

THE MEASURE OF ECONOMIC WELL-BEING IN MEDICINE

LA VALUTAZIONE DEL BENESSERE ECONOMICO IN MEDICINA

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Abstract

The concept of well-being is often used interchangeably with concepts such as happiness or social well-being, although some scholars have found differences. The purpose of this review is to identify the economic peculiarities of well-being. To this end, the various strategies of the last 10 years have been analyzed, relying on approaches capable of providing positive results in terms of social well-being and economic return.

Il concetto di benessere è spesso usato in modo intercambiabile con concetti come felicità o benessere sociale, sebbene alcuni studiosi ne abbiano analizzato le differenze. Lo scopo di questa revisione è identificare le peculiarità di natura economica del well-being. A tal fine sono state analizzate le diverse strategie degli ultimi 10 anni, facendo leva su approcci in grado di fornire risultati positivi in termini di benessere sociale e ritorno economico.

Keywords

Well-being, review, economic evaluation

Benessere, rassegna, valutazione economica

Introduction

The concept of well-being is often used interchangeably with concepts such as happiness or social welfare, although some commentators have explored distinctions between them. In practice, a common approach has been to assess an individual's wellbeing through survey questions about their life satisfaction using simple self- assessment questions such as, "How satisfied are you with your life nowadays?" This question forms the basis for many well-being measurement initiatives (Floyd D., 2011). To make judgments about efficiency, the economic evaluation of health care must compare health outcomes, however measured, with costs (Hogan M.J., 2015). There are three main approaches to measuring outcomes: clinical end points, quality of life measures, and willingness to pay. The easiest outcome measure to use in a study is a clinical measure, such as a reduction in the number of strokes or changes in blood pressure. Health economists use such measures to build cost-effectiveness ratios. For example, in a study aimed at preventing hip fractures, a cost-effectiveness could be the cost per hip fracture avoided. Measuring outcome in terms of clinical endpoints has the disadvantage that comparisons between different health treatments are difficult. This is only partially resolved when study endpoints include mortality (Manolom T. et al., 2015). Although estimates of the acquired cost per life or the year of life gained allow comparisons between very different therapies, the use of survival as an outcome measure for an economic assessment is problematic. First, few clinical trials are able to detect differences in mortality. Second, many treatments affect morbidity rather than mortality. Third, even when survival is an appropriate end point, reducing mortality can be at the expense of reducing quality of life. Quality of life measures that go beyond both clinical and mortality endpoints are becoming increasingly common. Quality of life measures can be condition-specific, generic, or utility-based (Huynh E. et al., 2017). Condition-specific measures include questions about particular symptoms that treatment aims to resolve. For example, Roland and Morris' back pain scale asks about a patient's back pain and how it limits functional activity. In contrast, a generic measure like SF36 asks questions about an individual's overall health (Sabbadini L. et al. 2018). Most generic measures of quality of life lack range properties. In addition, the assessment of utility measures is based on the preferences of the company. Although many condition-specific measures are based on patient assessments, those used in generic, utility-based measures tend to use population assessments (Esina G.K.. et al., 2020). Utility measures tend to be relatively insensitive to major changes in health status. Health economists often recommend using utility measures along with other more sensitive measures of the results. The aim of this review is to identify the technique of economic evaluation more used. For this purpose, the different strategies for the last 10 years were analysed, leveraging from approaches that can provide positive results in terms of clinical effectiveness and economic return (Hackert M.Q.N. et al., 2020).

1. Materials and methods

This review is reported in accordance with PRISMA guidance. A systematic literature research was undertaken to identify relevant articles published between January 2010 and December 2020 in the following electronic databases: Scopus and PubMed.

The following Medical Subject Headings (MeSH) terms and keywords were used alone or in combination: 'wellbeing', 'cost effectiveness', 'cost utility', 'cost benefit', 'cost'. All titles and abstracts of publications identified in the course of the primary search were reviewed for relevance and eligibility. The reference lists of the selected papers and of the reviewed articles were also searched manually for articles that may have been missed in the initial search. Studies were considered eligible for inclusion if they met the following criteria: (1) full-length articles or reviews; (2) economic assessments on stroke and related health treatment; (3) economic burden of well-being; (4) strategies and/or action plans; and (6) published in Italian or in English. All useful information was extracted into a standardized data extraction form developed by the author. The following data elements were extracted from the selected studies: first author or study group name, publication year, study design, patient population, type of analysis and main results.

The quality of each study has been evaluated by using The Assessment of Multiple Systematic Reviews (AMSTAR) instrument which is a valuable measure- ment tool widely used to evaluate the methodological quality of a systematic review or meta-analysis. This tool consists of 11 items, each described for 1 score, and higher scores reflect better quality. Any discrepancies in terms of quality rating were resolved through team discussions.

