

# Hälsoekonomi – kan det verkligen vara nyttigt?

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# Health economics

- “The application of the theories and methods of economics to health and health care”
- ... So, what’s ‘economics’?

# Economics

- “The production, consumption, and allocation of resources under budget constraint and uncertainty”
- Micro and Macro
- But, there are several different schools of economics...

# ...that each emphasize different things:

School/ Issue	Classical	Neoclassical	Marxist	Developmentalist	Austrian	Schumpeterian	Keynesian	Institutionalist	Behaviouralist
<b>The economy is made up of...</b>	Classes	Individuals	Classes	(Agnostic/ Classes)	Individuals	Agnostic	Classes	Individuals and institutions	Individuals, organizations, and institutions
<b>Individuals are...</b>	Selfish and rational	Selfish and rational	Selfish and rational*	Agnostic	Selfish, but layered**	Agnostic (non-rational entrepreneurship)	Not very rational (driven by habits and animal spirit); ambiguous and selfishness	Layered (instinct – habit – belief – reason)	Bounded rationality and layered
<b>The world is...</b>	Certain ('iron laws')	Certain with calculable risks	Certain ('laws of motion')	Uncertain/Agnostic	Complex and uncertain	Agnostic/Complex	Uncertain	Complex and very uncertain	Complex and uncertain
<b>The most important domain of the economy is...</b>	Production	Exchange and consumption	Production	Production	Exchange	Production	Ambiguous/Production	Agnostic/ (Production)	Agnostic/ (Production)
<b>Economies change through</b>	Investment	Individual choices	Class struggle, Investment and technological progress	Developments in productive capabilities	Individual choices, rooted in tradition	Technical innovation	Ambiguous (depends on the Keynesian economist)	Interaction between individuals and institutions	Agnostic
<b>Policy recommendations</b>	Free market	Free market or interventionism (depends on views on market failures and government failures)	Socials revolution and central planning	Temporary government protectionism and intervention	Free market	Ambiguous – capitalism is doomed to atrophy anyway	Active, fiscal policy, income redistribution towards the poor	Ambiguous (depends on the institutionalist economist)	Agnostic, but accepting toward regulations

**B**

**WHAT IS HEALTH? WHAT IS ITS VALUE?**

- 1. Quality of life (HRQoL)
- 2. Value of statistical life (VOSL)
- 3. Willingness-to-pay
- 4. Health vs welfare/utility

Transport economics, Environmental economics, Public economics, Welfare economics, Neuroeconomics

**A**

**WHAT INFLUENCES HEALTH? (determinants of health):**

- 1. Social policies/insurance (e.g. unemployment, sick-leave, family policies)
- 2. Inequity/inequality
- 3. Socio-economic factors
- 4. Social and working conditions

Public economics, Labour economics, Welfare economics, Experimental economics

**C**

**DEMAND FOR HEALTH (individual level)**

- 1. Health as capital, Grossman models
- 2. Consumption choices, Risk and uncertainty, Time pref's

Behavioral economics, Financial economics, Neuroeconomics, Experimental economics

**F**

**(MEASURES THAT AFFECT) MARKET EQUILIBRIUM**

- 1. Externalities on/from public health
- 2. Policy instruments; legislation, fiscal measures
- 3 Institutional changes

Institutional economics, Fiscal economics, Public economics, Welfare economics, Law and economics, Industrial economics

**E**

**MICRO-ECONOMIC EVALUATION**

- 1. Measures aiming to affect population health
- 2. Measures that affect population health indirectly

Transport economics, Environmental economics, Welfare economics

**D**

**SUPPLY OF PUBLIC HEALTH (organizational level)**

- 1. Stakeholders of public health
- 2. Other organizations whose measures affect population health
- 3. Incentives

Institutional economics, Public economics, Welfare economics, Industrial economics

**H**

**(PLANNING, BUDGETING & MONITORING MECHANISMS) DECISION-MAKING**

- 1. Trade-offs efficiency and equity
- 2. Ethics of public health
- 3. Financing; patient fees, insurance and taxation
- 4. Fiscal sustainability in communities
- 5. Health as input/productivity factor

Public economics, Development economics, Labour economics, Management

**G**

**EVALUATION AT WHOLE SYSTEM LEVEL (Comparative studies; local, regional, national and international)**

- 1. Health status
- 2. Distribution of health
- 3. Burden of disease, COIs,
- 4. (Public) Health expenditure
- 5. Health and economic growth

Development economics, Public economics, Institutional economics, Welfare economics

# Hälsoekonomiska utvärderingar

- Jämför två alternativ: A vs. B el. '0'-alternativet
- Anlägger ett perspektiv – budget, HSV, samhället
- Kräver två typer av data: kostnadsdata och effektdata
- Bygger på relevanta och rimliga antaganden
- En av flera delar av beslutsunderlaget för resursallokering

# Hälsoekonomiska utvärderingar

- Costing: The value of the *resources* used, (\$)
- Cost-effectiveness analysis (CEA): some natural unit, e.g. 'number of vaccinations'
- Cost-utility analysis (CUA): some composite health measure; e.g. QALY or DALY or...
- Cost-benefit analysis (CBA): a monetary value of health (\$)
- Cost-of-illness (CoI) studies: what is the economic burden of an illness or condition?

# Vad vet vi om behandlingar av (fysiskt) 'handikapp'?

- Är de effektiva?
- Är de kostnadseffektiva?
- Vad säger SBU?
  - Sök på 'handikapp'
    - 13 'hits'
    - Ingen av relevans...
    - Ingen 'ämneskategori' verkade relevant
  - Sök på 'amputation'
    - 11 'hits'
    - Bl a om sårbehandling
    - Ingen av direkt relevans...
- Något mer på UK NICE



# Hälsoekonomisk analys av 'amputationer'

- Vad är de samhällsekonomiska kostnaderna för 'handikappet'? CoI-studier.
- Är en viss behandling/intervention kostnadseffektiv? CEA-studier
- Kräver tillgång till data...SwedeAmp och X!

# Exempel på kostnadsstudie

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Cost of lower-limb amputation in U.S. veterans with diabetes using health services data in fiscal years 2004 and 2010

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# Exempel på kostnadseffektivitetsstudie



 [PDF Full Text](#) (101KB)

6. Original Research: In-Office Distal Symes Lesser Toe **Amputation**: A Safe, Reliable, and **Cost**-Effective Treatment of Diabetes-Related Tip of Toe Ulcers Complicated by Osteomyelitis  



By Boffelli, Troy J.; Abben, Kyle W.; Hyllengren, Shelby B.. In *The Journal of Foot and Ankle Surgery*. November-December 2014 53(6):720-726 Language: English. DOI: 10.1053/j.jfas.2014.04.020, Database: ScienceDirect