

Budget impact analysis (BIA) is an essential part of a comprehensive economic assessment of a health care technology and is increasingly required, along with cost-effectiveness analysis (CEA), before formulary approval or reimbursement. The purpose of a BIA is to estimate the financial consequences of adoption and diffusion of a new health care intervention within a specific health care setting. In particular, a BIA predicts how a change in the mix of drugs and other therapies used to treat a particular health condition will impact spending on that condition. A BIA can be used for budget planning and forecasting and for computing the impact of health technology changes on premiums in health insurance schemes.

The purposes of this first BIA guidelines document were to develop (1) a coherent set of guidelines for those developing or reviewing BIAs and (2) a format for presenting the results of BIAs that is useful for decision-makers. The primary audience is research analysts who perform budget impact analyses for health care decision-makers, both those within discrete health care settings and those who are responsible for local or national budgets.

The document details four Task Force recommendations for conducting BIAs:

1. Budget impact of a new health technology should consider the perspective of the specific health care decision-maker.
2. BIAs should be generated using input values for the calculation that are specific to a particular decision-maker’s population and information needs.
3. Sensitivity analysis should be in the form of alternative scenarios chosen from the perspective of the decision-maker.
4. Primary data sources for estimating the budget impact should be published clinical trial estimates and comparator studies for efficacy and safety of current and new technologies and, where possible, the decision-maker’s own population for the other parameter estimates. The model should be consistent with that used for the CEA with regard to clinical and economic assumptions.

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