

# ATLS<sup>®</sup> vs standard care trial

Meeting with Johan Jarl (johan.jarl@med.lu.se), 2023-12-21

## Agenda

To discuss:

- Cost effectiveness component of current trial
- Collaborative grants in January-February 2024

## Notes

- To allow for cost effectiveness analysis we need to collect outcomes that can be converted into QALYs. This has been done using various different instruments, including SF36, EQ5D (both 5L and 3L) and WHODAS (by mapping WHODAS to some other instrument). It is important that there are tariffs for the Indian context. Looks like this was recently done for EQ5D5L: <https://pubmed.ncbi.nlm.nih.gov/35779943/>
- We need to capture resource use, how that is influenced by the intervention and how it varies between hospitals. We could for example make sure that we capture data on expensive investigations and procedures that may be affected by the intervention, such as imaging, surgery, ICU-care etc. It is also important to capture how much time is spent by whom.
- We talked about health care use after discharge, which is likely to constitute a major part of the costs. One way would be to ask participants about health care use during the most recent week before the follow up, and use questions on if they have been hospitalized, visited emergency departments or primary care etc. There are Patient Health Care Utilization Instruments for other conditions (like dementia), and there might be similar instruments available for trauma.
- The informal care is likely to play a major role and then it will be important to capture who provides that care, for how long time, and when (instead of working or in their "spare time"). It will be important to capture loss of income.
- To allow for equity-oriented analysis it would be important to capture the socioeconomic status of participants, including income and education.
- Out of the two funding calls in January-February 2024 the one by FORTE is smaller and will have to be more focused, not so much opportunity to push for methodological research. The Swedish Research Council call however is significantly larger and there should be scope for joint PhD students etc to push methodological boundaries.