

Internet-Delivered Cognitive Behavioural Therapy for Major Depression and Anxiety Disorders: Health Quality Ontario Recommendation

DRAFT RECOMMENDATION

- Health Quality Ontario, under the guidance of the Ontario Health Technology Advisory Committee, recommends publicly funding guided internet-delivered cognitive behavioural therapy for mild to moderate major depression and anxiety disorders

RATIONALE FOR THE RECOMMENDATION

The Ontario Health Technology Advisory Committee has reviewed the findings of the health technology assessment¹ and determined that guided internet-delivered cognitive behavioural therapy (iCBT) for mild to moderate major depression and anxiety disorders improves symptoms and provides good value for money. Ontario Health Technology Advisory Committee members also considered the lived experience of people with major depression or anxiety disorders who described the benefits and limitations of iCBT.

Based on these considerations, Health Quality Ontario has decided to recommend publicly funding guided iCBT for eligible adults with mild to moderate major depression or anxiety disorders.

Decision Determinants for Internet-Delivered Cognitive Behavioural Therapy

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)?	Overall, guided iCBT was more effective than being on a waiting list for improving symptoms of mild to moderate major depression or anxiety disorders.
	Safety How safe is the health technology/intervention likely to be?	No data were reported on adverse events.
	Burden of illness What is the likely size of the burden of illness pertaining to this health technology/intervention?	As of 2012, about 11% of people across Canada were classified as meeting criteria for major depression in their lifetime. As of 2002, the lifetime prevalence rates for panic disorder, agoraphobia, and social phobia were 3.7%, 1.5%, and 8.1% respectively.
	Need How large is the need for this health technology/intervention?	In Ontario, iCBT is not currently publicly funded.
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?	Providing iCBT to people who cannot access face-to-face or group CBT therapy owing to the severity of their condition, the time commitment required, or the cost of treatment and to those who are comfortable navigating iCBT technology is likely congruent with societal values.
	Ethical values How likely is adoption of the health technology/intervention to be congruent with expected ethical values?	Internet-delivered CBT improves access to CBT for some people with mild to moderate depression or anxiety disorders. Providing iCBT is likely congruent with ethical values, as it would increase access to CBT for people facing barriers to face-to-face or group CBT.
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?	Guided iCBT provided by regulated, registered nonphysicians represents an economically attractive option compared with other alternatives for the short-term management of mild to moderate major depression or anxiety disorders. In adults with mild to moderate major depression, guided iCBT was associated with increases in both quality-adjusted survival (0.04 QALYs) and mean costs (\$1,257), yielding an ICER of \$31,575 per QALY gained when compared with usual care. In adults with anxiety disorders, guided iCBT was also associated with increases in both quality-adjusted survival (0.03 QALYs) and mean costs (\$1,395), yielding an ICER of \$43,214 per QALY when compared with unguided iCBT. In adults with anxiety disorders, guided iCBT was associated with an ICER of \$26,719 per QALY gained when compared with usual care.

Decision Criteria	Subcriteria	Decision Determinants Considerations
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?	In Ontario over the next 5 years, we estimate the annual net budget impact of publicly funding guided iCBT to be between \$10 million and \$40 million for the treatment of adults with mild to moderate major depression and between \$16 million and \$65 million for the treatment of adults with anxiety disorders. These estimates assume a 3% annual increase in access per year.
	Organizational feasibility How organizationally feasible is it to implement the health technology/intervention?	Access to publicly funded guided iCBT in Ontario is currently limited. Implementation is challenging but likely feasible.

Abbreviation: CBT, cognitive behavioural therapy; iCBT, internet-delivered CBT; ICER, incremental cost-effectiveness ratio; QALY, quality-adjusted life-year.

^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.

Draft — do not cite. Report is a work in progress and could change following public consultation.

REFERENCE

(1) TBA

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