Appendix E: Economic evidence tables

Study	Higginson 2009[130]			
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CEA (health outcome: POS-8) **Study design:** RCT **Approach to analysis:** Analysis of individual level resource use, extracted from patients through questionnaires, with unit costs applied. **Perspective:** UK NHS **Follow up:** 12 weeks **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** Patients who were severely affected by multiple sclerosis **Cohort settings:** Start age: 53 Male: 31% **Intervention 1: (n=26)** Usual care with PCT offered after 3 months (outside of 12 week data collection) **Intervention 2: (n=26)** Immediate multi-professional palliative care team (PCT)	**Total costs (mean per patient):** Intervention 1: £4,853 Intervention 2: £2,429 Incremental (2−1): -£2,361 (95% CI: NR; p=NR) **Currency & cost year:** 2005 UK pounds **Cost components incorporated:** Staff costs, inpatient care, respite care	**POS-8 range of 0-40 with lower scores being better (mean difference from baseline per patient):** Intervention 1: -0.95 Intervention 2: -0.42 Incremental (2−1): 0.53 **POS pain (mean difference from baseline per patient):** Intervention 1: 0.30 Intervention 2: -0.46 Incremental (2−1): -0.76	£4,455 per 1 point decrease in POS-8 score. Intervention 2 dominates for POS pain score. The study mapped a cost-effectiveness plane for costs and POS-8. This found intervention 2 to dominate, replications being in the lower-right quadrant, 33.8% of the time.
Data sources				
Health outcomes: Patient reported POS-8 scores at baseline, six weeks and 12 weeks. Patients reported resource use for the three months prior to interventions and the 12 week treatment period. **Quality-of-life weights:** n/a. **Cost sources:** PSSRU.				
Comments				
Source of funding: Multiple Sclerosis Society (UK). **Applicability and limitations:** Used condition specific measures for quality of life which did not create a QALY measure. RCT-based analysis so from one study by definition therefore not reflecting all evidence in area. Minimal amount of sensitivity analysis.				
Overall applicability[(a)] partially applicable **Overall quality**[(b)]**:** minor limitations				

Abbreviations: CEA: cost-effectiveness analysis; 95% CI: 95% confidence interval; NR: not reported; pa: probabilistic analysis; POS: palliative care outcome scale; PSSRU: personal social services research unit; QALYs: quality-adjusted life years.

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

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

Study	Sahlen 2016[227]			
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs) **Study design:** RCT **Approach to analysis:** Analysis of individual level resource us, with unit costs applied **Perspective:** Swedish healthcare system **Follow-up**: 6 months **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** Patients with chronic and severe heart failure **Cohort settings:** Start age: NR Male: NR **Intervention 1 (n=36):** Usual care provided by primary care health centre **Intervention 2 (n=36):** Palliative advanced home care and heart failure care (PREFER)	**Total costs (mean per patient):** Intervention 1: £5,239 Intervention 2: £3,730 Incremental (2−1): -£1,509 (95% CI: NR; p=NR) **Currency & cost year:** 2012 Euros (presented here as 2012 UK pounds [(a)]) **Cost components incorporated:** GP time, other primary care staff time, emergency transport, hospital care	**QALYs (mean per patient):** Intervention 1: -0.024 Intervention 2: 0.006 Incremental (2−1): 0.03	Palliative advanced home care and heart failure care (PREFER) dominates usual care, being both cost saving and more effective. Swedish standard cost model used in place of reported resource use and unit costs. This increased the total cost of both the intervention and control group resulting in a smaller cost difference still in favour of PREFER (-£1,248).
Data sources				
Health outcomes: Patient reported via EQ-5D **Quality-of-life weights:** EQ-5D **Cost sources:** 2012 accounting records of Västerbotten County				
Comments				
Source of funding: Swedish Association of Local Authorities and Regions, the Strategic Research Program in Health Care Sciences, the Swedish Heart and Lung Association. **Applicability and limitations:** Some uncertainty regarding the applicability of resource use and unit costs from Sweden. Small cohort size. RCT-based analysis, so from one study by definition therefore not reflecting all evidence in area. Local costs used with assumptions made around timing of resource use. Uncertainty about whether time horizon is sufficient to capture all benefits and costs. No sensitivity analysis around quality of life results.				
Overall applicability[(b)]: partially applicable **Overall quality[(c)]:** potentially serious limitations				

Abbreviations: CC: comparative costing analysis; 95% CI: 95% confidence interval; NR: not reported.

(a) Converted using 2012 purchasing power parities.[195]

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

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