

Cost-Effectiveness and Net Benefit of Enhanced Treatment of Depression for Older Adults with Diabetes and Depression

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OBJECTIVE: To determine the incremental cost-effectiveness and net benefit of a depression collaborative care program compared with usual care for patients with diabetes and depression.

RESEARCH, DESIGN AND METHODS: This article describes a preplanned sub-group analysis of patients with diabetes from the Improving Mood-Promoting Access to Collaborative (IMPACT) randomized controlled trial. The setting for the study included 18 primary care clinics from eight health care organizations in five states. A total of 418 of 1,801 patients randomized to the IMPACT intervention ($n = 204$) versus usual care ($n = 214$) had coexisting diabetes. A depression care manager offered education, behavioral activation, and a choice of problem-solving treatment or support of antidepressant management by the primary care physician. The main outcomes were incremental cost-effectiveness and net benefit of the program compared with usual care.

RESULTS: Relative to usual care, intervention patients experienced 115 (95% CI 72–159) more depression-free days over 24 months. Total outpatient costs were \$25 (95% CI -1,638 to 1,689) higher during this same period. The incremental cost per depression-free day was 25 cents (-\$14 to \$15) and the incremental cost per quality-adjusted life year ranged from \$198 (144–316) to \$397 (287–641). An incremental net benefit of \$1,129 (692–1,572) was found.

CONCLUSIONS: The IMPACT intervention is a high-value investment for older adults with diabetes; it is associated with high clinical benefits at no greater cost than usual care.