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## Understanding what matters: An exploratory study to investigate the views of the general public for priority setting criteria in health care

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### ABSTRACT

Health care policy makers internationally are increasingly expressing commitment to consultation with, and incorporation of, the views of the general public into the formulation of health policy and the process of setting health care priorities. In practice, however, there are relatively few opportunities for the general public to be involved in health care decision-making. In making resource allocation decisions, funders, tasked with managing scarce health care resources, are often faced with difficult decisions in balancing efficiency with equity considerations. A mixed methods (qualitative and quantitative) approach incorporating focus group discussions and a ranking exercise was utilised to develop a comprehensive list of potential criteria for setting priorities in health care formulated from the perspective of members of the general public in Australia. A strong level of congruence was found in terms of the rankings of the key criteria with the size of the health gain, clinical effectiveness, and the ability to provide quality of life improvements identified consistently as the three most important criteria for prioritising the funding of an intervention. Findings from this study will be incorporated into a novel DCE framework to explore how decision makers and members of the general public prioritize and trade off different types of health gain and to quantify the weights attached to specific efficiency and equity criteria in the priority setting process.

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### 1. Introduction

In a world of increasing resource constraints, health systems around the world are increasingly challenged by the need to set priorities in the allocation of scarce public resources [1]. Policy makers in the Australian health system, in common with the health systems of many other

countries, have expressed a commitment to consultation with, and incorporation of, the views of the general public into the formulation of health policy and the process of setting health care priorities [1,2]. The drive to promote efficiency in the delivery of health care treatment and service programmes is becoming ever more acute and economic evaluation, with its focus upon the quantification of a systematic and transparent framework for evaluating the costs and benefits of competing health care interventions is increasingly utilised to facilitate difficult decisions about the optimal allocation of scarce resources [3]. Within the

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health sector, the quality adjusted life year (QALY), a metric of health gain combining both quality and length of life has become the dominant measure of health gain for use in economic evaluation, particularly in health technology assessment [4]. In such evaluations all QALYs are generally treated as being equal, regardless of how they are generated (e.g. by extension of survival, increase in quality of survival, or both) or to whom they are allocated. The investigation of comparative cost per QALY therefore focuses on maximizing health gain, or efficiency [4].

In making resource allocation decisions, funders, tasked with managing scarce health care resources, are often faced with the need to balance efficiency with distributional or equity considerations in setting health care priorities [5–7]. Consultation with members of the public in this process is often encouraged. In a health technology assessment framework, different jurisdictions take different approaches to the incorporation of public views including for example, the inclusion of single members representing consumer interests on assessment committees such as the Pharmaceutical Benefits Advisory Committee and Medical Services Advisory Committees in Australia while NICE in the UK draws on the views of citizen councils on key questions [8]. However, in practice, there are actually few opportunities for the general public to be actively involved in the health care priorities decision-making process [9].

Despite the current lack of real opportunity for general public engagement, two recent systematic reviews have identified a relatively large number of studies in the health economics/health services research literatures that have utilized stated preference methods in an effort to identify which attributes of criteria the general public think should be included in setting health care priorities and the weight that they should receive [10,11]. In contrast, relatively few studies have employed qualitative research methods to address this question. Those qualitative studies that have been employed in this context have identified synergies with the findings of quantitative empirical studies, in that equity considerations are of central importance to members of the general public. When consulted directly, the majority of members of the general public are prepared to sacrifice some amount of health gain in order to improve fairness in terms of equity in the provision of or access to health care treatment [12–16]. An Australian study by McKie et al. used semi-structured focus group discussions to investigate the extent to which high cost patients should be a lower priority for public health care than low cost patients, in order to maximise health gains from the health budget [12]. Members of the general public ( $n=30$ ) were asked to allocate a limited hospital budget between two groups of imaginary patients. It was found that only three participants chose to allocate the entire hospital budget to the low cost patients with the vast majority preferring to allocate some money to inefficient (high cost) patients in order to pursue ‘fairness’ and the desire to give all patients a ‘chance’ [12].

A qualitative study undertaken in the UK by Dolan and Cookson [13] to investigate the extent to which health gain matters when choosing between groups of patients utilised a deliberative focus groups approach with mem-

bers of the general public ( $n=60$ ). This study found that equality of access should prevail over the maximisation of health benefits. However, this finding was subject to the outcome constraint that treatments are sufficiently effective [13]. Other qualitative studies to investigate priorities in the allocation of donor kidneys and livers for transplantation have highlighted that members of the general public are prepared to sacrifice some amount of health gain in order to achieve fairness in the allocation of donor organs to those deemed most in need e.g. according to the severity of their illness, the time they have already spent on the waiting list and according to their personal characteristics e.g. being younger and/or having dependent children [14,15]. Previous qualitative studies have also indicated that those who pursue unhealthy lifestyles e.g. through the consumption of tobacco, excessive alcohol consumption or illicit drug use should not be prioritised [15,16]. Whilst these previous qualitative studies have identified a number of common themes that may be taken into account by members of the general public when setting priorities in health care, they have tended to be based upon the testing of specific hypotheses developed from theoretical perspectives and/or previous evidence from the literature. To our knowledge no study to date has purposively set out with a ‘blank page’ to use a bottom-up approach to develop a comprehensive list of potential criteria that could be utilized for setting priorities in health care formulated from the perspective of the general public themselves. This paper focuses upon a study which was designed to achieve this objective.

## 2. Methods

This study formed one of the first stages of the “Values in Priority Setting (VIP)” project, funded by the Australian National Health and Medical Research Council (NHMRC) (APP1047788). The main objectives of the VIP project were to utilize a discrete choice experiment (DCE) framework to investigate how decision makers (drawn from a population of current and past federal government health technology assessment committee members) and members of the Australian general public prioritize and trade-off between key criteria in priority setting and what weight they should receive [17]. In order to generate evidence to inform the design of the DCE, a mixed (quantitative and qualitative) methods approach incorporating a series of focus group deliberations and an empirical ranking exercise was utilized to identify key criteria of importance to members of the general public when setting priorities for health care resource allocation, in addition to an assessment of their importance relative to each other. Mixed methods approaches have been successfully employed and reported upon previously in several studies in the health care context including examining patient and family caregivers preferences for kidney dialysis [18], determining patient preferences for waiting list priority for kidney transplantation [19] and an exploratory study of the views of older South Australians as to the defining characteristics of quality of life [20]. The main advantage of a mixed methods approach to investigate patient and general public views and preferences in the health care context is the rich and

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