LA VALUTAZIONE ECONOMICA DEI PROGRAMMI SANITARI DESTINATI ALLA POPOLAZIONE ANZIANA

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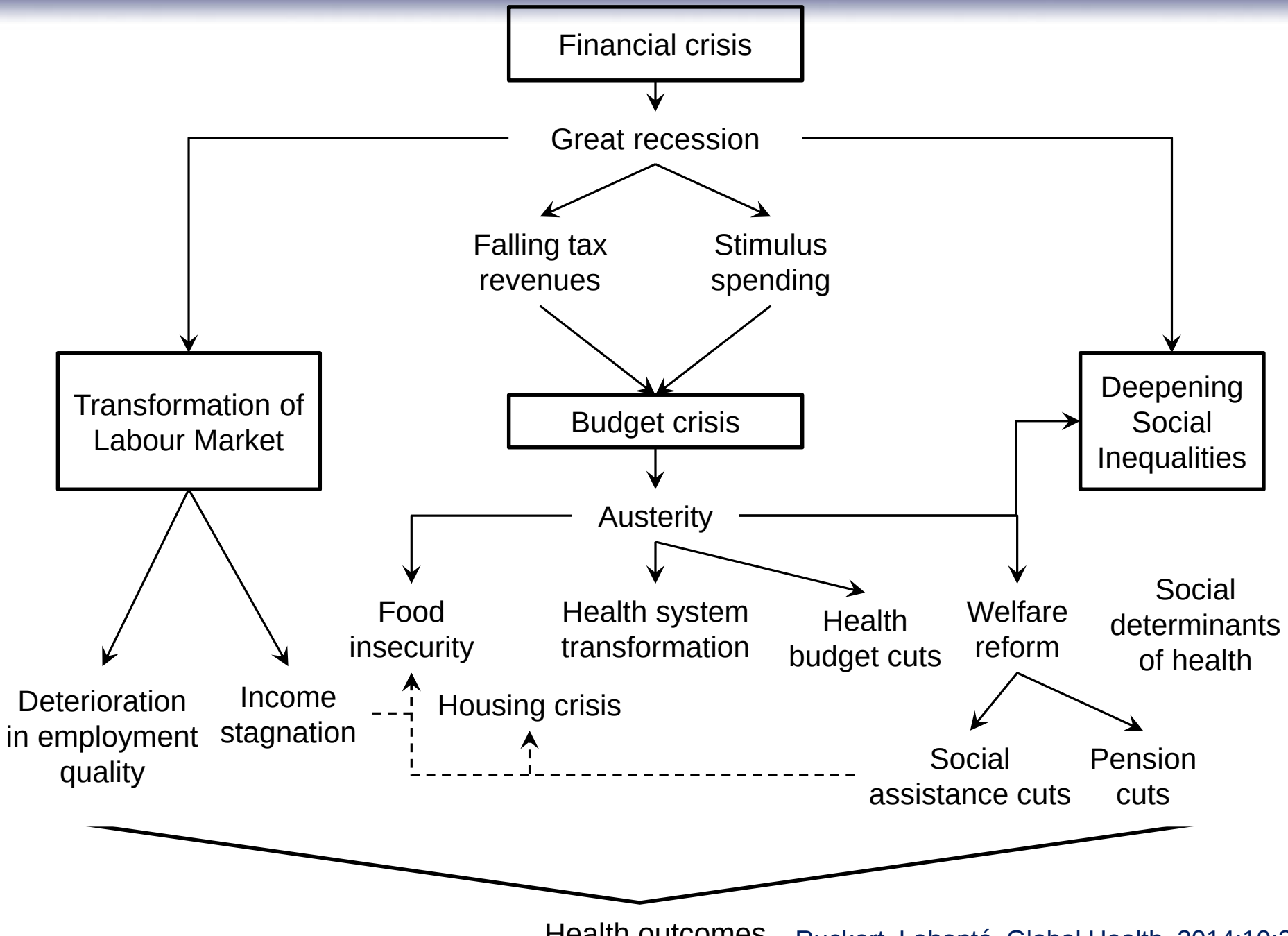
Disclosure

Advisory board and speaker fees:

