A cost-effectiveness analysis of a proposed national falls prevention program.

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Abstract
Falls are a major health concern for elderly people and cause substantial health care costs. The authors used meta-analytic findings on the effectiveness of fall prevention interventions to determine cost-effectiveness of a proposed Medicare fall prevention program for people who experience a recent fall. Using published clinical trial data, the authors constructed a population-based economic model and estimated that, in the base case, the program could prevent a half million people from falling again within a year. From the model, under most circumstances the cost-effectiveness ratio is less than $1500 per person prevented from experiencing a recurrent fall. Paying for a fall prevention program to increase the use of evidence-based interventions would be a cost-effective use of Medicare dollars.