B- Geriatric rehabilitation

Study	Caplan 2006A[38]			
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CCA (health outcome: various including delirium (primary outcome measure), length of stay, functional independence, depression, patient satisfaction) **Study design:** RCT **Approach to analysis:** Within-trial analysis of costs and outcomes. Patients were randomised in a 2:1 ratio. Outcomes were assessed on discharge and at 1- and 6-months follow-up. **Perspective:** Australian health care provider **Time horizon/Follow-up:** 6 months **Treatment effect duration[(a)]:** variable **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** Frail elderly patients with length of stay exceeding 6 days who were referred for geriatric rehabilitation. **Cohort settings: (n=104)** Mean age: 1: 84 years, 2: 83.9 years Male: 1: 33.3%, 2: 31.8% **Intervention 1:** Inpatient rehabilitation at the hospital geriatric rehabilitation ward. **Intervention 2:** Home rehabilitation provided by a hospital-based multidisciplinary outreach service. The team includes nurses, physiotherapists, occupational therapists and doctors. Patients were visited a mean of 20 times during the rehabilitation episode. Equipment was provided free for up to 3 months.	**Total costs (mean per patient):** 1: £11,760 2: £8,522 (2−1): -£3,238 (95% CI: NR; p=0.011) **Acute phase costs (mean per patient):** 1: £4,991 2: £5,722 (2−1): £731 (95% CI: NR; p=0.51) **Rehabilitation phase costs (mean per patient):** 1: £6,768 2: £2,799 (2−1): -£3,969 (95% CI: NR; p<0.0001) **Currency & cost year:** 2002 Australian dollars (presented here as 2002 UK pounds)[(b)]] **Cost components incorporated:** Hospital costs based on DRGs, home-based rehabilitation costs including overheads. No	**Delirium: Acute phase** 1: 2.5% , 2: 1.4%, (2−1): -1.1% (95% CI: NR; p=0.62) **Delirium: rehabilitation phase** 1: 3.2%, 2: 0.6%, (2−1): -2.6% (95% CI: NR; p=0.003) **Overall length of episode of care:** 1: 40.09 days, 2: 34.91 days, (2−1): -5.21 days (95% CI: NR; p=0.19) **Length of rehabilitation phase:** 1: 23.09 days, 2: 15.97 days, (2−1): - 7.12 days (95% CI: NR; p=0.02) **Hospital bed days:** 1: 40.09 days, 2: 20.31 days, (2−1): -19.78 days (95% CI: NR; p< 0.0001) **Mini Mental State Examination (MMSE):** 1: 23.71, 2: 23.79, (2−1): 0.08 (95% CI: NR; p=0.95) **Depression (Geriatric Depression Score GDS):** 1: 9.42, 2: 8.38, (2−1): - 0.04 (95% CI: NR; p=0.45) **Patient satisfaction:** 1: 4.06, 2: 4.66, (2−1): 0.6 (95% CI: NR; p=0.01) **Carer satisfaction:** 1: 4.08, 2: 4.47, (2−1): 0.39 (95% CI: NR; p=0.19)	**ICER:** NA **Analysis of uncertainty:** None reported

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		further details provided.	**General practitioner satisfaction:** 1: 3.78, 2: 4.06, (2−1): 0.28 (95% CI: NR; p=0.41)	
Data sources				
Health outcomes: The following outcome measures were used for data collection: delirium (measured by confusion assessment method (CAM), functional independence measure (FIM), Mini-Mental State Examination (MMSE), geriatric depression scale (GDS). Data were collected on enrolment, at the start and completion of rehabilitation and at 1- and 6-months follow-up. **Quality-of-life weights:** NA. **Cost sources:** The Prince of Wales Hospital Casemix Unit costs were used, which are based on diagnoses related groups for inpatient admissions.				
Comments				
Source of funding: Governmental funding. **Applicability and limitations:** Some uncertainty regarding the applicability of resource use and unit costs from Australia (2002) to the current NHS context. QALYs were not used as an outcome measure. RCT-based analysis so from 1 study by definition therefore not reflecting all evidence in area. There is also some uncertainty about whether time horizon is sufficient to reflect all the possible downstream differences in costs and outcomes. No sensitivity analysis is reported.				
Overall applicability[(c)]**:** Partially applicable **Overall quality**[(d)]**:** Potentially serious limitations				

Abbreviations: CCA: cost–consequence analysis; 95% CI: 95% confidence interval; ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years.

(a) For studies where the time horizon is longer than the treatment duration, an assumption needs to be made about the continuation of the study effect. For example, does a difference in utility between groups during treatment continue beyond the end of treatment and if so for how long?

(b) Converted using 2002 purchasing power parities.[176]

(c) Directly applicable/Partially applicable/Not applicable.