

Eliciting Public Values To Support Health Care Priority Setting: A Novel Approach

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Background

Many policy decisions hinge on difficult trade-offs

- Which drugs or technologies should I allocate health care budget to?

Trade-offs determined by the value placed on attributes (or criteria) of options

- No right or wrong
- Based on personal preferences



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Whose values?

Policy makers (or committees) make these decisions

- Commonly use their own values

Should they use their own values, or representative values of the population they serve?

- Research shows policy makers values are poor proxies for general public

As key stakeholders there is a strong argument for using the public values based on legitimacy and autonomy

- Promotes more transparent and defensible decisions



What real choice did the people of Surrey have in who provided their community health services? The answer: none. The choice was made by unelected, unaccountable bureaucrats who use “public consultation” as a fig leaf for fundamentally changing the nature of how healthcare is delivered.

CBCnews | Health

IN THE NEWS

- Bodychecking ban
- Rob Ford

Ontario's refusal to pay for Herceptin to be probed

CBC News Posted: Mar 18, 2011 12:10 PM ET | Last Updated: Mar 18, 2011 1:22 PM ET

and treatment options, adding it shouldn't be up to politician to decide who gets a drug and who doesn't.



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Barriers/Concerns

1. Should be broader than just health benefit
2. General public are not able to articulate informed values
3. Difficult to recruit representative members of the general public
4. Takes too long to obtain results
5. Too expensive



Objectives

Long-term

Create methods to generate informed values
...in defined representative populations
...in a timely manner
...inexpensively

This study

Test an approach to generate values in a 'representative' sample of the BC population

1. Can approach produce informed, reliable values?
2. How big a sample do we require?



Methods

Criteria

- Drawn from recent MOH Health Technology Review process <http://www.health.gov.bc.ca/htr/>
- Health benefit, Non health benefit, Underlying condition severity, Environmental impact, Fairness, Prevention

Population

- General public recruited from random digit dialling and posters to a computer assisted interview



Methods

Weighting values

- Goal is to distribute 100 points to each criteria – gives relative value of each criteria
- Many methods available
- We chose the Analytic Hierarchy Process
 - Widely used in (non health) decision making
 - Simple for users
 - Gives consistency ratio for each respondent
- Can be used in various priority setting frameworks, e.g. Multi Criteria Decision Analysis (MCDA)



Methods

Health Benefit: Priority should be given to new treatments that provide a large health benefit.

This is the improvement in health the patient can expect from the use of the new treatment, compared to the existing standard of care. This might involve a longer life span, improved quality of life, fewer side effects, etc

- | | | | | | | | | | | | |
|-----|----------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|--------------------|
| 1. | Health benefit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Non health benefit |
| 2. | Health benefit | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Condition severity |
| | | | | | | | | | | | |
| 15. | Fairness | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Prevention |

- Values derived through Matrix algebra
- Consistency criteria calculated through transitivity
if “health benefit” > “fairness” and “health benefit” < “condition severity”
then “condition severity” > “fairness”



Results - demographics

61 responses (so far)

