



The business case for public health: Compelling returns on investment

2017

AGENDA

- 01 Introductions
- 02 The Future of Healthcare
- 03 The Economic Case
- 04 Croí MyAction, Ireland
- 05 Challenges and Issues

Introductions to Jacque and The Study Team

Jacque Mallender

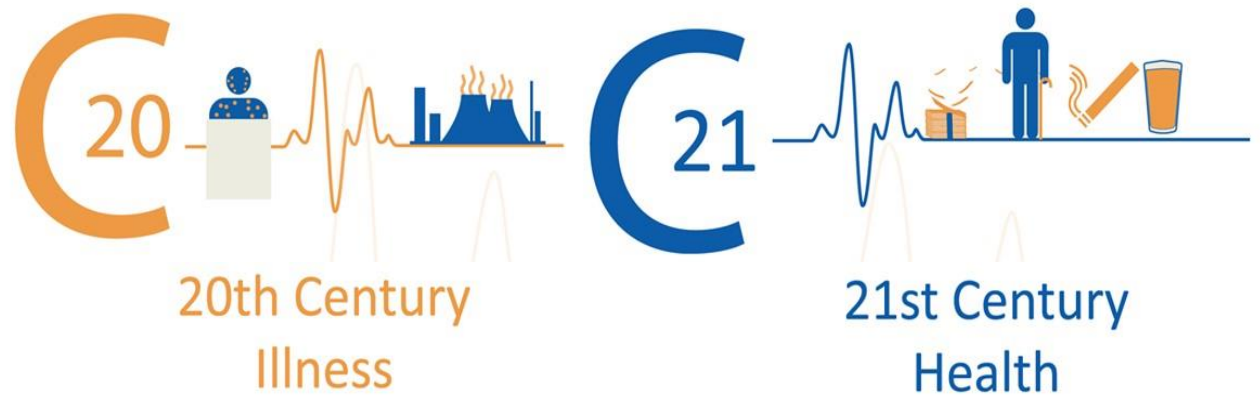


Partner at Optimity Advisors, International economist specializing in healthcare, welfare and public policy.

Co-convener of Campbell & Cochrane Economics Methods Group

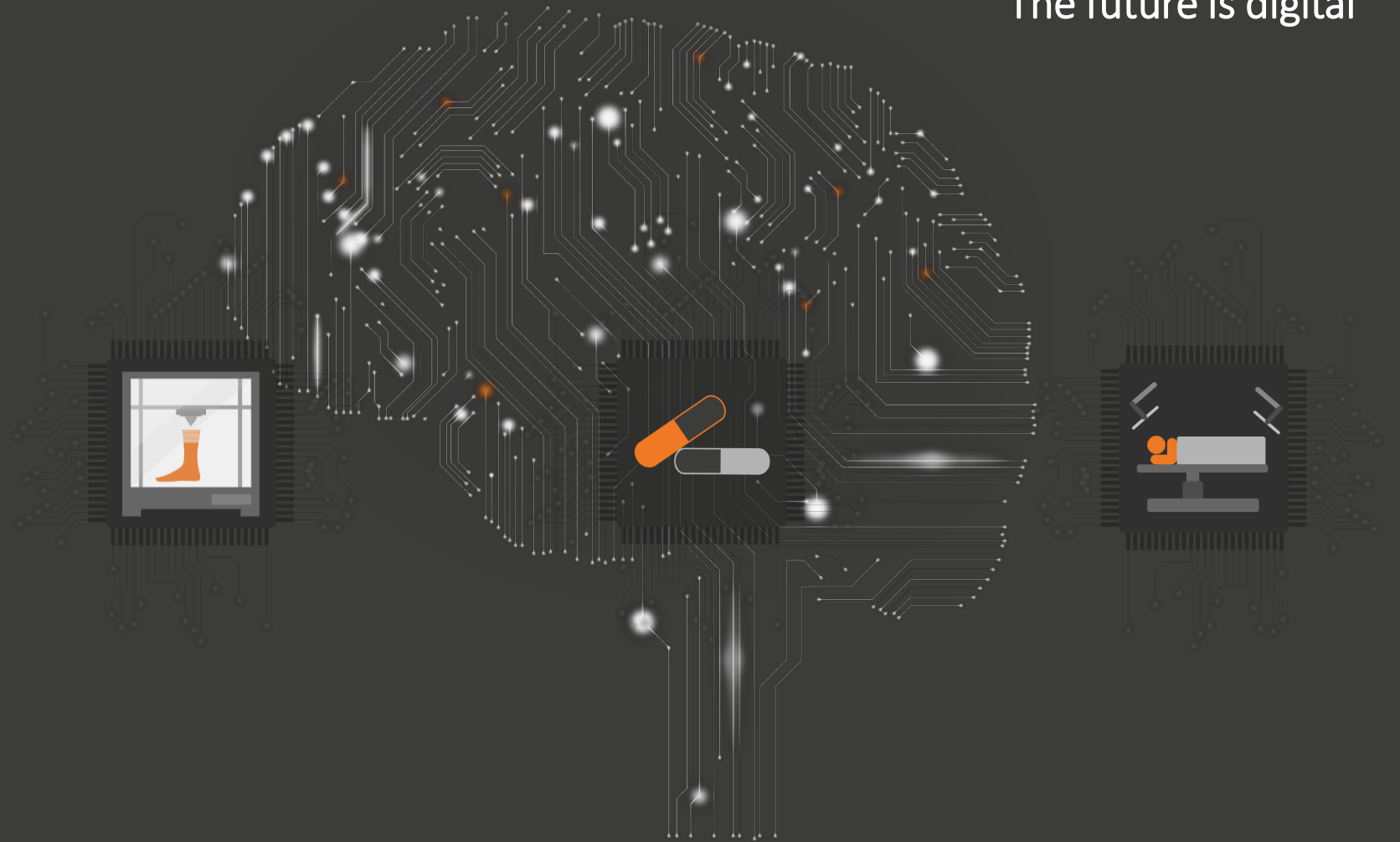
Nottingham School of Economics Advisory Board Member

