

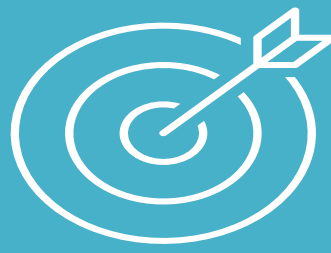


Implementing improved asthma self-management as routine

# Cost-effectiveness of a whole-system implementation of asthma self-management: health economic evaluation of the IMP2ART cluster randomised implementation trial

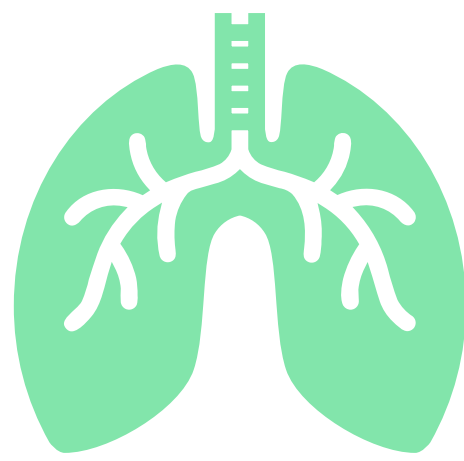
Jones M<sup>1</sup>, Driscoll T<sup>1</sup>, Davies F<sup>1</sup>, Hamborg T<sup>2</sup>, Hammersley V<sup>3</sup>, Macleod C<sup>3</sup>, Marsh V<sup>4</sup>, Parsons J<sup>1</sup>, Sheringham J<sup>5</sup>, Steed E<sup>2</sup>, Stuart B<sup>2</sup>, Taylor SJ<sup>2</sup>, Fitzsimmons D<sup>1</sup> & Pinnock H<sup>3</sup> on behalf of the IMP2ART research team

<sup>1</sup>Swansea Centre for Health Economics, Swansea University; <sup>2</sup>Queen Mary University of London; <sup>3</sup>Usher Institute, University of Edinburgh; <sup>4</sup>NHS Black Country ICB; <sup>5</sup>University College London



**Aim (health economic evaluation)**  
What are the costs and cost-effectiveness of the IMP2ART Implementation strategy that embeds supported asthma self-management in primary care compared to usual care?

## Introduction



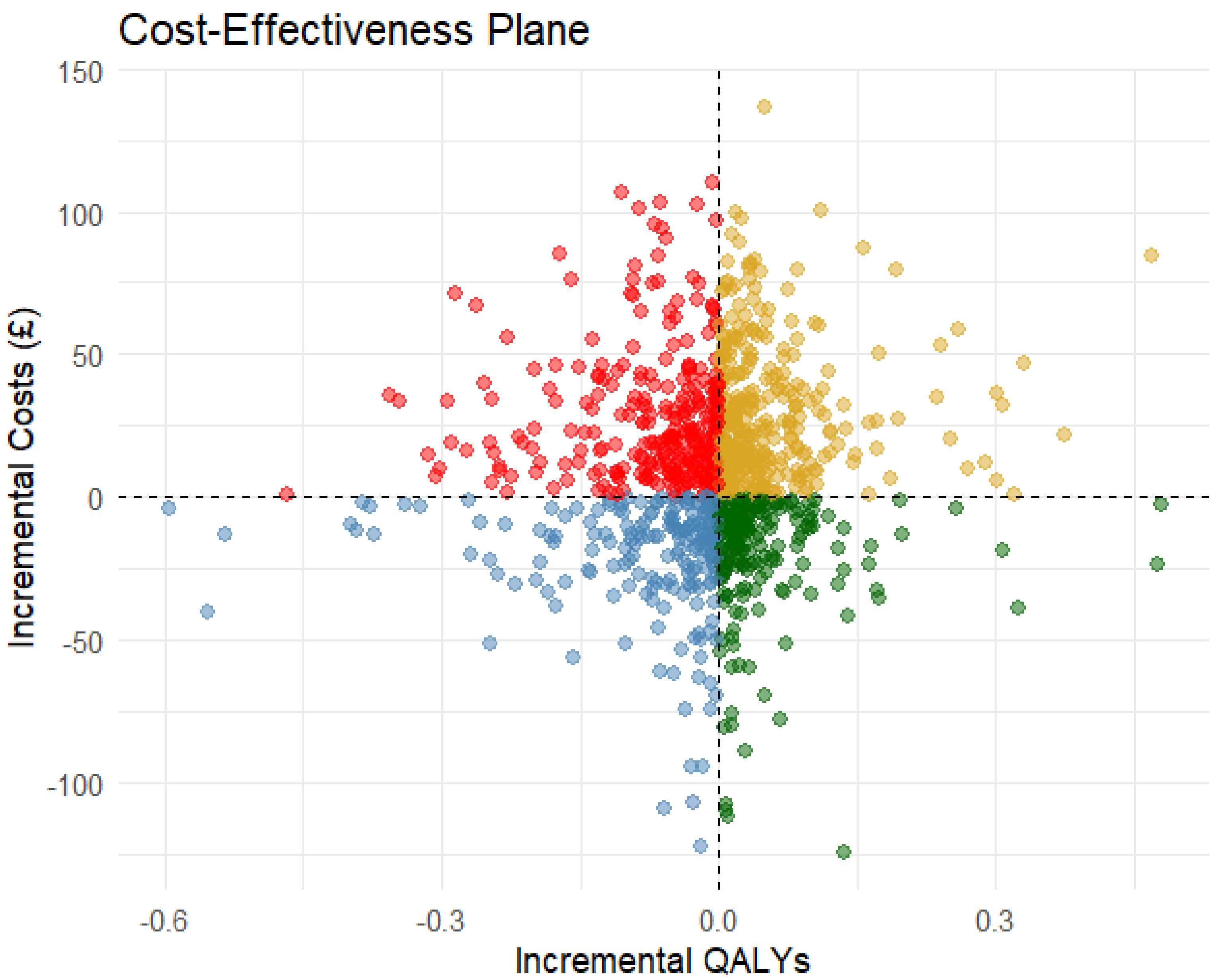
- Supported self-management (SSM) improves asthma outcomes, including reducing exacerbations and improving asthma control.
- Despite recommendations in UK and international guidelines, implementation of SSM in primary care remains suboptimal.
- The IMP2ART trial tested a whole-system implementation strategy to embed SSM into routine primary care.
- However, does implementing this strategy represent good value for money for the NHS?**

