

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	\$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 %
Health Care System Efficiency								
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 %
Maternal and Infant Health								
Other prenatal home visiting programs	Dec. 2016	\$11,625	\$748	\$10,878	(\$693)	\$10,932	\$16.77	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	\$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.

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

Printed on 06-27-2017



Washington State Institute for Public Policy

The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs WSIPP and guides the development of all activities. WSIPP's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.