Janssen Cilag, Italfarmaco Spa, Bayer Healthcare,

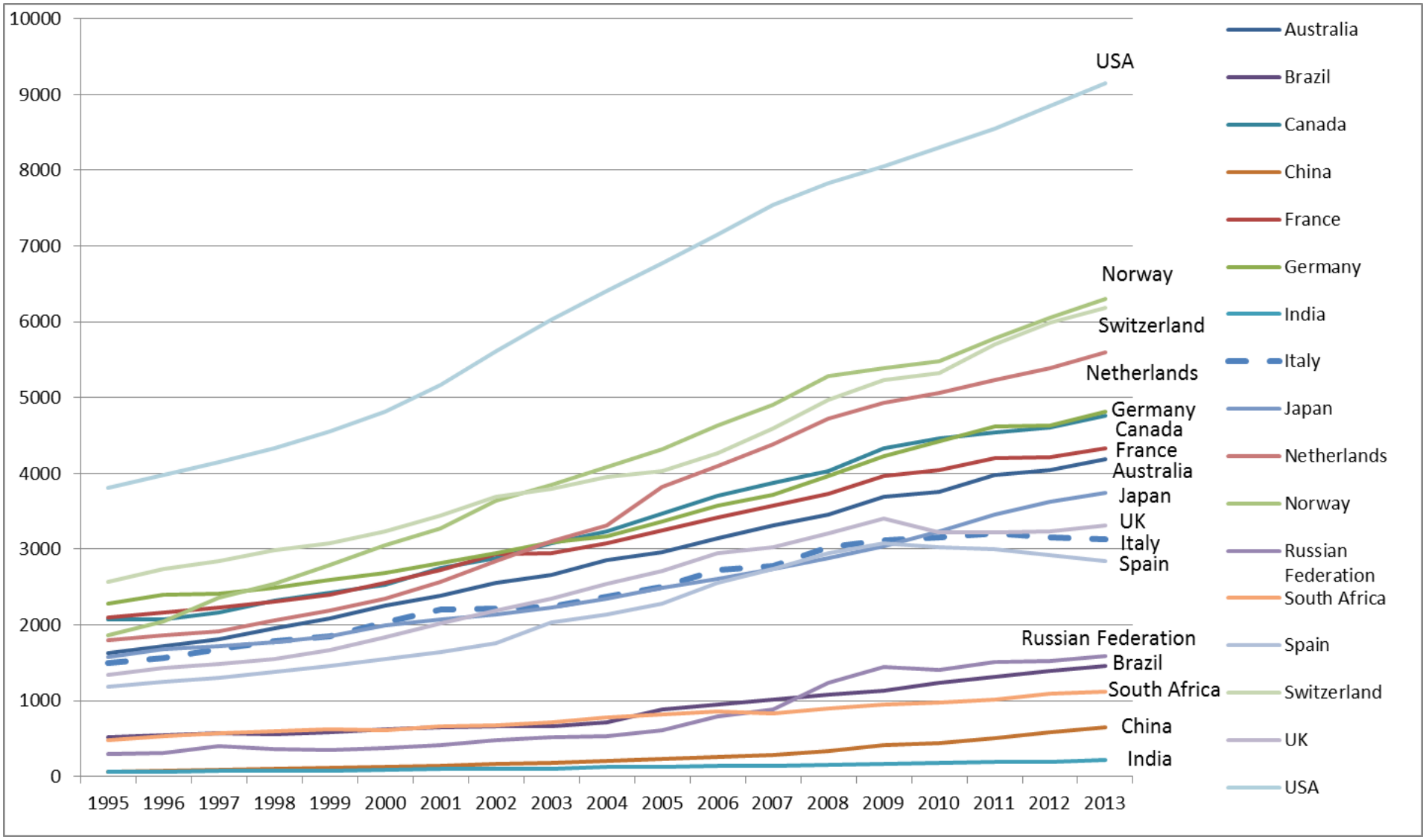
Genomic Health, Roche, Abbvie, Boehringer Ingelheim

Il contesto



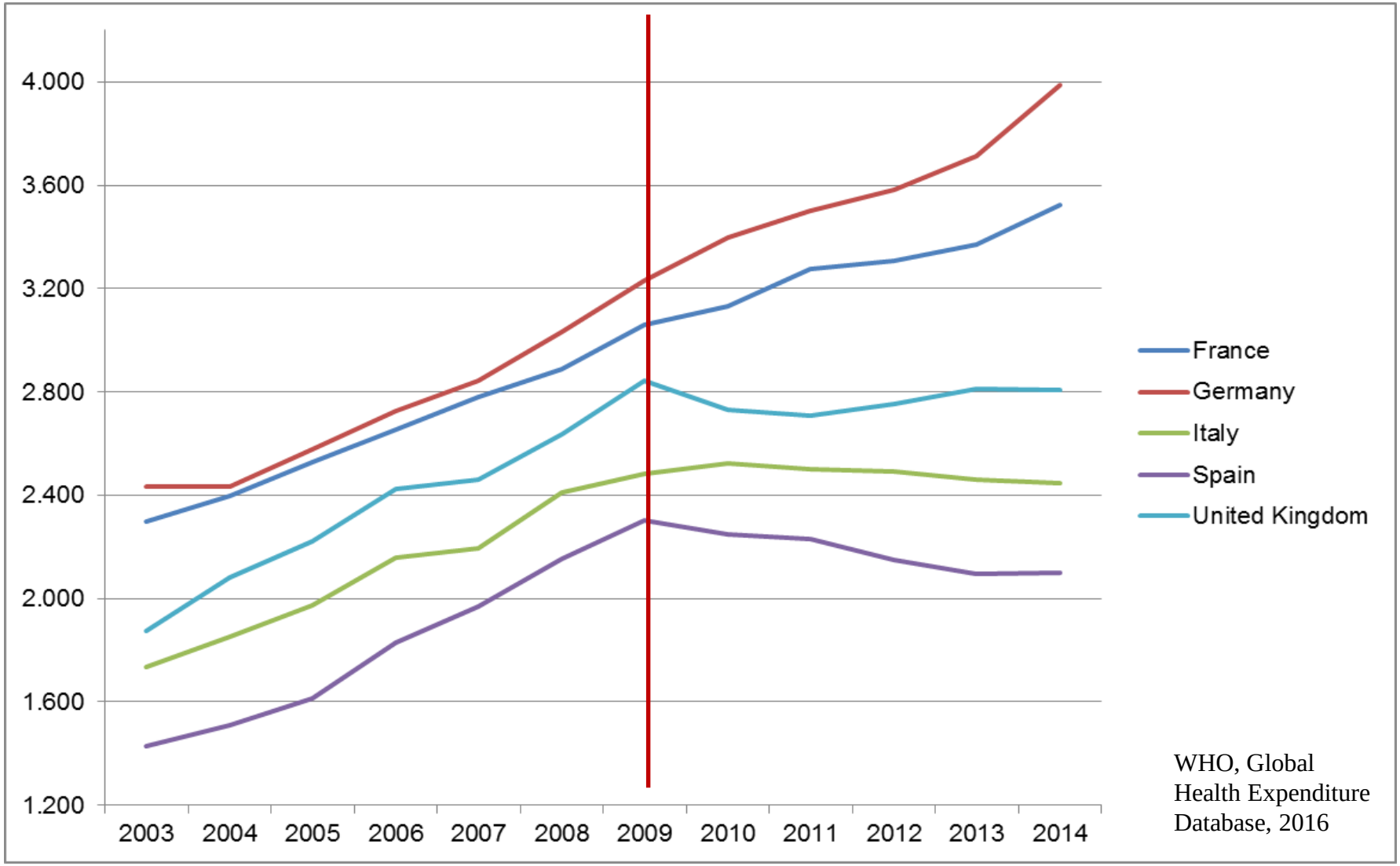
Ruckert, Labonté, Global Health. 2014;10:2

