



Integrating Financial Risk Protection into Economic Evaluation

Boshen Jiao, PhD

Schaeffer Center for Health Policy & Economics

Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences

University of Southern California

Cost-Effectiveness Analysis

- **Widely used method in health economic evaluation**
 - Estimates the economic value of a new healthcare intervention
 - Supports policy decisions, such as insurance coverage

$$ICER = \frac{Cost_{new} - Cost_{usual\ care}}{QALY_{new} - QALY_{usual\ care}}$$

Cost Components in Economic Evaluation

- **What types of costs from societal perspective?**
- **Health-related costs**
 - Out-of-pocket costs
 - Insurer-covered costs
- **Non-healthcare costs**
 - Income loss
 - Transportation costs
 - ...

Cost Components in Economic Evaluation

- Some argue that CEA from a societal perspective is **comprehensive in capturing economic costs**
- However, important limitations remain

Limitations of CEA (1)

- **Does not explicitly capture the financial risks faced by individuals**
 - Stylized example:
 - New treatment A: \$1K costs, fully covered by insurance
 - New treatment B: \$1K costs, entirely out-of-pocket (OOP)

Limitations of CEA (1)

- **Does not explicitly capture the financial risks faced by individuals**
 - Stylized example:
 - New treatment A: \$1K costs, fully covered by insurance
 - New treatment B: \$1K costs, entirely out-of-pocket (OOP)
 - In standard CEA, A and B are assigned the same cost → no distinction
 - But social welfare differs: financial burden on individuals receiving B

Limitations of CEA (2)

- **Focuses on treatment level, not insurance policy level**
 - Stylized example:
 - New treatment A: \$1K costs, fully covered by insurance
 - New treatment B: \$1K costs, entirely OOP
 - Both may be deemed "cost-effective" in CEA

Limitations of CEA (2)

- **Focuses on treatment level, not insurance policy level**
 - Stylized example:
 - New treatment A: \$1K costs, fully covered by insurance
 - New treatment B: \$1K costs, entirely OOP
 - Both may be deemed "cost-effective" in CEA
 - But if insurance coverage is limited for B, it could:
 - Impose financial risk on patients: reducing the value
 - Lower uptake, diminishing the intervention's value at the population level

Keyword: Financial Risk Protection

- **Financial risk protection (FRP):** the extent to which health systems shield individuals from financial hardship caused by illness
 - Includes out-of-pocket healthcare/non-health costs

Keyword: Financial Risk Protection

- **Financial risk protection (FRP):** the extent to which health systems shield individuals from financial hardship caused by illness
 - Includes out-of-pocket healthcare/non-health costs
- In some contexts: the extent to which both medical intervention and health systems shield individuals from financial hardship caused by illness

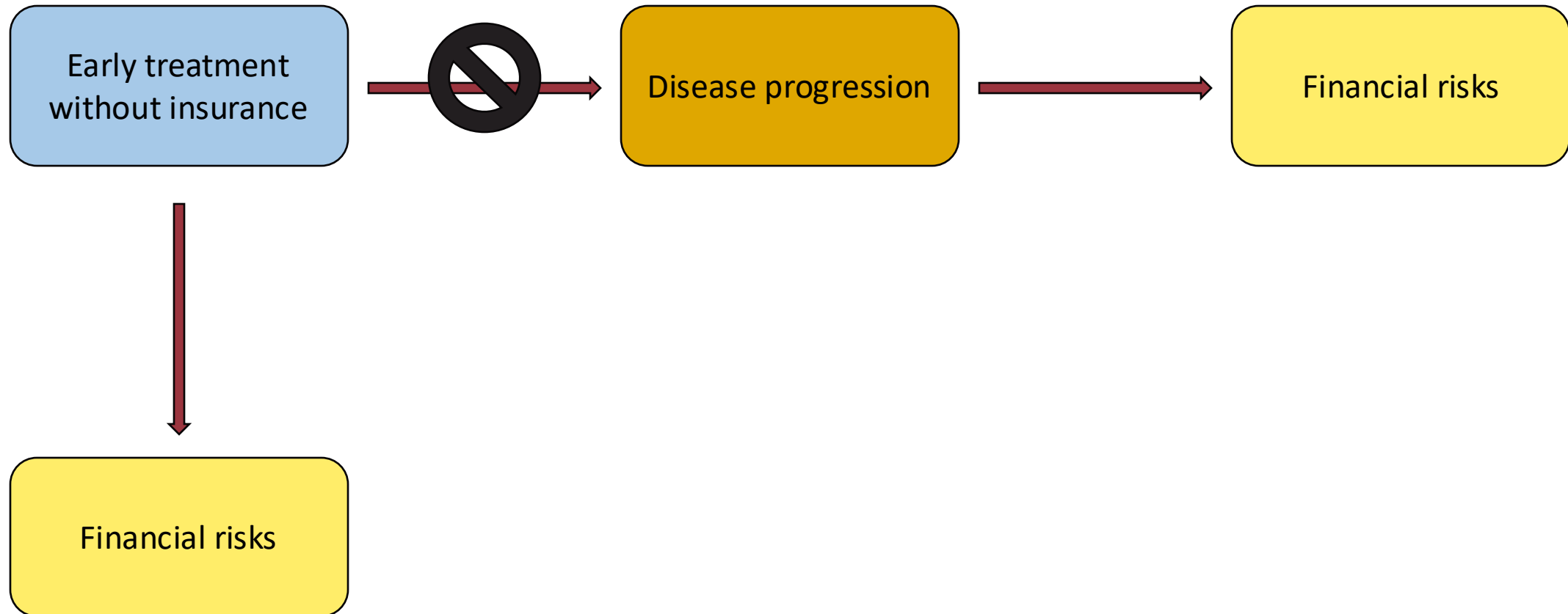
Typical Example

- **Effective early intervention**
- Examples:
 - Direct-acting antivirals for hepatitis C
 - Anti-obesity medications
 - Cancer screening
 - ...
- **Goal:** Prevent progression to late-stage, severe disease

