At the University of Pennsylvania’s Center for Health Incentives & Behavioral Economics (CHIBE), researchers have conducted hundreds of impactful studies investigating how behavioral science can improve health outcomes and reduce the disease burden from major public health problems.

Behavioral economics is a field that uses principles of economics and psychology to understand how individuals make decisions. Those insights are then used to help people make choices that are consistent with their own long-term interests. Using behavioral economics tools such as financial incentives, commitment devices, social norms, and choice architecture, and decision-making biases such as loss aversion and anticipated regret, we find successful ways to help people in challenging health domains such as quitting smoking, exercising more, eating healthy, and adhering to their medications. Our faculty also lead a series of initiatives that focus on changing clinician behavior to increase value provision within health care service delivery.

The interventions we have participated in developing and testing with private and public sector partners have been scaled to improve the health of tens of millions of individuals. CHIBE and its affiliated faculty members from Penn and beyond help inform health policy, improve health care delivery, and increase healthy behavior.
Since 2017, our team has provided guidance and conducted research to inform the roll-out of a new HMSA (Blue Cross Blue Shield of Hawaii) provider payment initiative that shifted primary care provider payment from a fee-for-service model to a new value-based framework. This payment model, which incentivizes providers for both efficiency and effectiveness, has now been implemented throughout most of the state of Hawaii.

We’ve proven we can take behavioral science ideas to scale. After a small pilot study indicated that incentives can double smoking cessation program enrollment, our team conducted three large-scale trials, each published in The New England Journal of Medicine, that demonstrated a tripling of smoking cessation rates in General Electric employees, CVS employees, and members of 54 other employers. This led to benefit design changes at GE and CVS and contributed to 44% of large employers now using incentives for smoking cessation.

Our researchers helped provide important evidence on the effectiveness of sweetened beverage taxes on consumption of sugary beverages. Our researchers’ work published in JAMA demonstrated that Philadelphia’s 1.5-cent-per-ounce sweetened beverage tax led to a 38% drop in the sales of the taxed beverages. These findings have informed national and international discussions about taxes and efforts to lower sweetened beverage consumption.

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