Spesa pro capite in $ PPP



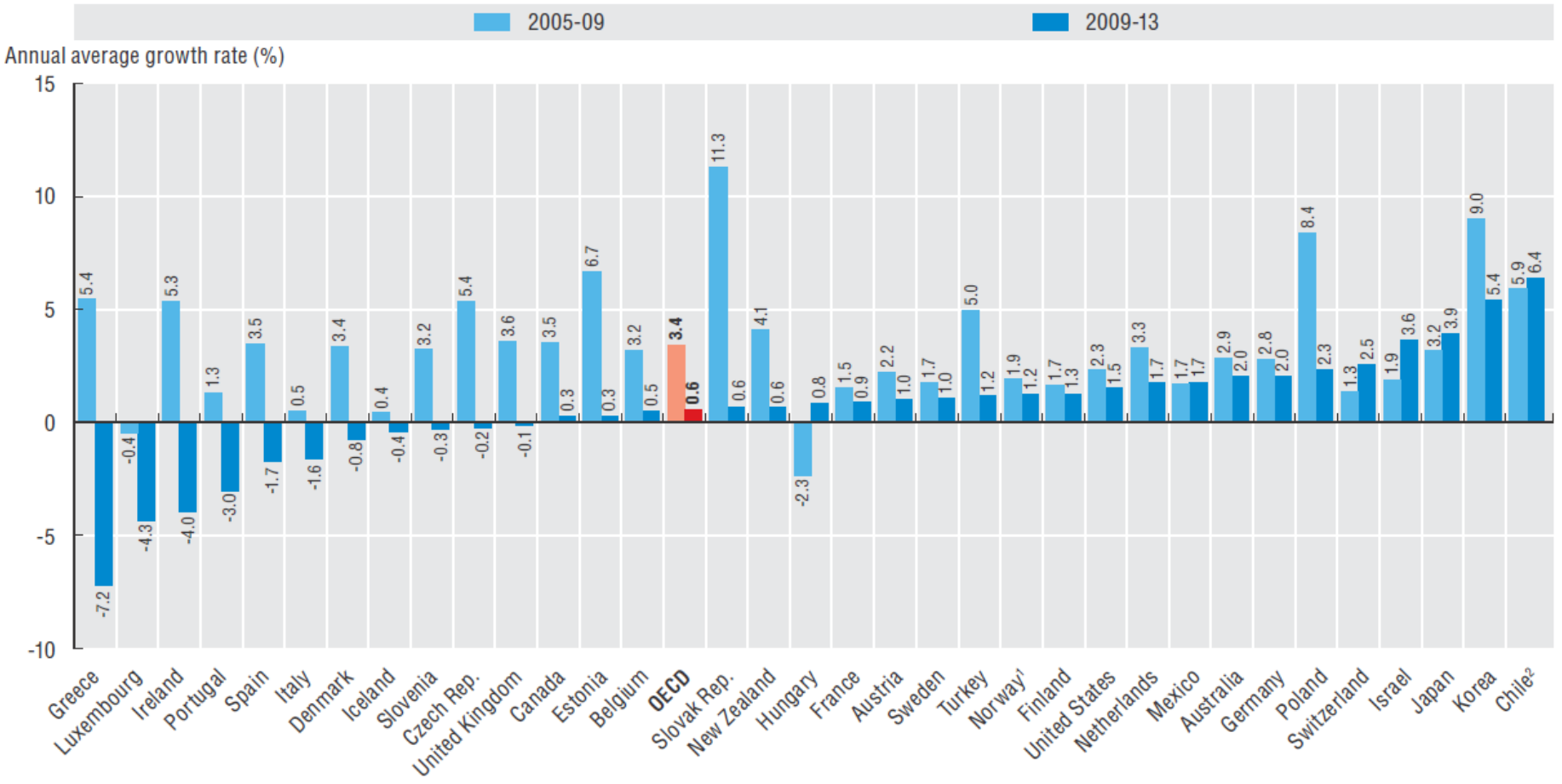
WHO, National Health Accounts, 2015

Spesa pubblica pro capite in $ PPP, Big five Europe



WHO, Global Health Expenditure Database, 2016

9.2. Annual average growth rate in per capita health expenditure, real terms, 2005 to 2013 (or nearest years)

