

Introducing a priority setting handbook: A mechanism for knowledge translation

CAHSPR 2009, Calgary

*Evelyn Cornelissen¹, Bonnie McCoy²,
Angela Bate³, Stuart Peacock⁴, Craig
Mitton¹, Cam Donaldson³*

¹ *University of British Columbia – Okanagan*

² *Fraser Health Authority*

³ *Newcastle University*

⁴ *B.C. Cancer Agency*

What we present today

- An interactive priority setting handbook, including:
 - Specific chapters, chapter lay-out
 - Tools – workbook, electronic platform, computer-assisted
 - Support materials
- Goal is to provide step-by-step guide to healthcare priority setting, specifically:
 - Program budgeting
 - Strategic planning
 - Ethical considerations
 - Marginal analysis
 - Service re-design

What decision makers want *

- A priority setting process that is:
 - Structured
 - Evidence-informed
- Tools to guide them – electronic, rapid response

* Based on interviews with decision makers in Canada, Australia, United Kingdom

Handbook Format

- **TARGET AUDIENCE:** Written for healthcare decision makers – middle management to senior executives
- **CHAPTER LAYOUT:**
 - Scenarios to deliver key messages
 - Key features – need to know points
 - Rationale/theory – nice to know points
 - Tools – pictures, diagrams, spreadsheets
 - Key points to remember/cautions
 - Tips to work through barriers
 - Tips to identify/maximize facilitators
 - Where to go for further info; what next
 - Put it all together – how this step fits with previous & upcoming steps

Scenario:

How do we reorganize chronic care services with no additional funding?

- decision maker language
- action-oriented
- real-life example

Handbook Chapters

1. Introduction
2. Aim and scope of priority setting activity
3. Priority setting committee
4. Program Budget
5. Decision criteria and service options
6. Assessing options, relative weighting
7. Re-allocation
8. Validity check
9. Process & outcome evaluation, revision
10. Addressing challenges

Interactive web-based tool

- Real-life scenarios and data sets to illustrate key steps
- Real-time support and tools to assist decision making

The screenshot shows the 'Programme Budgeting and Marginal Analysis' web tool interface. At the top, there is a navigation bar with a globe icon and the title 'Programme Budgeting and Marginal Analysis'. Below the title is a progress indicator showing seven stages, with 'Stage 4' highlighted in yellow. The main content area is titled 'Determining locally relevant decision making criteria'. It contains two sections: 'The decision making criteria' and 'Weighting the criteria'. To the right, there is a box titled 'Additional Information' containing 'Example criterion' (Health gain, Access, Equity, Staff retention), 'Some more Economics' (linking to multi attribute utility theory), and 'AHP' (linking to an AHP wizard). At the bottom right, there are three vertical bars representing different views: COPD PBMA, A macro PBMA, and Participants' view. Navigation buttons for 'Previous' and 'Next' are at the bottom center, and the date 'April 26, 2006' is at the bottom left.

Programme Budgeting and Marginal Analysis

Where am I? Stage 1 Stage 2 Stage 3 **Stage 4** Stage 5 Stage 6 Stage 7

Determining locally relevant decision making criteria

The decision making criteria
Before any options for resource allocations, or reallocations, are considered the **advisory panel** must decide on a set of criteria on which the decisions will be based. They may reflect the values of the organisation, the healthcare system, or society at large.
There are various ways that the criterion can be identified. It can be done only by the decision makers or can be done with input from other stakeholders. When consulting wider groups consideration should be given to the costs as well as to the difficulties in identifying appropriate representative samples.

Weighting the criteria
Not all of the identified criteria will have equal weight in evaluating options for change. For instance it may be that staff retention is an important criteria, but should carry less weight than health gain. There are many ways that criteria can be identified from simply assigning weights directly to the criteria, to using processes like **AHP** which seeks to capture some of the inconsistencies in the decision making process. There are also some important economics concepts behind the choice and weighting of criteria. For a description of these and a simple **AHP** calculator follow the links in the information panel.

Additional Information

Example criterion
From the literature include:
Health gain
Access
Equity
Staff retention

Sometimes it is easier to weight criteria visually, using a [pie chart](#).

Some more Economics Underlying the choice of criteria is some fundamental economic theory. [click here](#) to find out more about multi attribute utility theory.

AHP
Click [here](#) to open an AHP 'wizard' that illustrates in more detail how the method works in practice.

