

Identifying best practices for care-dependent elderly by Benchmarking Costs and outcomes of community care



Costing guideline for use in cross-European health economic evaluations

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Summary

Background

It is difficult to compare results of international health economic evaluations, due to a lack of uniform methods to identify, measure, and value resource utilization and lost productivity. Methodological guidelines developed by European countries share common principles, but fundamental differences also exist. This limits the usability and transferability of economic evaluations. Therefore, the aim of the present study was to establish European consensus-based recommendations on the identification, measurement and valuation of resource utilization and lost productivity from a societal perspective.

Methods

A comprehensive literature search was conducted to identify existing guidelines on the execution of economic evaluations in Europe. Recommendations for identification, measurement and valuation of resource utilization and lost productivity were extracted by two independent reviewers. The extracted recommendations formed the basis for a Delphi study that was conducted among European researchers and policymakers active in the field of health economics. During three written rounds consensus was sought on recommendations to be included in the methodological costing guideline from a societal perspective.

Results

In total, eighteen European guidelines were identified. Based on the Delphi study it is recommended to use self-report for measuring resource utilization and lost productivity, to value this using country-specific standardized/unit costs and to use country-specific discounting rates. A cost-utility analysis is the preferred type of economic evaluation, while the choice for a trial or model-based approach depends on the research question under study. An overview of the guideline recommendations is presented in Table 1.

Conclusion

The developed guideline provides a uniform costing methodology for multi-country economic evaluations and will improve the comparability of economic evaluations conducted in a European context. This will provide policy makers with reliable information to support decision making in health care.

Table 1. Summary of guideline recommendations

<i>Component/ topic</i>	<i>Recommendation</i>
Perspective	Societal perspective
Identification of costs	Societal perspective: health care services, intervention costs, social costs, patient and family costs, lost productivity costs, future costs
Measurement of resource use	
Health care services	Patient level data
Patient-out-of-pocket expenses	Patient-reported expenses
Patient time costs	Patient-reported time
Travel costs	Standard distances
Informal care costs	Self-report informal caregivers
Absenteeism from paid labour	Self-reported sick leave due to the disease under study
Presenteeism	Quantity and Quality (QQ) method
Valuation of resource use: opportunity costs should be used to value resource utilization and lost productivity	
Health care services	Country specific standard/unit costs
Supportive care/ social care services	Country specific standard/unit costs
Patient out-of-pocket expenses	Patient-reported costs
Patient time/informal care	National average wages of unskilled labour sex/age-specific
Travel costs	Use of standard distances between the patient's home and the health care provider Travel by public transport: market prices Travel by car: standard costs per kilometre/mile
Absenteeism	Friction cost approach Elasticity value of 0.8 National sex/age-specific average wages of the population as a whole
Presenteeism	National sex/age-specific average wages of the population as a whole
VAT (value added taxes)	Include VAT
Discounting	Country specific discounting rates Sensitivity analysis: lowest and highest European discounting rates
Type of economic evaluation	Cost-Utility Analysis
Study design	Both a model-based approach and a trial-based approach are appropriate depending on the research question under study.

Please note, the full report will become available online after the publication of a manuscript based on this report.

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