippy, R. D., Lacy, T. J., & Barton, F. A. (2007). A randomized controlled trial of cognitive-behavioral therapy, light therapy, and their combination for seasonal affective disorder. *Journal of Consulting and Clinical Psychology*, 75, 439-500.
- Rosenthal, N. E., Sak, D. A., Gillin, J. C., Lewy, A. J., Goodwin, F. K., Davenport, Y., Mueller, P. S., Newsome, D. A., & Wehr, T. A., (1984). Seasonal affective disorder. A description of the syndrome and preliminary findings with light therapy. *General Archives of Psychiatry*, 142, 163-170.
- Schwartz, P. J., Brown, C., Wehr, T. A., & Rosenthal, N. E. (1996). Winter seasonal affective disorder: A follow-up study of the first 59 patients of the National Institute of Mental Health seasonal studies program. *The American Journal of Psychiatry*, 153, 1028-1035.

Questions & Comments

