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Value of Lay Counselors In Providing Tele-Behavioral Activation For Homebound Older Adults With Depression

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Introduction: Low-income homebound older adults have limited access to psychosocial treatments because of their homebound state and geriatric mental health workforce shortages. Little is known about cost effectiveness of lay-counselor-delivered, videoconferenced, short-term behavioral activation on this study population. The objective of this study was to assess the cost-effectiveness of lay-counselor-delivered, videoconferenced, short-term behavioral activation (Tele-BA) compared to clinician-delivered, videoconferenced problem-solving therapy (Tele-PST) and telephone support calls (attention control; AC) for low-income homebound older adults.

Methods: We performed a cost-effectiveness analysis based on data from a recently completed, 3-group (Tele-BA, Tele-PST, and AC) randomized controlled trial with 277 participants aged 50+. We measured total costs of (1) intervention and (2) outpatient care, ED visits, and inpatient care using the Cornell Services Index. The effectiveness outcome was quality-adjusted life-years (QALY). We assessed each participant's health-related quality of life (HRQoL) at baseline and at 12, 24, and 36 weeks. The end-point measure of cost-effectiveness was the incremental cost-effectiveness ratio (ICER) of (1) Tele-BA versus AC, (2) Tele-PST versus AC, and (3) Tele-BA versus Tele-PST.

Results: Relative to AC, both Tele-BA and Tele-PST are cost-saving treatment options. The ICERs for both Tele-BA and Tele-PST were well below \$50,000, the lower-bound threshold for cost-effectiveness. Relative to AC, both Tele-PST, Tele-BA are cost-saving treatment options (i.e. lower costs and more QALYs).

Conclusion: The findings indicated that costs of tele-and lay-counselor-delivered depression treatment are modest and cost effective relative to providing telephone support. Though our results show that Tele-BA may not be cost effective relative to Tele-PST, a clinician-delivered psychotherapy, when a low bound ICER threshold of \$50,000 would be used, lay counselors can fill the professional geriatric mental health workforce shortage gap and Tele-BA by lay counselors can improve homebound older adults' access to evidence-and skills-based, cost effective depression care.

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Biography:

Dr. Guoqing John Chen, Tenured Professor, Department of Internal Medicine, University of Kansas Medicine Center, Kansas, USA. gchen2@kumc.edu. Dr. Chen has been a principle or co-investigator on multiple grants and with extensive publications in outcomes research and economic evaluation.