

Cost-effectiveness of Enhanced Depression Care for Patients With Acute Coronary Syndrome

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Conflict of Interest Disclosures: None

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#### Overview

- Rationale for cost-effectiveness (CE) analysis of Coronary Psychosocial Evaluation Studies (COPES)
- Approach to estimating cost and quality of life (QoL) outcomes
- Approach to CE analysis
- Results



# Role for CE analysis in COPES

- Burden of illness of coronary heart disease (CHD)
  - 440,000 deaths each year
- Depression magnifies CHD risk
- Competing interventions in patients with CHD
  - smoking cessation programs
  - medication adherence interventions
- Cost and cost-effectiveness influence decisionmaking

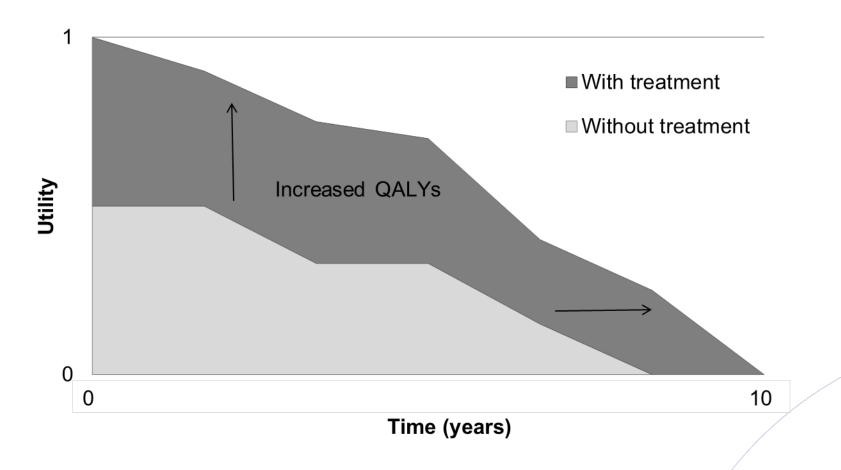


# Estimating cost-effectiveness

- Cost-effectiveness (CE) analysis compares relative value of decisions
- Economic costs = resource utilization or opportunity costs
- Quality-adjusted life-years (QALYs) or other units for effectiveness
  - integrates quality and quantity of life
  - Utility ∈ [0 (death), 1 (perfect health)]
- utility x duration = quality-adjusted life-years