The Future of Healthcare



Computational
Power

The future is digital

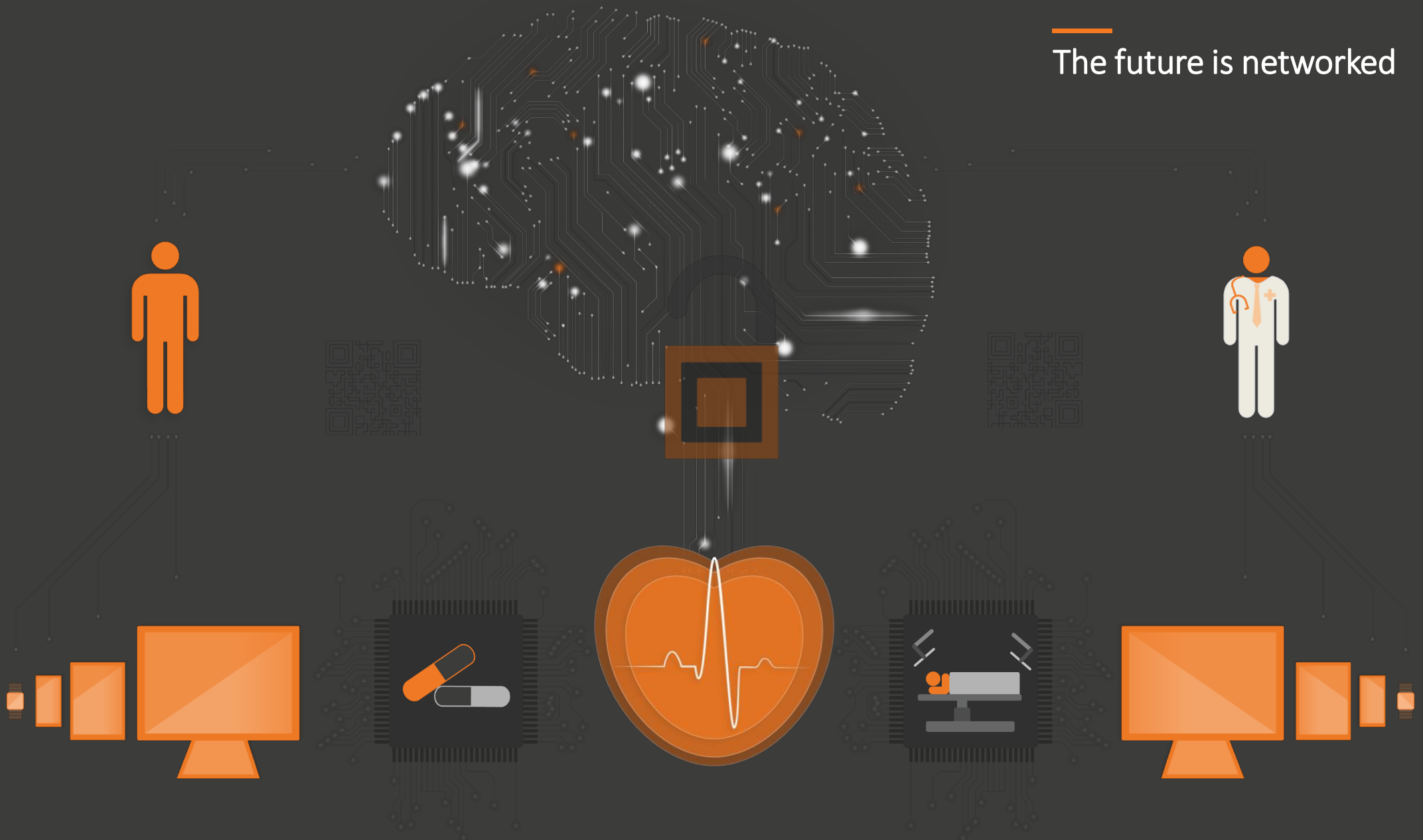


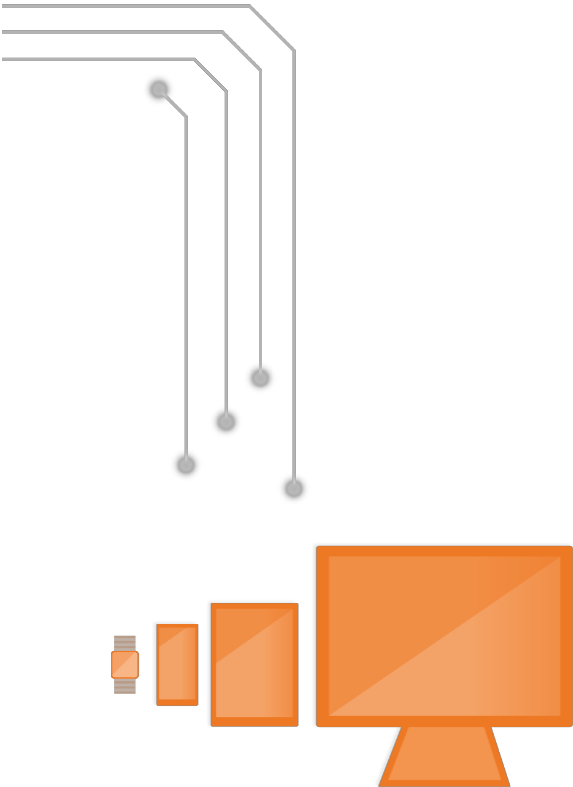
Computational
Cost

2000 2010 2016

