

Budget Impact Analysis of a Return-to-Work Intervention for Cancer Survivors

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Background

Return-to-work (RTW) interventions can support cancer survivors in resuming work and have the potential to increase quality of life. A barrier to implementation in hospitals in the Netherlands is reimbursement, as RTW interventions are only partly reimbursed by health insurances. Implementation in hospitals is complicated by the uneven distribution of costs and (financial) benefits among the stakeholders.

Objectives

- To assess the budget impact of a RTW intervention.
- To analyse the distribution of costs and benefits among the stakeholders with the aim of identifying financial barriers to implementation.
- To identify financial mechanisms by which potential intervention benefits outweigh their costs.

Intervention description

1. Three individual **counselling sessions** with an oncological occupational physician.
2. A 12-week moderate- to high-intensity supervised **exercise programme** in groups of 4-6 patients, starting at the onset of chemotherapy, incl. 1 sports medical assessment before and 1 after the programme, and 1 consultation with sports medicine physician in between.

Methods

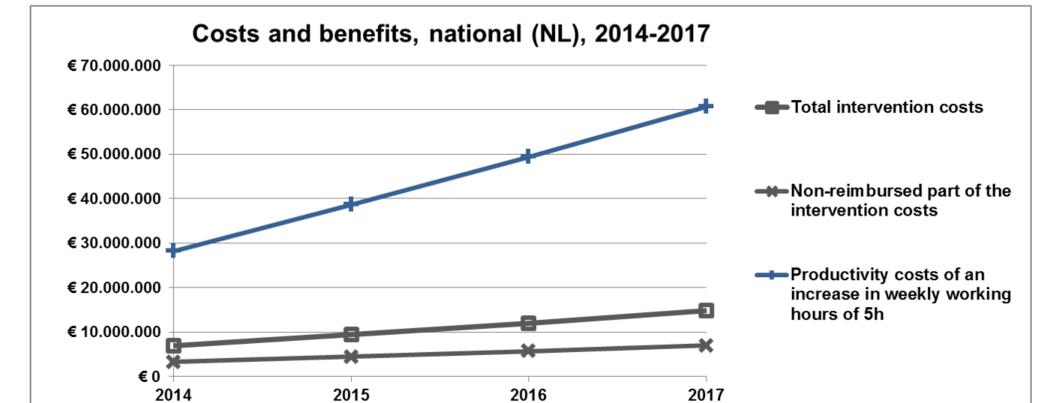
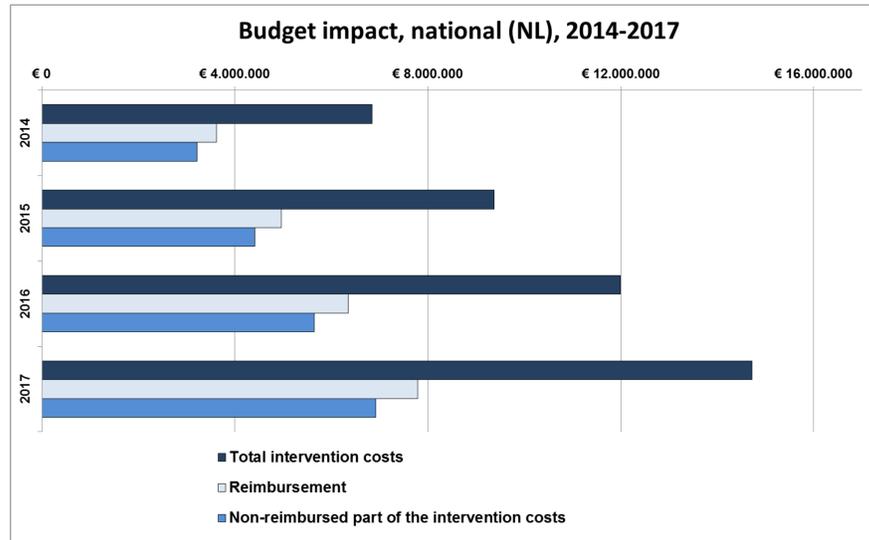
- Budget impact analysis from the hospital perspective, comparing the current standard of care (no RTW intervention) vs. RTW intervention, with a time horizon of four years.
- Intervention costs are determined on the basis of the intervention protocol and questionnaires sent to the health professionals. Productivity costs were taken from the Dutch guideline for pharmacoeconomic research.

