Discussion Board

[Name of the Writer]

[Name of the Institution]

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In America, the government has introduced different policies and programs to improve the quality of healthcare. Government is providing services through health plans like Medicare and Medicaid. Health insurance is a crucial factor in the programs introduced to cover the maximum population. However, the past few years noticed the high healthcare cost in the nation. People are not getting equal benefits from insurance programs. The main factors for the ineffectiveness of the program are the innovation and determining the coverage policy. Technological advancement is helping the nation to determine better health quality; however, it also demands high spending. Increase in the spending on innovation and effectiveness of specific drug/procedure determining the coverage policy is necessary to analyze the best interventions and preventions. Both government and private health programs mostly rely on decision making on evidence criteria instead of cost-effectiveness analysis (Garber, 2004).

 Cost-effectiveness analysis cannot be helpful to reduce the cost in the long run. The method is useful to determine the cost of prevention or intervention by analyzing the difference between the benefits of the service with respect to its cost. However, in contemporary time it has more drawbacks than benefits. For instance, to determine the best intervention cost-effectiveness ratio is used but the results of the intervention presented in the “league table” are often obtained from incompatible methods. Besides, the cost-effectiveness criterion is not easy to complete when the interventions are expensive. Another drawback of the cost-effectiveness analysis is the sample size. For instance, the researchers often use the willingness of individuals to pay for better health. Though priorities, issues, economic condition, and similar factors are affecting willingness vary from person to person. Proponents apply the result of a small sample population to an entire population which might be ineffective or even problematic for the healthcare quality improvement (Pauly, 2015). Therefore, the bottom line is that cost-effectiveness analysis alone might not be effective, however, combined with the evidence criteria might help the government to achieve their healthcare goals.

**References**

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