ACI NSW Agency for Clinical Innovation

Making Choices

A framework for prioritisation within ACI Clinical Networks, Taskforces and Institutes

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Published: October 2013
ACI13-002

FOREWORD

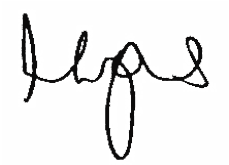
The Agency for Clinical Innovation (ACI) is the primary agency in NSW for promoting innovation, engaging clinicians and designing and implementing new models of care. The ACI's Clinical Networks, Institutes and Taskforces provide a forum that brings together clinicians, managers and consumers across the NSW health system to design, deliver and support implementation of effective and sustainable models of care.

All ACI models of care focus on the needs of patients, and are underpinned by extensive consultation and research conducted in collaboration with leading researchers, universities and research institutions.

As a public agency, the ACI is committed to ensuring that the resources we are allocated are used to the greatest benefit of the NSW community. With the ever increasing burden of disease on the healthcare system meaning that there are more areas of care to be explored than ever before, the ACI supports the introduction of a rational, explicit and transparent priority setting framework that will guide our work in providing the greatest value possible.

I am pleased to introduce *Making Choices: A framework for prioritisation within ACI Clinical Networks, Taskforces and Institutes*. This framework aims to provide a practical approach to prioritisation of proposed work within Networks in NSW, underpinned by ethical and economic principles.

On behalf of the ACI I would like to thank everyone involved in the development of the framework for lending their expertise, time and commitment to ensuring that the ACI can continue to provide value to the NSW health system in the future.



Dr Nigel Lyons

Chief Executive, Agency for Clinical Innovation

MAKING CHOICES
A FRAMEWORK FOR PRIORITISATION WITHIN ACI CLINICAL NETWORKS, TASKFORCES AND INSTITUTES

The NSW Agency for Clinical Innovation (ACI) works with healthcare providers to improve the health of people in NSW. It does this by supporting the development and spread of evidence-based models of care across an integrated health system, fostering collaboration and the sharing of knowledge across networks of clinicians, consumers and managers.

In the context of fixed resources and as a public agency, the ACI and its Networks, Taskforces and Institutes, are accountable to the Board and to the public for the way in which these resources are used.

The ACI supports the introduction of a rational, explicit, transparent priority setting framework that will guide our work in providing the greatest value possible (where value is proportional to patient outcomes per resources consumed to achieve those outcomes).

Throughout this document when we refer to 'resources', we include our Network Managers, clinician and consumer time as well as financial resources. Implementation of a priority setting process for the ACI will require the full involvement of the ACI's network of clinicians, consumers and managers.

Based on a number of priority setting models, this framework has been developed to support decision-making that is seen as "legitimate and fair" (Gibson et al 2002). It aims to provide a practical approach to prioritisation of proposed work within Networks in NSW, underpinned by ethical and economic principles but acknowledging that there are currently no widely implemented models in healthcare. This process is to be used to COMPARE proposals WITHIN Networks.

Reasoned priority setting must be based on a clear set of principles and seek to support the achievement of some objective or set of objectives. The setting of these objectives and principles must involve our clinicians, consumers and managers and include consensus on the values held by the group. These values should be explicit and agreement is required on whose values are to be addressed in which circumstance.

Ethical principles

As in all decision-making in healthcare, priority-setting should be based on the ethical principles of beneficence (doing good), non-maleficence (not doing harm), autonomy (the ability to make one's own decisions) and justice (Beauchamp and Childress 1979). Any process for such decision-making must support "doing good" and the prevention of harm. Sufficient information must be made available to support autonomy in decision-makers when comparing priorities. Trade-offs are inevitable but these must be transparent. Finally, allocation of resources must be fair.