Results

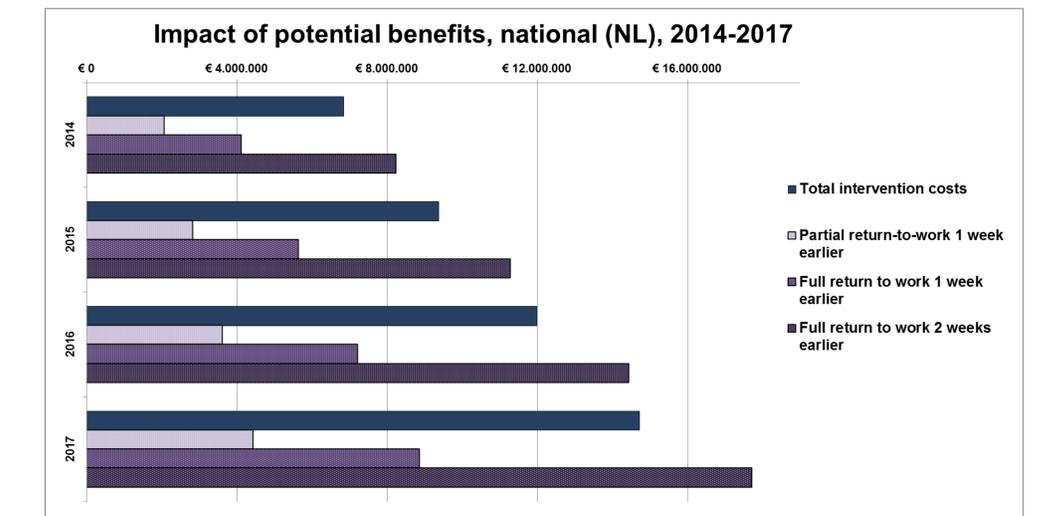
The total, average intervention costs per patient are €1,894, assuming that 11% of all cancer patients are eligible for the intervention. These patients have a survival of at least 5 years, are in working age, have a treatment outcome that allows resuming work, wish to return to their workplace, and are interested in following the intervention. Health insurances reimburse hospitals for the costs of physical therapy, and for patients that require multidisciplinary rehabilitation.

		2014	2015	2016	2017
Capacity	National (NL)	30%	40%	60%	70%
	1 hypothetical hospital	60%	90%	90%	90%
Resulting patient numbers	National (NL)	3,615	4,952	6,334	7774
	1 hypothetical hospital	89	137	141	144

	Health insurance	Hospital	Employer	Patient
Percentage of intervention costs incurred	53%	47%	0%	0%
Degree to which stakeholder benefits from potential effectiveness of RTW	Moderate	Low	High	Very high
Benefit from potential increase in productivity or earlier RTW	Small	None	High	Very high



If the intervention can achieve that patients who follow the intervention are able to work five hours a week more, and assuming productivity costs of €30 an hour, the financial benefit outweighs the intervention costs.



This figure shows the size of the potential financial benefits that would occur if the intervention would achieve that patients partially return to work 1 week earlier, or fully 1 or 2 weeks earlier, in relation to the total intervention costs.

Conclusion

- Budget impact: €169k in 2014 to €272k in 2017 for a hypothetical hospital, €6.800k in 2014 to €14.720k in 2017 for the Netherlands.
- An increase in weekly working hours of 5h was found earlier for RTW for cancer patients. Based on this data, the benefits in terms of increase in productivity would far outweigh the intervention costs. The same applies to the situation in which RTW would allow patients to return to work earlier.
- The intervention costs are borne by hospitals and health insurances, while employers and patients enjoy most of the benefits. Transferring a part of the costs to employers would make financing of RTW more feasible.
- The influence of the welfare system-design on the incentives for implementing RTW should be investigated for several countries, in order to identify the welfare system-mechanisms that are most favourable for implementing RTW.

