Heart Disease and Stroke Prevention: Team-based Care to Improve Blood Pressure Control – Economic Review Analytic Framework Narrative Description

The analytic framework postulates that team-based care interventions for patients diagnosed with high blood pressure facilitate team member collaboration and support patients in care for their high blood pressure and co-morbidities. The collaborative care and patient support might improve adherence to treatment and improve blood pressure control and co-morbidities, thereby reducing cardiovascular disease (CVD) morbidity and mortality.

The economic review identified the cost of labor, training and materials, and communication tools to be drivers of intervention cost along with any additional interventions such as self-measured blood pressure monitoring, clinical decision support systems, or others that may be added to the team-based care intervention. The cost of facilities was also identified as a component of intervention costs, though it was not considered a driver.

The economic review postulates that interventions would lead to economic benefits or averted costs. Reduction in blood pressure would decrease use of healthcare resources, with drivers of healthcare cost being medications, inpatient stays, emergency department visits, and outpatient visits. The cost of labs was also identified as a component of healthcare cost but it was not considered a driver. Reduced morbidity and mortality related to CVD are expected to increase the productivity of patients at their worksites.

The expectations are that team-based care will reduce CVD risk factors and prevent cardiovascular disease and events, reduce healthcare cost, increase productivity of patients at their worksites, increase both quantity and quality of life years lived, and avert disability adjusted life years. The framework conceptualizes summary economic outcomes as cost-effectiveness, cost-benefit, or return on investment. Cost-effectiveness is net cost per additional quality adjusted life year saved or disability-adjusted life year averted. Cost-benefit is the ratio of averted healthcare cost and increased productivity to the intervention cost. Return on investment is the ratio of the difference in averted healthcare cost and intervention cost to intervention cost.