

A Decision Making Framework for 'Health' Priority Setting

Ethics Collaborations Team

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Fundamental presumption

“Governance decisions reached in good faith by a fair, inclusive and accountable process are justifiable on moral grounds.”

Process steps

- 1. Identify and assemble the 'right' decision makers
 - Ensure inclusion of appropriate:
 - Legitimate decision makers
 - Expert consultants
 - Internal stakeholders
 - External stakeholders (e.g., 'communities of care', Department of Health, as appropriate)

Process steps

- 2. Clarify the specific roles and responsibilities of the participants in priority setting, and how different

Process steps

- 3. Establish how priority setting decisions/recommendations will be reached, e.g., by consensus 'that all can live with', if possible
 - Consider adopting a formal dispute resolution process

Process steps

- 4. Identify and reflect on:
 - Health organization's core values, mission, vision and strategic direction/plan (where should the organization be going?)
 - Other relevant values and principles, e.g., justice (distributive: fair distribution of benefits and burdens; social: particular attention to needs of the vulnerable), utility/efficiency and sustainability
 - Anticipated changing needs in the future, e.g., with aging population

Process steps

- 5. Identify and discuss relevant constraints on priority setting:
 - Limited resources, e.g., budgetary/staffing/capital
 - Government mandates, e.g., provision of particular health care services at prescribed volumes
 - Legislative obligations
 - The law
 - Academic mandates, e.g. need/desire to educate health care providers and conduct research
 - Known particular, urgent community needs

Process steps

- 6. Establish list of priority options
 - This includes:
 - Ensuring list is inclusive of proactive/ preventive, 'outside the box', and 'modification of social determinants of health' options, as appropriate
 - Eliminating options under consideration which, on reflection, are obviously unjust or definitely not feasible due to existing constraints

Process steps

- 7. Gather relevant information/ evidence on the remaining priority options through knowledge base of participants, solicitation of expert opinion, research, etc.

Process steps

- 8. Clarify expected 'health' outcomes of the individual priority options by:
 - Identifying expected benefits and burdens, and to whom?
 - Anticipating 'opportunity costs' of prioritizing some options over others

Process steps

- 9. Identify substantive criteria for ranking of priority options
 - e.g., Degree of:
 - 'Strategic fit': alignment with mission, vision, core values and strategic direction/plan
 - Attention to justice (fair distribution; particular attention to needs of the vulnerable)
 - Utility/efficiency (best 'health' bang for buck)
 - Sustainability (if need anticipated to be ongoing/long term)

Process steps

- 10. Rank priority options by the established criteria
 - Checks:
 - any priority options missed?
 - should the substantive criteria be modified?

Process steps

- 11. Articulate clear reasons for chosen ranking of priorities
 - Checks:
 - Should the organization's strategic plan/direction be modified?
 - Are there any creative, alternative ways to actualize low ranked priorities?
 - Will the chosen priority ranking stand up to public scrutiny?

Process steps

- 12. Effectively communicate results of priority setting exercise and insights from the deliberations which may facilitate implementation and relevant operations
 - Check:
 - Have implementers and those directly affected by the priority setting been included in the communication plan?

Process steps

- 13. Clarify/establish mechanisms to monitor and evaluate the outcomes of priority setting
 - Ensure that evaluation findings inform future priority setting exercises