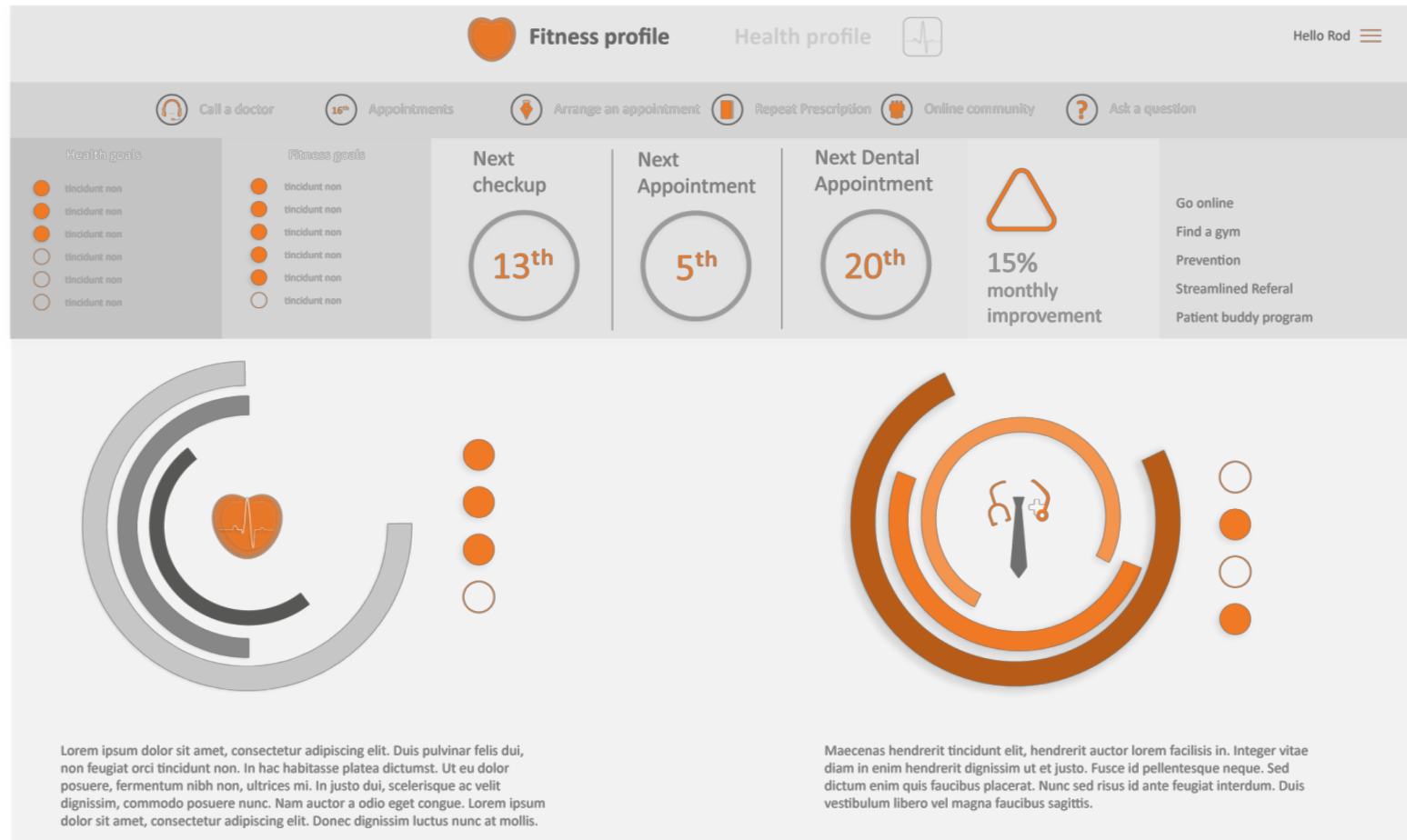
Adapted from Moore's law

The future is networked

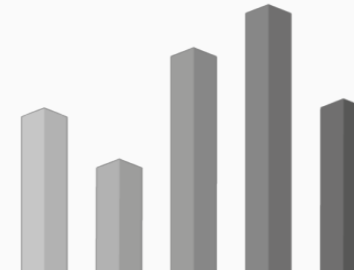
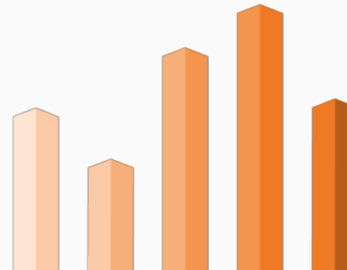




