

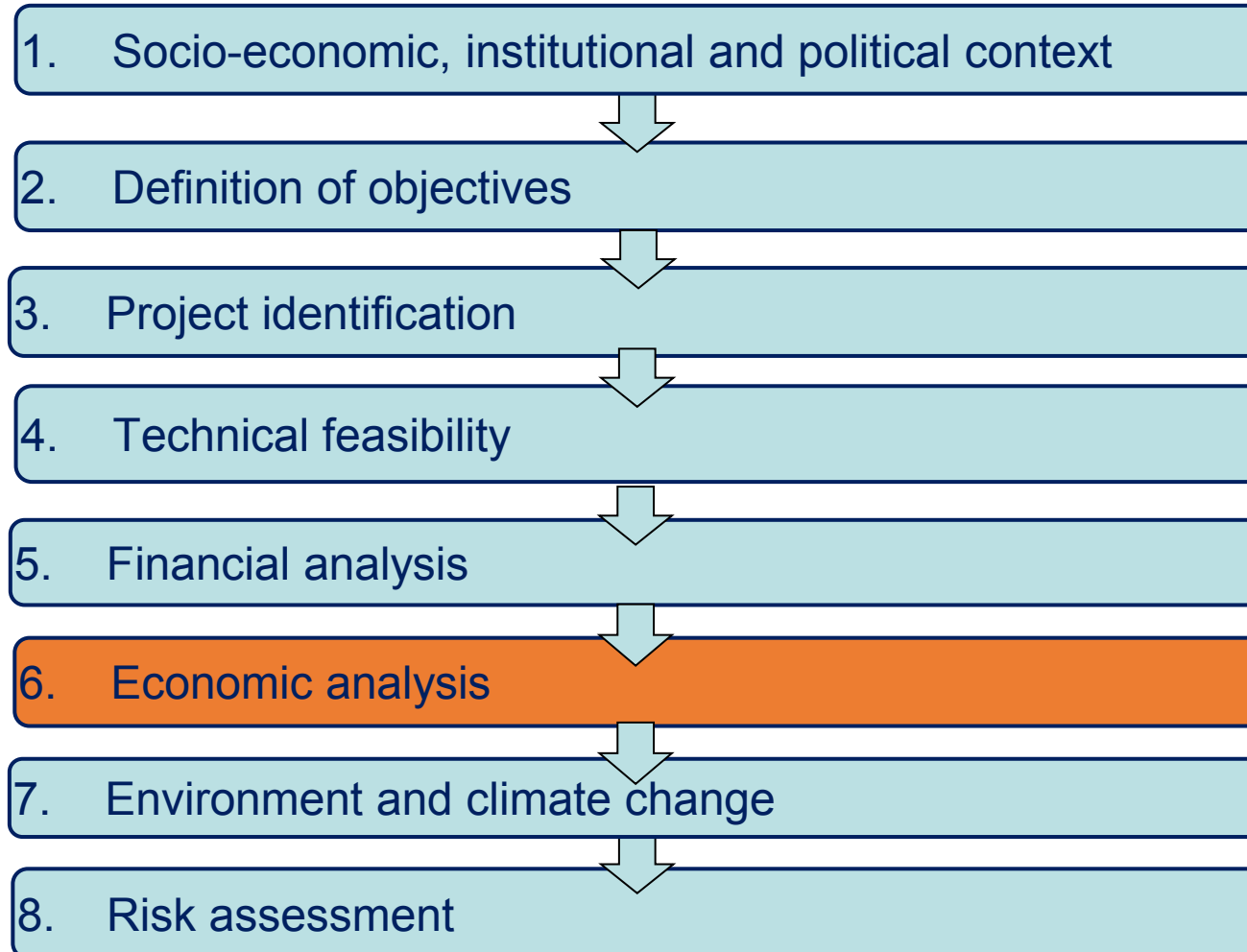
Economic analysis for health sector in MFF 2021-2027