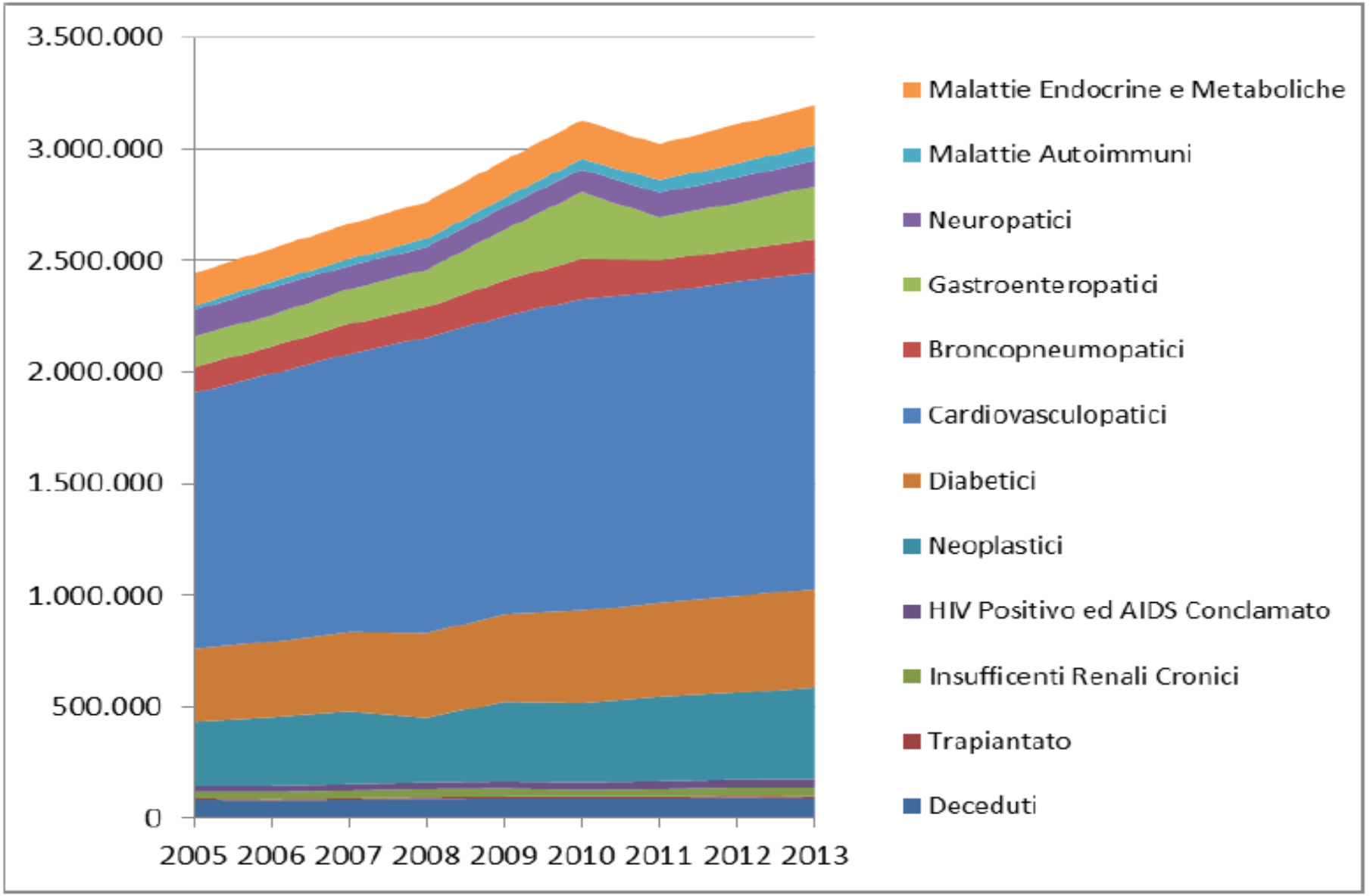


1. Mainland Norway GDP price index used as deflator. 2. CPI used as deflator.

Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

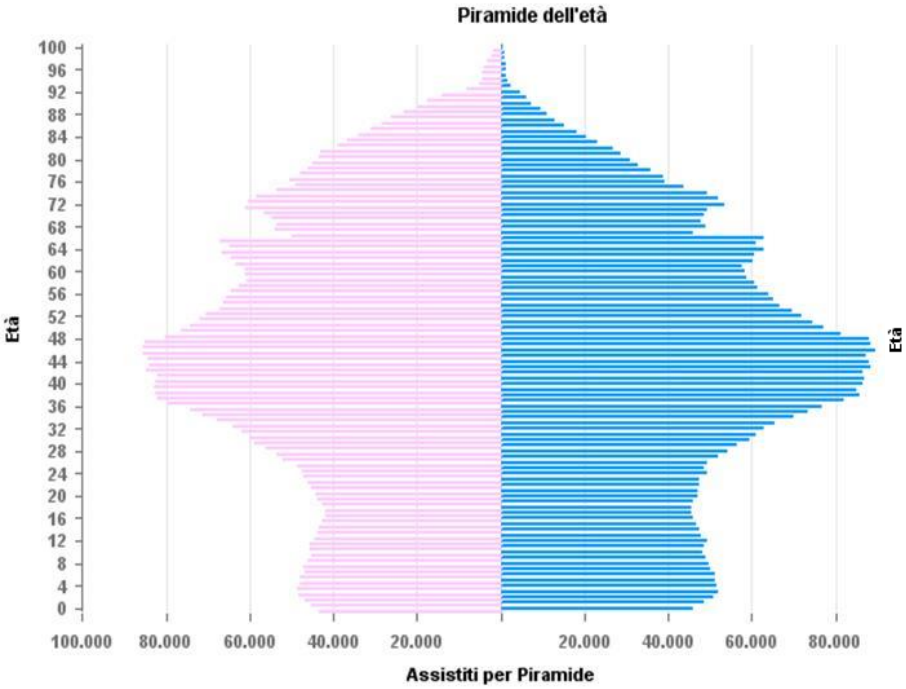
StatLink http://dx.doi.org/10.1787/888933281252

