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Looking Back and Moving Forward: On the Application of Proportional Shortfall in Healthcare Priority Setting in the Netherlands

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Highlights

- Proportional shortfall is used to operationalise the equity criterion in the Netherlands
- We describe the history and application, and examine support for proportional shortfall
- Proportional shortfall enables a uniform decision model for healthcare priority setting
- Proportional shortfall may insufficiently reflect preferences regarding age and reducing lifetime-health inequalities
- Refinement of proportional shortfall—or exploration of another equity approach—appears warranted

ABSTRACT

The increasing demand for healthcare and the resulting pressure on available budgets render priority setting inevitable. If societies aim to improve health and distribute health(care) fairly, equity-efficiency trade-offs are necessary. In the Netherlands, proportional shortfall (PS) was introduced to quantify necessity of care, allowing a direct equity-efficiency trade-off. This study describes the history and application of PS in the Netherlands and examines the theoretical and empirical support for PS as well as its current role in healthcare decision making. We reviewed the international literature on PS from 2001 onwards, along with publicly accessible meeting reports from the Dutch appraisal committee, Adviescommissie Pakket (ACP), from 2013 to 2016. Our results indicate that there is support for the decision model in which necessity is quantified and incremental cost-effectiveness ratios are evaluated against

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