Health Economics Highly Cited Articles

1- Economics and mental health: the current scenario

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Abstract

Economics and mental health are intertwined. Apart from the accumulating evidence of the huge economic impacts of mental ill-health, and the growing recognition of the effects that economic circumstances can exert on mental health, governments and other budget-holders are putting increasing emphasis on economic data to support their decisions. Here we consider how economic evaluation (including cost-effectiveness analysis, cost-utility analysis and related techniques) can contribute evidence to inform the development of mental health policy strategies, and to identify some consequences at the treatment or care level that are of relevance to service providers and funding bodies. We provide an update and reflection on economic evidence relating to mental health using a lifespan perspective, analyzing costs and outcomes to shed light on a range of pressing issues. The past 30 years have witnessed a rapid growth in mental health economics, but major knowledge gaps remain. Across the lifespan, clearer evidence exists in the areas of perinatal depression identification-plus-treatment; risk-reduction of mental health problems in childhood and adolescence; scaling up treatment, particularly psychotherapy, for depression; community-based early intervention and employment support for psychosis; and cognitive stimulation and multicomponent carer interventions for dementia. From this discussion, we pull out the main challenges that are faced when trying to take evidence from research and translating it into policy

or practice recommendations, and from there to actual implementation in terms of better treatment and care.

Keywords
Author Keywords
Economic evaluationcost-effectivenesscost-benefitcost-utilityreturn on investmentmental health policydepressionpsychosisdementia
Keywords Plus
COGNITIVE-BEHAVIORAL THERAPYSEVERE ALZHEIMERS-DISEASECOST-EFFECTIVENESSADOLESCENT DEPRESSIONSUPPORTED EMPLOYMENTSTIMULATION THERAPYEARLY INTERVENTIONRANDOMIZED-TRIALDEMENTIACARE

2- Discrete Choice Experiments in Health Economics: Past, Present and Future

By:
Soekhai, V (Soekhai, Vikas) [1] , [2] , [3] ; de Bekker-Grob, EW (de Bekker-Grob, Esther W.) [1] , [2] ; Ellis, AR (Ellis, Alan R.) [4] ; Vass, CM (Vass, Caroline M.) [5]
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Abstract

ObjectivesDiscrete choice experiments (DCEs) are increasingly advocated as a way to quantify preferences for health. However, increasing support does not necessarily result in increasing quality. Although specific reviews have been conducted in certain contexts, there exists no recent description of the general state of the science of health-related DCEs. The aim of this paper was to update prior reviews (1990-2012), to identify all health-related DCEs and to provide a description of trends, current practice and future challenges.MethodsA systematic literature review was conducted to identify health-related empirical DCEs published between 2013 and 2017. The search strategy and data extraction replicated prior reviews to allow the reporting of trends, although additional extraction fields were incorporated.ResultsOf the 7877 abstracts generated, 301 studies met the inclusion criteria and underwent data extraction. In general, the total number of DCEs per year continued to increase, with broader areas of application and increased geographic scope. Studies reported using more sophisticated designs (e.g. D-efficient) with associated software (e.g. Ngene). The trend towards using more sophisticated econometric models also continued. However, many studies presented sophisticated methods with insufficient detail. Qualitative research methods continued to be a popular approach for identifying attributes and levels.ConclusionsThe

use of empirical DCEs in health economics continues to grow. However, inadequate reporting of methodological details inhibits quality assessment. This may reduce decision-makers' confidence in results and their ability to act on the findings. How and when to integrate health-related DCE outcomes into decision-making remains an important area for future research.