The future is personal

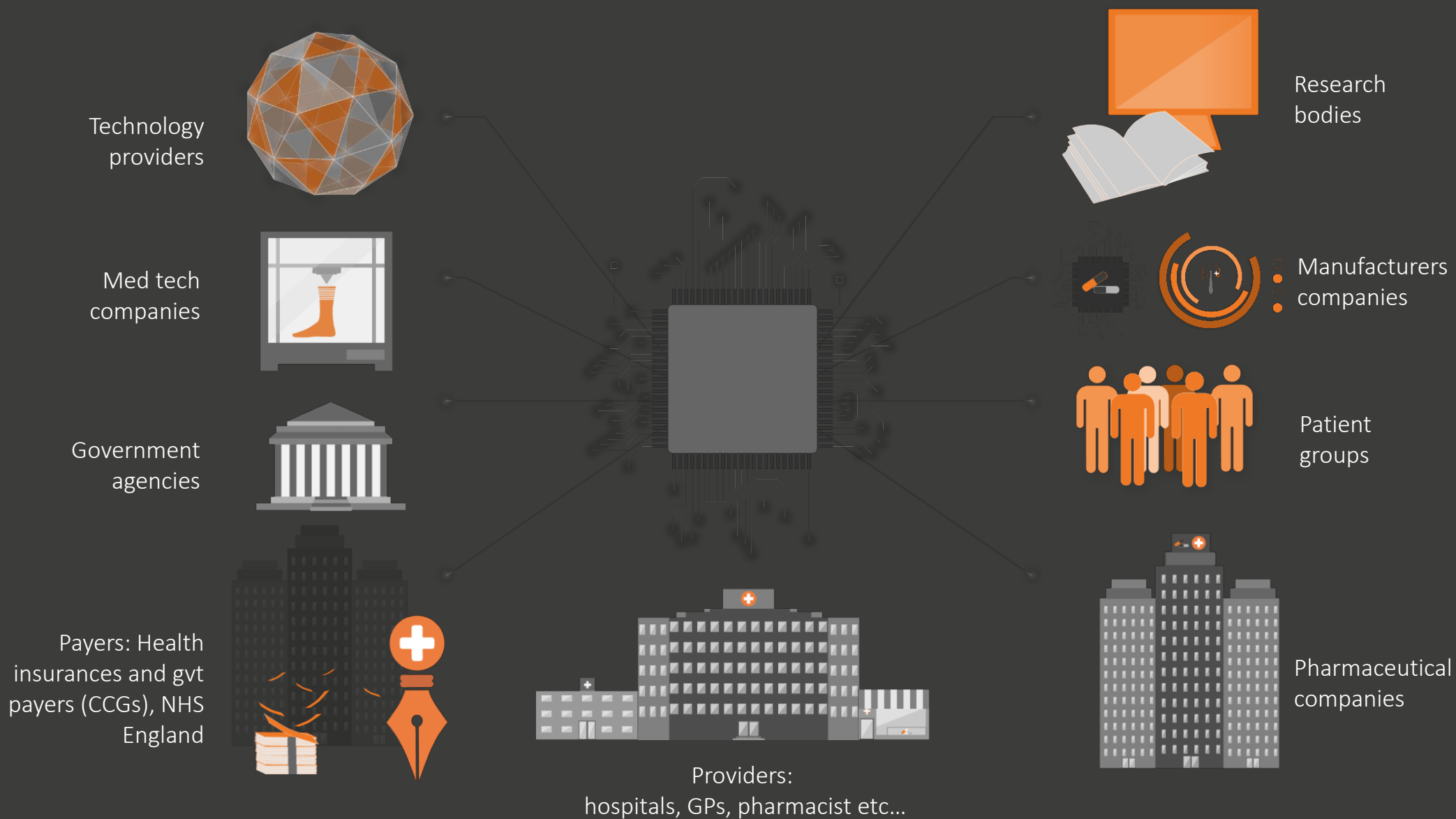


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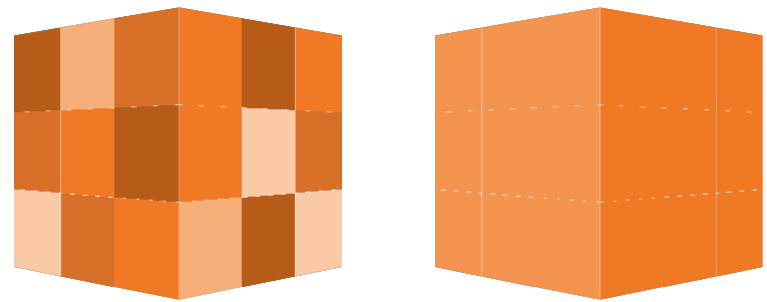
The future is collaborative