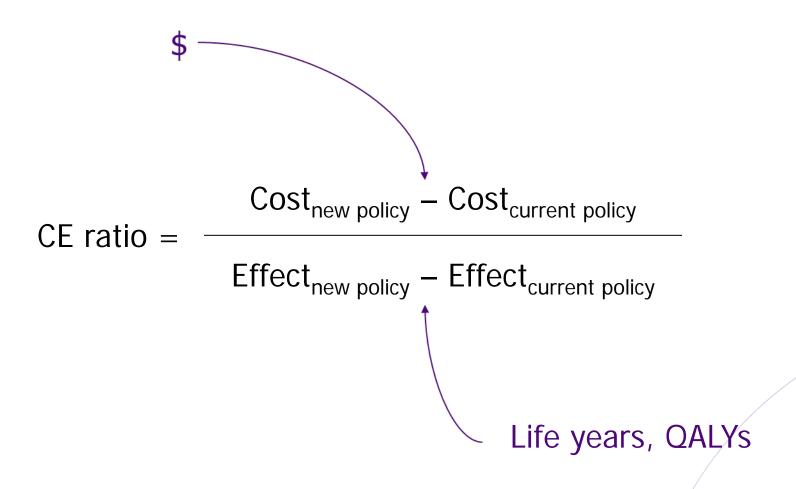


### **QALYs**



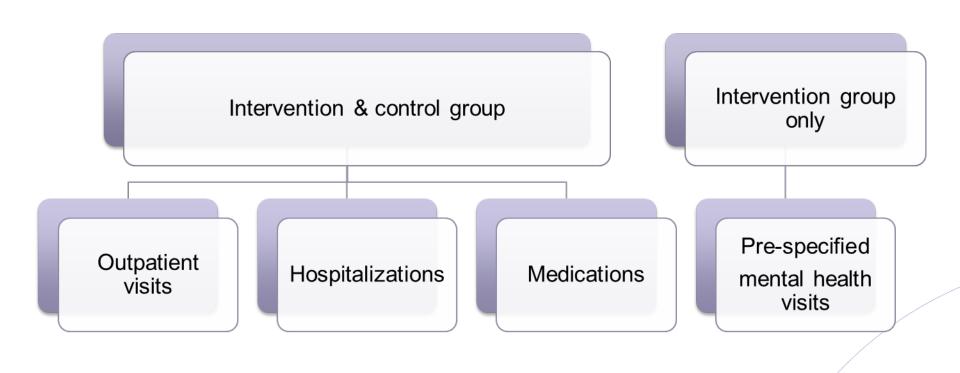


### Cost-effectiveness ratio





# COPES: Sources of healthcare utilization





# Estimating costs

- Ambulatory care (mental health, primary care, cardiology)
  - CPT codes and Medicare reimbursement
- Hospitalizations
  - DRGs and Medicare reimbursement
  - Acute myocardial infarction, angina, heart failure
- Medications
  - Antidepressants only (fluoxetine, paroxetine, etc.)
  - Average wholesale price



#### **Data limitations**

- Participants surveyed every two months
  - No closed healthcare system

- Incomplete data on outpatient care
  - Data are categorical, not continuous
- Incomplete data on non-ACS hospitalizations



# Other important economic costs not considered

Out of pocket expenses (e.g., copays)

Time costs for travel, waiting, etc.

Employment/productivity



# Quality of life

 Participants completed the Short Form-12 (SF-12, version 2) health survey

 Completed other surveys to assess quality of life (QOL) but only SF-12 preference-based

 SF-12 responses available at baseline and at 6 month follow-up



# Page 1

#### SF-12v2™ Health Survey Scoring Demonstration

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

	n general, wou	ıld you say your healt	th is:					
	Excellent	Very good	Good	F	air	Po	oor	
	0	0	0		0		0	
	The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?							
					Yes, limited a lot	Yes, limited a little	No, no limited at all	
а		<u>tivities,</u> such as moving ner, bowling, or playing		а	0	0	0	
b	Climbing sev	eral flights of stairs			0	0	0	
			All of the time	Most of the time	Some of the time	A little of the time	None of the	
a	Accomplishe	d less than you would I					time	
-			ike O	0	0	0	time	
	Were limited activities	in the kind of work or o		0	0	0		
b 1. D	activities  Ouring the pase problems with		of the time have	o you had	any of the	o following	0	
b 1. D	activities  Ouring the pase problems with	in the kind of work or o	of the time have	o you had	any of the	o following	onal None	
b 1. D	activities  During the pass problems with problems (suc	in the kind of work or o	of the time have gular daily activ d or anxious)?  All of the time	you had ities as a Most of the	any of the result of a	e following any emotion	g onal None of the	

# Page 2

6. These questions are about how you feel and how things have been with you or past 4 weeks. For each question, please give the one answer that comes closs way you have been feeling.  How much of the time during the past 4 weeks  All Most Some A litt of the of the of the time time time time time time time tim	tle None	
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problems interfered with your social activities (like visiting friends, relatives,	) 0	
All Most Some A little of the time of the time of the time of the time of	None of the time	
0 0 0	0	
Thank you for completing these questions!  Score the survey Reset the survey form		

# Estimating health utilities

- SF-12 responses converted to utilities using published regression equation
  - standard gamble-based preferences of 611 members of the general UK population

$$Utility = 1 - \beta_1 \cdot sf12 \_resp_1 - \beta_2 \cdot sf12 \_resp_2 - ... - \lambda * worst \_resp$$