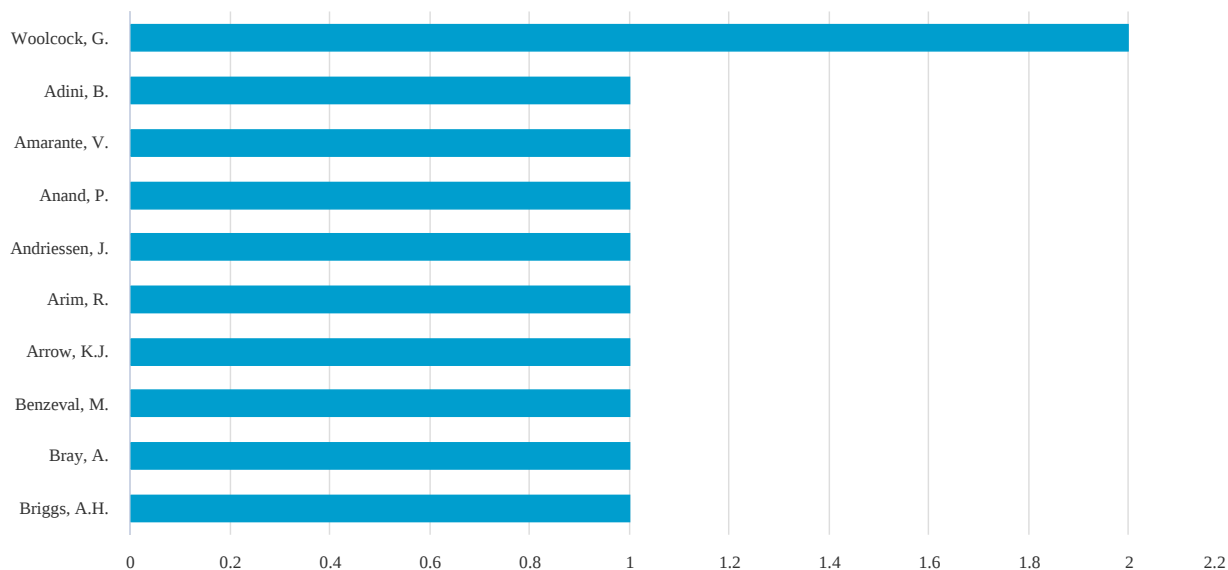
2. Results

We proceeded to the analysis of the authors and articles, understood as an objective measure to understand how the topic is influenced by the literature. The identification of scholars who have made a significant contribution to their field also provides useful information on the influences, developments, evolution of the literature, design and implementation of studies. The following tables show which authors have contributed the most to the topic. Specifically, Figure 1 shows the author, in general, more productive. Figure 2, on the other hand, highlights the thematic areas. This information allows us to understand which are the articles that, in a certain sense, serve as a guide for other scholars related to a particular sector. From this analysis it can be deduced, for example, that the social sciences are the ones that have dealt most with this topic. The map of the most productive countries is shown in Figure 3. From this figure it is clear that England is the country where scholars have written the most, while Italy cannot boast an important position.