Frequenza assoluta soggetti cronici

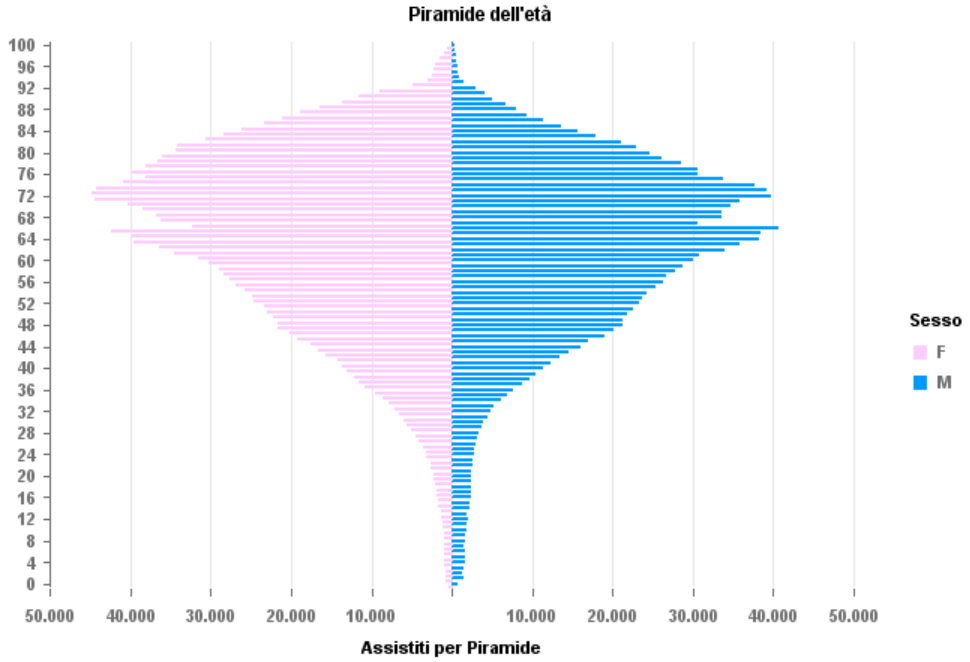


Banca Dati Assistito – Regione Lombardia

Piramide Età

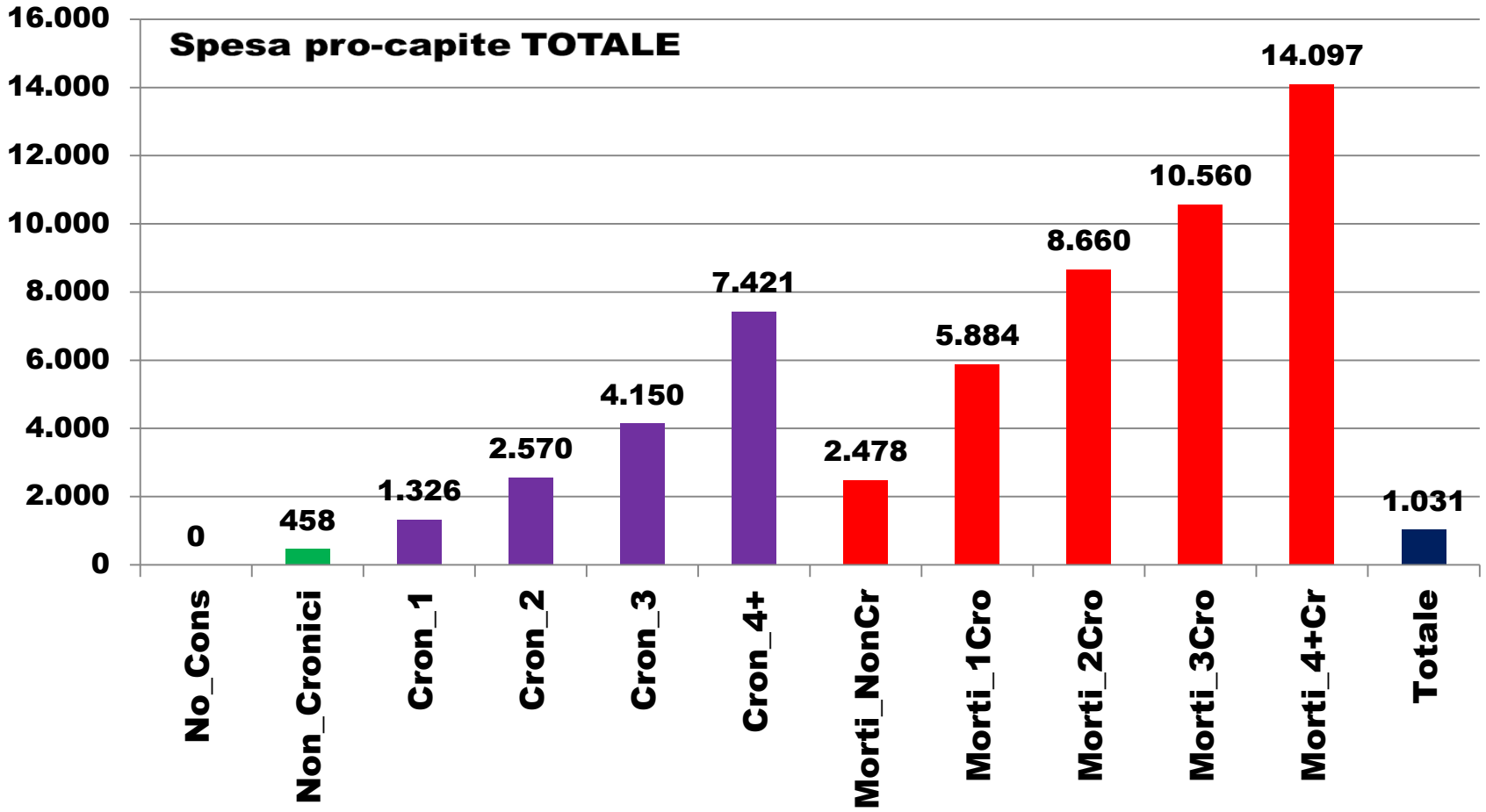


Totale Assistiti



Cronici

La cronicità e l'ultimo anno di vita



C. Zocchetti, Regione Lombardia

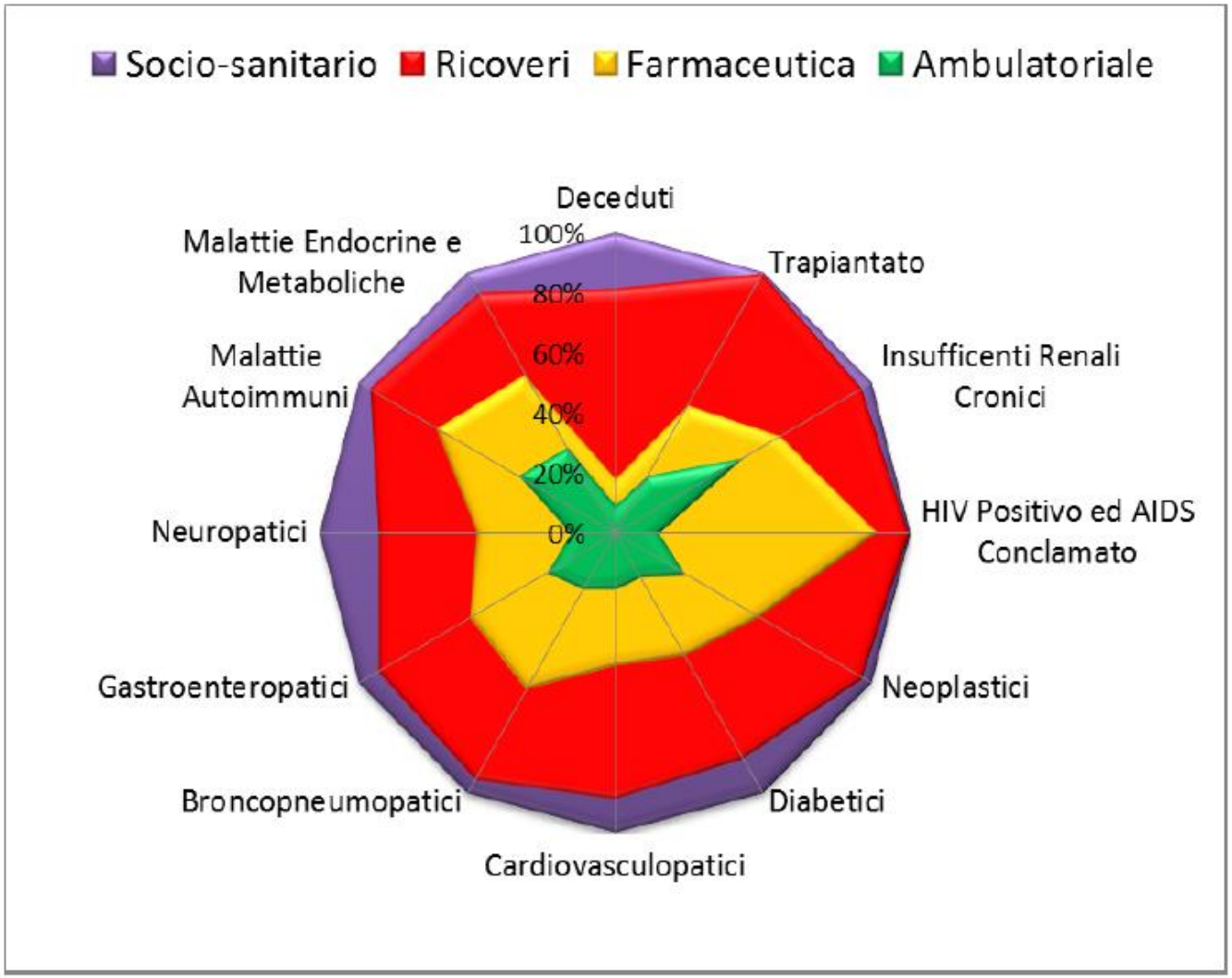
La «cronicità» della Lombardia

✓ Numero assistiti 2012:	10.157.474
✓ Numero Cronici CReG (*):	3.227.763
✓ Cronici su Assistiti	31,8%
✓ Spesa complessiva Cronici (**)	79,6%

(*) n° pazienti classificati come cronici partendo da traccianti di consumo e da esenzione ticket
