

Core Economic and Budgetary Indicators

The Office for the Associate Director for Policy is recommending a core set of economic and budgetary indicators for analyzing public health and prevention initiatives. Standardizing a set of core indicators will allow CDC to assess and compare the impact of various programs and recommended or promising interventions. These indicators are relevant to various audiences’ needs, including those managing public and private budgets. Thus, they include costs and benefits for different payors, in addition to assessing health system and societal impacts.

These indicators will make it possible to

- Identify the impacts on federal health programs, which could help initiatives garner broader support.
- Identify program or policy efforts that payors or the health care sector may find fiscally prudent to support directly, either because they lower health care spending, are less expensive than clinical interventions, or are of sufficient value to be worth the investment.
- Identify prevention programs that the business sector would support because they improve productivity and competitiveness.

Having this core set of indicators will guide data collection and analyses—from design to completion— and strengthen the case for prevention to policy makers, the health care sector, and the business sector.

For more information, contact
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Indicators

1. Economic and Budgetary Burden of a Condition

COST OF ILLNESS:

- Direct medical costs
- Direct nonmedical costs
- Indirect costs (or, productivity losses from absenteeism, presenteeism and premature mortality)

2. Economic and Budgetary Costs of Prevention

- Program and intervention costs

3. Economic and Budgetary Benefits of Prevention

- Health care costs averted
- Productivity losses averted due to reduced absenteeism (and presenteeism, if available)
- Productivity losses averted due to premature mortality
- If cost saving: Net health care cost savings
- If NOT cost saving:
 - » Net health care costs per case averted (or, cost effectiveness ratio)

Examples: cost per lives saved; cost per QALY gained; cost per quitter; cost per case of HIV prevented.

Reporting

Unit

- Per person
- Aggregate for population

Perspective

Together for all payors:

- Societal
- Health system

Broken out by payor (budget impacts):

- Medicare
- Federal Medicaid
- State Medicaid
- Private insurance
- Individual
- All others

Timeframe

- Annual, up to 10 years
- 10 years, annualized and cumulative
- Lifetime, annualized and cumulative