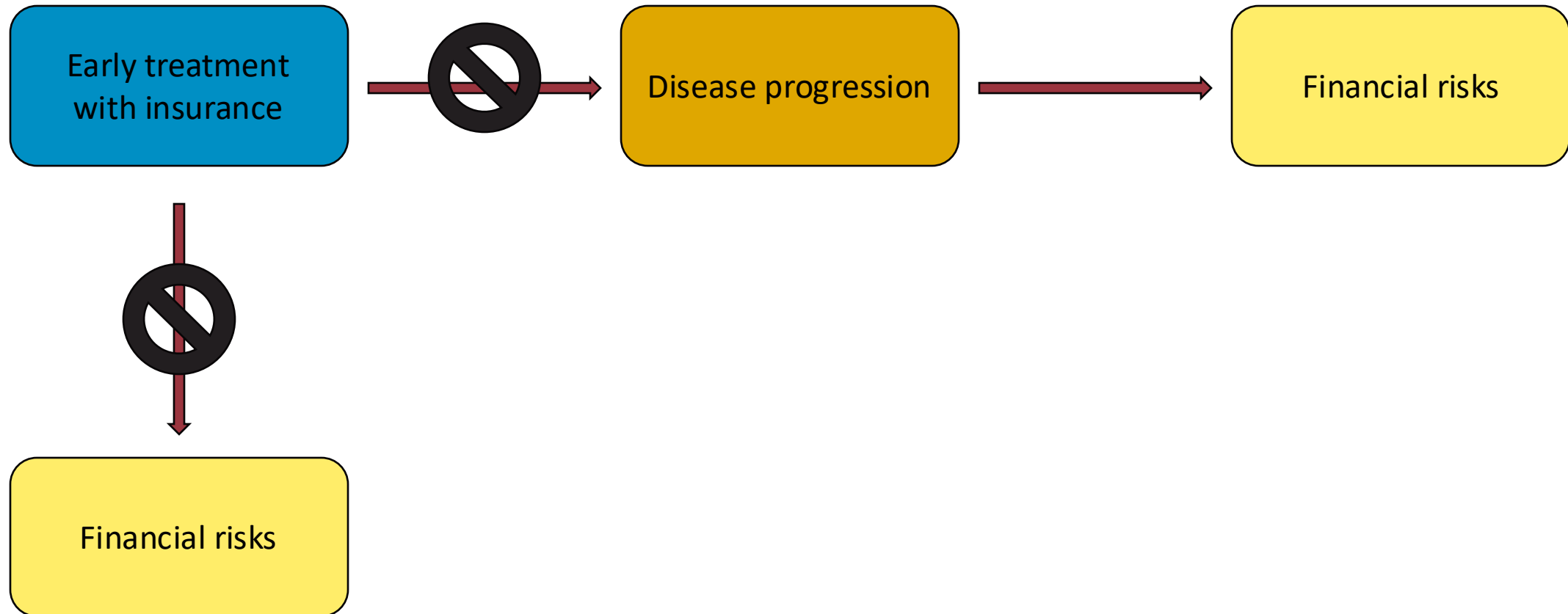
Early Treatment for Prevention



Early Treatment for Prevention



Early Treatment for Prevention



FRP Measures

- **Catastrophic health expenditure (CHE)**
 - When costs exceed thresholds (10%, 25%, 40%) of household income/consumption
- **Impoverishing health expenditure (IHE)**
 - Costs that push households below the poverty line or deepen existing poverty
- **Insurance value**
 - How risk-averse individuals value protection from the financial risk of uncertain events

Equity Implications

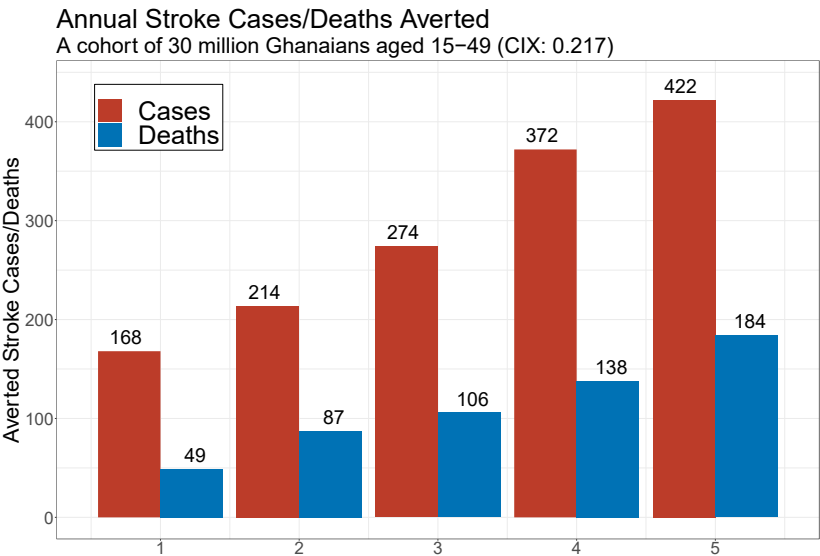
Applied Health Economics and Health Policy
<https://doi.org/10.1007/s40258-024-00871-7>

