

Return-to-Work Intervention for Cancer Survivors: Budget Impact and Incentive Structure for Implementation

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1 Background

Multidisciplinary return-to-work (RTW) interventions effectively support cancer survivors to resume work and potentially increase quality of life. However, they are not -or only partly- reimbursed by health insurers and can currently not be offered in a financially viable way.

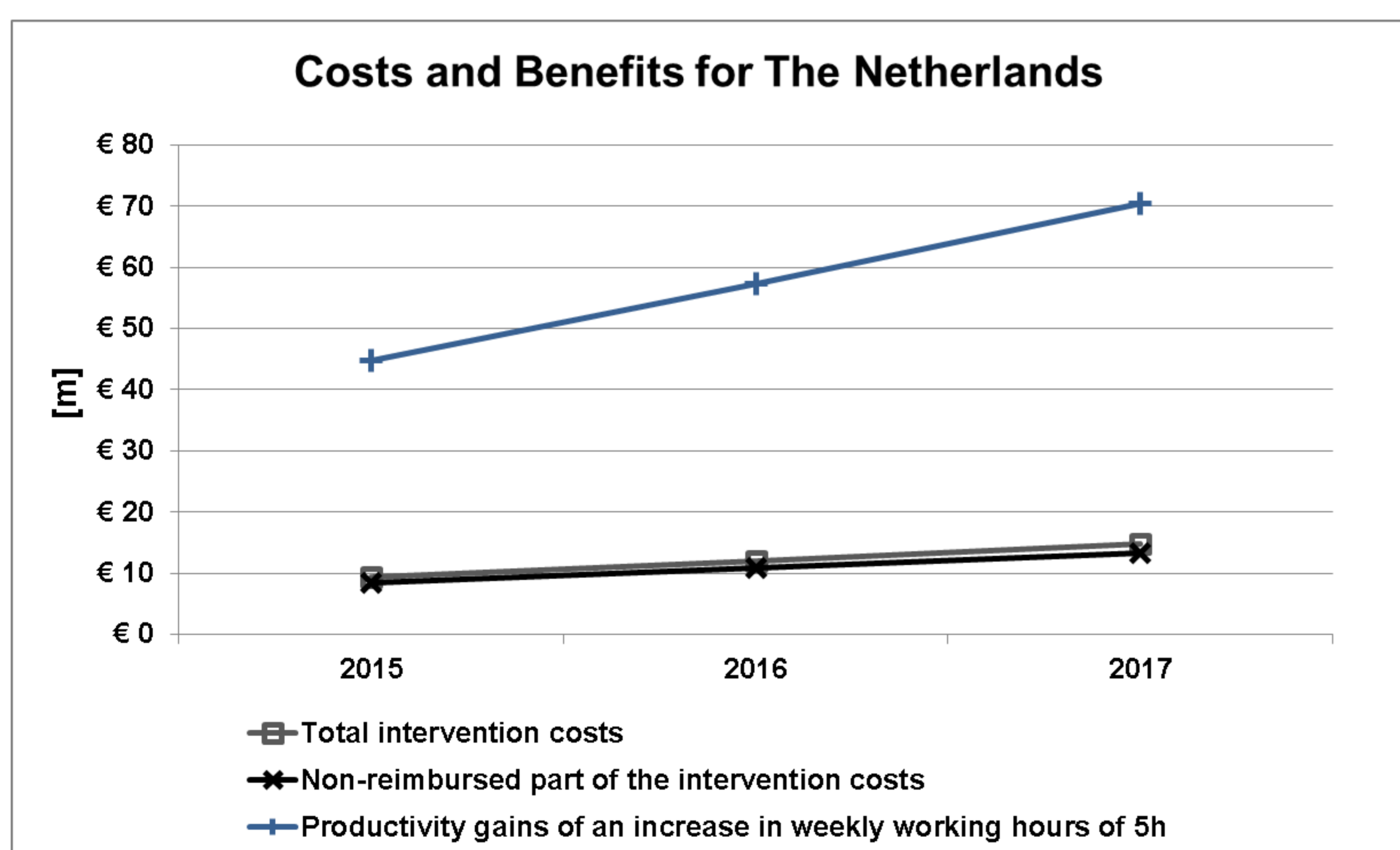
3 Methods

- 1) A budget impact analysis from the hospital perspective, comparing the current standard of care (no RTW intervention) vs. RTW intervention for the Netherlands.
- 2) An analysis in 7 EU-countries of which stakeholders bear the RTW intervention costs and which ones incur the benefits.

4 Results

4.1 Budget impact analysis - The Netherlands (NL)

The average intervention costs were €1,894 per patient, of which 90% is currently NOT reimbursed. Of all cancer patients 11% are considered eligible for RTW. The budget impact for NL is estimated at €9.4m in 2015, rising to €14.7m in 2017. If the productivity of patients increases by 5h a week compared to usual care, the financial benefits for society would outweigh the intervention costs by far.



2 Objectives

- To analyse the budget impact of a return-to-work intervention for the Netherlands.
- To explore the incentive structure for financing return-to-work interventions in seven EU-countries.

Intervention description

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

4.2 Comparison of the distribution of costs and benefits for several EU-countries

Across countries, differences were observed regarding the extent to which stakeholders gain and / or pay for RTW interventions, which likely affects the access of cancer survivors to RTW programs. In the Netherlands, RTW cost sharing between employers and hospitals would improve the alignment of incentives.

Overview of which stakeholders pay for the intervention and which stakeholders enjoy the benefits in various EU-countries

	Health insurance	Health care providers	Employers	Patients/ Employees	The state	Pension insurance scheme
B	Pays & benefits	Pays	Benefits	Pays & benefits	Benefits	Benefits
F	Pays & benefits		Pays & benefits	Pays & benefits	Benefits	Benefits
D	Pays & benefits				Benefits	Pays & benefits
I		Pays	Benefits	Pays & benefits	Benefits	Benefits
NL	Pays & benefits	Pays	Benefits	Pays & benefits	Benefits	
S	Benefits	Pays		Pays	Benefits	
UK	Benefits	Pays	Pays	Pays	Benefits	Benefits

5 Conclusion

From a societal perspective return-to-work is expected to be cost-saving. Hospitals bear the largest share of the cost, while most financial benefits fall upon other stakeholders. Re-distributing costs and financial benefits among stakeholders would result in feasible financing of the intervention and improve patient access to RTW programmes.



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