(**) % di spesa degli Assistiti Cronici sul totale della spesa relativa a ricoveri ospedalieri, prestazioni Ambulatoriali, Farmaceutica, File F

	Prestazioni Ambulatoriali	Ricoveri	Prestazioni Farmaceutiche	File F	TOTALE
ASSISTITI RL 2012	€ 2.796.145.228	€ 4.750.212.115	€ 1.879.752.851	€ 855.352.331	**€ 10.281.462.525**
CRONICI 2012	€ 1.883.717.698	€ 3.864.832.776	€ 1.630.542.802	€ 808.783.523	**€ 8.187.876.799**
Incidenza %	67,4%	81,4%	86,7%	94,6%	**79,6%**

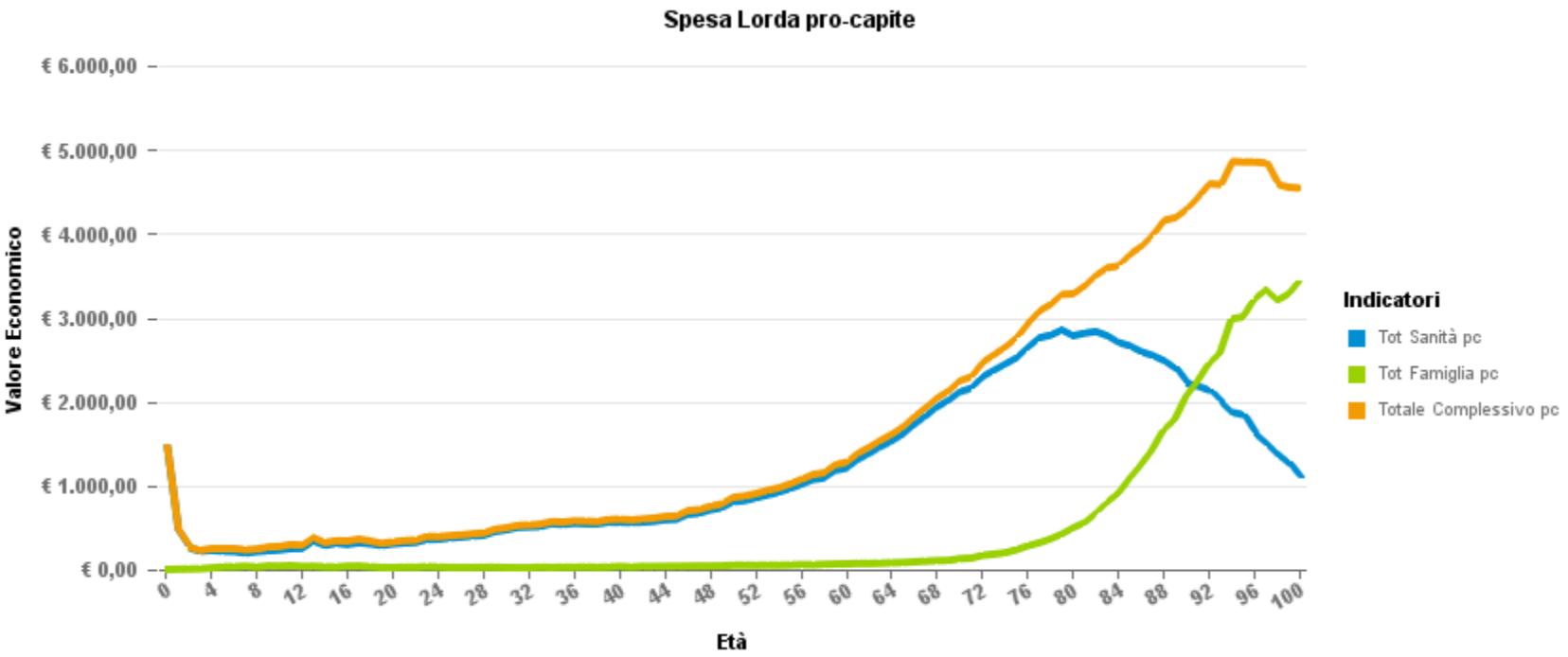
Ripartizione % spesa totale delle diverse patologie croniche



