

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
Obesity and Diabetes								
Lifestyle interventions to prevent diabetes: Long-term, intensive, individual counseling programs	Feb. 2017	\$30,661	\$12,203	\$18,459	(\$3,848)	\$26,814	\$7.97	100 %
Lifestyle interventions to prevent diabetes: Shorter-term programs with group-based counseling	Feb. 2017	\$13,945	\$4,918	\$9,027	(\$454)	\$13,492	\$30.75	80 %
Behavioral interventions to reduce obesity for adults: High-intensity, in-person programs	Dec. 2014	\$1,359	\$388	\$971	(\$631)	\$728	\$2.15	53 %
Behavioral interventions to reduce obesity for adults: Remotely-delivered programs	Dec. 2014	\$397	\$92	\$305	(\$97)	\$300	\$4.10	54 %
Behavioral interventions to reduce obesity for children: Low-intensity, in-person programs	Dec. 2014	\$242	\$92	\$150	(\$165)	\$78	\$1.47	50 %
Behavioral interventions to reduce obesity for children: Remotely-delivered programs	Dec. 2014	\$16	\$4	\$13	(\$66)	(\$49)	\$0.25	50 %
Behavioral interventions to reduce obesity for children: Moderate- to high-intensity, face-to-face programs	Dec. 2014	(\$161)	\$0	(\$161)	(\$338)	(\$499)	(\$0.48)	35 %
Behavioral interventions to reduce obesity for adults: Low-intensity, in-person programs	Dec. 2014	(\$834)	(\$223)	(\$611)	(\$187)	(\$1,020)	(\$4.47)	37 %
Health Care System Efficiency								
Transitional care programs to prevent hospital readmissions: Comprehensive programs	Dec. 2014	\$1,872	\$823	\$1,049	(\$426)	\$1,446	\$4.39	67 %
Transitional care programs to prevent hospital readmissions: All programs, general patient populations	Dec. 2014	\$425	\$178	\$246	(\$53)	\$372	\$8.08	65 %
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (high-risk populations)	Dec. 2016	\$283	\$140	\$143	(\$85)	\$198	\$3.34	49 %
Patient-centered medical homes in physician-led practices with utilization or cost incentives (high-risk populations)	Dec. 2016	\$217	\$127	\$90	(\$158)	\$59	\$1.38	43 %
Interventions to reduce unnecessary emergency department visits: General education on appropriate ED use	Dec. 2014	\$39	\$14	\$25	(\$8)	\$31	\$4.75	49 %
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (general population)	Dec. 2016	\$48	\$39	\$9	(\$84)	(\$37)	\$0.56	36 %
Interventions to reduce unnecessary emergency department visits: Asthma self-management education for children	Dec. 2014	\$17	\$17	\$0	(\$79)	(\$62)	\$0.22	46 %
Patient-centered medical homes in physician-led practices with utilization or cost incentives (general population)	Dec. 2016	\$52	\$56	(\$4)	(\$158)	(\$106)	\$0.33	33 %
Interventions to reduce unnecessary emergency department visits: Intensive case management for frequent ED users	Dec. 2014	\$9,570	\$5,410	\$4,160	(\$9,762)	(\$191)	\$0.98	43 %
Maternal and Infant Health								
Other prenatal home visiting programs	Dec. 2016	\$12,008	\$753	\$11,255	(\$704)	\$11,305	\$17.06	100 %

