

Assessing the impact of hemodynamic monitoring with CardioMEMS on heart failure patients: a cost-benefit analysis

Supplementary material

Supplementary Table 1. Summary from the literature review.

Study	Year	Currency	QALY benefit	ICER *	Complication cost *	Complication risk
<i>Abraham et al.</i> [5]	2011	USD	0,30	€15.801,09	-	1,39%
<i>Sandhu et al.</i> [10]	2016	USD	0,28	€77.484,34	-	-
<i>Martinson et al.</i> [11]	2016	USD	0,40	€20.075,32	€6.256,26	-
<i>Schmier et al.</i> [12]	2017	USD	0,58	€47.925,24	-	-
<i>Cowie et al.</i> [8]	2017	EUR	0,57	€26.398,57	€2.438,02	2,72%
<i>Alcaraz et al.</i> [13]	2021	ARS	0,37	€18.913,27	€1.087,79	-
		Mean:	0,42	€34.432,97	€3.260,69	2,06%
		Median:	0,39	€23.236,95	€2.438,02	2,06%

QALY: Quality-Adjusted Life Years

ICER: Incremental Cost-Effectiveness Ratio

* Adjusted for currency and inflation

Supplementary Table 2. Benefit-cost ratio for variations in hospitalisation costs and the QALY benefits.

	Base (0,3) QALY benefit	Median (0,4) QALY benefit	High (0,5) QALY benefit
-50% hospitalisation costs	0,44	0,58	0,73
Base hospitalisation costs	0,38	0,51	0,63
+50% hospitalisation costs	0,34	0,45	0,56

QALY: Quality Adjusted Life Years

Supplementary Table 3. Benefit-cost ratio for variations in hospitalisation and device's costs.

	-25% device costs	Base device costs	+25% device costs
-50% hospitalisation costs	0,55	0,44	0,36
Base hospitalisation costs	0,46	0,38	0,32
+50% hospitalisation costs	0,40	0,34	0,29