Keywords
Keywords Plus
WILLINGNESS-TO-PAYQUALITY-OF-LIFECONJOINT-ANALYSIS APPLICATIONSTYPE-2 DIABETES-MELLITUSDISEASE-MODIFYING DRUGSTIME TRADE-OFFPATIENT PREFERENCESELICITING PREFERENCESDECISION-MAKINGPROSTATE-CANCER

3- Changing health behaviors using financial incentives: a review from behavioral economics

By:
Vlaev, I (Vlaev, Ivo) [1] ; King, D (King, Dominic) [2] ; Darzi, A (Darzi, Ara) [3] ; Dolan, P (Dolan, Paul) [4]

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Abstract

Background Incentives are central to economics and are used across the public and private sectors to influence behavior. Recent interest has been shown in using financial incentives to promote desirable health behaviors and discourage unhealthy ones. Main text If we are going to use incentive schemes to influence health behaviors, then it is important that we give them the best chance of working. Behavioral economics integrates insights from psychology with the laws of economics and provides a number of robust psychological phenomena that help to better explain human behavior. Individuals' decisions in relation to incentives may be shaped by more subtle features - such as loss aversion, overweighting of small probabilities, hyperbolic discounting, increasing payoffs, reference points - many of which have been identified through research in behavioral economics. If incentives are shown to be a useful strategy to influence health behavior, a wider discussion will need to be had about the ethical dimensions of incentives before their wider implementation in different health programmes. Conclusions Policy makers across the world are increasingly taking note of lessons from behavioral economics and this paper explores how key principles could help public health practitioners design effective interventions both in relation to incentive designs and more widely.

Keywords
Author Keywords
Behavior changeHealthcareIncentivesBehavioral economicsNudge
Keywords Plus: PERSONAL ESPONSIBILITYPAYACCEPTABILITYPERFORMANCECONSUMPTIONOUTCOMESIMPACTETHICSWORKSCARE

Health Economics Highly Cited Articles

4- Discrete Choice Experiments in Health Economics: A Review of the Literature

By: Clark, MD (Clark, Michael D.) [1] ; Determann, D (Determann, Domino) [2] , [3] ; Petrou, S (Petrou, Stavros) [4] ; Moro, D (Moro, Domenico) [5] ; de Bekker-Grob, EW (de Bekker-Grob, Esther W.) [2]
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Abstract
Discrete choice experiments (DCEs) are increasingly used in health economics to address a wide range of health policy-related concerns.
Broadly adopting the methodology of an earlier systematic review of health-related DCEs, which covered the period 2001-2008, we report whether earlier trends continued during 2009-2012.
This paper systematically reviews health-related DCEs published between 2009 and 2012, using the same database as the earlier published review (PubMed) to obtain citations, and the same range of search terms.
A total of 179 health-related DCEs for 2009-2012 met the inclusion criteria for the review. We found a continuing trend towards conducting DCEs across a broader range of countries. However, the trend towards including fewer attributes was reversed, whilst the trend towards interview-based DCEs reversed because of increased computer administration. The trend towards using more flexible econometric models, including mixed logit and latent class, has also continued. Reporting of monetary values has fallen compared with earlier periods, but the proportion of studies estimating trade-offs between health outcomes and experience factors, or valuing outcomes in terms of utility scores, has increased, although use of odds ratios and probabilities has declined. The reassuring trend towards the use of more flexible and appropriate DCE designs and econometric methods has been reinforced by the increased use of qualitative methods to inform DCE processes and results. However, qualitative research methods are

being used less often to inform attribute selection, which may make DCEs more susceptible to omitted variable bias if the decision framework is not known prior to the research project.

The use of DCEs in healthcare continues to grow dramatically, as does the scope of applications across an expanding range of countries. There is increasing evidence that more sophisticated approaches to DCE design and analytical techniques are improving the quality of final outputs. That said, recent evidence that the use of qualitative methods to inform attribute selection has declined is of concern.

Keywords

Keywords Plus

WILLINGNESS-TO-PAYADAPTIVE CONJOINT-ANALYSISBASAL-CELL CARCINOMAUNDERSTANDING PATIENT PREFERENCESSTATED PREFERENCECOLORECTAL-CANCERWOMENS PREFERENCESTREATMENT OUTCOMESPHARMACISTS PREFERENCESCONSUMER PREFERENCES