ORIGINAL RESEARCH ARTICLE

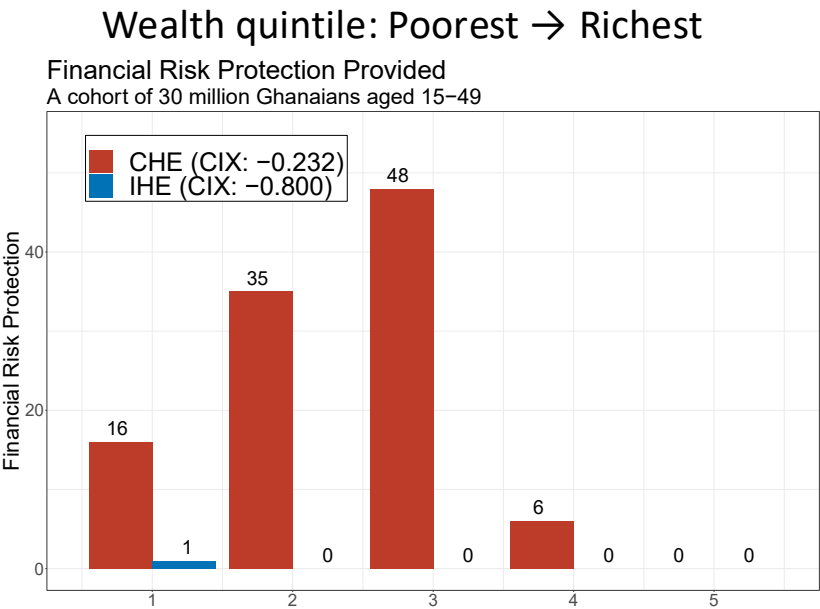
Health Interventions May Have Divergent Impacts on Health and Economic Equity: A Case Study of the Community-Based Hypertension Improvement Project in Ghana

Yizhi Liang¹ · Yuqian Lin¹ · Boshen Jiao¹ 

Health equity

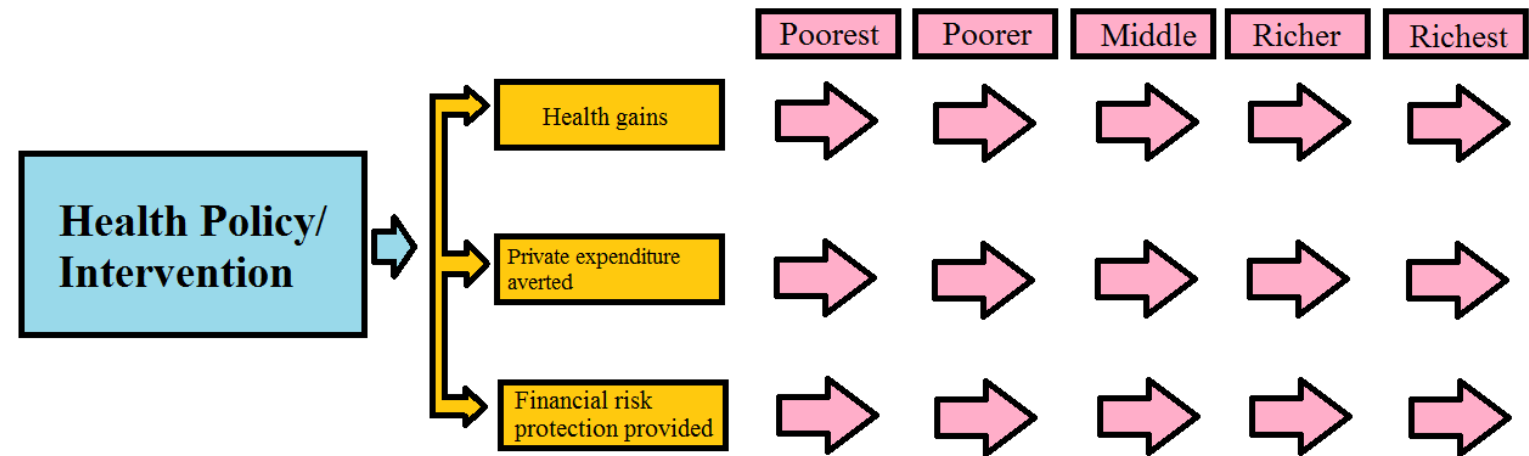


Economic equity



Assessment Approach

- **Extended cost-effectiveness analysis (ECEA)**
 - Disaggregated analysis
 - Traditional cost-effectiveness
 - FRP
 - Equity



Assessment Approach

- How about aggregated analysis?
- Insurance value approach

American Economic Review 2016, 106(11): 3480–3520
<http://dx.doi.org/10.1257/aer.20140015>

Medicaid Insurance in Old Age[†]

By MARIACRISTINA DE NARDI, ERIC FRENCH, AND JOHN BAILEY JONES*

American Economic Journal: Economic Policy 3 (November 2011): 77–102
<http://www.aeaweb.org/articles.php?doi=10.1257/pol.3.4.77>



Journal of Public Economics 92 (2008) 1644–1668



www.elsevier.com/locate/econbase

Medicare Part D and the Financial Protection of the Elder

By GARY V. ENGELHARDT AND JONATHAN GRUBER*

What did Medicare do? The initial impact of Medicare on mortal
and out of pocket medical spending[☆]