Documents by author

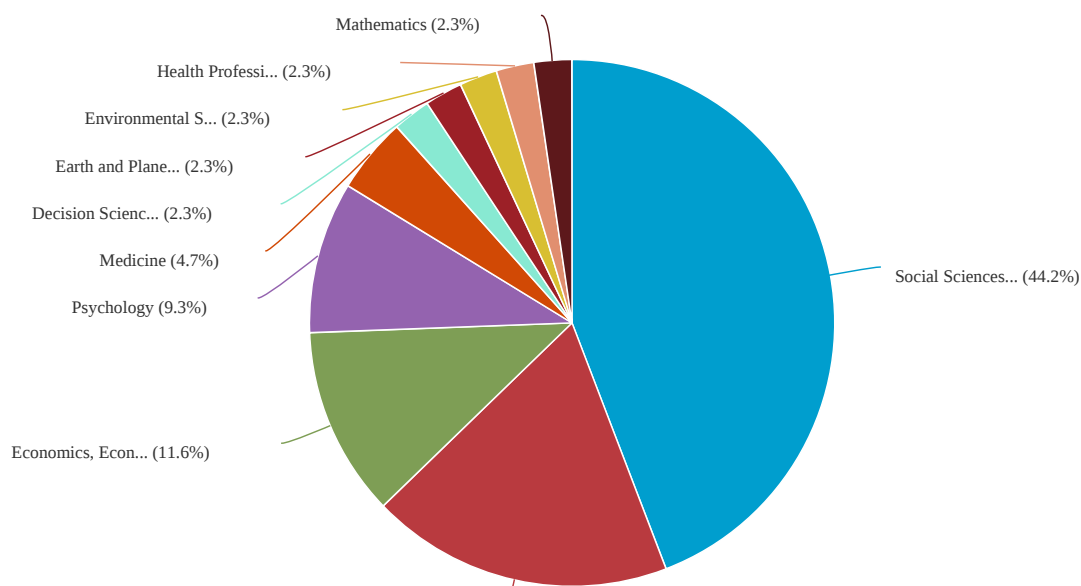
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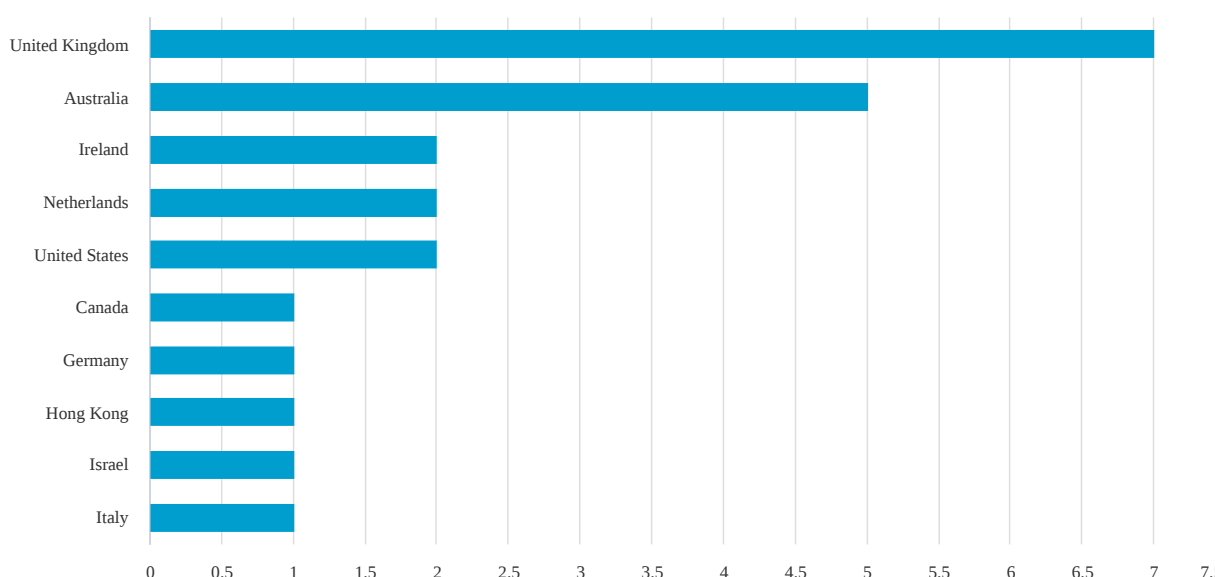
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3. Discussion

The use of wellbeing as an organising principle for governments has many attractive features. It can be a unifying concept for assessing government spending priorities and help overcome the tendency for spending programmes to become entrenched in particular ministerial “silos.” However, it also poses practical challenges (Arrow K.J, 2015). Most notably, the complexities of measuring the contributions to wellbeing of vastly different programmes are daunting. Furthermore, there are also philosophical challenges—for example, does an emphasis on improving wellbeing imply that low priority will be given to those who have little capacity to become happier? There are also conceptual debates about whether personal autonomy, in the form of an ability to adapt and self- manage, may be a more appropriate under- pinning concept for wellbeing than life satisfaction. The concept of well-being from a managerial, social and organizational point of view has many interesting characteristics. As can be seen from the analysis carried out, it can be an indispensable element in assessing public spending priorities and helping to develop programming plans differently. But there are limits. First of all, it is not easy to quantify the economic returns deriving from the concept of well-being. It is still complicated to measure the benefits that you could have. In addition, there are also pedagogical challenges (Lorgelly P.K, 2018). There are also conceptual debates about whether personal autonomy, in the form of adaptability and self-management, may be a concept of understanding more appropriate for well-being than life satisfaction. As the studies analysed have shown, the costs incurred for health contribute positively to the collective well-being, rather than simply being a pressure on the costs of public finances. However, a focus on well-being could also indicate a move away from dependence on the ministry's traditional specific budget, and thus brings with it new challenges for health policymakers (Goldfeld S et al., 2015). For policies

implemented in the health sector, an important requirement will be to strengthen policies that go beyond improving health and have an influence on well-being. Health system objectives such as equity and financial protection could be regularly incorporated into conventional economic valuation techniques such as cost-effectiveness analysis. We have analyzed evaluation methods such as cost-effectiveness analysis that will remain the cornerstone of the evaluation of health outcomes. The consequences of investing in the health sector have either created a new line of research: the welfare economy, in which all sectors seek to assess the impact of their policies on the objectives of other sectors. The health sector has advocated an approach to health that has focused attention on the wide range of influences on the health of the population resulting from the actions of other sectors. Conversely, an approach to well-being may require an assessment of the broad range of gains within the sphere of well-being that result from health sector actions (Davillas A, 2016). Programs to limit the damage resulting from different pathologies will become important from the point of view of well-being. These could take the form of programs to enhance motor activity in the different contexts of the social fabric. The health sector will need to find ways to work effectively across traditional boundaries to assess the influences of such programs on well-being. Many of these programmes are likely to require the commitment of health sector funds into collaborative programmes and the development of effective governance mechanisms to ensure that the objectives of all participating sectors are met.

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