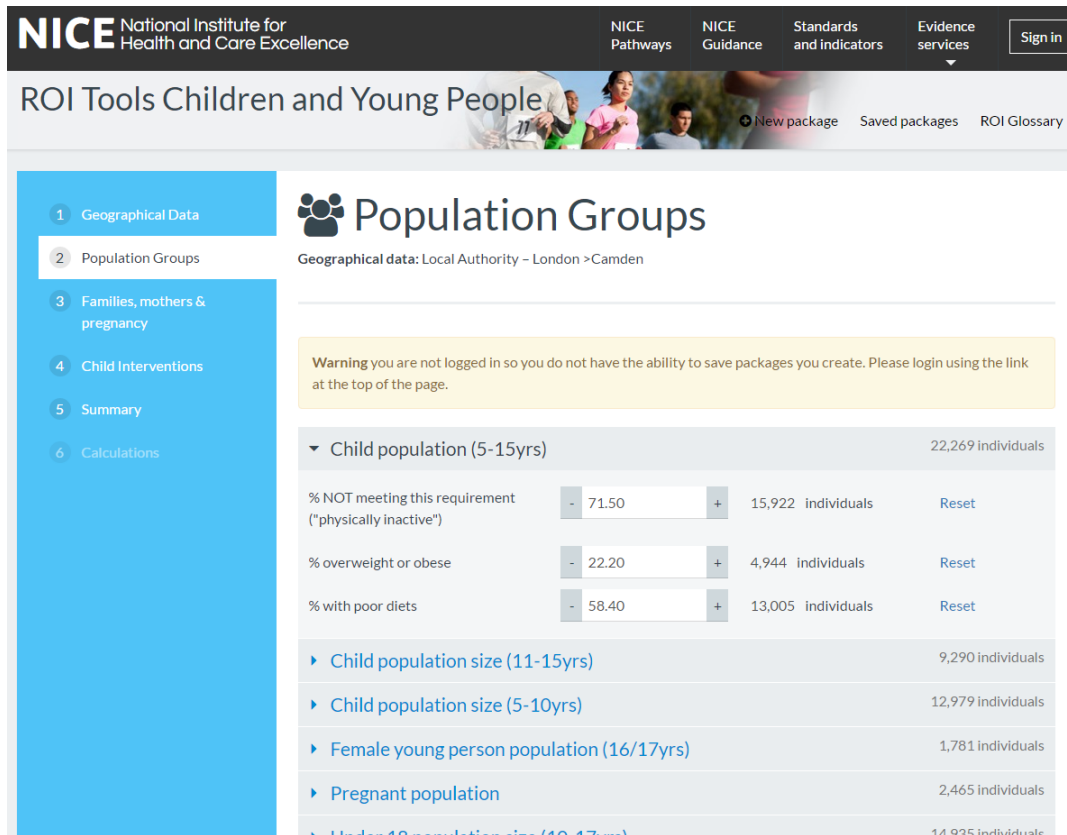
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The Economic Case

We use techniques
developed in health
and welfare economics
to measure value and
ROI.



Example 1: 2016 NICE Return on Investment (ROI) Tools



NICE National Institute for Health and Care Excellence

NICE Pathways NICE Guidance Standards and indicators Evidence services Sign in

ROI Tools Children and Young People

New package Saved packages ROI Glossary

1 Geographical Data

2 Population Groups

3 Families, mothers & pregnancy

4 Child Interventions

5 Summary

6 Calculations

Population Groups

Geographical data: Local Authority - London > Camden

Warning you are not logged in so you do not have the ability to save packages you create. Please login using the link at the top of the page.

