Cost-Benefit of Falls Prevention in Hospitals; Using a Contingent Valuation Approach to Measure More than the Health Benefit Received

Abstract:

Background: Cost benefit analyses differ from other economic evaluation approaches in that they measure both the costs and benefits of a health program in dollar terms. Contingent valuation studies have previously been conducted for this purpose and can employ willingness-to-pay questions to value health benefits. It is possible that willingness-to-pay questions might also be influenced by factors other than the health benefit. This paper aims to determine whether type of intervention influences the valuation placed on a health benefit as applied to the field of falls prevention in the hospital setting.

Design: Contingent valuation survey (willingness-to-pay) from patient (user) perspective.

Participants and setting: Patients (n=60) of the Geriatric Assessment and Rehabilitation Unit, Princess Alexandra Hospital, Brisbane, with a Mini-mental State Examination Score ≥ 23 / 30 (gross cognition intact) and within one week of admission.

Measures: 6 contingent valuation questions were administered each asking the patient to indicate the maximum amount they would be willing to pay to receive a different falls prevention intervention. Each intervention was described as having the same health benefit of a 30% reduction in the risk of falls while in hospital. The six interventions were; moving ward, participating in an additional exercise program, receiving a face-to-face education program, receiving an information booklet, receiving hip protectors, or receiving a targeted mixture of the latter four interventions. Participants were also asked whether they were thinking about the item they would prefer to receive and / or the likely cost of providing the intervention to them when answering the questions.

Procedure: The first 5 contingent valuation scenarios were provided following a Latin square random order sequence. Valuations were elicited using a “greater than, less than” approach using randomly selected starting bids from amounts of $100, $200, and $300. A face-to-face interview approach was employed.

Results: The booklet and hip protector interventions were the least valued by participants. The targeted combination intervention was the most highly valued intervention. The exercise and education program interventions were similarly valued. Approximately half of the respondents reported that they predominantly considered the amount that it was likely to cost to provide the intervention when providing their valuation.

Discussion: The contingent valuation of a health benefit depends heavily upon the method by which the health benefit is delivered. Patients value less the interventions they perceive are cheaper to provide. This implies that “low cost” interventions found to be favourable in cost-effectiveness analyses may be found to be less favourable in cost-benefit analyses.