

The QALY in Collection Care – a Cost-Effectiveness Approach to Collection Management*

ANNA E. BÜLOW AND AGNES W. BROKERHOF

ABSTRACT

This paper introduces the concept of 'quality adjusted life years' (QALY) as used in cost-effectiveness analysis in health care, to support sustainable decision-making in collection care. It describes the basic theory behind QALY, its adaptation to collection care and application to a case study. It demonstrates that when looking at collection management from a utilitarian perspective, or thinking in terms of 'collection quality', which combines significance and accessibility, then QALY can be used to determine cost-effectiveness in collection care.

Risk-based decision-making

The growing interest in collection risk management is shifting preservation thinking from looking at the past, and making improvements where losses have occurred, towards looking to the future and trying to avoid losses which have not yet occurred. The risk management process involves assessing risks, identifying options for risk reduction, and deciding on and implementing the best options. Best options are mostly selected on the basis of reducing the magnitude of risk or uncertainty, with preference for the most effective option - effectiveness being defined as improved preservation. It is often assumed that the money required to implement the measure will be made available if the preservation argument is strong enough. Yet, in times of economic crisis and financial scarcity, this is no longer a sustainable approach. This situation is not unlike decision-making in health care, especially in the UK and the Netherlands, where there is a limit to the available community resources for the national health care scheme. Choices have to be made regarding which medical treatments will be covered by the scheme without overly depleting resources. Criteria that play a role in these choices are: necessity of treatment, effectiveness of treatment, cost, and social justness. Similarly, choices in collection care need to be well argued and, for risk reduction options to be sustainable, should not be a drain on future resources. Therefore, cost-effectiveness analysis should be included in the process of decision-making.

Borrowing from health care economics

One way to express and compare the effectiveness of medical treatments in health care is using the unit of measure known as the 'quality adjusted life year' or QALY. This recalculates the quantity of life generated through particular health care interventions in terms of the quality of life during that period. One year lived in perfect health is

* This is a short version of the paper published in *Preprints of the ICOM-CC 16th Triennial Conference, Lisbon*, September 2011.