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
Smoking cessation programs for pregnant women: Contingency management	Dec. 2016	\$10,195	\$986	\$9,209	(\$212)	\$9,982	\$48.00	98 %
Enhanced prenatal care programs delivered through Medicaid	Dec. 2016	\$6,528	\$855	\$5,673	(\$422)	\$6,106	\$15.48	98 %
Group prenatal care (compared to standard prenatal care)	Dec. 2016	\$2,777	\$182	\$2,595	\$1,115	\$3,892	n/a	94 %
Smoking cessation programs for pregnant women: Nicotine replacement treatment	Dec. 2016	\$3,508	\$321	\$3,186	(\$118)	\$3,390	\$29.71	75 %
Non-Medicaid enhanced prenatal care programs for African-American women	Dec. 2016	\$3,497	\$580	\$2,917	(\$602)	\$2,895	\$5.81	69 %
Non-Medicaid enhanced prenatal care programs for adolescents	Dec. 2016	\$3,090	\$655	\$2,436	(\$521)	\$2,569	\$5.93	74 %
Smoking cessation programs for pregnant women: Intensive behavioral interventions	Dec. 2016	\$2,335	\$210	\$2,125	(\$96)	\$2,238	\$24.22	90 %
Resource Mothers Program	Dec. 2016	\$2,038	\$362	\$1,676	(\$728)	\$1,309	\$2.80	84 %
Cesarean section reduction programs: Multi-faceted hospital-based interventions (Medicaid population)	Nov. 2015	\$289	\$205	\$84	(\$35)	\$254	\$8.26	100 %
Cesarean section reduction programs: Multi-faceted hospital-based interventions (private pay population)	Nov. 2015	\$274	\$0	\$274	(\$35)	\$240	\$7.86	100 %
Cesarean section reduction programs: Audit and feedback (Medicaid population)	Nov. 2015	\$174	\$125	\$49	(\$28)	\$146	\$6.23	84 %
Cesarean section reduction programs: Audit and feedback (private pay population)	Nov. 2015	\$164	\$0	\$164	(\$28)	\$136	\$5.88	84 %
Cesarean section reduction programs: Mandatory second opinion (Medicaid population)	Nov. 2015	\$150	\$126	\$24	(\$78)	\$72	\$1.92	100 %
Cesarean section reduction programs: Mandatory second opinion (private pay population)	Nov. 2015	\$140	\$0	\$140	(\$78)	\$61	\$1.78	98 %
Cesarean section reduction programs: Continuous support (Medicaid population)	Nov. 2015	(\$7)	\$84	(\$91)	(\$265)	(\$272)	(\$0.03)	1 %
Cesarean section reduction programs: Continuous support (private pay population)	Nov. 2015	(\$13)	\$0	(\$13)	(\$265)	(\$278)	(\$0.05)	1 %
Interventions to prevent excessive gestational weight gain (population with obesity-related risk factors)	Dec. 2016	(\$638)	(\$218)	(\$420)	(\$206)	(\$844)	(\$3.10)	47 %
Interventions to prevent excessive gestational weight gain (general population)	Dec. 2016	(\$1,051)	\$94	(\$1,146)	(\$187)	(\$1,239)	(\$5.61)	35 %
Falls Prevention for Older Adults								
Multicomponent interventions including exercise and home hazard reduction (high-risk population)	Jan. 2018	\$8,415	\$1,077	\$7,338	(\$989)	\$7,427	\$8.51	100 %
Otago Exercise Program (high-risk population)	Jan. 2018	\$6,206	\$793	\$5,413	(\$694)	\$5,512	\$8.94	97 %
Home hazard reduction (high-risk population)	Oct. 2017	\$3,580	\$592	\$2,988	(\$324)	\$3,256	\$11.05	100 %
Otago Exercise Program (general population)	Jan. 2018	\$3,687	\$482	\$3,205	(\$639)	\$3,048	\$5.77	100 %
Group exercise classes (high-risk population)	Feb. 2018	\$3,080	\$519	\$2,560	(\$353)	\$2,726	\$8.72	74 %
Individual exercise programs (high-risk population)	Feb. 2018	\$2,841	\$351	\$2,489	(\$590)	\$2,251	\$4.82	76 %
Group exercise classes for osteoporosis/osteopenia	Jan. 2018	\$670	\$147	\$523	(\$302)	\$368	\$2.22	80 %
Multifactorial programs: physician-led (high-risk population)	Nov. 2017	\$1,899	\$465	\$1,435	(\$1,533)	\$366	\$1.24	66 %
Multicomponent interventions including exercise and home hazard reduction (general population)	Jan. 2018	\$694	\$137	\$557	(\$340)	\$354	\$2.04	89 %
Tai Chi (high-risk population)	Jan. 2018	\$547	\$115	\$432	(\$224)	\$323	\$2.44	56 %
Tai Chi (general population)	Jan. 2018	\$536	\$126	\$410	(\$340)	\$196	\$1.58	81 %
Group exercise classes (general population)	Feb. 2018	\$174	\$45	\$130	(\$134)	\$40	\$1.30	62 %
Individual exercise programs (general population)	Feb. 2018	\$278	\$76	\$201	(\$271)	\$7	\$1.02	50 %
Cognitive behavioral interventions (general population)	Feb. 2018	\$261	\$65	\$195	(\$299)	(\$38)	\$0.87	41 %
Multifactorial interventions: nurse-led (general population)	Nov. 2017	\$470	\$128	\$342	(\$678)	(\$208)	\$0.69	21 %
Home hazard reduction (general population)	Oct. 2017	(\$75)	\$1	(\$76)	(\$160)	(\$235)	(\$0.47)	17 %
Multicomponent interventions including group exercise and vitamin D supplementation (high-risk population)	Jan. 2018	(\$519)	\$13	(\$532)	(\$1,190)	(\$1,709)	(\$0.44)	24 %
Multifactorial interventions: nurse-led (high-risk population)	Nov. 2017	(\$5,030)	(\$574)	(\$4,456)	(\$570)	(\$5,600)	(\$8.82)	0 %

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
Falls prevention: Individual exercise programs for osteoporosis/osteopenia	Jan. 2018	Click for meta-analytic results
Long-acting reversible contraception (compared to short-acting reversible contraception)	Sep. 2018	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.
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.

For further information, contact:
(360) 664-9800, institute@wsipp.wa.gov

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Washington State Institute for Public Policy

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