

## Appendix E: Economic evidence tables

Study	De la Porte 2007 <sup>7</sup>			
Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
<p><b>Economic analysis:</b> CCA (health outcomes: mortality and quality of life)</p> <p><b>Study design:</b> Within-trial analysis (RCT)</p> <p><b>Approach to analysis:</b> Prospective costing of hospitalisation and outpatient clinic attendances.</p> <p><b>Perspective:</b> Netherlands hospital provider.</p> <p><b>Follow-up:</b> 12 months.</p> <p><b>Treatment effect duration:</b> n/a</p> <p><b>Discounting:</b> n/a</p>	<p><b>Population:</b> NYHA class 3 or 4 heart failure.</p> <p><b>Cohort settings:</b> N: 240, Mean age: 70-71, Male: 72.5%</p> <p><b>Intervention 1:</b> No post discharge or early follow up clinic.</p> <p><b>Intervention 2:</b> Attendance at a post discharge follow up clinic. Intensive follow up at a heart failure physician and cardiovascular nurse-led heart failure outpatient clinic - telephone call at 1 week, visit to clinic at 1 and 3 weeks, including verbal and written education, individualised lifestyle advice, patient diary, easy access to clinic, appointment with dietician, tailored treatment regimen.</p>	<p><b>Total costs (mean per patient):</b> Intervention 1: £1,125 Intervention 2: £662 Incremental (2-1): Saves £463 (95% CI: NR; p=NR)</p> <p><b>Currency &amp; cost year:</b> Assumed to be 2003 UK pounds.<sup>(a)</sup></p> <p><b>Cost components incorporated:</b> Daily hospitalisation cost. Outpatient clinic visit including nurse, dietician and doctor's salaries.</p>	<p><b>Mortality (1-year risk):</b> Intervention 1: 0.19 Intervention 2: 0.10 RR (2 versus 1): 0.54 (95% CI: NR; p=NR)</p> <p><b>Re-admission (1-year risk):</b> Intervention 1: 0.20 Intervention 2: 0.09 RR (2 versus 1): 0.47 (95% CI: NR; p=NR)</p>	<p>Intervention 2 dominates</p> <p><b>Analysis of uncertainty:</b> After adjusting for baseline differences in sex there was no change in the results.</p>
<b>Data sources</b>				
<b>Cost sources:</b> NR.				
<b>Comments</b>				
<b>Source of funding:</b> Novartis, AstraZeneca, Bristol-Myers Squibb and Roche. <b>Applicability and limitations:</b> Not a UK NHS perspective and health outcomes not measured in QALYs. The details and source of costs were not fully reported. The time horizon is only 1 year, which may not capture all costs and health effects.				
<b>Overall applicability:</b> Partially applicable <sup>(b)</sup> <b>Overall quality:</b> Potentially serious limitations <sup>(c)</sup>				

Abbreviations: CCA: cost-consequence analysis; ICER: incremental cost effectiveness ratio; n/a: not applicable; NR: not reported; QALYs: quality-adjusted life years; RR: relative risk.

(a) Data collection was completed in 2003 and so this was the assumed date for the costs.

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

(c) Minor limitations/Potentially serious limitations/Very serious limitations.