FROM THE TRENCHES: VIEWS FROM DECISION MAKERS ON HEALTH SERVICES PRIORITY-SETTING

The Calgary Health Region applied a priority-setting process that brought together a network of senior decision makers to set its annual healthcare spending priorities.

An “action research” evaluation of this priority-setting process identified challenges and strategies for the senior decision makers involved in the network and the process.

Challenges faced by these decision makers in this process included comparing the value of services across very different patient groups; incorporating political decisions; allowing breathing room for innovation; balancing evidence on effectiveness with who has the greatest need; and determining the role of the public in priority-setting.

This article represents a unique, macro-level example of how a regional network of key stakeholders can work together to set health spending priorities in a region. By using the expertise of health services stakeholders, the Calgary Health Region successfully adapted a familiar priority-setting approach.

This study involved senior decision makers in an innovative approach to setting healthcare priorities at a regional level. The host organization was the Calgary Health Region in southern Alberta, which has an annual operating budget of $1.5 billion. The priority-setting model it adopted, called program budgeting and marginal analysis, has been used internationally (Britain, Australia, New Zealand, and Canada) for three decades, primarily at the micro-level of care, within a specific service area. The two innovations examined in this study were 1) using this tool at a regional, or macro, planning level; and 2) implementing and evaluating the approach using a five-phase participatory action research process. The research was guided by a team of health economists, researchers, and senior managers and clinicians.

“The from the trenches: views from decision-makers on health services priority setting” reports the findings of phase five of the participatory action research project, which gathered the views of the senior decision makers involved in customizing the program budgeting and marginal analysis tool and process for the Calgary Health Region. The senior managers’ opinions were gathered in a focus group and individual interviews. The researchers’ questions focused on specific challenges encountered and strategies that could be used to address those challenges. Five major themes were identified, most related to fairness in setting priorities.

1) Comparing the value of services across different patient groups

With no standardized tool to compare services aimed at very different populations, the decision makers found it challenging to prioritize services, such as choosing between immunization and a particular type of surgery. To make these difficult choices, they wanted access to the best, locally relevant evidence, but they also felt their collective and subjective expertise was equally important.

2) Incorporating political decisions

Sometimes services or infrastructure items are superimposed on a committee’s list of priorities because a more senior team thinks something is “unquestionably in need of investment.”
These “givens” are seen as political in nature. The senior managers wanted more transparency; givens, they said, should be identified up front and then removed from the pot of funding available for other priorities.

3) Allowing breathing room for innovation
Some decision makers found the process to be inherently conservative and wanted to find ways to fund high-risk, potentially high-benefit, innovations. The decision makers thought any priority-setting process at the macro level had to allow for funding of long-range opportunities.

4) Balancing evidence on effectiveness with the potential for benefit
These senior managers felt they had to consider the fact that some groups are better able than others to produce supporting evidence. If the comparison between services is too numbers-based, the qualities that make a process fair — like societal value, practicality, and ethics — are ignored. Using the idea of capacity to benefit, or letting the size of the problem influence resource allocation, for example, would prioritize health services to those who had the most to gain, like Aboriginal peoples.

5) Determining the extent of public involvement
The decision makers thought the best role for the public would be setting and ranking the criteria by which priority-setting decisions should be made. Direct public involvement in priority-setting was seen as being vulnerable to hijacking by particular interest groups.

The results of this study provide direct insight into priority-setting activity from the perspective of the senior decision makers involved. These insights will be helpful to other organizations embarking on priority-setting exercises, and in particular to those interested in customizing the program budgeting and marginal analysis process. The study shows how research can be incorporated with priority-setting to create the best possible tools and processes for a particular setting. The value of this study is that the challenges and strategies come directly from a group responsible for choosing funding priorities, and that the priority-setting exercise was at a regional rather than a service level.

Bibliographic Reference

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