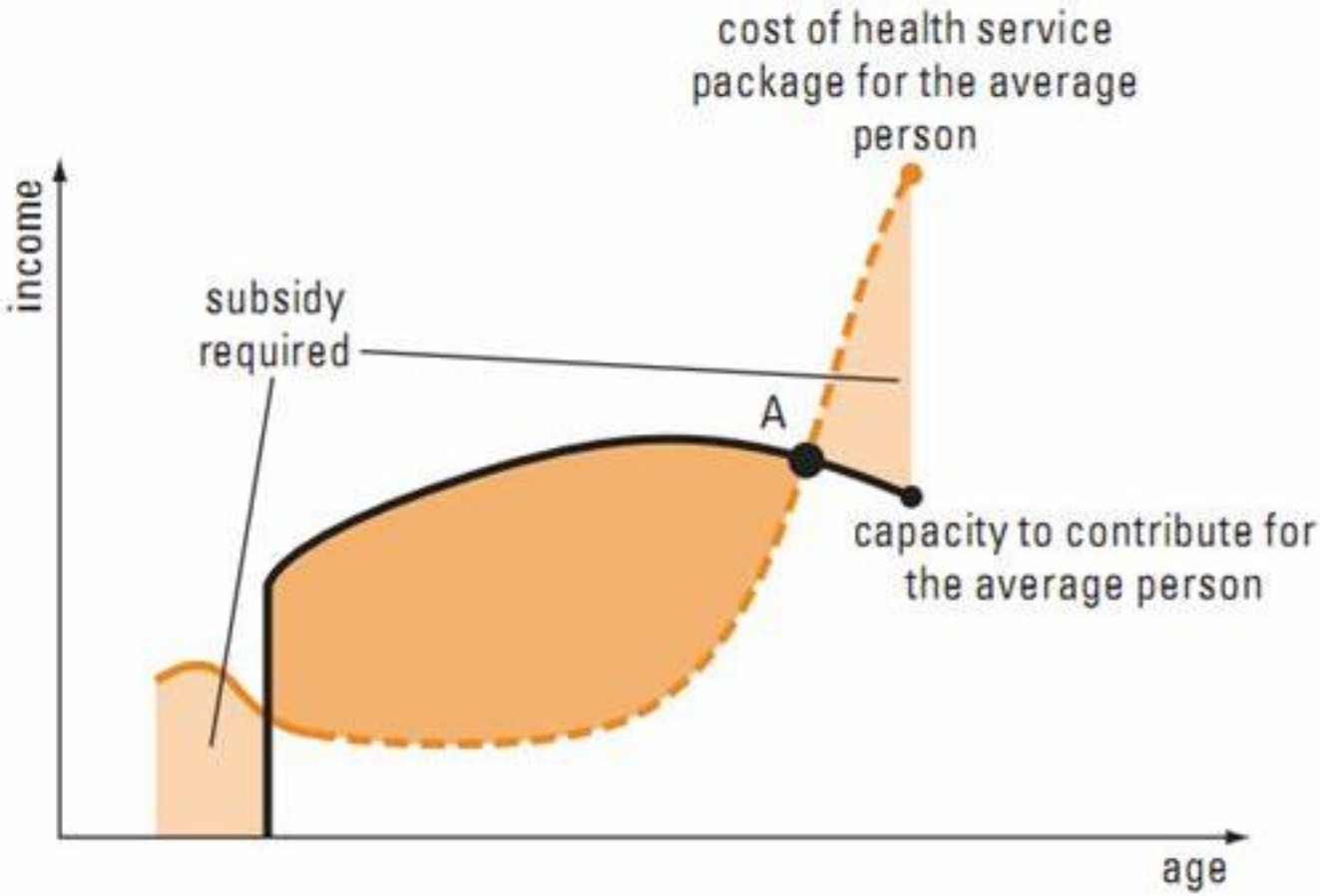
Bollettino Ufficiale Regione Lombardia Serie Ordinaria - Lunedì 04 gennaio 2016

Banca Dati Assistito

Spesa Lorda Sanità pro-capite per età



Spesa sanitaria pro capite e capacità contributiva



Source: ILO/STEP 2002.

Peculiarità nella valutazione dei programmi sanitari

La valutazione dei programmi sanitari

Valutazione economica: analisi comparativa di linee di azione alternative in termini di costi e conseguenze

Drummond, 2005

Synoptic table of challenges concerning the economic evaluation of health promotion activities for older people - 1

Societal perspective recommended (in some countries generally required)

Attribution of effects

- *long time horizon* ***(but shorter effective period for older people)***
- *RCTs are difficult to implement*
- *influence of third variables is increased*
- *long term outcomes have to be estimated*

