

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	\$29,782	\$8,638	\$21,144	(\$3,925)	\$25,857	\$7.59	100 %
Lifestyle interventions to prevent diabetes: Shorter-term programs with group-based counseling	Feb. 2017	\$17,891	\$5,029	\$12,862	(\$463)	\$17,429	\$38.66	77 %
Behavioral interventions to reduce obesity for adults: High-intensity, in-person programs	Dec. 2014	\$1,896	\$517	\$1,379	(\$647)	\$1,249	\$2.93	60 %
Behavioral interventions to reduce obesity for adults: Remotely-delivered programs	Dec. 2014	\$664	\$166	\$499	(\$99)	\$566	\$6.73	55 %
Behavioral interventions to reduce obesity for children: Remotely-delivered programs	Dec. 2014	\$23	\$14	\$9	(\$67)	(\$44)	\$0.34	49 %
Behavioral interventions to reduce obesity for adults: Low-intensity, in-person programs	Dec. 2014	\$111	\$48	\$63	(\$191)	(\$81)	\$0.58	50 %
Behavioral interventions to reduce obesity for children: Low-intensity, in-person programs	Dec. 2014	(\$32)	\$13	(\$45)	(\$170)	(\$202)	(\$0.19)	45 %
Behavioral interventions to reduce obesity for children: Moderate- to high-intensity, face-to-face programs	Dec. 2014	(\$25)	\$36	(\$61)	(\$345)	(\$370)	(\$0.07)	43 %
Health Care System Efficiency								
Transitional care programs to prevent hospital readmissions: Comprehensive programs	Dec. 2014	\$1,901	\$838	\$1,063	(\$434)	\$1,467	\$4.38	66 %
Transitional care programs to prevent hospital readmissions: All programs, general patient populations	Dec. 2014	\$436	\$183	\$253	(\$54)	\$383	\$8.14	64 %
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (high-risk populations)	Dec. 2016	\$293	\$145	\$148	(\$86)	\$207	\$3.40	49 %
Patient-centered medical homes in physician-led practices with utilization or cost incentives (high-risk populations)	Dec. 2016	\$227	\$132	\$95	(\$161)	\$66	\$1.41	42 %
Interventions to reduce unnecessary emergency department visits: General education on appropriate ED use	Dec. 2014	\$14	\$6	\$9	(\$8)	\$6	\$1.70	49 %
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (general population)	Dec. 2016	\$42	\$37	\$5	(\$86)	(\$44)	\$0.49	35 %
Interventions to reduce unnecessary emergency department visits: Asthma self-management education for children	Dec. 2014	(\$3)	\$11	(\$13)	(\$81)	(\$84)	(\$0.04)	46 %
Patient-centered medical homes in physician-led practices with utilization or cost incentives (general population)	Dec. 2016	\$58	\$59	(\$2)	(\$161)	(\$103)	\$0.36	32 %
Interventions to reduce unnecessary emergency department visits: Intensive case management for frequent ED users	Dec. 2014	\$8,919	\$5,119	\$3,800	(\$9,946)	(\$1,028)	\$0.90	43 %
Maternal and Infant Health								
Other prenatal home visiting programs	Dec. 2016	\$12,070	\$731	\$11,339	(\$719)	\$11,351	\$16.78	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	\$10,338	\$974	\$9,365	(\$217)	\$10,121	\$47.61	98 %
Enhanced prenatal care programs delivered through Medicaid	Dec. 2016	\$6,601	\$850	\$5,751	(\$430)	\$6,170	\$15.35	98 %
Group prenatal care (compared to standard prenatal care)	Dec. 2016	\$2,832	\$181	\$2,651	\$1,138	\$3,970	n/a	94 %
Smoking cessation programs for pregnant women: Nicotine replacement treatment	Dec. 2016	\$3,520	\$314	\$3,206	(\$121)	\$3,399	\$29.21	75 %
Non-Medicaid enhanced prenatal care programs for African-American women	Dec. 2016	\$3,532	\$578	\$2,954	(\$614)	\$2,918	\$5.75	69 %
Non-Medicaid enhanced prenatal care programs for adolescents	Dec. 2016	\$3,135	\$657	\$2,478	(\$531)	\$2,604	\$5.90	73 %
Smoking cessation programs for pregnant women: Intensive behavioral interventions	Dec. 2016	\$2,361	\$206	\$2,155	(\$98)	\$2,263	\$24.04	89 %
Resource Mothers Program	Dec. 2016	\$2,065	\$361	\$1,703	(\$743)	\$1,321	\$2.78	84 %
