



Improving the value from health spending The case of mental health

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Forum: Person centered mental health care: outcomes that matter to patients and their carers

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Value for Money in Health Spending, benefits for whom?

- Improving patient outcomes should not simply be seen as a matter for health policy.
- Better health can make a very important contribution to economic and social goals through longer working lives, greater productivity, reduced disability claims, better educational outcomes, and reduced social exclusion.
- **An example: The Value of Treatment (VoT) Project** is a timely and ground-breaking initiative of the European Brain Council (EBC) in collaboration with the LSE and other partner institutions.

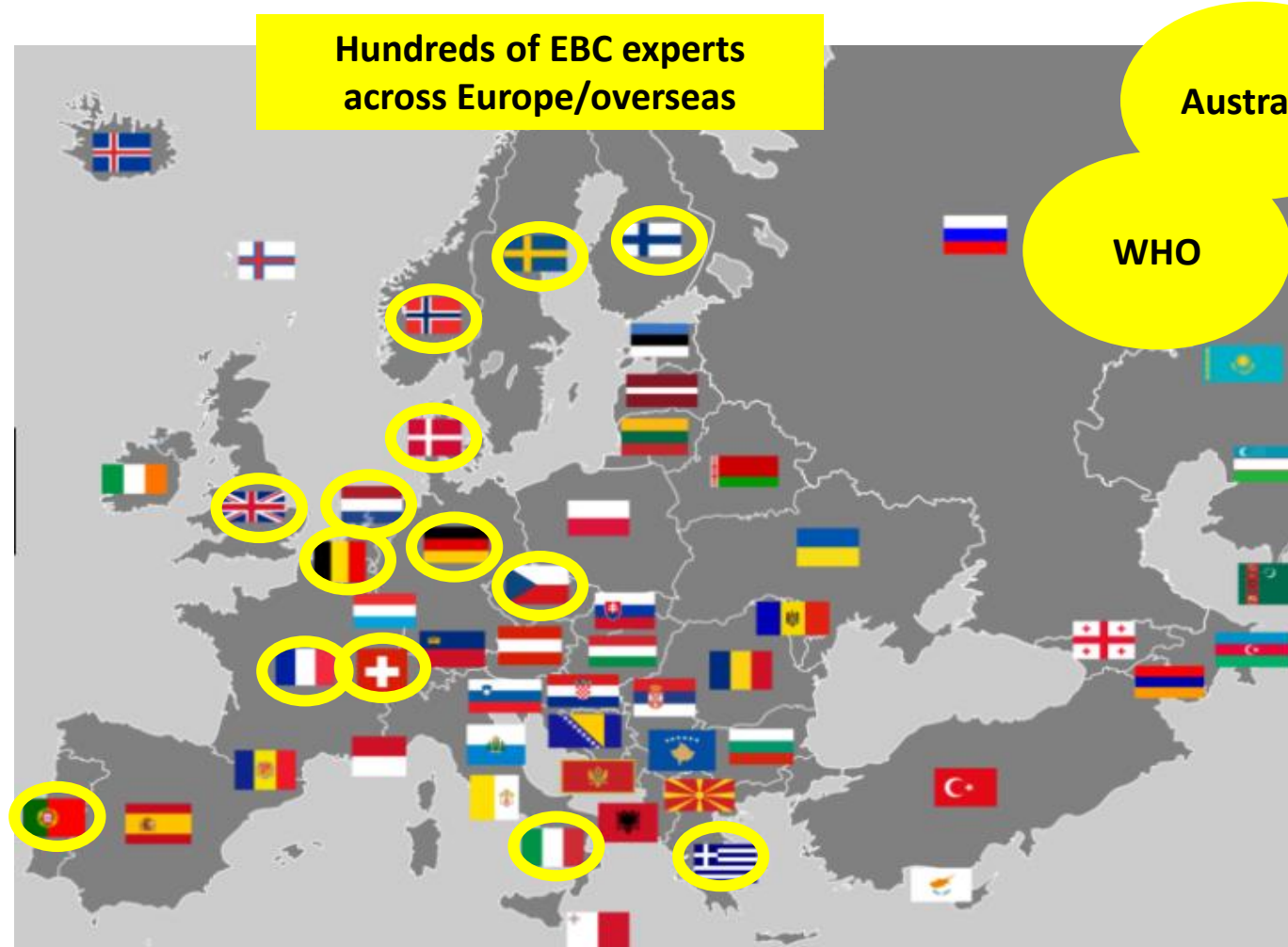
Value of Treatment: Bridging the Treatment Gaps for Brain Disorders with person centred care

- **Framework:** “how better healthcare practice in brain disorders can improve the lives of European citizens and have a positive socio-economic impact”
- **The project goals:**
 - To develop case studies demonstrating (i) health gains and (ii) socio-economic impacts resulting from best health interventions;
 - To perform a robust analysis to support the research framework with empirics;
 - To make policy recommendations grounded in relevant and solid scientific knowledge.