Health Economics Highly Cited Articles

5- Discrete choice experiments in health economics: a review of the literature

By:
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Abstract
Discrete choice experiments (DCEs) have become a commonly used instrument in health economics. This paper updates a review of published papers between 1990 and 2000 for the years 2001-2008. Based on this previous review, and a number of other key review papers, focus is given to three issues: experimental design; estimation procedures; and validity of responses. Consideration is also given to how DCEs are applied and reported. We identified 114 DCEs, covering a wide range of policy questions. Applications took place in a broader range of health-care systems, and there has been a move to incorporating fewer attributes, more choices and interview-based surveys. There has also been a shift towards statistically more efficient designs and flexible econometric models. The reporting of monetary values continues to be popular, the use of utility scores has not gained popularity, and there has been an increasing use of odds ratios and probabilities. The latter are likely to be useful at the policy level to investigate take-up and acceptability of new interventions. Incorporation of interactions terms in the design and analysis of DCEs, explanations of risk, tests of external validity and incorporation of DCE results into a decision-making framework remain important areas for future research. Copyright (c) 2010 John Wiley & Sons, Ltd.

Keywords
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discrete choice experimentsreviewmethodology
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DERIVING WELFARE MEASURESSTATED PREFERENCECONJOINT-ANALYSISOPTIMAL DESIGNSMIXED LOGITCAREVALUATIONCONSISTENCYSETS

Health Economics Highly Cited Articles

6- Defining Elements of Value in Health Care-A Health Economics Approach: An ISPOR Special Task Force Report [3]

By:
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Abstract
The third section of our Special Task Force report identifies and defines a series of elements that warrant consideration in value assessments of medical technologies. We aim to broaden the view of what constitutes value in health care and to spur new research on incorporating additional elements of value into cost-effectiveness analysis (CEA). Twelve potential elements of value are considered. Four of them quality-adjusted life-years, net costs, productivity, and adherence-improving factors are conventionally included or considered in value assessments. Eight others, which would be more novel in economic assessments, are defined and discussed: reduction in uncertainty, fear of contagion, insurance value, severity of disease, value of hope, real option value, equity, and scientific spillovers. Most of these are theoretically well understood and available for inclusion in value assessments. The two exceptions are equity and scientific spillover effects, which require more theoretical development and consensus. A number of regulatory authorities around the globe have shown interest in some of these novel elements. Augmenting CEA to consider these additional elements would result in a more comprehensive CEA in line with the "impact inventory" of the Second Panel on Cost-Effectiveness in Health and Medicine. Possible approaches for valuation and inclusion of these elements include integrating them as part of a net

monetary benefit calculation, including elements as attributes in health state descriptions, or using them as criteria in a multicriteria decision analysis. Further research is needed on how best to measure and include them in decision making.

Keywords
Author Keywords
cost-effectiveness analysiseconomics of medical technologyhealth technology assessmentvalue of health care
Keywords Plus
COST-EFFECTIVENESS ANALYSISWILLINGNESS-TO-PAYOPTION VALUEPRODUCTIVITYFRAMEWORKPATIENTCONTEXTPOLICY

Health Economics Highly Cited Articles

7- Health economics and emergence from COVID-19 lockdown: the great big marginal analysis

By:
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Abstract

Despite denials of politicians and other advisors, trade-offs have already been apparent in many policy decisions addressing the coronavirus disease 2019 pandemic and its social and economic consequences. Here, we illustrate why it is important, from a wellbeing perspective, to recognise such trade-offs, and provide a framework, based on the economic concept of 'marginal analysis', for doing so. We illustrate its potential through consideration of optimising the balance between reducing the reproductive rate (R) of the virus and further opening of the economy. The framework accommodates both perspectives in the health-vs-economy debate whereby, depending on where we are within the marginal analysis framework, either health issues are allowed to dominate or, below some threshold of R and/or background level of infection, health and economic considerations can be traded off against each other. Given the inevitability of such trade-offs, the framework exposes crucial questions to be addressed, such as: the critical value of R and/or background infection, above which health considerations predominate, and which may vary from jurisdiction to jurisdiction; and the value of lives forgone resulting from the small increases in R and/or background infection levels that may have to be tolerated as the economy is gradually opened.

Keywords
Author Keywords: COVID-19lockdownpandemic
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