Child population (5-15yrs)		22,269 individuals
% NOT meeting this requirement ("physically inactive")	- 71.50 +	15,922 individuals Reset
% overweight or obese	- 22.20 +	4,944 individuals Reset
% with poor diets	- 58.40 +	13,005 individuals Reset
Child population size (11-15yrs)		9,290 individuals
Child population size (5-10yrs)		12,979 individuals
Female young person population (16/17yrs)		1,781 individuals
Pregnant population		2,465 individuals
Under 18 population size (10-17yrs)		14,935 individuals

Five tools converted to web-based applications

- tobacco,
- alcohol use
- physical activity.
- children and young people,
- social and emotional wellbeing across the life course

Available at:

<https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools>

Example 2: 2010 Health England Leading Prioritisation (H.E.L.P.) Tool

Alcohol	Brief interventions delivered in GP surgeries to reduce problem drinking	Improves quality and reduces cost
Diet, physical Activity, obesity	Brief interventions delivered in GP surgeries to improve uptake of physical activity	Improves quality and reduces cost
Smoking	Nicotine replacement therapy to improve quit rates	Improves quality and reduces cost
STI / teenage pregnancy	School based group education for increasing rates of condom use and reducing STIs and unwanted pregnancy	Cost per unit of quality improvement (ICER) £4,965
Statins	Statins for primary prevention of stroke and heart disease (demonstrating QALYs for two example CVD risk groups)	Cost per unit of quality improvement (ICER) £9,857.81

Example 3: 2016 Healthy London Partnership: the size of the prize

Priority area for targeted prevention intervention	Public sector savings if 20% of the eligible population affected (£m)	Public sector savings if 100% of the eligible population affected (£m)
Alcohol	£36	£182
Diabetes (primary prevention)	£84	£420
Diabetes (secondary prevention)	£79	£395
Hypertension (primary prevention)	£20	£99
Hypertension (secondary prevention)	£22	£110
Mental Health (early intervention in psychosis)	£84	£419
MSK (Musculoskeletal conditions)	£16	£81

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Economic

Evaluation of Croí

MyAction in

Ireland

Introductions to The Study Team

The study was authored by:

- Jacque Mallender,
- Gareth Harper
- Mitesh Nakum
- Ketevan Rtveladze
- Tracey Jhita &
- Adeline Durand

Optimicity Advisors is an international professional services firm with a large healthcare practice

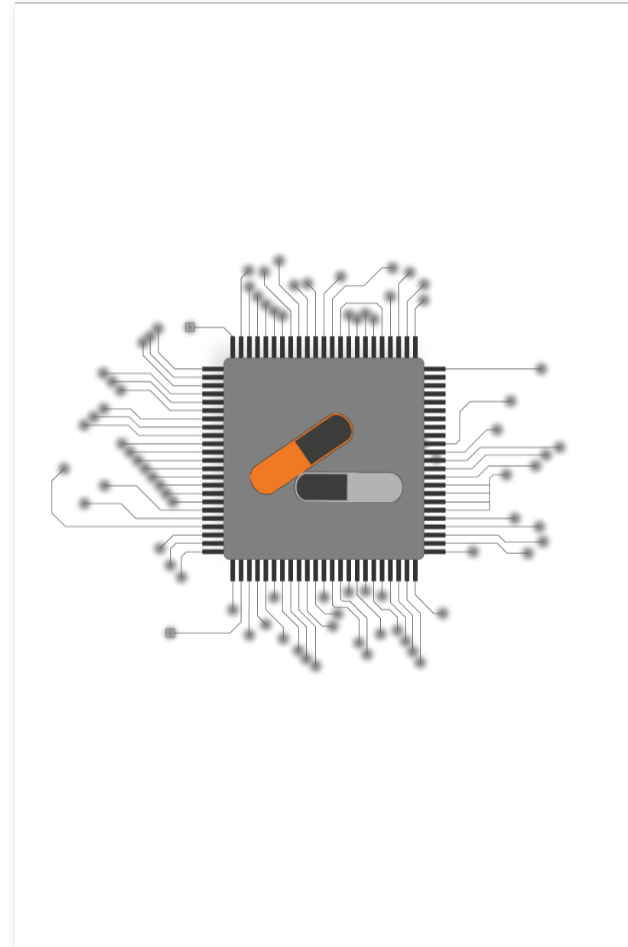
The Optimicity Matrix team would like to thank the team at the Croí West of Ireland Cardiac Foundation, including Jenni Jones, Irene Gibson and Lizanne Dunleavy; Health Service Executive (HSE), including Anne Dee; Central Statistics Office; and Professor Ivan Perry from University College Cork for their support, contributions and engagement with this study.

