

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [Technical Documentation](#).

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

## Health Care

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
<b>Obesity and Diabetes</b>								
Lifestyle interventions to prevent diabetes: Long-term, intensive, individual counseling programs	Feb. 2017	\$29,787	\$11,936	\$17,851	(\$3,787)	\$26,000	\$7.87	100 %
Lifestyle interventions to prevent diabetes: Shorter-term programs with group-based counseling	Feb. 2017	\$13,756	\$4,875	\$8,880	(\$446)	\$13,309	\$30.82	80 %
Behavioral interventions to reduce obesity for adults: High-intensity, in-person programs	Dec. 2014	\$2,297	\$500	\$1,797	(\$624)	\$1,673	\$3.68	59 %
Behavioral interventions to reduce obesity for adults: Remotely-delivered programs	Dec. 2014	\$784	\$153	\$631	(\$95)	\$689	\$8.23	54 %
Behavioral interventions to reduce obesity for adults: Low-intensity, in-person programs	Dec. 2014	\$158	\$48	\$110	(\$185)	(\$26)	\$0.86	46 %
Behavioral interventions to reduce obesity for children: Remotely-delivered programs	Dec. 2014	\$31	\$10	\$21	(\$65)	(\$34)	\$0.47	49 %
Behavioral interventions to reduce obesity for children: Low-intensity, in-person programs	Dec. 2014	(\$50)	\$4	(\$54)	(\$165)	(\$215)	(\$0.30)	46 %
Behavioral interventions to reduce obesity for children: Moderate- to high-intensity, face-to-face programs	Dec. 2014	\$27	\$35	(\$8)	(\$333)	(\$306)	\$0.08	46 %
<b>Health Care System Efficiency</b>								
Transitional care programs to prevent hospital readmissions: Comprehensive programs	Dec. 2014	\$1,809	\$834	\$975	(\$419)	\$1,390	\$4.32	100 %
Transitional care programs to prevent hospital readmissions: All programs, general patient populations	Dec. 2014	\$431	\$189	\$242	(\$52)	\$380	\$8.34	88 %
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (high-risk populations)	Dec. 2016	\$149	\$75	\$75	(\$83)	\$66	\$1.80	45 %
Interventions to reduce unnecessary emergency department visits: General education on appropriate ED use	Dec. 2014	\$12	\$6	\$6	(\$8)	\$3	\$1.43	50 %
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (general population)	Dec. 2016	\$32	\$29	\$3	(\$83)	(\$51)	\$0.39	34 %
Patient-centered medical homes in physician-led practices with utilization or cost incentives (high-risk populations)	Dec. 2016	\$89	\$65	\$24	(\$155)	(\$66)	\$0.57	35 %
Interventions to reduce unnecessary emergency department visits: Asthma self-management education for children	Dec. 2014	(\$38)	(\$1)	(\$36)	(\$78)	(\$116)	(\$0.48)	48 %
Patient-centered medical homes in physician-led practices with utilization or cost incentives (general population)	Dec. 2016	\$36	\$44	(\$9)	(\$155)	(\$119)	\$0.23	31 %
Interventions to reduce unnecessary emergency department visits: Intensive case management for frequent ED users	Dec. 2014	\$3,430	\$3,205	\$225	(\$9,581)	(\$6,151)	\$0.36	44 %
<b>Maternal and Infant Health</b>								
Other prenatal home visiting programs	Dec. 2016	\$11,625	\$748	\$10,878	(\$693)	\$10,932	\$16.77	100 %

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Smoking cessation programs for pregnant women: Contingency management	Dec. 2016	\$9,972	\$970	\$9,002	(\$209)	\$9,763	\$47.61	98 %
Enhanced prenatal care programs delivered through Medicaid	Dec. 2016	\$6,396	\$841	\$5,555	(\$415)	\$5,981	\$15.42	98 %
Group prenatal care (compared to standard prenatal care)	Dec. 2016	\$2,695	\$176	\$2,520	\$1,095	\$3,791	n/a	94 %
Smoking cessation programs for pregnant women: Nicotine replacement treatment	Dec. 2016	\$3,347	\$312	\$3,035	(\$116)	\$3,231	\$28.82	75 %
Non-Medicaid enhanced prenatal care programs for African-American women	Dec. 2016	\$3,355	\$561	\$2,795	(\$592)	\$2,763	\$5.66	69 %
Non-Medicaid enhanced prenatal care programs for adolescents	Dec. 2016	\$2,996	\$644	\$2,351	(\$513)	\$2,483	\$5.84	73 %
Smoking cessation programs for pregnant women: Intensive behavioral interventions	Dec. 2016	\$2,262	\$204	\$2,058	(\$95)	\$2,168	\$23.90	89 %
Resource Mothers Program	Dec. 2016	\$2,005	\$358	\$1,647	(\$716)	\$1,290	\$2.80	84 %
Cesarean section reduction programs: Multi-faceted hospital-based interventions (Medicaid population)	Nov. 2015	\$286	\$202	\$84	(\$34)	\$251	\$8.31	100 %
Cesarean section reduction programs: Multi-faceted hospital-based interventions (private pay population)	Nov. 2015	\$271	\$0	\$271	(\$34)	\$236	\$7.87	100 %
Cesarean section reduction programs: Audit and feedback (Medicaid population)	Nov. 2015	\$172	\$124	\$48	(\$28)	\$144	\$6.25	85 %
Cesarean section reduction programs: Audit and feedback (private pay population)	Nov. 2015	\$160	\$0	\$160	(\$28)	\$132	\$5.80	84 %
Cesarean section reduction programs: Mandatory second opinion (Medicaid population)	Nov. 2015	\$148	\$124	\$24	(\$77)	\$71	\$1.92	100 %
Cesarean section reduction programs: Mandatory second opinion (private pay population)	Nov. 2015	\$138	\$0	\$138	(\$77)	\$61	\$1.79	98 %
Cesarean section reduction programs: Continuous support (Medicaid population)	Nov. 2015	(\$7)	\$83	(\$89)	(\$261)	(\$267)	(\$0.03)	1 %
Cesarean section reduction programs: Continuous support (private pay population)	Nov. 2015	(\$13)	\$0	(\$13)	(\$261)	(\$274)	(\$0.05)	1 %
Interventions to prevent excessive gestational weight gain (population with obesity-related risk factors)	Dec. 2016	(\$751)	(\$212)	(\$538)	(\$202)	(\$953)	(\$3.71)	47 %
Interventions to prevent excessive gestational weight gain (general population)	Dec. 2016	(\$928)	\$119	(\$1,047)	(\$184)	(\$1,112)	(\$5.03)	36 %