50% consistent at 10% level (strict), 85% consistent at 20% level

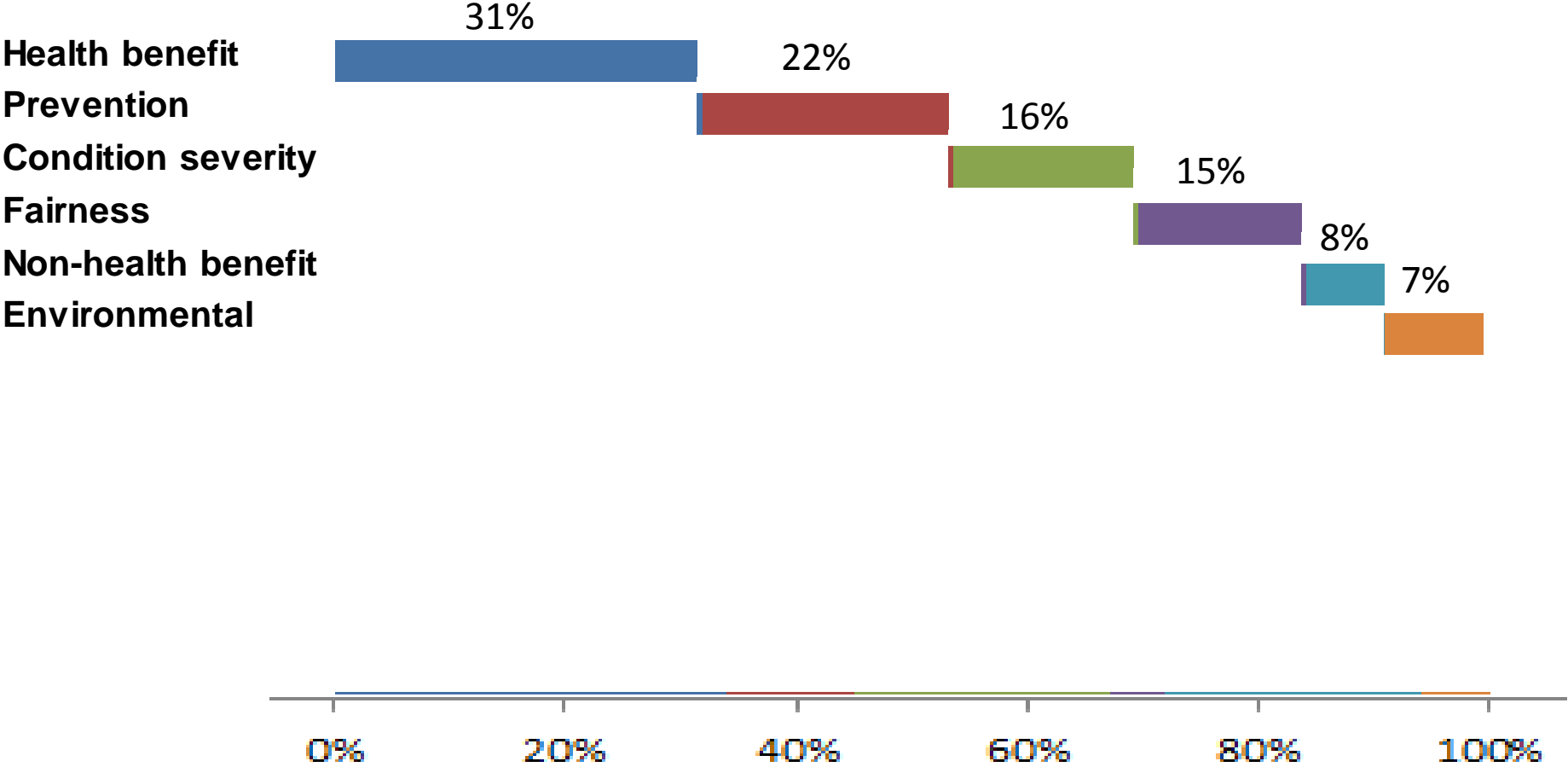
	Value	General Population
Age, n (%)		
18-39	21 (35%)	(39%)
40-59	23 (38%)	(39%)
60+	17 (28%)	(22%)
Sex, % male	27 (45%)	(49%)
Education, n %		
Less than secondary	0 (0%)	(17%)
Secondary graduate	25 (41%)	(17%)
Post-secondary	36 (59%)	(67%)



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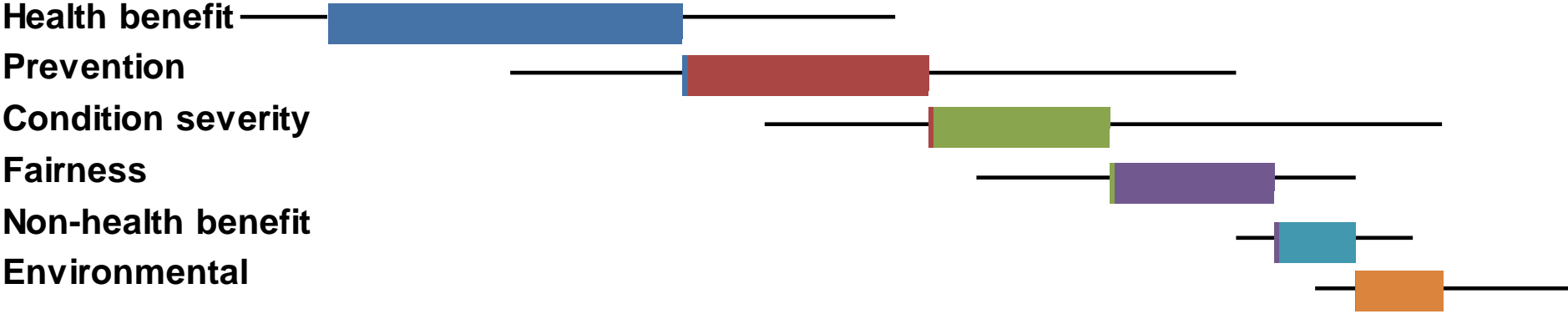
Values – main results and subgroups



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Values – confidence intervals