Amy Finkelstein^{a,b,*}, Robin McKnight^{b,c}



Contents lists available at ScienceDirect

Journal of Public Economics

journal homepage: www.elsevier.com/locate/jpube



The insurance value of medical innovation[☆]

Darius Lakdawalla^{a,c}, Anup Malani^{b,c}, Julian Reif^{d,*}



Journal of Public Economics 90 (2006) 257–276

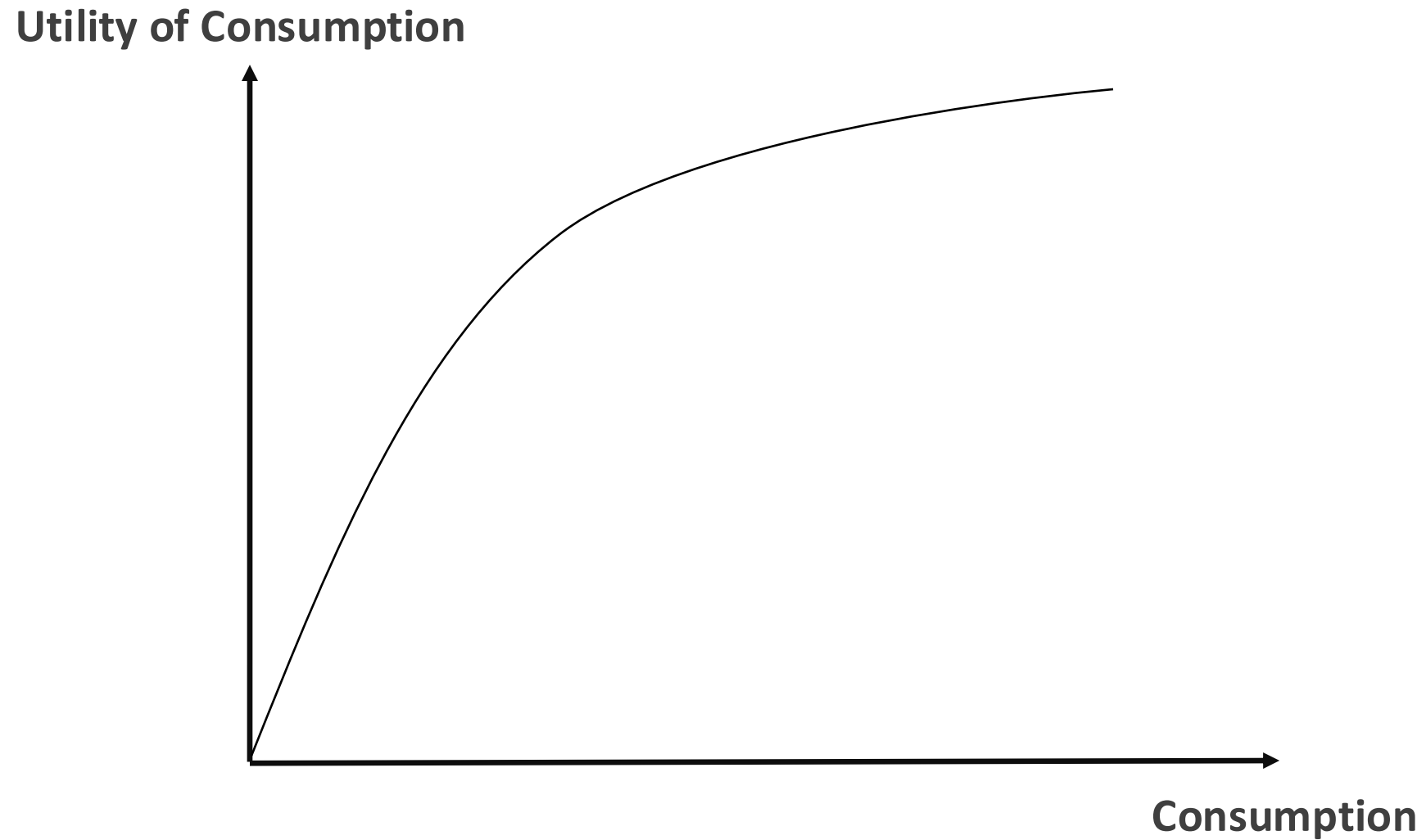
www.elsevier.com/locate/econbase



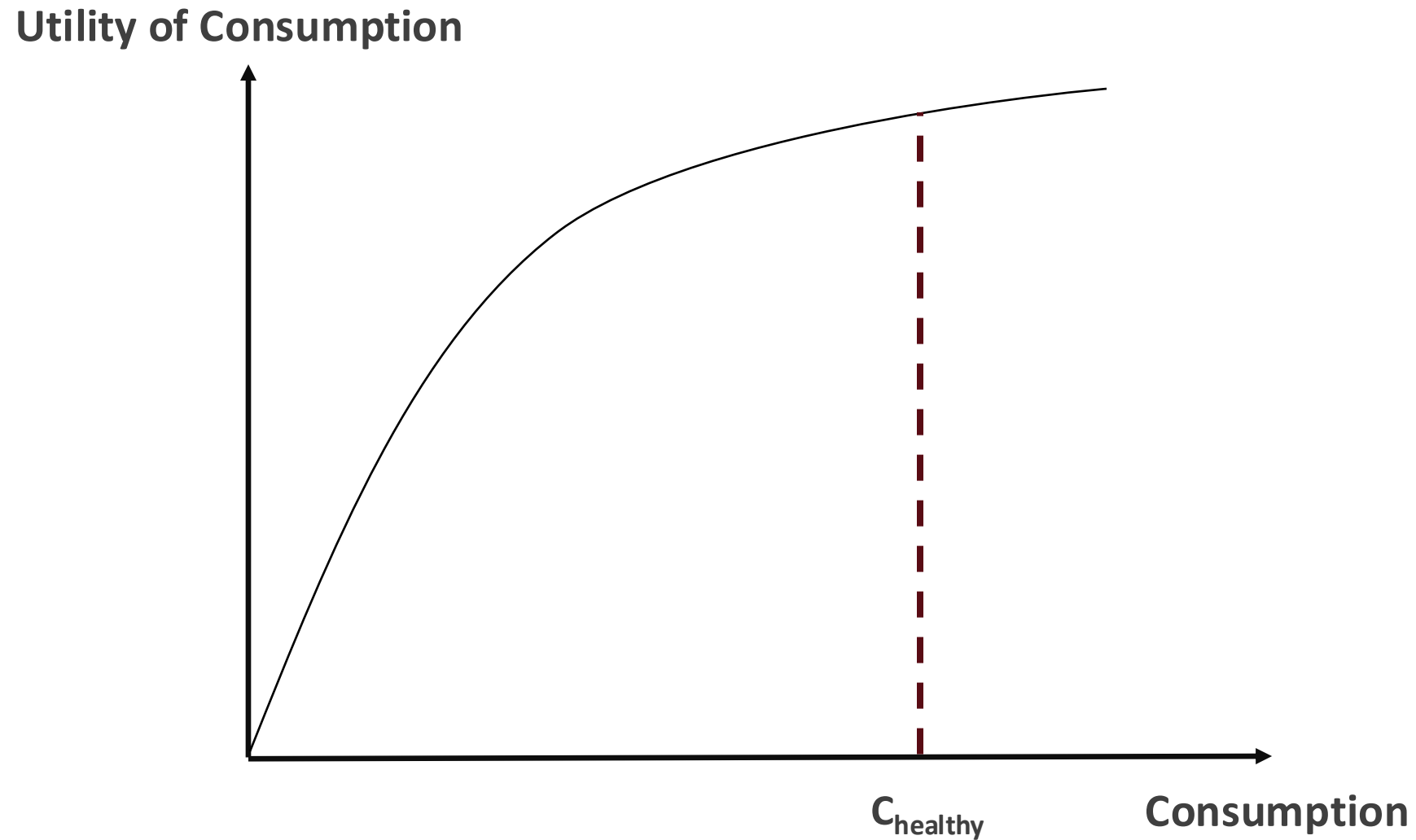
The incidence of Medicare[☆]

