

Health Quality Ontario

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Cognitive Behavioural Therapy for Psychosis: Health Quality Ontario Recommendation

FINAL RECOMMENDATION

- Health Quality Ontario, under the guidance of the Ontario Health Technology Advisory Committee, recommends that evidence-based structured cognitive behavioural therapy for psychosis provided by nonphysicians be publicly funded for patients with a primary diagnosis of schizophrenia (including related disorders such as schizoaffective disorder)

RATIONALE FOR THE RECOMMENDATION

There was consensus among members of the Ontario Health Technology Advisory Committee that structured cognitive behavioural therapy for psychosis likely improved clinical outcomes and, if it did, that publicly funding this therapy would be good value for money. Committee members also agreed that providing cognitive behavioural therapy to individuals with psychosis would be very much in keeping with patient and caregiver preferences and societal values.¹

Public Comment: Held March 23 to April 13, 2018.

Decision Determinants for Cognitive Behavioural Therapy for Psychosis

Decision Criteria	Subcriteria	Decision Determinants Considerations
Overall clinical benefit How likely is the health technology/intervention to result in high, moderate, or low overall benefit?	Effectiveness How effective is the health technology/intervention likely to be (taking into account any variability)? Safety How safe is the health technology/intervention likely to be? Burden of illness What is the likely size of the burden of illness pertaining to this health technology/intervention? Need How large is the need for this health technology/intervention?	Compared with treatment as usual, CBT for psychosis significantly improved overall psychotic symptoms, positive symptoms, auditory hallucinations, and delusions (quality of evidence reported as moderate). Very few systematic reviews reported on adverse effects. No significant concerns with safety are expected. Prevalence of schizophrenia for persons aged 18 to 64 years in Ontario is 11.5 per 1,000 persons. Up to 40% of patients have a poor response to antipsychotic drugs and continue to show moderate to severe psychotic symptoms. This may be due, in part, to lack of adherence to pharmacotherapy caused by side effects of antipsychotic drugs. Between 1993 and 2012 in Ontario, people with schizophrenia experienced mortality rates 3 times greater than the general population, even after adjustment for sociodemographic factors.
Consistency with expected societal and ethical values^a How likely is adoption of the health technology/intervention to be congruent with societal and ethical values?	Societal values How likely is adoption of the health technology/intervention to be congruent with expected societal values? Ethical values How likely is adoption of the health technology/intervention to be congruent with expected ethical values?	No expected inconsistencies. No expected inconsistencies.
Value for money How efficient is the health technology/intervention likely to be?	Economic evaluation How efficient is the health technology/intervention likely to be?	Compared with usual care, CBT for psychosis provided by certified, regulated nonphysician therapists or by physicians for the management of adult schizophrenia in Ontario probably represents good value for money.
Feasibility of adoption into health system How feasible is it to adopt the health technology/intervention into the Ontario health care system?	Economic feasibility How economically feasible is the health technology/intervention? Organizational feasibility How organizationally feasible is it to implement the health technology/intervention?	Assuming a 20% increase per year in access (from 0% at baseline, reaching 100% by year 5), the total 5-year net budget impact of publicly funding CBT for psychosis would be \$15.2 million if provided by regulated nonphysician therapists or \$35.4 million if provided by psychiatrists. Publicly funded CBT for psychosis in Ontario is available in some settings, though access is very limited. Ontario may need to increase the number of regulated health care professionals trained in CBT for psychosis to increase access to this psychotherapy over the next 5 years.

Abbreviations: CBT, cognitive behavioural therapy.

^aThe anticipated or assumed common ethical and societal values held in regard to the target condition, target population, and/or treatment options.

Unless there is evidence from scientific sources to corroborate the true nature of the ethical and societal values, the expected values are considered.

REFERENCE

- (1) Health Quality Ontario. Cognitive behavioural therapy for psychosis: a health technology assessment. Ont Health Technol Assess Ser [Internet]. 2018 Aug;18(5):1–141. Available from: <http://www.hqontario.ca/evidence-to-improve-care/journal-ontario-health-technology-assessment-series>

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About the Ontario Health Technology Advisory Committee

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ISBN 978-1-4868-2371-0 (PDF)
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Citation

Health Quality Ontario. Cognitive behavioural therapy for psychosis: Health Quality Ontario recommendation [Internet]. Toronto (ON): Queen's Printer for Ontario; 2018 August. 3 p. Available from: <http://www.hqontario.ca/evidence-to-improve-care/recommendations-and-reports/OHTAC/CBT-for-psychosis>