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Economic Evaluation of Implementation Optimisation Same Effect, Smarter Spending?

Sarah Holzer[1], Michael Simon[1], Franziska Zúñiga[1] and Jana Bartáková[1,2] on behalf of the INTERSCALE research group

[1]Nursing Science, Department of Public Health, University of Basel, [2] Second Faculty of Medicine, Charles University, Prague

Context

Background

- Full health-economic evaluations are essential in health technology assessments (HTA) to guide efficient resource allocation.
- Implementation science supports faster uptake of evidence into practice, but few trials integrate full economic evaluations, limiting informed decision-making.
- Willingness to pay (WTP) represents the maximum cost a decision-maker is willing to pay per unit of health gain. It's used to interpret results on the cost-effectiveness plane.

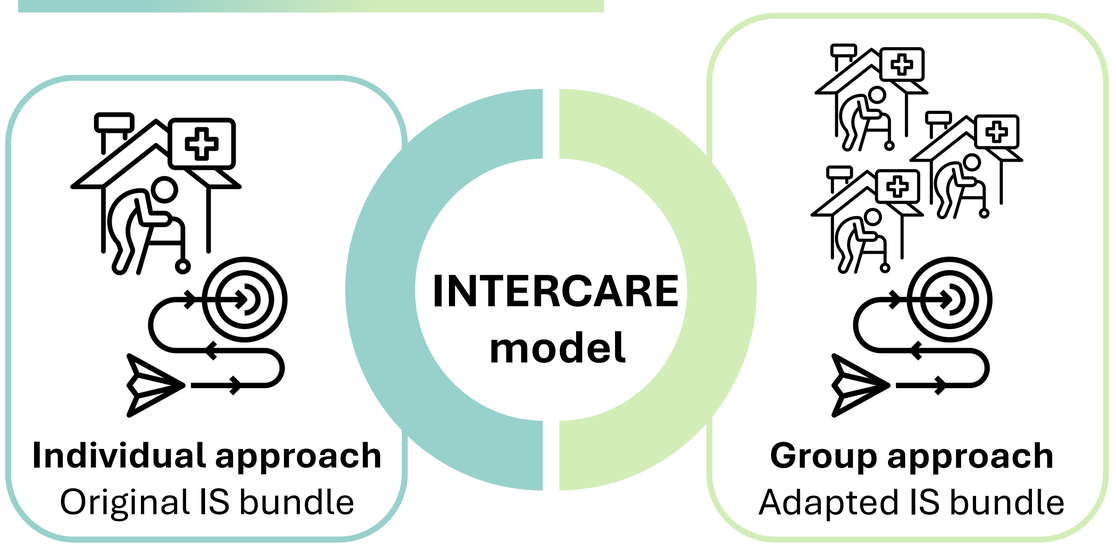
INTERCARE Model

- The INTERCARE model has been shown to reduce unplanned hospital transfers from long-term care facilities (LTCF).
- High costs of the original bundle of implementation strategies (IS) limit its scalability; and the cost-effectiveness analysis (CEA) did not include a WTP threshold to guide the interpretation of CEA results.
- Given resource constraints in LTCFs, affordable and scalable IS are needed.

INTERSCALE Project

- The INTERSCALE project aims to test a less resource-intensive bundle of IS compared to the original INTERCARE bundle, improving scalability.