Mark McClellan^a, Jonathan Skinner^{b,*}

Insurance Value

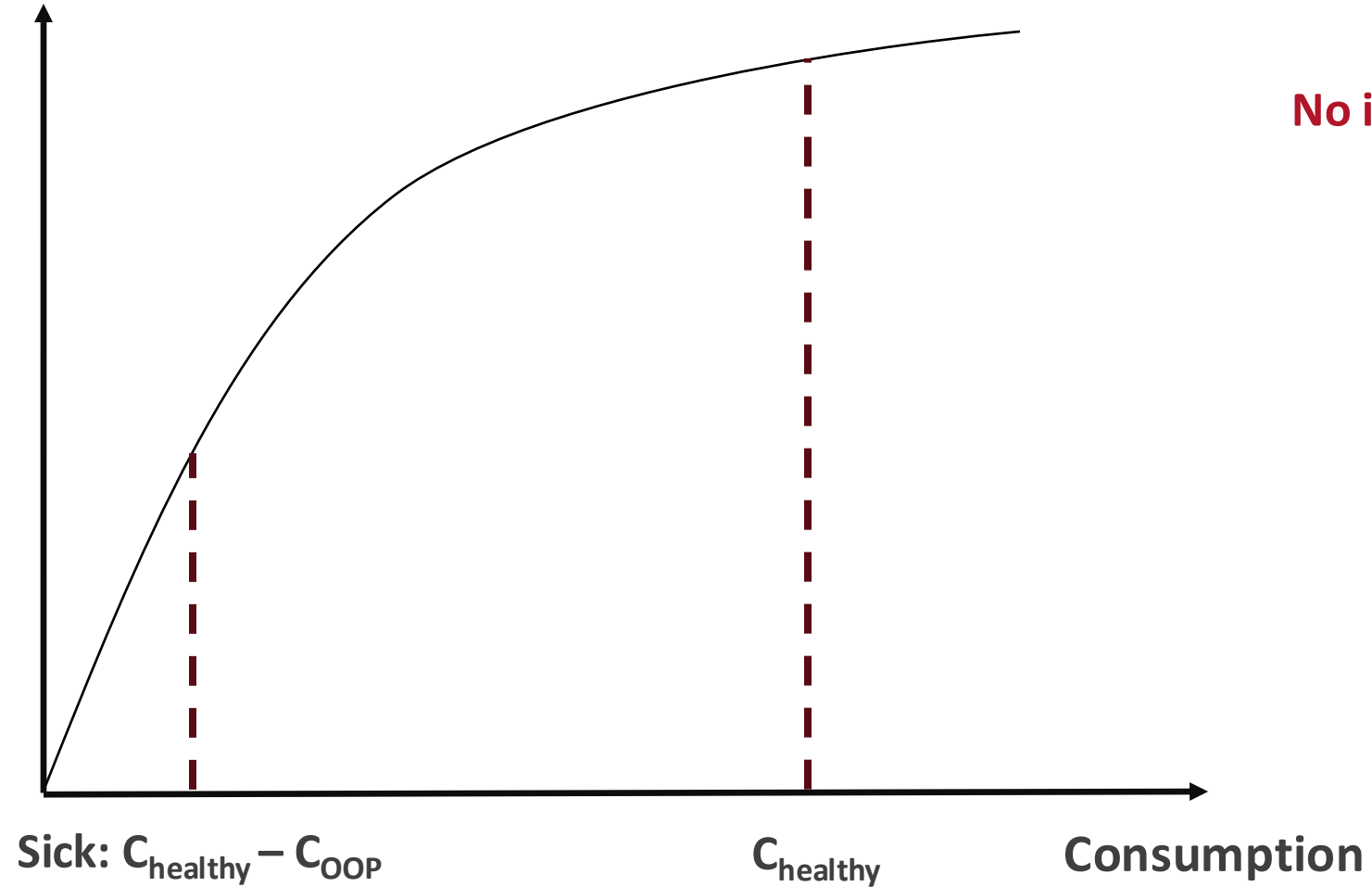


Insurance Value

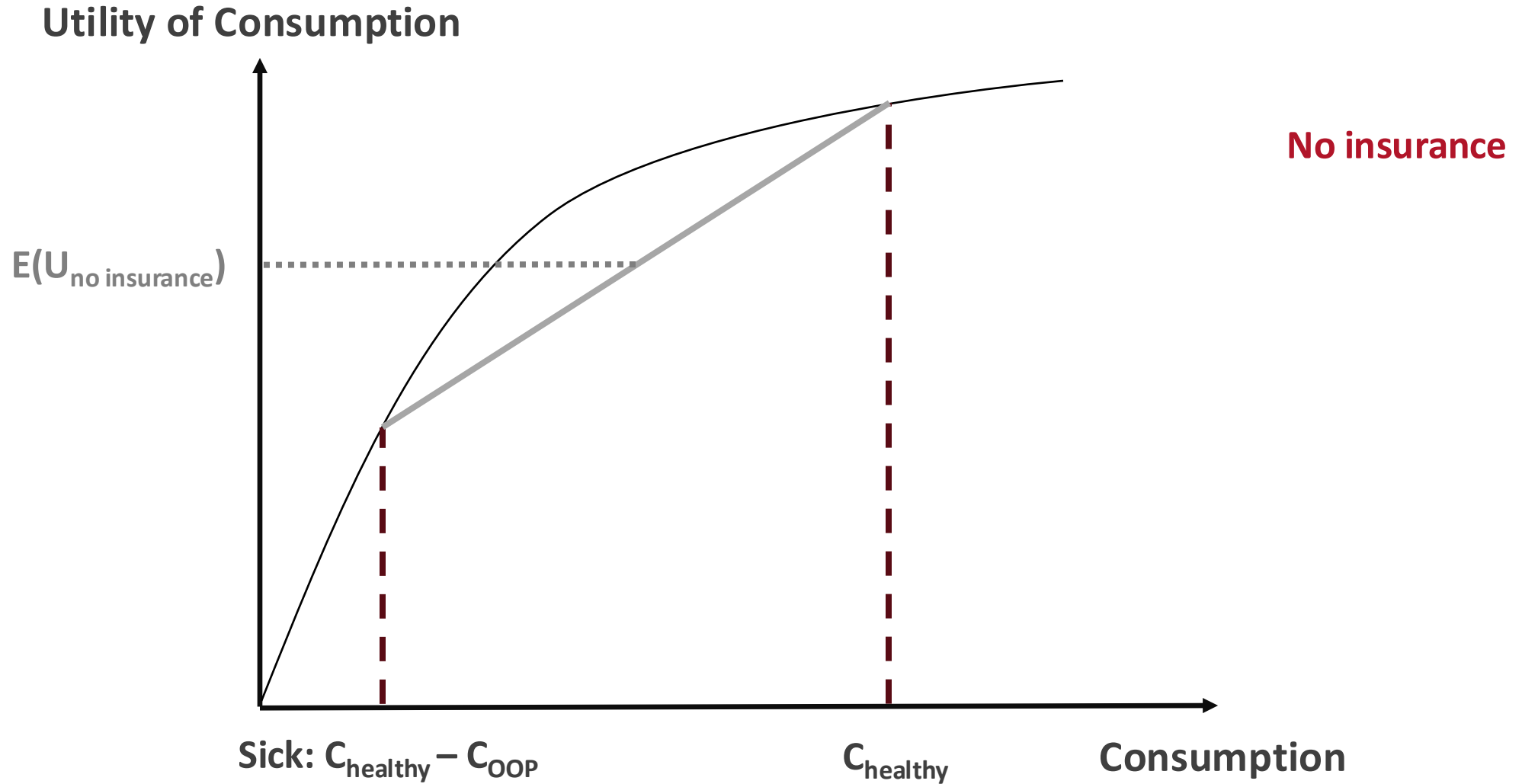


Insurance Value

Utility of Consumption