## Main results: 24-month economic evaluation

|  | Outcome                                  | IMP2ART | Usual care | Incremental results |
|--|------------------------------------------|---------|------------|---------------------|
|  | Mean cost per patient                    | £89.24  | £79.56     | <b>£9.68</b>        |
|  | Mean QALYs per patient                   | 1.495   | 1.504      | <b>-0.0098</b>      |
|  | Mean number of exacerbations per patient | 0.575   | 0.526      | <b>0.049</b>        |

On average, more costly, fewer QALYs and more exacerbations with IMP2ART compared to usual care.

## Uncertainty



Definitive conclusions about cost-effectiveness are difficult to draw.

## Methods – Economic Evaluation



**Design** – An economic evaluation was undertaken alongside the IMP2ART cluster randomised implementation trial, 144 GP practices, over 51,000 active asthma patients.



**Perspective & type of economic evaluation** – Cost-utility analysis from the UK NHS primary care perspective.



**Analysis** – Costs: implementation, prescription costs and unscheduled care.  
Health outcomes: QALYs

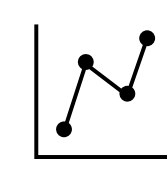


**Analysis** – Comparison of costs and health outcomes between arms to assess cost-effectiveness.

## What does the uncertainty mean?



Simulated incremental costs and QALYs were distributed across all four quadrants of the cost-effectiveness plane indicating substantial uncertainty.



Although mean incremental costs and QALYs favoured usual care, many simulations suggested small health gains with the intervention.

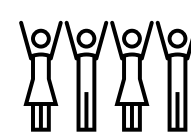


IMP2ART is cost-effective in 52% of simulations at the NHS willingness to pay threshold of £35,000 per QALY.

## Future work



**Long-term value for money?**  
Evaluate the cost-effectiveness of IMP2ART over longer time horizons.



**Equity in asthma care**  
Assess whether implementation of SSM reaches patients equitably (IMP2ART-E).



## Research question:

Does facilitating the implementation of supported self-management in primary care practices risk exacerbating inequities? If so, how can facilitation and other strategies be adapted to support implementation of SSM in under-served groups?

## Conclusions

IMP2ART increased costs slightly but did not generate measurable QALY gains over the 24-month follow-up period.

## What does this mean?

- Small differences in costs and QALYs make cost-effectiveness uncertain over 24 months.
- Large-scale implementation may require more targeted or lower-cost approaches.
- Longer evaluation horizons may be needed to demonstrate value for money in routine practice.



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For more information contact [imp2art@ed.ac.uk](mailto:imp2art@ed.ac.uk) or visit our website [usher.ed.ac.uk/imp2art](http://usher.ed.ac.uk/imp2art)

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