Croí has developed nationally recognised expertise in cardiovascular disease (CVD) prevention, through the delivery of the European Society of Cardiology (ESC) endorsed MyAction Programme. Launched in 2009.

By March 2016, the community-based prevention model had been utilised by over 1,100 individuals (patients and family members), making an impactful change to improve cardiovascular healthcare.



The Aim of the study was to assess the economic case for this programme with a view to supporting an application for main stream funding



Key Findings: Economic Analysis



€1 generates
on average €8
in benefits




Cost per
participant -
€1,169

Total cost of
617
participants -
€721,479



Benefits
generated by
individual -
€7,784



Total benefits
generated -
€4.8m over a
lifetime

Includes health
cost savings
(€817,356)

Key Findings: The NICE ICER Test

In the NHS, NICE uses the QALY to measure health utility and the “Incremental Cost Effectiveness Ratio” to inform guidance with an informal threshold of £20,000 per QALY as a benchmark of value.

The incremental cost effectiveness ratio for Croí MyAction is dominant.

Incremental
cost
effectiveness
ratio (ICER)
remains cost
effective at the
£20,000
(€24,000)

Maximum cost
per person for
Croí MyAction
to become cost
ineffective
would be
€8,133,
compared to
the €1,169

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Challenges & Issues

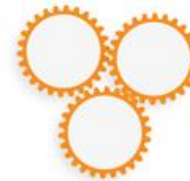
We have some great methods but face some very real challenges

Scale



National vs regional vs local programmes

Scope



Single intervention vs combination interventions

Evidence



Positivist vs Realist

Timeframe



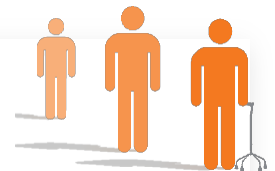
Short term - long term

Perspective



Local funding agency, local health and social care system, taxpayers, wider societal

Impact

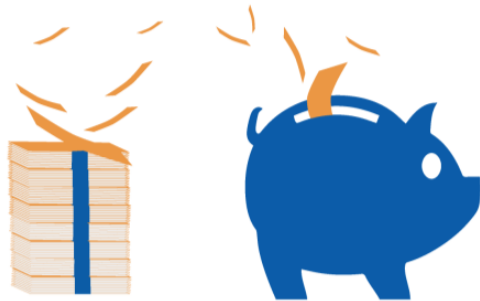


The prize is compressed morbidity but is it real or a fantasy?

To add to all that, whilst economists worry about value, accountants worry about budgets

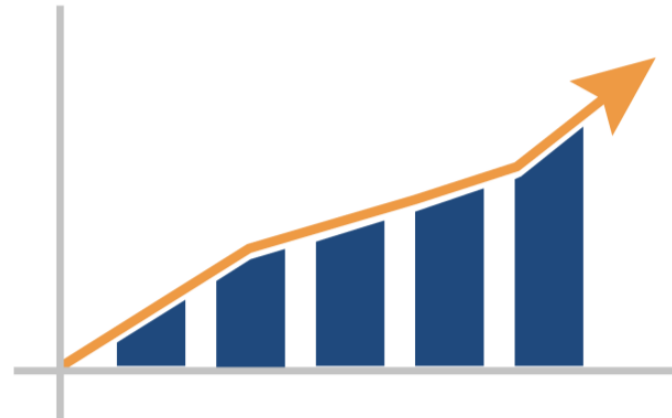
Two important concepts in economic evaluation, but with very different implications for spending decisions

Affordability



Can we afford it?

Value for money



Is it worth it?

Where incentives are misaligned, what local agencies prioritize may not provide overall value for taxpayers.

Potential solutions

- Health vs. Illness
- Clear priorities for the population and for tax payers
- Local Health risk management
- Innovate
- Reward success
- Share good practice



THANK YOU

Thank you for your valuable time.
For further information, please contact:

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