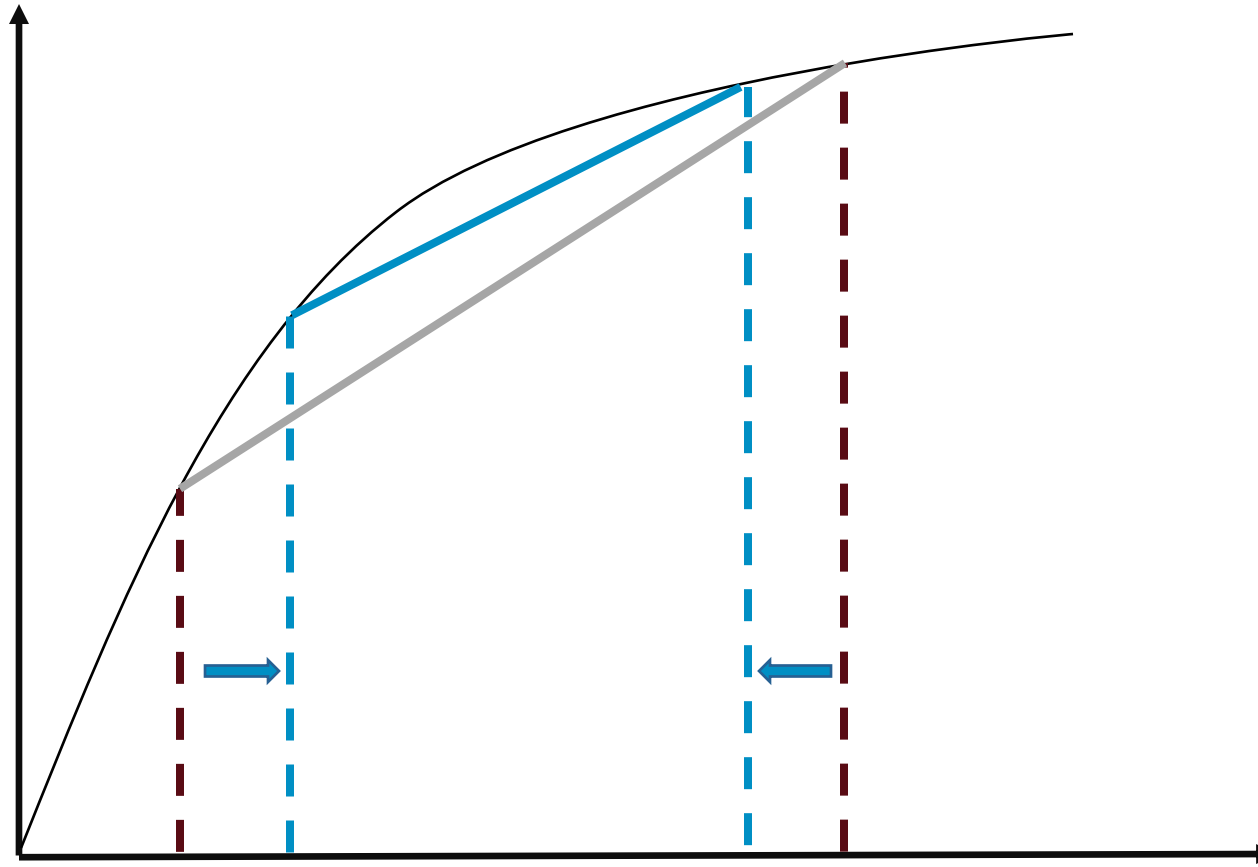


Insurance Value



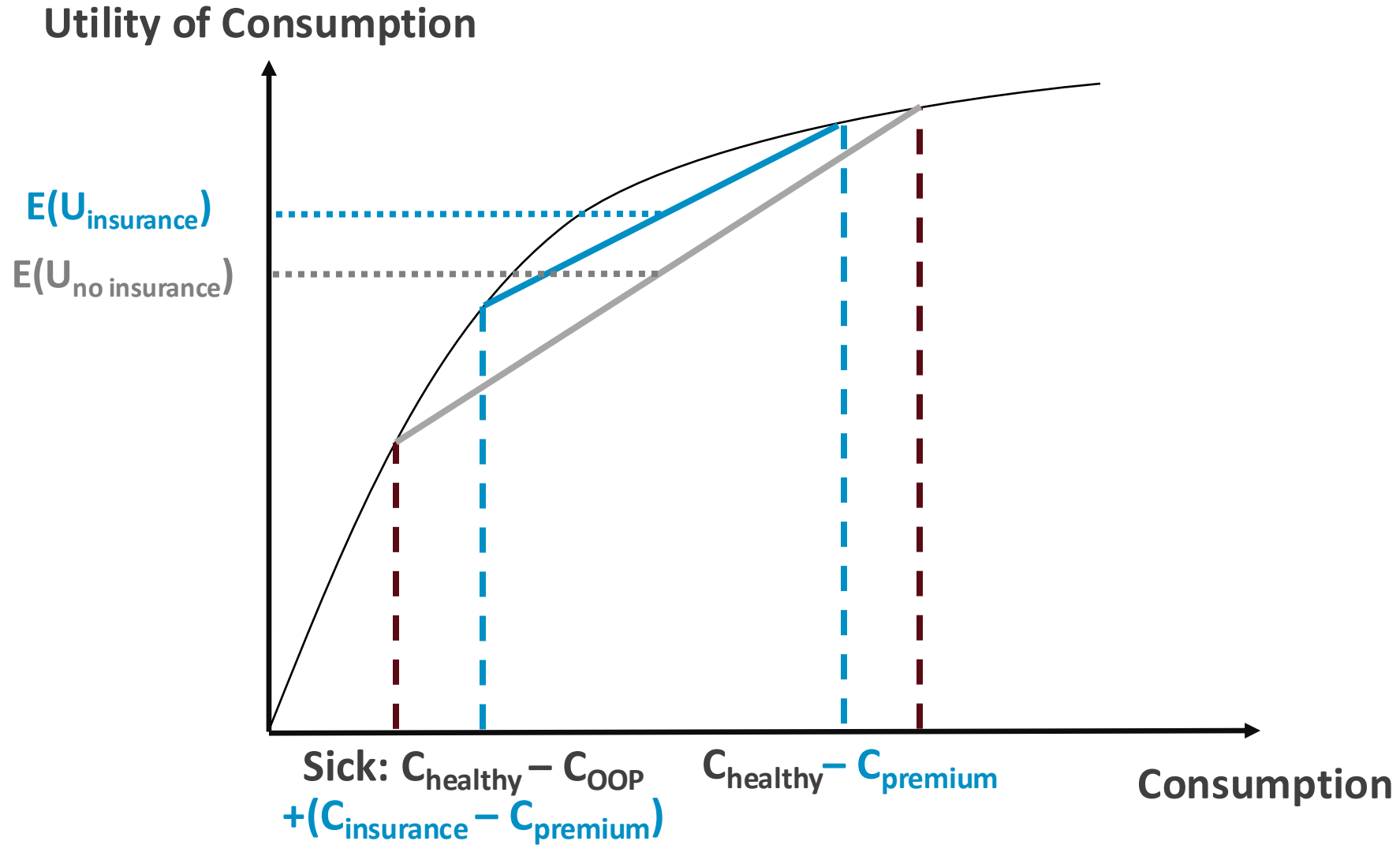
Insurance Value

Utility of Consumption

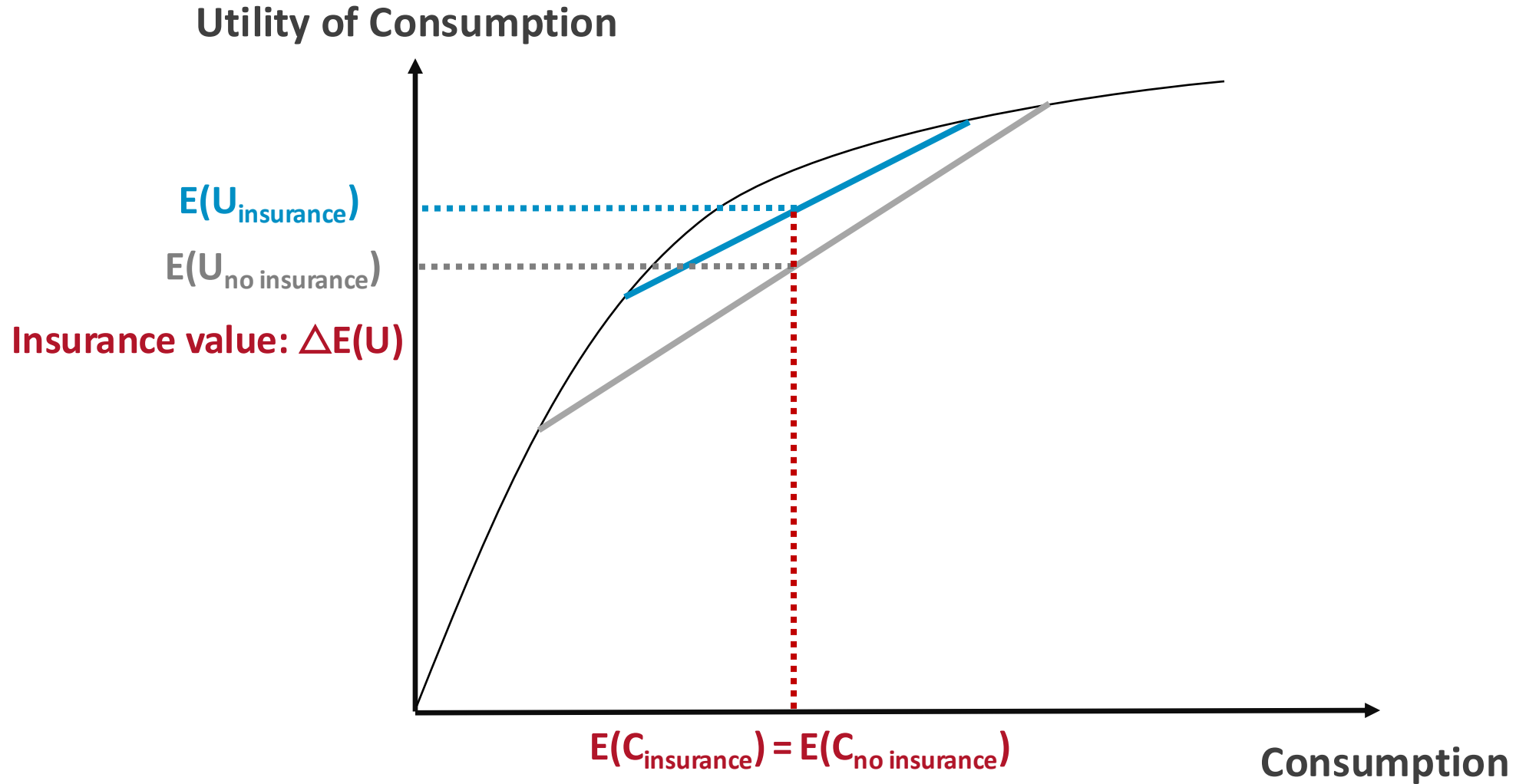


With Insurance

Insurance Value



Insurance Value



Take-Aways

- CEA, even from a societal perspective, often misses the **welfare implications of financial risk**
- **Effective early interventions paired with adequate insurance coverage** can deliver FRP value
- **ECEA** (disaggregated analysis) or **incorporating insurance value** can account for FRP in economic evaluation



Thank You

Boshen Jiao, PhD

boshenji@usc.edu