A COST-EFFECTIVENESS ANALYSIS OF A COMMUNITY BASED CVD PROGRAM IN SWEDEN BASED ON A RETROSPECTIVE REGISTER COHORT

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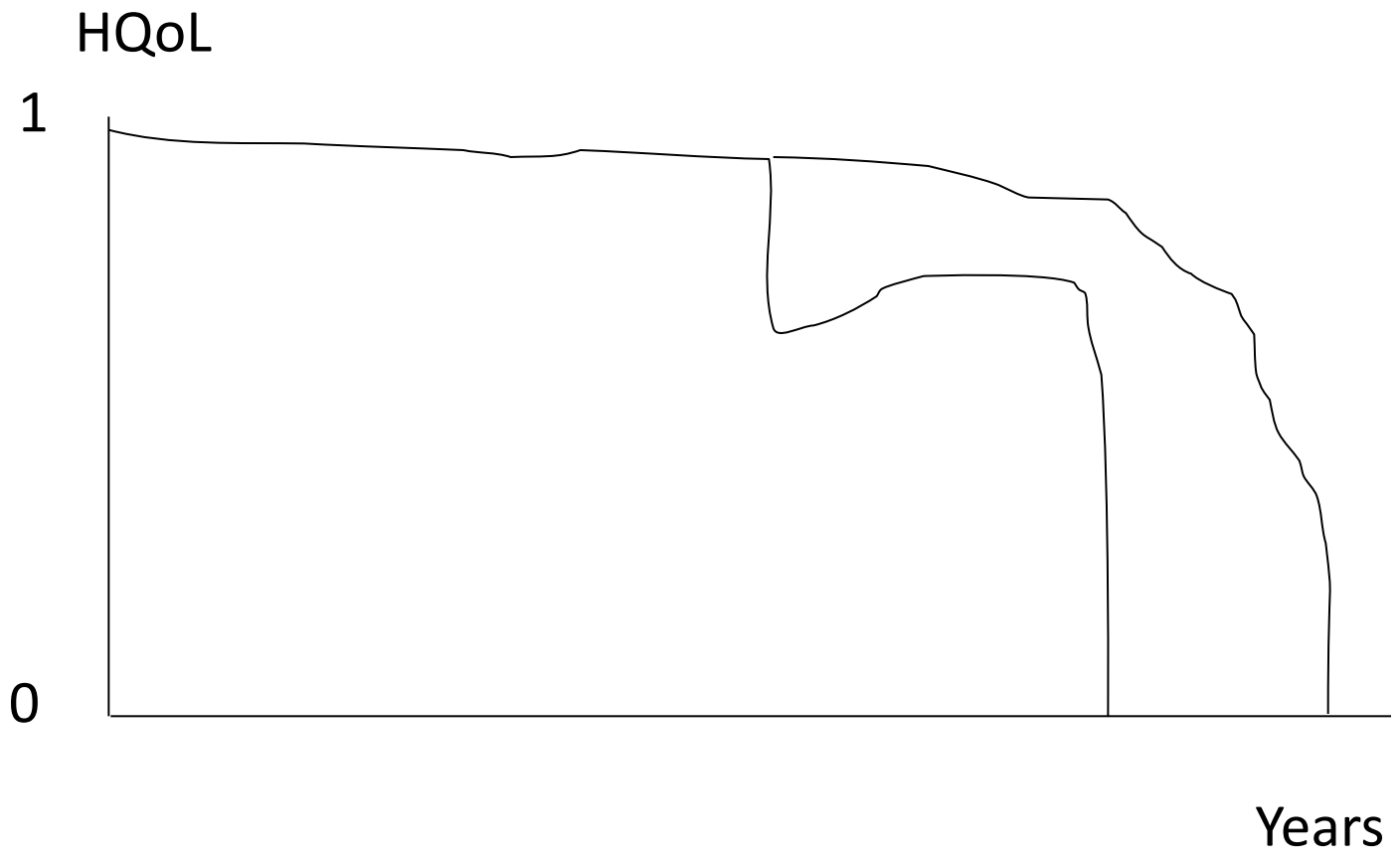
Cost-effectiveness analysis

Costs

Effects

Quality Adjusted Life Years (QALYs)



20 000 SEK/QALY

500 000 SEK/QALY

Or

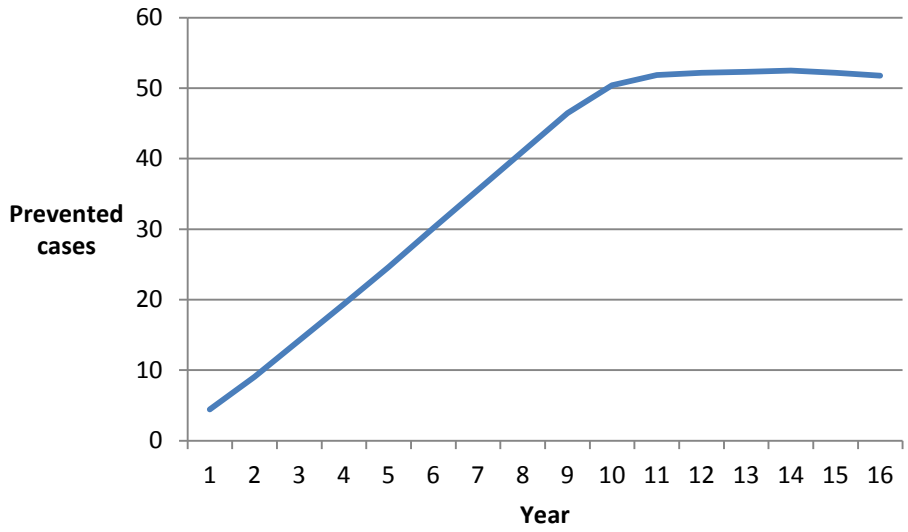
50 QALY per spend million

2 QALY per spend million

Threeshold value in Sweden:

500 000 SEK/QALY

Blomstedt et al estimated the total mortality gains for the period 1990-2006 to be 587 prevented premature deaths, out of which 109 were CVD.


60
50
40
30
20
10
0
Prevented cases
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Year

Life years gained is determined as the time elapsed between July 1 (mid-year) the year the death was prevented and December 31, 2006.

Life-years is transformed to QALYs via multiplication by a weight determined in a population survey.

We were even able to estimate savings due to the prevention of non-fatal CVD events.

Results

From a health care sector perspective, the savings attributable to the VIP exceeded its costs, while the cost per QALY gained from a societal perspective is SEK 650.

Conclusion

We argue that all health care organizations, acting in settings reasonably similar to Sweden, have good incentive to implement programs like VIP.