1 of 2 quality improvement interventions for depression in managed care was more effective but more costly than usual care


QUESTION: In patients with depression, are either of 2 quality improvement (QI) interventions for improving the treatment of depression in managed care more cost effective than usual care?

**Main results**

<table>
<thead>
<tr>
<th>Outcomes at 2 years</th>
<th>Usual care total</th>
<th>Incremental effect of QI-meds (95% CI)</th>
<th>Incremental effect of QI-treatment (CI)</th>
</tr>
</thead>
</table>
| Quality adjusted life years | 1.7 | 0.01 (–0.00 to 0.03) | 0.02 (0.01 to 0.04) |}
| Days of depression burden | 419.9 | –25.0 (–63.1 to 13.2) | –46.7 (–83.1 to –10.3) |¶|
| Days of employment | 279.2 | 17.9 (+1.6 to 37.4) | 29.5 (2.4 to 39.3) |¶|
| Healthcare costs** (US$) | 3835 | 419 (+467 to 1306) | 485 (+292 to 1363) |¶|

QI-meds – QI intervention and medication follow up by nurses; QI-treatment – QI intervention and access to psychotherapists. ¶Comparison with usual care group is statistically significant. **Includes patient time.

**COMMENTARY**

The study by Schoenbaum et al joins many studies showing that standardised interventions improve depressed patients’ perceptions of wellbeing but are not cost effective.1,2 The outcome measures in cost effectiveness studies of depression treatment are inherently subjective. Schoenbaum et al measured days of employment, modified QALYs, and depression burden as outcomes. The long study period and the clinical setting are other defining characteristics of this study.

Implicit in the study is that an academically rigorous QI programme can effectively improve the quality of depression care in an MCO setting; however, this improvement comes at a cost: the participating MCOs paid US $454 (CI –$305 to $1214) more over 2 years for the intervention group than for the usual care group. The positive ‘leap’ of the CI suggests that these interventions truly cost more than usual care. The range of cost per QALY was US $15 351 to $30 663 for QI-meds and US $9478 to $18 953 for QI-treatment.

If the intervention cost per QALY can be kept under US $50 000, the cost for depression treatment is similar to that for high blood pressure.3 As depression is the fourth leading cause of disease burden worldwide,4 treatments proved to be effective and efficient can relieve suffering. But who is going to pay? Both patients and their employers can benefit from more stable employment status. Within MCOs, QI funding might be used.

The issue of financing needs further study. Furthermore, because concern exists that cost effectiveness findings are sensitive to the utility measure used,5 research on the measure that reflects the value of mental health to the individual, employers, and society as a whole is needed.

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