

Aspects of cost-effectiveness and feasibility of implementations for care of depressed persons in primary care

Internet-based treatment and care manager organisation

AKADEMISK AVHANDLING

Som för avläggande av Medicine Doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentligens försvaras i hörsal Arvid Carlsson, Medicinaregatan 3, Göteborg, den 22 februari, klockan 13.00

av Anna Holst

Fakultetsopponent:

Professor Lars Borgquist, Linköpings universitet, Sverige

Avhandlingen baseras på följande delarbeten

- I. Holst A, Björkelund C, Metsini A, Madsen JH, Hange D, Petersson EL, et al. Cost-effectiveness analysis of internet-mediated cognitive behavioural therapy for depression in the primary care setting: results based on a controlled trial. *BMJ Open* 2018;8(6):e019716.
- II. Holst A, Nejati S, Björkelund C, Eriksson MC, Hange D, Kivi M, et al. Patients' experiences of a computerised self-help program for treating depression - a qualitative study of Internet mediated cognitive behavioural therapy in primary care. *Scand J Prim Health Care* 2017;35(1):46-53.
- III. Holst A, Ginter A, Björkelund C, Hange D, Petersson EL, Svenningsson I, et al. Cost-effectiveness of a care manager collaborative care programme for patients with depression in primary care: economic evaluation of a pragmatic randomised controlled study. *BMJ Open* 2018;8:e024741.
- IV. Augustsson P, Holst A, Svenningsson I, Petersson EL, Björkelund C, Björk Brämberg E. Implementation of care managers for patients with depression in Swedish primary care – a staff survey of perceived use, facilitators and barriers. Submitted to *BMC Health Services Research*

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Abstract

Aim: The aim of this thesis was to evaluate internet-mediated cognitive behavioural therapy (ICBT) and collaborative care with a care manager (CCCM) - as treatment of depression in the Swedish primary care setting - from the perspectives of cost-effectiveness and feasibility including the experience of patients and staff.

Papers I-II: ICBT was compared to treatment as usual (TAU) in a cost-effectiveness analysis made from both health-care and societal perspectives. The patient experience of ICBT was studied by means of focus groups and interviews. ICBT seemed to be an alternative as effective and cost-effective as TAU from both from health-care and societal perspectives. The largest cost in both groups was productivity loss related to sick leave. ICBT was shown to be an attractive treatment for some patients, but not for all. The freedom of ICBT was appreciated but the responsibility placed on the patient was considerable.

Papers III-IV: CCCM was compared to care as usual (CAU) in a cost-effectiveness analysis from both health-care and societal perspectives. Questionnaires including closed and open questions, were used to study the experiences of primary care centre directors and clinicians. CCCM was shown to be cost-effective compared to CAU both from both health-care and societal perspectives. CCCM was also perceived to be effective and positive by both directors and clinicians. Facilitators for CCCM were support from colleagues and directors, cooperative skills and positive attitudes of care managers and clinicians. Barriers were high workload, shortage of staff and extensive requirements and demands from health care management.

Conclusion: ICBT seems to be an acceptable alternative to TAU in terms of patient experience and cost-effectiveness. CCCM is highly cost-effective compared to CAU and both PCC clinicians and directors are generally positive to implementing – and working within - CCCM.

Keywords: primary care, cost-effectiveness, depression, ICBT, care manager, collaborative care, effectiveness, organisation, continuity, accessibility, coordination, Sweden