

Frisk i naturen 9-10 maj

Cost-effectiveness of support
outdoor life (and does it matter)



Priority of societal efforts

Traffic safety

Health care

Accident prevention

Promotion of healthy life styles



Traffic safety

We are willing to pay 2 000 000 Euro for each avoid serious traffic accident

It is similar to 70 000 Euro per gained life year

The population does not questioning this use of money



Health care

In general, society are willing to pay / can afford up to 50 000 Euro for a gained life year

The society are willing to pay more for prevention of traffic accident than for rehabilitation of hurt people



Prevent accidents among pedestrians and bikers

Mostly, society priority these kinds of health gains far lower than car traffic safety and health care – in willingness to pay for a gained year of life



Promotion of healthy life styles

Rather low priority in terms of willingness to pay for a gained life year

Rather high priority of drug therapy of life style related risk and disease

Effort with very good evidens and cost-effectiveness, such as quit smoking support has low priority



Promotion of be in the wild

Willingness to pay for health gains related to healthy life style?

Willingness to pay for the enjoyment of be in the wild?



Priority of health gains

(in willingness to pay for a gained life year)

1. Individual financed care traffic safety
2. Societal financed care traffic safety
3. Health care (treatment)
4. Drug therapy of health related trouble
- 5.
- 6.
- 7.
8. Prevent accidents and promotion of healthy lifestyles



Conclusion

In reality...

it is not only about economy, maximum health or utility

There are underlying or unspoken values



We can point out strange priorities

Car drivers' health are more valuable than pedestrians'

It is much more valuable to treat than prevent a cancer disease

Prevent ill health with drug therapy is more valuable than prevent with promotion of healthy life styles

Life style related ill health is very unequal distributed – social disadvantage groups can blame them selves!



Of government sanctioned decision rules

In Sweden, there is decision rules for
health care

They should be representative for the
entire society



The ethical foundation for priority

The principle of human dignity

All human beings are equal value

The principle of need and solidarity

Resources should be addressed towards them with greatest need

The principle of cost-effectiveness

Reasonable relationship between cost and effect



What counts?

Health

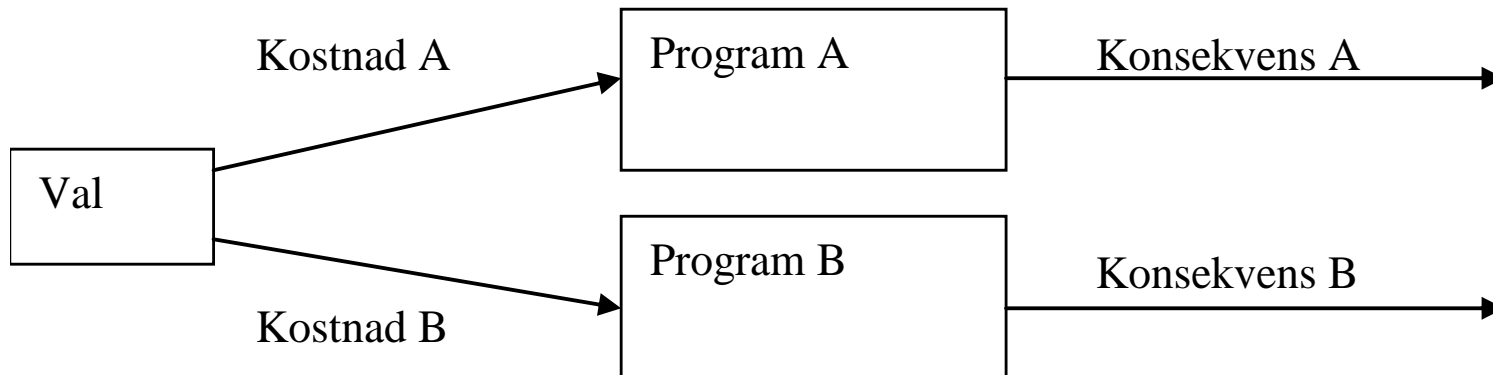
Health related quality of life

Utility in use / experience of the activity???

Distribution of gains???



Evaluation of cost-effectiveness



Content in an economic evaluation (all compared to alternatives)

Increased costs

Health gains for the individual - QALY

Decreased cost of future health care

Decreased production loss / sick leave



Systematically use

National guidelines of health care

Drug therapy



Cost-effectiveness of promoting physical activity

A large amount evidence considering effectiveness of promoting physical activity in society in general and in health care



Physical activity and cost-effectiveness

A more intense intervention results in greater effect (SBU 2007)

All effective interventions are cost-effective (SoS2010)

It is cost-effective to choose the most effective intervention despite it is more costly (SoS2010)



What makes an intervention cost-effective?

Sustainable effect

Long-lasting support



An effort is regarded as cost-effective when...

Has lower costs and higher effects than its alternatives

Has higher costs and effects than its alternatives, and

costs of the higher effect not are higher than what in general is accepted in the society



What may it cost?

In Sweden and western countries – around 50 000 Euro / QALY

20 000 Euro – help an inactive be life long active, or

200 Euro per participant when 1 of 100 will turn to life long physical activity

Regarding physical inactive in general – when increased risk it may cost more



Important for cost-effectiveness

Health gains for the individual

Savings in health care and production are
of much less importance

Aim is to create health and welfare, not
savings



Promote PA in health care compared to support be in the wild

Individual – population

Prevention – health promotion

More uncertain health gains?

More utility in use / enjoyment?

Distribution in the population?



How can health economic analyses been used?

Calculate cost-effectiveness of desirable efforts based on expected health effect and costs

We can sort out cost-effectiveness from reasons of not priority

Maybe we can come closer to discuss the real reasons of not priority



Conclusion

Health economic analyses, good cost-effectiveness are useful, but maybe not the solution for priority

However, they can highlight the real reasons of not priority and help challenging them





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