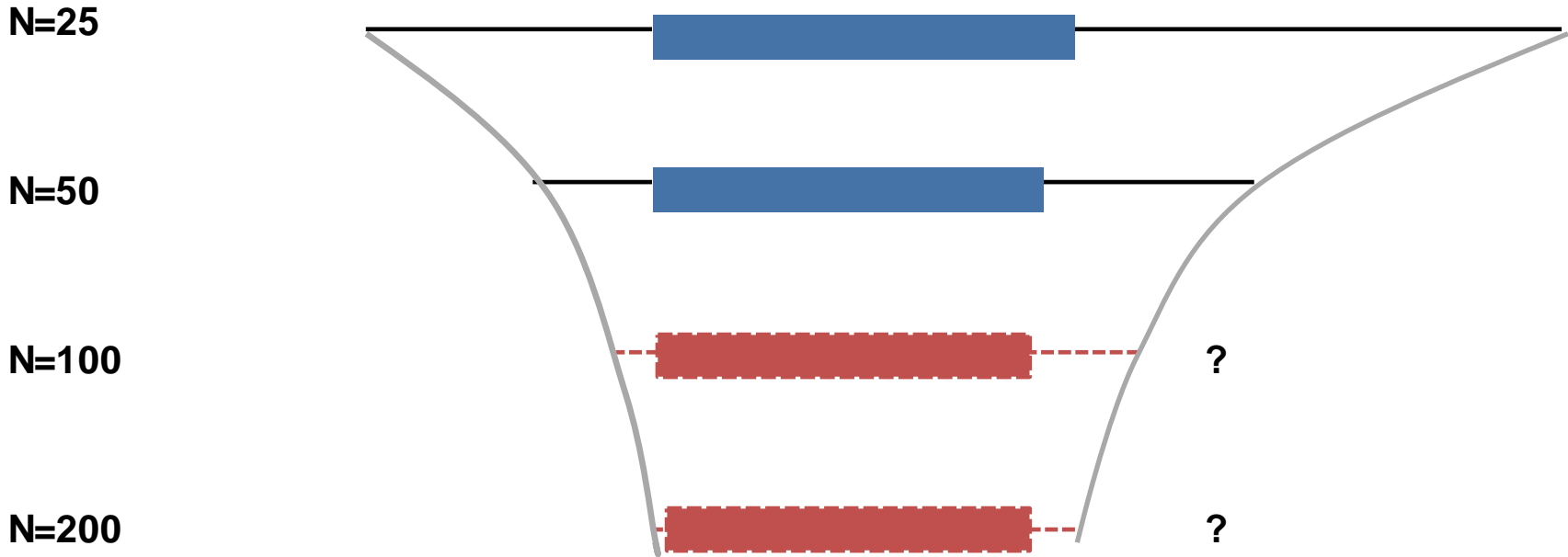
10,000 bootstrap samples



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Values – sample size



Conclusions

Generating 'representative' weights in this way appears to be feasible in a manageable number of respondents

Consistency reasonable

- but still concerns whether they are true values or consistently uninformed numbers

Representativeness

- depends on the definition – a challenge when using interviews in Vancouver



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Next steps

Create methods to generate informed values
...in defined representative populations
...in a timely manner
...inexpensively

Web survey using similar methods, in panels of respondents

- Relatively inexpensive
- Can reach specified quotas of respondents demographics
- 2-3 weeks in the field



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•**Health Benefit: Priority should be given to new treatments that provide a large health benefit.**

This is the improvement in health the patient can expect from the use of the new treatment, compared to the existing standard of care. This might involve a longer life span, improved quality of life, fewer side effects, etc.

•**Non-Health Benefit: Priority should be given to new treatments that provide a large non health benefit.**

This is the benefit to patients from the use of the new treatment in terms of non-health benefits such as greater convenience or comfort to the patient, increased confidence or autonomy, etc.

•**Underlying Condition Severity: Priority should be given to new treatments for patients with severe medical conditions.**

This indicates the severity of the patient's underlying medical condition, and how that impacts their everyday quality of life and limits their lifespan

•**Environmental Impact: Priority should be given to new treatments that are environmentally friendly.**

This relates to whether the treatment has an adverse effect on the environment, possibly through the use of materials that are not 'environmentally friendly'

•**Prevention: Priority should be given to new treatments that prevent disease**

A preventive intervention aims to avoid a disease from developing in the first place. The contrast is treatment interventions targeted at patients with a disease that has already developed

•**Fairness: Priority should be given to new treatments for diseases suffered more by the poor and disadvantaged.**

This consideration is that we might want to give health care priority to those in our society who are experiencing poverty and economic hardship.



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