Huter et al, BMC Health Serv Res. 2016;16 Suppl 5:328

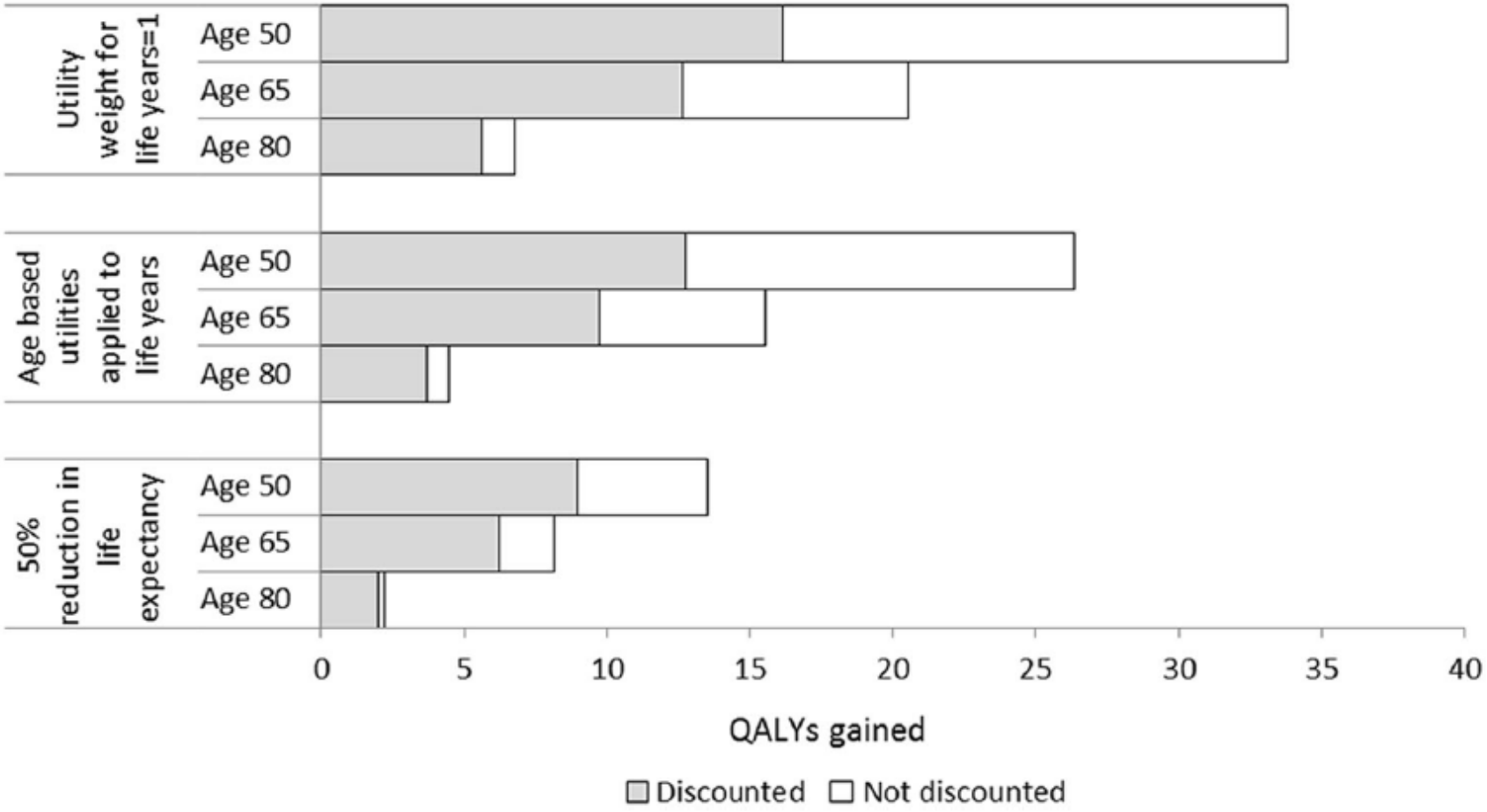
Synoptic table of challenges concerning the economic evaluation of health promotion activities for older people - 2

Measuring and valuing of outcomes

- *multiple endpoints*
- *long causal chains (use of proxy outcomes)*
- *social benefits and non-health targets gain importance*
- *intersectoral consequences*
- **diverging preference structures of older people**
- **cost-utility analysis and cost-benefit analysis may imply age based rationing**

Huter et al, BMC Health Serv Res. 2016;16 Suppl 5:328

Ipotetici QALY guadagnati per un programma vaccinale



Dirmesropian et al, Pharmacoeconomics. 2016 Aug;34(8):723-31

Synoptic table of challenges concerning the economic evaluation of health promotion activities for older people - 3

Identification, measurement of costs

- **measurement and valuation of informal caregiver time**
- measurement and valuation of productivity costs **(including unpaid labour)**
- costs incurred in added years of life
- *intersectoral costs*

Huter et al, BMC Health Serv Res. 2016;16 Suppl 5:328

Synoptic table of challenges concerning the economic evaluation of health promotion activities for older people - 4

Equity considerations

Discounting of benefits reduces effectiveness results

Increased level of uncertainty

Choice of comparator is difficult

Context-sensitivity – limited transferability

Risk factors for age discrimination in the economic evaluation of health promotion for older people - 1

Methodological options	Potential discriminatory effects for older people
If…	the effect will be ….
the perspective of the study is partial	societal benefits are underestimated; for older people e.g. reduced costs for long-term care
informal caregivers time and other informal care costs are excluded	benefits of interventions that aim at the reduction of dependency on long-term care are underestimated
productivity costs are included without considering unpaid work	societal value of senior's unpaid work is neglected (informal care, volunteer work, household work)
cost incurred in added years of life unrelated to the interventions are included	life-prolonging interventions for older people will be rated less cost effective, because older people will produce more costs in near future due to comorbidities

Huter et al, BMC Health Serv Res. 2016;16 Suppl 5:328

Risk factors for age discrimination in the economic evaluation of health promotion for older people - 2

Methodological options	Potential discriminatory effects for older people
If…	the effect will be ….
effects are measured by natural parameters (CEA)	social benefits that are more important for older people are not covered
effects are measured by QALYs (CUA)	benefits of interventions for older people will be underestimated, because … preferences of older people, especially social benefits are not covered … a lower life expectancy results in less QALYs gained
benefits are valued as monetary outcomes by willingness-to-pay (CBA)	results will be biased depending on distributive effects on the respondent, interventions for older people may be rated poorly if respondents are younger people
benefits are valued monetarily without subjective elements (CBA)	benefits of the intervention will be underestimated, because social benefits are especially important for older people

Huter et al, BMC Health Serv Res. 2016;16 Suppl 5:328

Grazie per l’attenzione!

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