Cost-effectiveness of oral care in institutionalized older people

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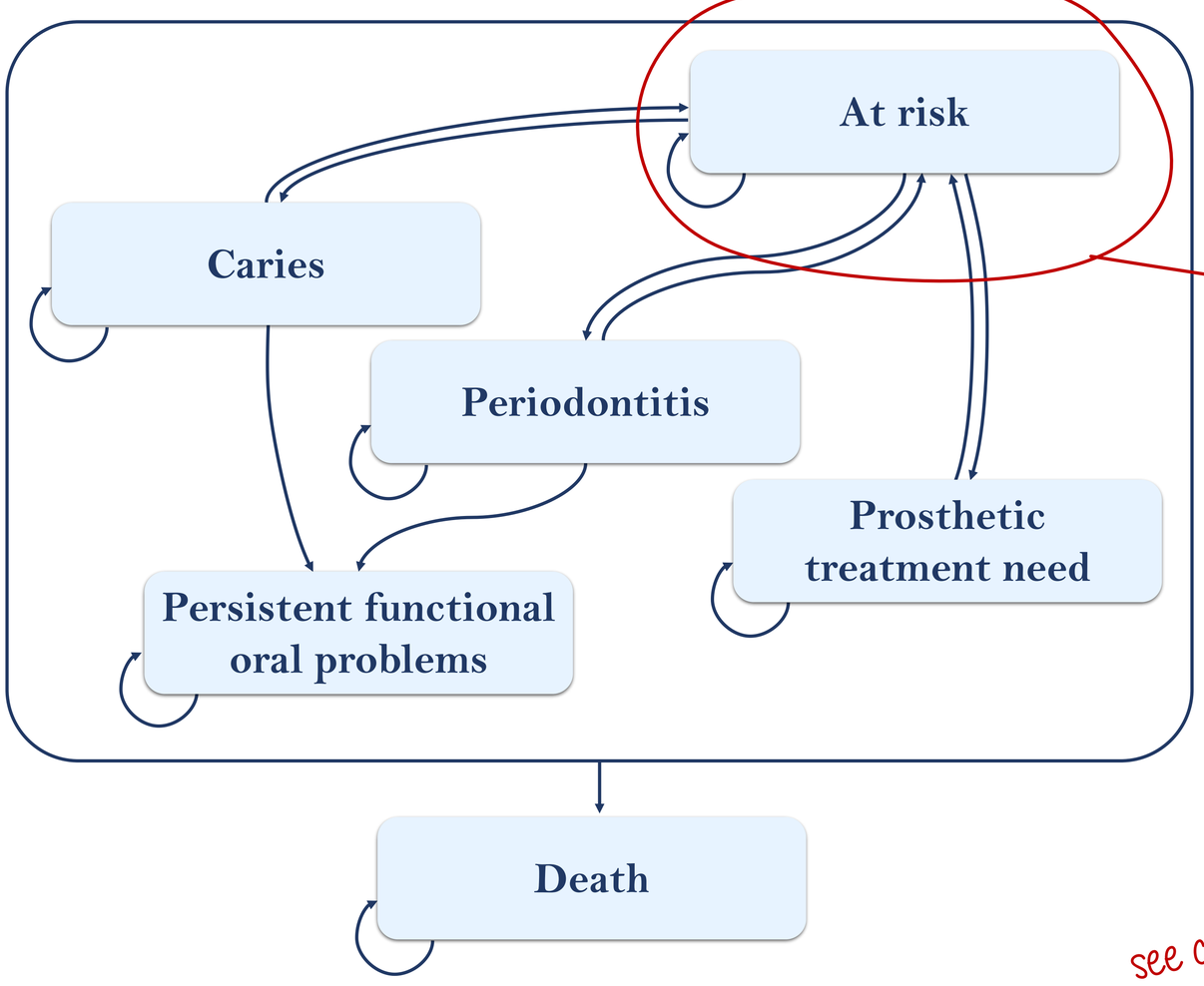
? Oral health in institutionalized older people is poor. Improved access to oral care is needed for this population. Our research question was: which approach could be the best value for money?

