

Cost-effectiveness of a disease management programme for secondary prevention of coronary heart disease and heart failure in primary care

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Abstract

Objective: To determine if a disease management programme for patients with coronary heart disease and heart failure represents an efficient use of health services resources.

Design: We carried out an economic evaluation alongside a cluster randomised control trial of 1163 patients with coronary heart disease and chronic heart failure in 20 primary care practices in the UK. Practices were randomised to either a control group, where patients received standard general practice care, or an intervention group where patients had access to a specialist nurse led disease management programme. We estimated costs in both groups for coronary heart disease related resource use. The main outcome measure used in the economic evaluation was quality adjusted life years (QALY) measured using the EuroQol.

Results: The disease management programme was associated with an increase in the QALY measured of 0.03 per year and an increase in the total NHS costs of £425 (Euros 621), of this only £83 (€121) was directly associated with the provision of the nurse clinics. The clinics generated additional QALY at an incremental cost of £13,158 (€19,211) per QALY compared to the control group.

Conclusions: The use of a nurse led disease management programme is associated with increased costs in other coronary heart disease related services as well as for the costs of the clinics. They are also associated with improvements in health. Even in the short term these disease management programmes may represent a cost-effective service as additional QALY are generated at an acceptable extra cost.