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Erasmus School of Health Policy & Management

zafing

Economic evaluation of digital interventions in chronic disease management from a VBHC perspective: An Al-supported Systematic Literature Review

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Introduction

This review assesses the cost-effectiveness of in chronic interventions digital disease management from a Value-Based Healthcare perspective, focusing on patient-(VBHC) centered outcomes and efficient resource use.

Aim

cost-effectiveness of Elevate the digital interventions in chronic disease management in the scope of Value-Based Health Care, focusing on patient-centered outcomes alongside costs.

Preliminary results

814 papers screened, 27 were included

Primarily addressed COPD (n=10), diabetes (n=11), and cardiovascular disease (CVD) (n=6)

Fifteen cost-effectiveness analyses highlighted economic benefits of digital interventions in heart failure and COPD

Those ICER values ranging from \$7,337 to \$44,832 per Quality-Adjusted Life Year (QALY)

Patient Reported Outcomes (PROs) were reported in 56% of the studies

78% of them were mostly evaluated alongside costs

Method



An AI supported search of electronic databases identified relevant studies, focusing on randomized controlled trials (RCTs) or cluster RCTs that evaluate costs and patient outcomes of digital interventions in adult chronic care.

Pilot screening

Two independent researches initial screening

The AI tool ASR review is used in screening process

SAFE procedure

Adjusted Consensus on Health Economic

Take-home Message

results Preliminary suggest that digital most interventions in chronic disease management are costeffective

Incorporation of disease-specific patient-reported outcome measures in economic evaluations remains limited

More research is needed to evaluate how patientcentered outcomes gives insights in cost-effectiveness of digital interventions, supporting optimal resource allocation

Criteria (CHEC)



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