
CONFERENCE ABSTRACT

Cost-utility evaluation of a health and social care integration programme for frail older adults in Buenos Aires, Argentina

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Introduction: Studies evaluating the effectiveness of health and social care integration strategies in frail older people are very heterogeneous, and the results are often inconsistent or not very robust. However, there is some tendency towards improved outcomes. Despite this, there are few studies assessing their cost-effectiveness, especially in low- and middle-income countries. Our objective was to evaluate the cost-utility of a health and social care integration programme for frail older persons in Buenos Aires, Argentina.

Methods: Based on the programme effectiveness study, a Markov model was developed. The active intervention was the integration programme, and the control was the best standard of care so far. A payer's perspective and a lifetime time horizon were adopted. Patients could have in each cycle low dependency (according to their care needs), high dependency, or death. High dependency status was more likely to result in hospital admission, death (both in and out of hospital), and higher care costs than low dependency. A discount rate of 3.5% was applied to costs and benefits. Deterministic and probabilistic sensitivity analyses were performed.

Results: In the base case, the integration programme had an average cost of 18,768.22 international dollars (Int\$) per QALY. The best standard of care so far had Int\$ 42,609.68/QALY. In the incremental analysis, the programme was the dominant strategy, costing on average Int\$ 26,436.10 less and contributing 0.81 more QALYs.

In the univariate analysis, the variable that most influenced the outcome was the proportion of people with high dependency at the start of the cohort, explaining 33.3% of the possible range of results. While the incremental savings were higher if all people had high dependency at baseline (Int\$ 27,117.79, vs Int\$ 25,073.20 with 0% high dependency); the QALY gain was lower (0.52 vs 1.38, respectively). Therefore, the net monetary benefit was higher in the 0% high dependency case at baseline (56,797.13 vs 39,013.33).

In the probabilistic sensitivity analysis, in 99.96% of cases the programme was less costly and more effective.

Perman: Cost-utility evaluation of a health and social care integration programme for frail older adults in Buenos Aires, Argentina.

Conclusion: The health and social care integration programme for frail older adults was more effective and less costly than the best standard of care to date. The intervention was dominant even in the face of different sensitivity analyses.

Implications for applicability/transferability, sustainability, and limitations: The intervention does not need important capital investment, and it is based on standardized protocols. Personnel can be trained in a week to start. Sustainability is possible with health and care resource savings. The main limitation of this study is that it is based on a non-randomised controlled clinical trial.