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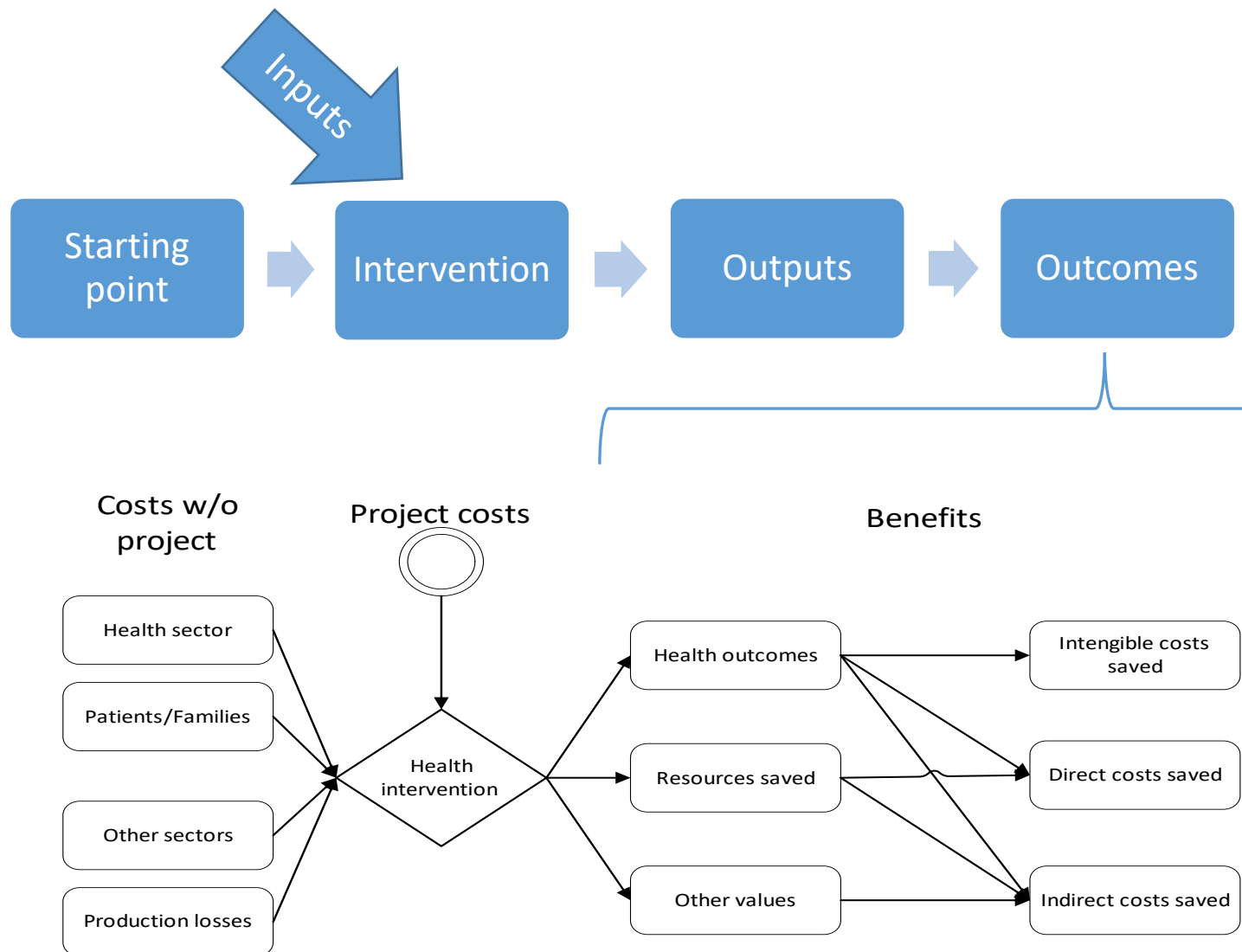
Agenda

- 1) Project preparation steps
- 2) Inputs - outputs - outcomes
- 3) Economic analyses
- 4) Possible simplifications of EA/CBA

Steps applied for project preparation



Quantitative vs qualitative analysis



Source: Vademecum, adapted from Drummond et al. (2005).

- **Least-cost analysis (LCA)**, a **well-defined / single result** - different methods to accomplish and associated costs
- **Cost effectiveness analysis (CEA)**, the **same effect** but with **different intensities** (e.g. number of lives saved), methods to accomplish and associated costs.
- **Cost - utility analysis (CUA)**, a **synthetic measure of health gains** (Disability/Quality Adjusted Live Years) and associated costs.
- **Cost benefits analysis (CBA)**, **different gains** converted into **monetary values**.

Outcomes

No	Outcomes/benefits/gains	Natural units of measure	Conversion into monetary terms
1	Reduced mortality	Avoided deaths Years of life lost/gained	WTP, HCM
2	Reduced disability and ill health	Number of health services avoided Time of temporary inability to work Time of permanent inability to work	HCM, costs savings, WTP
3	Reduced morbidity	Number of health services avoided Time of temporary inability to work Time of permanent inability to work	HCM, costs savings, WTP
4	Reduced burden of disease	DALY	WTP
5	Reduced adverse effects	Number of health services avoided Time of temporary inability to work Time of permanent inability to work Avoided deaths Years of life lost/gained	WTP, HCM, costs savings
6	Reduced hospitalisations	Number of hospital admissions avoided	costs savings, WTP, HCM
7	Reduced hospital length of stay	Avoided number of hospital days of stay	costs savings, WTP, HCM
8	Improved accessibility	Number of health services gained Waiting-time reduced	WTP, HCM, alternative costs
9	Improved patients' satisfaction	Patients with higher level of satisfaction	WTP
10	Reduced external costs	EUR per tonne of CO ₂ EUR per vehicle-km	

Source: Vademecum, 2020

Recent examples of economic benefits

Example 1

- Reduction Co2
- Increase user satisfaction
- Reduced mortality
- Decrease complications
- Space available for health response

Example 2

- The Years of life Lost (YLL) avoided.
- Value of time due to reduced time in transfers and referrals to other inpatient facilities.
- Operating cost of transport for transfers and referrals.
- External costs of transport (externality) due to transfers and referrals (accidents, pollution, climate change, noise, energy production and congestion).

Example 3

- Reduction of costs of stay in femur neck fracture surgeries
- Reduction of hospitalizations + 30 days
- Reduction of the rate of caesarean sections, with impact on the reduction of costs of stay
- Reduction of infection rate
- Reduction TCO2 reduction by patient uptake outside the HESE and by reduction of internal transport
- Reduction of transport costs ARS
- Reduction of the number of years of life lost, by reducing the number of preventable deaths
- Reduction in absenteeism rate
- Improving access to end-of-life care

Calculation of socio-economic gains

What do we look for?

- Reliability of assumptions
- Well-defined *end-point of intervention*
- Targeting identified problems → OBJECTIVES
- Measurability
- Convincing narrative how to attain the objectives
- Infrastructural intervention supported by organisational improvements

Key important:
cause-effect relation

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More Information

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