COPD PBMA
A macro PBMA
Participants' view

← Previous Next →

April 26, 2006

Tools, e.g. #1 - 'Budget'

Department of Health

Gross Resources by Programme Budget Categories for the years ended 31 March 2005 and 2004

The department is now able to present Gross Operating Costs using a "bottom-up" analysis by Programme Budgeting Categories

PBC	Programme Budget	2004/05 Gross Spend £'000	2003/04 Gross Spend £'000	Change £'000	Change %
5	Mental Health Problems (Total), <i>of which</i>	7,905,131	7,386,096	519,035	7.0%
5a	Mental Health Sub Group: Substance Abuse	632,655	-		
5b	Mental Health Sub Group: Dementia	838,168	-		
10	Circulation Problems (CHD)	6,187,935	5,715,032	472,903	8.3%
2	Cancers & Tumours	3,773,203	3,385,750	387,453	11.4%
15	Musculo Skeletal System Problems (excludes Trauma)	3,577,089	3,136,752	440,337	14.0%
13	Gastro Intestinal System Problems	3,526,063	3,164,671	361,392	11.4%
11	Respiratory System Problems	3,072,258	2,751,908	320,350	11.6%
18	Maternity & Reproductive Health	2,617,116	2,570,147	46,969	1.8%
22	Social Care Needs	1,612,406	1,483,771	128,635	8.7%
4	Endocrine, Nutritional and Metabolic Problems (Total), <i>of which</i>	1,599,317	1,515,375	83,942	5.5%
4a	Endocrine Sub-group: Diabetes	687,402	0	687,402	
4x	Endocrine Sub-group: Other	911,916	0	911,916	
8	Eye/Vision Problems	1,302,579	1,203,200	99,379	8.3%
21	Healthy Individuals	1,157,915	1,108,418	49,497	4.5%
19	Neonate Conditions	776,483	655,015	121,468	18.5%
23	Other Areas of Spend/Conditions:				
23a	• General Medical Services/Personal Medical Services	6,377,342	5,005,274	1,372,068	27.4%
23b	• Strategic Health Authorities (inc WDCs)	4,044,893	4,019,965	24,928	0.6%
	Net Operating Cost	#REF!	#REF!	#REF!	#REF!

Tools, e.g. #2 - 'Criteria Definitions'

Criteria	Definition
Strategic fit	Alignment with Health Services Plan; provider system role (mandate and capacity)
Population health	Contribution towards improvements in: health status, prevalence, health promotion/prevention
System values	Contribution towards fulfilling: client-focus, partnerships, community engagement, innovation, equity, operational efficiency
System performance	Contribution towards improvements in: access, quality, sustainability, integration

Tools, e.g. #3 - 'Criteria Weighting'

IH CC Prioritization Criteria Weighting Poll

Allocate a total of 100 points between the ten criteria listed; no more than 20 points can be allocated to a single criterion.



Category	Criteria	Points
Client Impact (42.6)	Community and client needs	16.6
	Health maintenance/gain	13.0
	Accessibility and Equity	13.0
Organization & system objectives (31.9)	Inter-dependencies (internal)	9.1
	Strategic direction/fit	7.5
	Alignment - with external directives	7.6
	Management effectiveness	7.7
Human Resources & Innovation (25.5)	Clinical and staff capacity	11.4
	Innovation	8.2
	Engagement	5.9
	<i>Total (must equal 100)</i>	100

Tools, e.g. #4 - 'Scoring Tool'

Project Title: IH COK CC; Version: Jan. 8, 08

Project Title: IH COK CC; Version: Jan. 8, 08											CRITERIA FORMULAE AND SCORES		
CATEGORY	CRITERIA	GUIDELINES FOR RATING									RATING (-20 to +20)	AVERAGE WEIGHT	OVERALL SCORE
		-20	-15	-10	-5	0	5	10	15	20			
Client Impact	Community and client needs	40% decline in meeting needs compared with current services	30% decline in meeting needs compared with current services	20% decline in meeting needs compared with current services	10% decline in meeting needs compared with current services	No difference in meeting needs compared with current services	10% improvement in meeting needs compared with current services	20% improvement in meeting needs compared with current services	30% improvement in meeting needs compared with current services	40% improvement in meeting needs compared with current services	0.0	16.6	0.00
	Health maintenance/gain	Expected decline by > 21%	Expected decline by 16-20%	Expected decline by 11-15%	Expected decline by 6-10%	Expected improvement by 0-5%	Expected improvement by 6-10%	Expected improvement by 11-15%	Expected improvement by 16-20%	Expected improvement by >21%	0.0	13.0	
	Accessibility and Equity	Expected decline by > 21%	Expected decline by 16-20%	Expected decline by 11-15%	Expected decline by 6-10%	Expected improvement by 0-5%	Expected improvement by 6-10%	Expected improvement by 11-15%	Expected improvement by 16-20%	Expected improvement by >21%	0.0	13.0	
Organization and system objectives	Inter-dependencies (internal)	81-100% less collaboration	61-80% less collaboration	41-60% less collaboration	21-40% less collaboration	20% less to 20% more collaboration	21-40% more collaboration	41-60% more collaboration	61-80% more collaboration	81-100% more collaboration	0.0	9.1	
	Strategic direction/fit	Reduces alignment with 4+ II strategies	Reduces alignment with 3 II strategies	Reduces alignment with 2 II strategies	Reduces alignment with 1 II strategy	Does not support or reduce alignment with any IH strategies	Aligns with 1 IH strategy	Aligns with 2 IH strategies	Aligns with 3 IH strategies	Aligns with 4+ IH strategies	0.0	7.5	
	Alignment - with external directives	Reduces alignment with 4+ MoH directives	Reduces alignment with 3 MoH directives	Reduces alignment with 2 MoH directives	Reduces alignment with 1 MoH directive	Does not support or reduce alignment with any MoH directives	Aligns with 1 MoH directive	Aligns with 2 MoH directives	Aligns with 3 MoH directives	Aligns with 4+ MoH directives	0.0	7.6	
	Management Effectiveness	81-100% less effectiveness	61-80% less effectiveness	41-60% less effectiveness	21-40% less effectiveness	20% less to 20% more effectiveness	21-40% more effectiveness	41-60% more effectiveness	61-80% more effectiveness	81-100% more effectiveness	0.0	7.7	
Human Resources and Innovation	Clinical and staff capacity	81-100% reduced efficiency in staff utilization	61-80% reduced efficiency in staff utilization	41-60% reduced efficiency in staff utilization	21-40% reduced efficiency in staff utilization	20% less to 20% more efficiency in staff utilization	21-40% efficiency in staff utilization	41-60% efficiency in staff utilization	61-80% efficiency in staff utilization	81-100% efficiency in staff utilization	0.0	11.4	
	Innovation	Major decline in innovativeness	Minor decline in innovativeness	Not really innovative; neutral	Several other examples in BC	Few other examples in BC and/or elsewhere	Few other examples in BC	Has been tried elsewhere in BC once before	Has been tried elsewhere but not in BC	Totally new way of thinking about service	0.0	8.2	
	Engagement	81-100% reduction in engagement	61-80% reduction in engagement	41-60% reduction in engagement	21-40% reduction in engagement	20% less to 20% more engagement	21-40% increase in engagement	41-60% increase in engagement	61-80% increase in engagement	81-100% increase in engagement	0.0	5.9	