1 Model structure



2 Health effect

~~QALY~~ → Healthy oral years (HOYs)

no data found

= average time that people spent in the 'at risk' state (i.e. without any major oral health problems)

3 Included alternatives

A. Usual care

B. In-house preventive care
   = a structured oral care policy for nursing homes

C. In-house preventive care & curative care in the community
   = same as B + enhanced referral to local dentists

D. In-house preventive care & in-house curative care
   = same as B + mobile dental team

see cost-effectiveness plane below

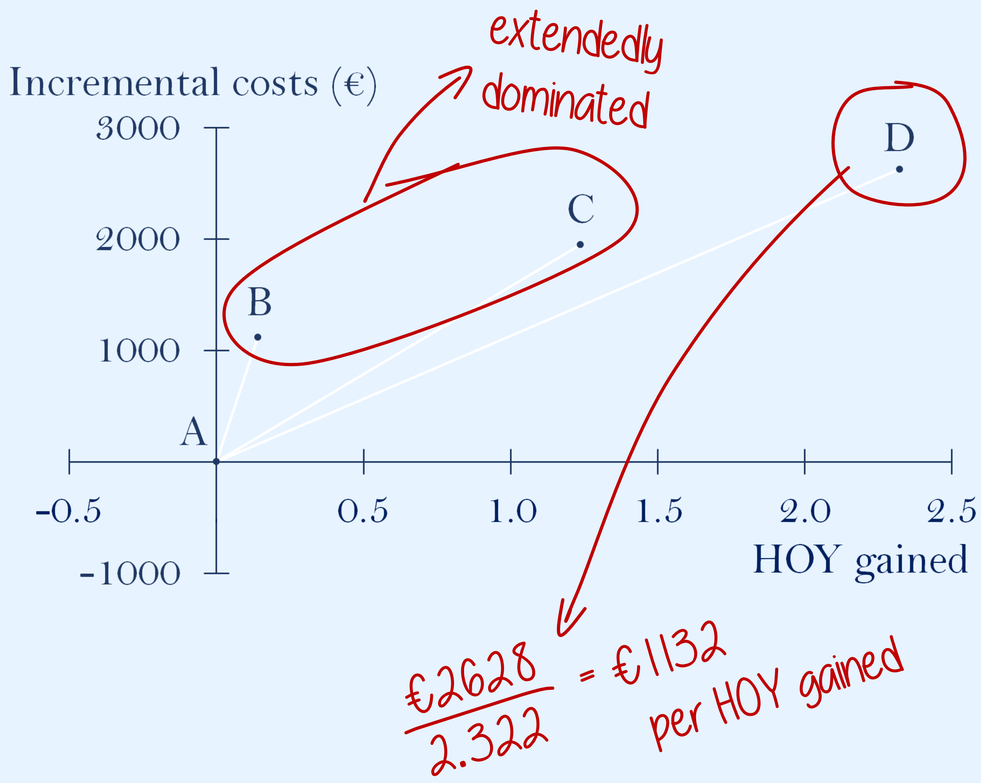
4 Health-economic properties

- ✓ Open cohort
- ✓ Flanders (Belgium)
- ✓ 10 year time horizon (> lifetime)
- ✓ Health care payer perspective

We would recommend healthcare policy makers to combine preventive and curative oral care, and to consider in-house solutions such as alternative D for oral health care in institutionalized older people. It should be kept in mind that large investments are required at the beginning of an in-house approach (transport, equipment, etc.).

No threshold is available for the applied health outcome, so whether an in-house preventive and curative approach is cost-effective depends on health care decision makers' willingness-to-pay to improve oral health in this population.

Based on the probabilistic sensitivity analyses, it is unlikely that oral care interventions in institutionalised older people will become dominant.



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HELPFL
Health-economic EvaLuations of Prevention Policies in FLanders