Cesarean section reduction programs: Multi-faceted hospital-based interventions (Medicaid population)	Nov. 2015	\$295	\$208	\$86	(\$36)	\$259	\$8.27	100 %
Cesarean section reduction programs: Multi-faceted hospital-based interventions (private pay population)	Nov. 2015	\$279	\$0	\$279	(\$36)	\$243	\$7.83	100 %
Cesarean section reduction programs: Audit and feedback (Medicaid population)	Nov. 2015	\$178	\$128	\$50	(\$29)	\$149	\$6.23	84 %
Cesarean section reduction programs: Audit and feedback (private pay population)	Nov. 2015	\$167	\$0	\$167	(\$29)	\$138	\$5.85	84 %
Cesarean section reduction programs: Mandatory second opinion (Medicaid population)	Nov. 2015	\$153	\$129	\$24	(\$80)	\$73	\$1.91	100 %
Cesarean section reduction programs: Mandatory second opinion (private pay population)	Nov. 2015	\$142	\$0	\$142	(\$80)	\$62	\$1.78	98 %
Cesarean section reduction programs: Continuous support (Medicaid population)	Nov. 2015	(\$7)	\$86	(\$92)	(\$270)	(\$277)	(\$0.03)	1 %
Cesarean section reduction programs: Continuous support (private pay population)	Nov. 2015	(\$15)	\$0	(\$15)	(\$270)	(\$285)	(\$0.05)	1 %
Interventions to prevent excessive gestational weight gain (population with obesity-related risk factors)	Dec. 2016	(\$716)	(\$222)	(\$493)	(\$210)	(\$925)	(\$3.41)	47 %
Interventions to prevent excessive gestational weight gain (general population)	Dec. 2016	(\$991)	\$122	(\$1,114)	(\$191)	(\$1,182)	(\$5.19)	36 %
Falls Prevention for Older Adults								
Multicomponent interventions including exercise and home hazard reduction (high-risk population)	Jan. 2018	\$8,578	\$1,174	\$7,405	(\$1,008)	\$7,571	\$8.51	100 %
Otago Exercise Program (high-risk population)	Jan. 2018	\$6,379	\$870	\$5,509	(\$709)	\$5,670	\$9.00	97 %
Home hazard reduction (high-risk population)	Oct. 2017	\$3,684	\$646	\$3,038	(\$330)	\$3,354	\$11.15	100 %
Otago Exercise Program (general population)	Jan. 2018	\$3,760	\$527	\$3,233	(\$651)	\$3,109	\$5.77	100 %
Group exercise classes (high-risk population)	Feb. 2018	\$3,090	\$552	\$2,538	(\$359)	\$2,731	\$8.61	72 %
Individual exercise programs (high-risk population)	Feb. 2018	\$2,828	\$376	\$2,452	(\$603)	\$2,225	\$4.69	75 %
Multifactorial programs: physician-led (high-risk population)	Nov. 2017	\$1,958	\$507	\$1,451	(\$1,567)	\$391	\$1.25	64 %
Group exercise classes for osteoporosis/osteopenia	Jan. 2018	\$699	\$161	\$537	(\$309)	\$390	\$2.26	81 %
Multicomponent interventions including exercise and home hazard reduction (general population)	Jan. 2018	\$716	\$149	\$566	(\$347)	\$369	\$2.06	88 %
Tai Chi (high-risk population)	Jan. 2018	\$569	\$126	\$442	(\$230)	\$339	\$2.48	57 %
Tai Chi (general population)	Jan. 2018	\$553	\$136	\$416	(\$347)	\$206	\$1.59	79 %
Group exercise classes (general population)	Feb. 2018	\$180	\$48	\$131	(\$137)	\$42	\$1.31	59 %
Individual exercise programs (general population)	Feb. 2018	\$293	\$84	\$209	(\$277)	\$16	\$1.06	50 %
Cognitive behavioral interventions (general population)	Feb. 2018	\$273	\$79	\$195	(\$304)	(\$31)	\$0.90	41 %
Multifactorial interventions: nurse-led (general population)	Nov. 2017	\$485	\$140	\$345	(\$692)	(\$207)	\$0.70	20 %
Home hazard reduction (general population)	Oct. 2017	(\$75)	\$1	(\$77)	(\$163)	(\$239)	(\$0.46)	16 %
Multicomponent interventions including group exercise and vitamin D supplementation (high-risk population)	Jan. 2018	(\$558)	\$11	(\$569)	(\$1,213)	(\$1,771)	(\$0.46)	23 %
Multifactorial interventions: nurse-led (high-risk population)	Nov. 2017	(\$5,140)	(\$627)	(\$4,513)	(\$583)	(\$5,723)	(\$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.

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Washington State Institute for Public Policy

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