## Other Health Care topics reviewed:

Program name	Date of last literature review	Notes
Accountable Care Organizations: (a) Alternative Quality Contract	Nov. 2015	Click for meta-analytic results
Accountable Care Organizations: (b) Medicare Physician Group Practice Demonstration (PGPD)	Nov. 2015	Click for meta-analytic results
Accountable Care Organizations: (c) Medicare Pioneer ACOs	Nov. 2015	Click for meta-analytic results
Cost sharing: (a) High-Deductible Health Plans (moderate to high deductibles, with and without HRAs or HSAs), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (b) High-Deductible Health Plans (moderate to high deductible levels, with or without HSAs), low-income patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (c) High-Deductible Health Plans with moderate deductibles (individual < \$1000), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (d) High-Deductible Health Plans with higher deductibles (individual > \$1000), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (e) High-Deductible Health Plans with higher deductibles (individual > \$1000) and HRA accounts, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (f) High-Deductible Health Plans with higher deductibles (individual > \$1000) and HSA accounts, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (g) Coinsurance (25% rate or higher) versus no cost sharing, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (h) Copay increases across multiple services, low-income population	Nov. 2015	Click for meta-analytic results
Cost sharing: (i) Copay increases across multiple services, low-income and chronically-ill population	Nov. 2015	Click for meta-analytic results
Cost sharing: (j) Emergency department copays, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (k) Emergency department copays, low-income patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (l) Copays for nonemergent emergency department visits, Medicaid adult population	Nov. 2015	Click for meta-analytic results
Cost sharing: (m) Copays for prescription drugs, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (n) Copays for prescription drugs, adults with a chronic illness	Nov. 2015	Click for meta-analytic results
Cost sharing: (o) Copay reductions for prescription drugs used to treat chronic conditions (Value Based Insurance Design), adults with chronic illnesses	Nov. 2015	Click for meta-analytic results
Cost sharing: (p) Copays for prescription drugs, low-income children (CHIP)	Nov. 2015	Click for meta-analytic results
Cost sharing: (q) Copays for prescription drugs, low-income children (CHIP) with a chronic illness	Nov. 2015	Click for meta-analytic results
Cost sharing: (r) Copays for prescription drugs, Medicare beneficiaries	Nov. 2015	Click for meta-analytic results
Oral health: Fluoride varnish treatment for permanent teeth	Oct. 2014	Click for meta-analytic results
Oral health: Fluoride varnish treatment for primary teeth	Oct. 2014	Click for meta-analytic results
Oral health: Resin sealants for molars	Oct. 2014	Click for meta-analytic results
Patient-centered medical homes in integrated health systems (high-risk population)	Dec. 2016	Click for meta-analytic results
Smoking cessation programs for pregnant women: Postpartum smoking relapse prevention	Dec. 2016	Click for meta-analytic results
Transitional care programs to prevent hospital readmissions: Brief phone follow-up only	Dec. 2014	Click for meta-analytic results
Chronic Care Model (CCM) interventions	Dec. 2016	No rigorous evaluation measuring outcome of interest.
Long-acting reversible contraception (LARC)	Dec. 2016	No rigorous evaluation measuring outcome of interest.
Oral health: Mid-level dental care providers	Oct. 2014	No rigorous evaluation measuring outcome of interest.
Oral health: Preventive dental visits	Oct. 2014	No rigorous evaluation measuring outcome of interest.
Prenatal depression screening	Dec. 2016	No rigorous evaluation measuring outcome of interest.

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## Washington State Institute for Public Policy

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