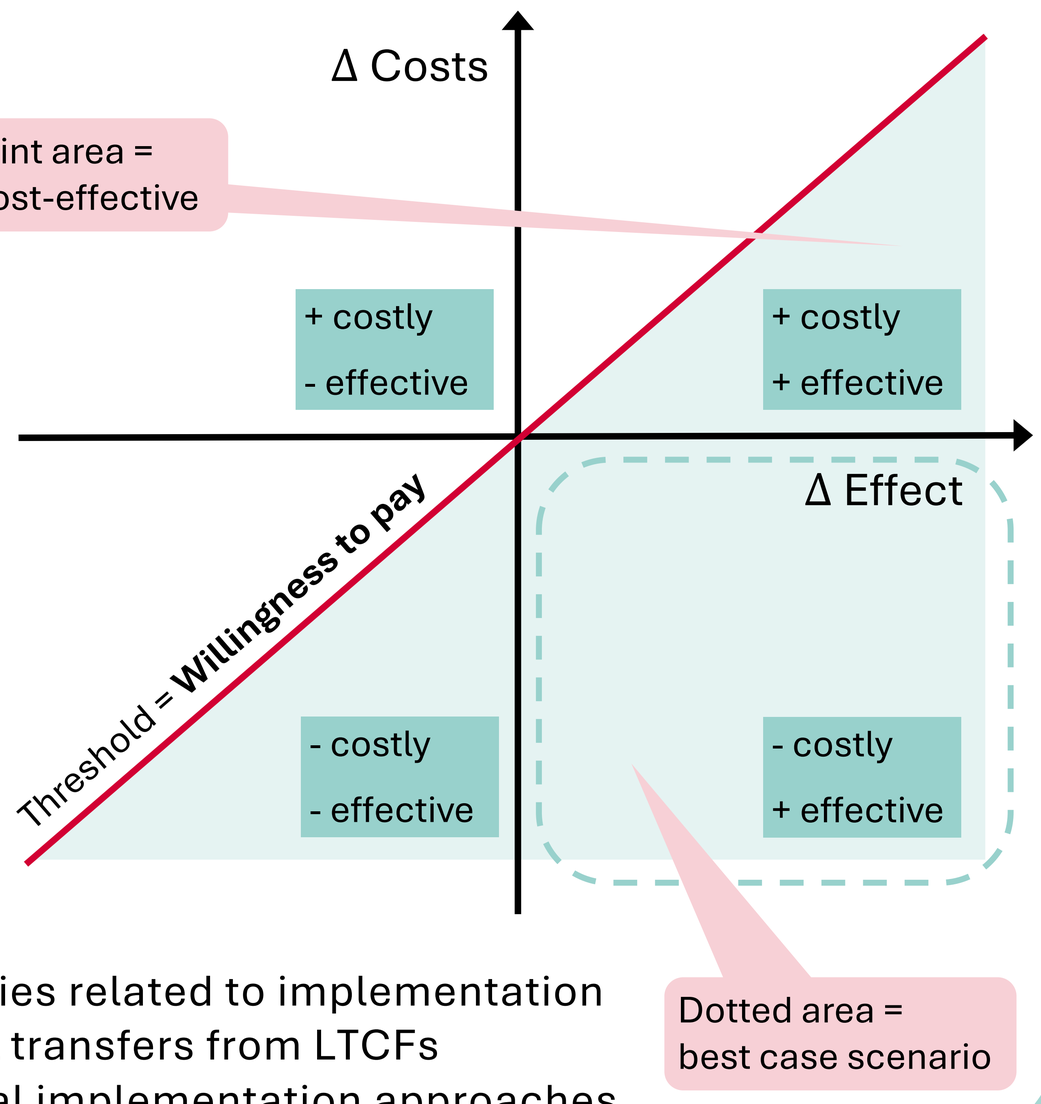
Good to be valued



Objectives

1. To assess the WTP to establish a threshold for the CEA in INTERSCALE.
2. To assess the cost-effectiveness of implementing the INTERCARE model in long-term care facilities by comparing group versus individual delivery implementation approaches.

Cost-effectiveness plane



Methods

1 Contingent valuation study

- National survey: WTP for reducing unplanned hospital transfers
- Population: management personnel of LTCFs
- Regression analysis to define WTP-threshold

2 Full economic evaluation

- Costs: micro-costing, monthly log about activities related to implementation
- Effect: 3-monthly log about unplanned hospital transfers from LTCFs
- Cost-effectiveness analysis: group vs. individual implementation approaches

interscale
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sarah.holzer@unibas.ch