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WORKSHOP ABSTRACT

On indicative societal cost-benefit analysis in health care and social welfare: first experiences. A personalised integrated care approach

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Introduction: The implementation of many programs that focus on an integrated approach of health and social issues, proves to be difficult. Among many obstacles, more than once the financing of the program is a stumbling block. The hesitation to invest is prompted by the uncertainties of the benefits these programs aim at. The intended results are not always easy to monetize. Moreover, the benefits may distribute among other stakeholders than those who bore the costs of the program, the so-called 'wrong pocket problem'. To overcome the hesitation to invest, a social cost-benefit analysis (SCBA) offers a remedy.

Indicative Societal Cost-Benefit Analysis (iSCBA): A SCBA is based on a broad concept of prosperity. In this concept, 'soft' values such as health and culture are also included as beneficial contributions to the well-being of both individuals and society. This type of analysis assesses the impact of an investment on society by estimating all relevant costs and revenues, both financial and non-financial, and their (re)distributions amongst stakeholders. Public research agencies in the Netherlands underline the contribution of SCBA's to policymaking in the field of public health and social welfare. So far, many SCBA's on health and social welfare issues are drafted from a macro perspective with barely any focus on the individual civilian and corresponding context. To overcome this objection, this research advocates an indicative SCBA (iSCBA), i.e., a SCBA through a context-sensitive lens of a local health care and welfare organization or network. In this approach, the consecutive research steps are explored in a bottom-up direction, starting with an innovation in a local organization and network and subsequently investigating all possible social cost-benefit effects, including spill-over effects outside the organization.

Approach: In terms of research design, a series of case studies were conducted with the cooperation of alumni of the Master Integrated Care Design of the University of Applied Sciences Utrecht. At the time these alumni were interviewed, they were involved in implementing a health care or welfare innovation. For the purpose of this innovation, these alumni had prepared an iSCBA. During the interviews, alumni were asked how their iSCBA were assessed by decision-making colleagues and whether the assumptions, as substantiated in their iSCBA, materialized.

Results: The case studies affirm that complementing the innovation proposal with an iSCBA was a convincing step in the assessments by decision makers. Moreover, several cases show how an iSCBA offered welcome arguments in the deliberations with both internal stakeholders such as board of directors, as well as external stakeholders such as health insurance companies. Several cases report that the presumed cause-effect relations and working mechanisms in the iSCBA were recognized as plausible and feasible by the stakeholders involved. Whether the

presumptions practically materialized was difficult to verify. Although interviewees in all case studies were able to identify and demonstrate beneficial effects thanks to the innovation, it proved to be difficult to statistically estimate the impact of these effects due to the interfering effects of parallel developments, both inside and outside the organization and network.