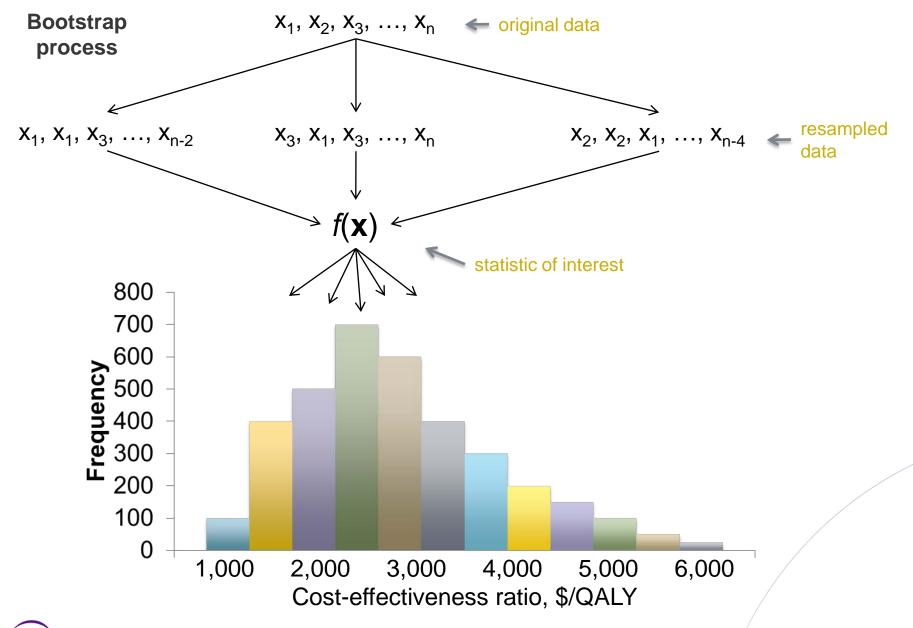
 Linear regression to adjust utility at follow-up using baseline utility and patient characteristics



# Cost-effectiveness analysis

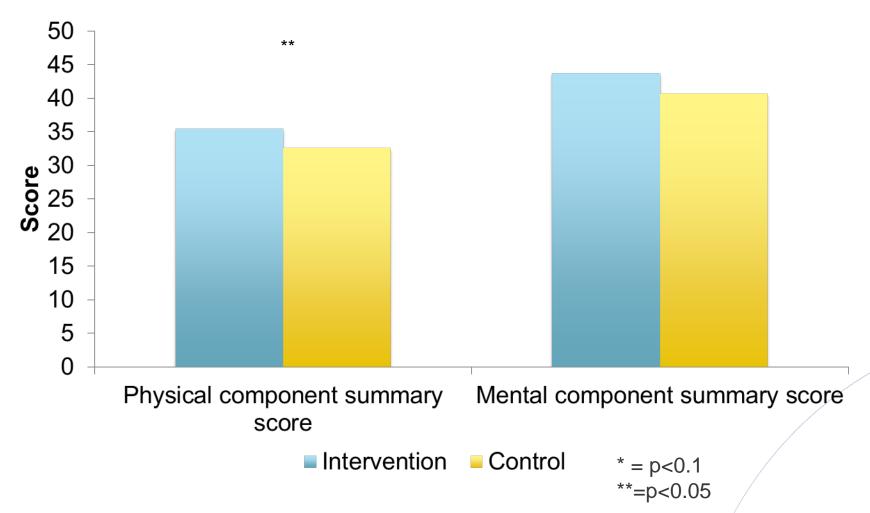
- Mean value is ΔC/ΔE
  - difference-in-differences of means, within-group and between baseline and follow-up
- Bootstrapping to estimate confidence intervals
  - resamples from original data with replacement
  - simulates population distribution of the CE ratio
  - typically performed at least 1,000 times
- Layered onto multiple imputation
- Intercooled Stata 11.2