EBC RESEARCH PROJECT
THE **VALUE OF TREATMENT**
FOR BRAIN DISORDERS

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- **Nine case studies:** [Alzheimer's Disease](#), [Epilepsy](#), [Headache](#), [Multiple Sclerosis](#), [Normal-pressure hydrocephalus \(NPH\)](#), [Parkinson's disease](#), [Restless Legs Syndrome](#), [Schizophrenia](#), [Stroke](#) across EU settings
- **Aim:** to identify treatment gaps, propose solutions and measure their socioeconomic impact
- **Methods:** patient journey analysis and economic evaluation



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Aim & approach of economic case studies

- To produce economic evidence on the value of treatment of brain disorders to inform decision-making (at potentially many levels).
- No new primary data collection
- New analyses of evidence in previously published studies and administrative datasets; with inputs from a wide range of experts over many months

What do we mean by ‘economic case’?

- We need to compare **2+ interventions** (= policies, strategies, services, treatments etc.)
- Those interventions need to be **effective**
- We look at as **wide a range of costs and outcomes** as possible, and for the **longest time periods** possible
- Is the intervention **cost-saving**?
- If not, is it nevertheless **cost-effective** (i.e. seen as ‘worth it’)?

Methods – Economic modelling

- **Types:** decision analytic models; simulation Markov models
- **Interventions:** Chosen by expert groups to represent ‘better/best treatment/care’
- **Baseline scenarios:** where treatment/care as usual represents a ‘gap’; e.g.. delayed diagnosis, poor adherence etc.
- **Timeframe:** short 1-2 years, medium 3-5 years, long term (>5 years).
- **Perspectives:** health & social care system, or whole public sector, or whole society.
- **Health outcomes** (when included): varied ... sometimes included Quality-adjusted life years (QALYs) gained, healthy life years (HLYs) gained, lives saved.
- **Discount rate:** 3.5% applied if needed.

Methods – depend on data available...

- **Approach #1 ('best scenario')** - Where there was a recently completed economic evaluation in European settings already available from the literature.
- **Approach #2** - Where there was a *previous* economic evaluation in one European setting or outside Europe (if considered relevant).
- **Approach #3** - Only effectiveness evidence available - no economic evaluations. We explored economic case with experts using reported findings in the literature.
- **Approach #4** - Where evidence of effectiveness was limited we agreed with experts on specific patient case studies to explore treatment gaps.

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Schizophrenia. For UK we updated model parameters with fresh evidence so that they reflected what could be expected in Europe today, at today's prices. For Czech Republic we adapted UK model and set it fully in CR context.

Schizophrenia: one example



Challenge	Low prevalence (0.8% to 1.5%), heterogeneous, highly distressing disorder, with potentially devastating long-term consequences. Challenges include recognising schizophrenia early enough, and keeping people in treatment.
Question	What is the economic case for early detection / early intervention programmes in UK (where EI is already available) and Czech Republic (where it is not, but could potentially be developed)?
Findings	<p>UK: In short term (1-2 years), EI more costly than usual care but from year 3 onwards it generates cost savings - due to reduced inpatient care costs, improved employment and crime costs (€20-€32 million savings annually)</p> <p>CR: Costs of care as usual could be reduced by 25% if only indicated prevention services were adopted, 33% if only EI services were adopted, and 40% if both. Potential annual savings of up to €18.3 million</p> <p>In both UK and CR there is strong potential to be cost-saving.</p>






From the patient journey ... Gaps addressed in economic terms



Gaps	Schizophrenia	Alzheimer's Disease	Headache	Stroke	Parkinson's Disease	Epilepsy	Multiple Sclerosis	Restless Legs Syndrome	Normal Pressure Hydrocephalus
Prevention 							Impact of modifiable lifestyle factors		
Screening 	Missed detection								
Diagnosis/treatment 	Late intervention	Late intervention; inadequate treatment	Lack of structured headache services & education	No access to inpatient stroke unit	Late treatment; inadequate treatment for advanced PD; poor adherence	Inadequate treatment & care	Delays in treatment	Inadequate treatment (& socio-economic impact)	Delayed & inadequate treatment
Follow-up 				Lack of rehabilitation					
(Case studies)									

Closing the treatment gaps ... how are we doing in economic terms?



Gaps	Schizophrenia	Alzheimer's Disease	Headache	Stroke	Parkinson's Disease	Epilepsy	Multiple Sclerosis	Restless Legs Syndrome	Normal Pressure Hydrocephalus
Prevention 							Lifestyle factors prevention COST-EFFECTIVE		
Screening 	Early detection COST-SAVING/ COST-EFFECTIVE								
Diagnosis/treatment  	Early intervention COST-SAVING/ COST-EFFECTIVE	Early intervention/adequate treatment COST-EFFECTIVE	Structured headache services and education COST-EFFECTIVE	Inpatient stroke unit COST-EFFECTIVE	Early/timely treatment COST-EFFECTIVE Adequate treatment for advanced PD COST-EFFECTIVE Adherence to drug treatment COST-EFFECTIVE	Adequate treatment and care COST-EFFECTIVE	Early in treatment COST-EFFECTIVE	Adequate treatment COST-EFFECTIVE	Early & adequate treatment COST-EFFECTIVE
Follow-up 				In hospital rehabilitation COST-EFFECTIVE					

Conclusions



- Closing treatment gaps is widely beneficial – for patients, families, providers, payers, policy-makers.
- The VoT project looked at prevention, early detection, diagnosis & early intervention, better adherence to treatment, access to appropriate treatment.
- Economic arguments need to be seen alongside other essential elements in shared decision-making, especially patient, family and public involvement – and that has been central to the whole VoT approach.

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