Tools, e.g. #5 - 'Business Case Template'

PBMA PROPOSAL BUSINESS CASE TEMPLATE

Version: 1.0

EXECUTIVE SUMMARY

Title <insert title>

Purpose <insert purpose>

Top 3 Risks
1. <name & describe risk>
2. <name & describe risk>
3. <name & describe risk>

Author(s) <name and position>

DETAILED DESCRIPTION

RISKS, BARRIERS AND MITIGATION STRATEGIES

ASSESSMENT OF FIT WITH CRITERIA

IMPLEMENTATION PLAN

FINANCIAL ANALYSIS

CONSULTATION

Position

<group or individual>

<group or individual>

<group or individual>

Date of Completion

<date>

<date>

<date>

DECISION

Decision of

on

Approved

Not Approved

Accepted as Information

Support materials, e.g. #1 - 'Educational material'

- Health economic principles 101
- What is evidence and how is it used in priority setting, decision making?
- Ethical principles in priority setting
- Run-through criteria and score-sheet using mock proposal

Support materials, e.g. #2 - 'Work Plan'

Draft Work plan: Overview

Phase	Action	People	Timeline
Training and Planning	➤ Introduction to priority setting process	Managers Broad stakeholders Directors	October January March
	➤ Decision making criteria	Project team/ advisory panel/ stakeholders	April
	➤ Advisory panel formation	Director	April
	➤ Communication plan	Project team	April
PBMA implementation	➤ Program budget development	Internal project manager	March-April
	➤ Distribute PBMA guidelines package (including business case template, score sheets, resource release targets, incentive system)	Project team	Early April
	➤ 'Must do's' established	Director/managers	Mid-April
	➤ Generate investment & resource release proposals	Portfolio managers/clinicians	April - Sept
Decision making	One day priority setting retreat	Advisory panel	Mid-Sept
	Validation of initial recommendations	Broader stakeholders	Late Sept
	Advisory panel re-allocation recommendations	Advisory panel	Mid-Oct
	Communication and stakeholder sign-off	Project team	Mid-October

Other support & information provided

- Decision support software, e.g. Visa, Expert Choice
- Public engagement & participation
- Handling ranked lists – what next?
- Merging service options
- Managing barriers & facilitators to structured priority setting processes

Conclusion/Implications

- Advance the application of priority setting tools in decision making practice
- Support decision makers when facing difficult resource allocation trade-offs
- Support organizations in evolving their priority setting practice to equitably and efficiently meet growing and changing healthcare demands, i.e. aging populations, chronic health needs



Thank You...

- Health Foundation
- Department of Health (England)
- Economic & Social Research Council
- Canadian Institutes of Health Research
- Michael Smith Foundation for Health Research
- Western Regional Training Center

This research is supported in part by a Western Regional Training Centre studentship funded by Canadian Health Services Research Foundation, Alberta Heritage Foundation for Medical Research, Canadian Institutes of Health Research.

Questions, Comments?



ecorneli@interchange.ubc.ca