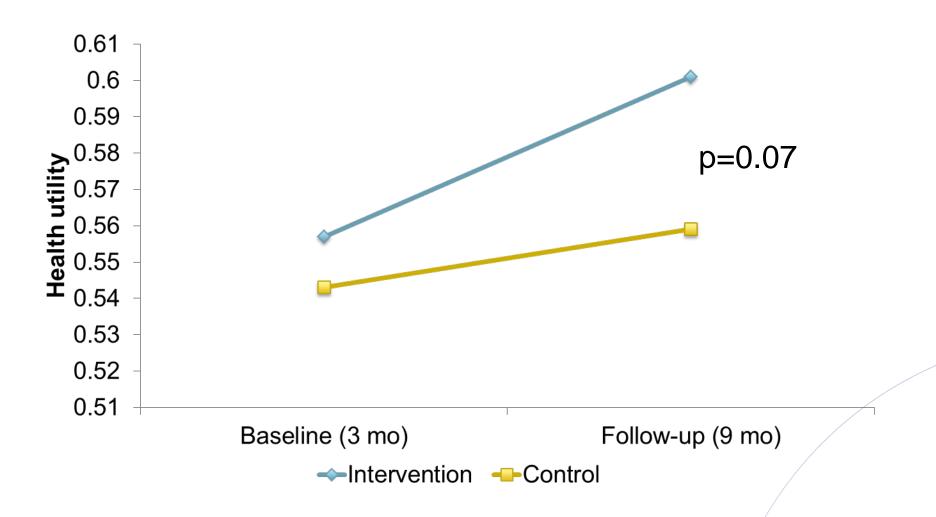


# SF-12 component scores – 6 mo



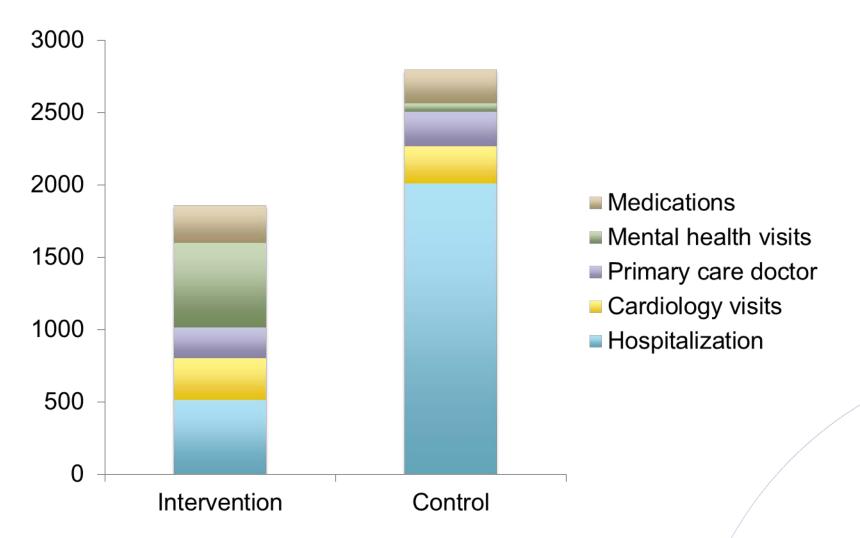


## Health utility



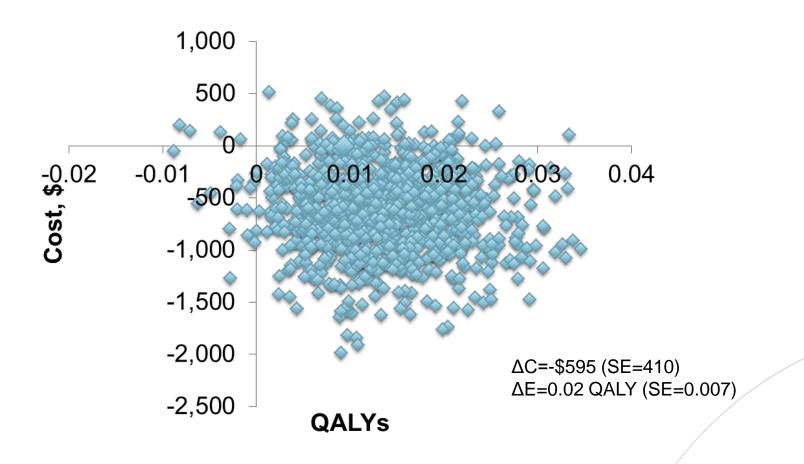


# Healthcare costs (at 6 mo)





# Cost-effectiveness scatter plot





Ladapo JA, Shaffer JA, Fan Y, Ye S, Davidson KW. (in press). Cost-effectiveness of Enhanced Depression Care After Acute Coronary Syndrome: Results From the Coronary Psychosocial Evaluation Studies Randomized Controlled Trial. *Archives of Internal Medicine*.

# Thank you!

