

It pays to be healthier: Targeted financial incentives for patients can lead to health behavior change

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Financial incentives work for doctors. Could they work for patients, too? Could they encourage them to change unhealthy behaviors and use preventive health services more? In some cases, yes, according to Dr. Marita Lynagh from the University of Newcastle in Australia, and colleagues. Their work, looking at why financial incentives for patients could be a good thing to change risky health behaviors, indicates that incentives are likely to be particularly effective at altering 'simple' behaviors e.g. take-up of immunizations, primarily among socially disadvantaged groups. Their article is published online in Springer's *International Journal of Behavioral Medicine*.

Following the proliferation of pay-for-performance programs for [health care providers](#), the application of the same principles for individual behavior change is becoming an attractive option. But is it fair and does it work? To answer these questions, Lynagh and colleagues reviewed recent research looking at the effectiveness of personal [financial incentives](#) aiming to change health behavior, principally in the fields of [smoking cessation](#) and weight loss.

They found that the effectiveness of incentives depends on the types of behaviors targeted. Incentives appear to be most effective at altering behaviors which are simple, discrete and time-limited such as take up of immunization and attendance at health and education services, and less effective for complex and entrenched behaviors such as smoking, diet

and exercise. However, in the case of these more complex behaviors, supporting the financial incentive with social support and skill training significantly increases the likelihood of success.

Financial incentives are also more likely to work with socially disadvantaged groups, particularly when the incentives address real barriers to change such as transport, medication and child-care costs.

However, there is currently little evidence for long-term behavior change with one-time incentives. Regular reinforcement with a measured schedule of incentives (i.e. escalating size of incentive with frequent monitoring and rewards) is more effective at both initiating and maintaining behavior change. This especially applies in the case of more complex behaviors like drug treatment and smoking cessation, where long-term change is the real challenge.

The authors conclude: "We need effective public health interventions that clinicians can adopt easily to encourage people to change their [health behaviors](#), to produce improved health outcomes for populations and a reduced burden on health care systems. Financial incentives are not the panacea to all health risk behaviors, but do hold promise for encouraging certain population groups to modify particular health behaviors."

More information: Lynagh MC (2011). What's good for the goose is good for the gander. Guiding principles for the use of financial incentives in health behaviour change. *International Journal of Behavioral Medicine*. [DOI 10.1007/s12529-011-9202-5](https://doi.org/10.1007/s12529-011-9202-5)

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