Goals

Gibson and colleagues proposed a broad 'transdisciplinary model' (BMC Health Services Research, 2002) which includes an overarching set of operational goals for the process. These are:

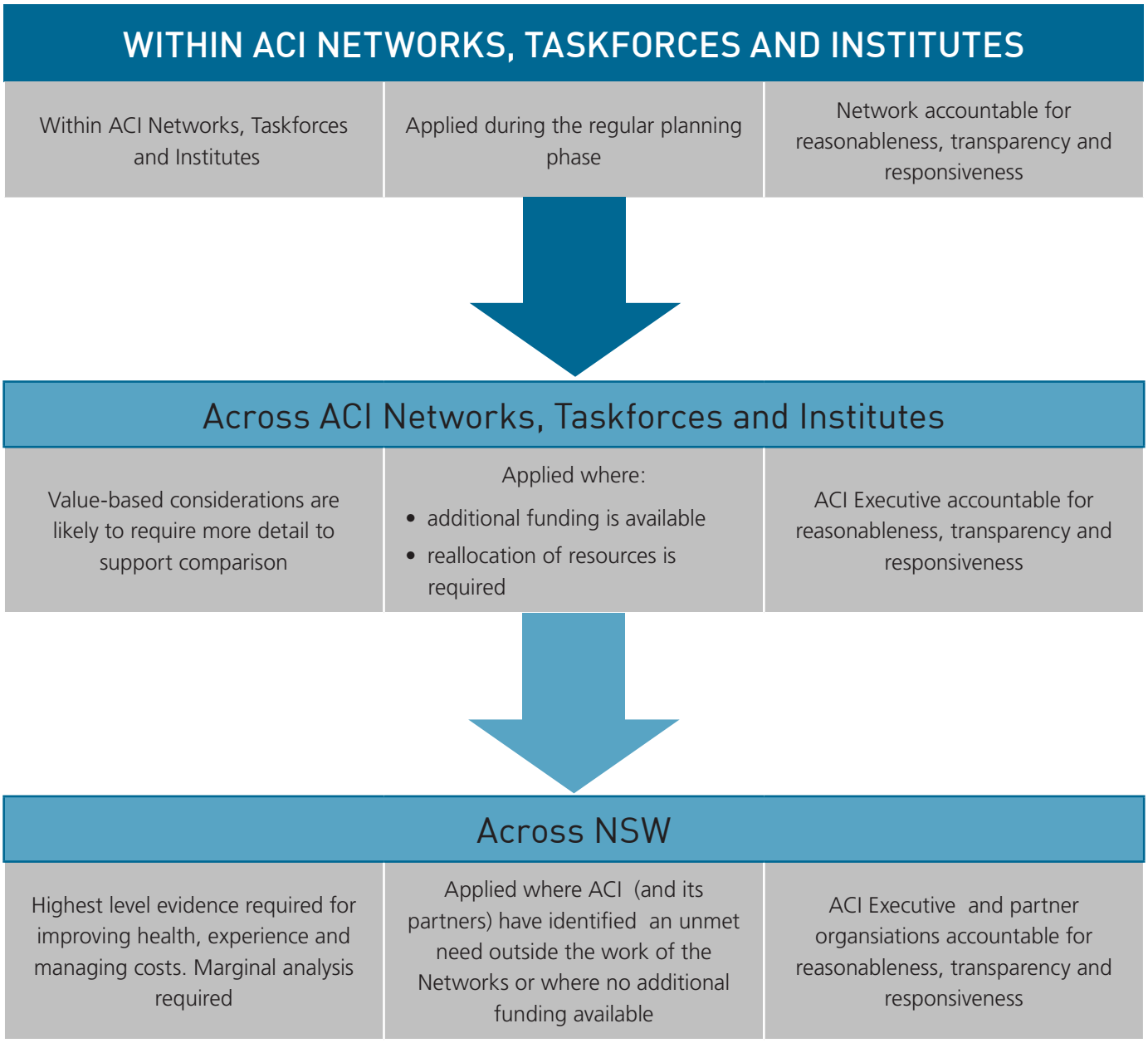
1. reasonableness- the process must be seen to be fair
2. transparency- the process must be clear and accessible
3. responsiveness – the process must respond to feedback and there must be a clear and accessible appeals process
4. accountability – it must be clear who is responsible for ensuring that the process is followed

The *ACI Framework for Prioritisation within ACI Clinical Networks, Taskforces and Institutes* will address these goals, acknowledging that the initial process chosen will need to be modified as the ACI learns from its repeated application.

The schematic diagram below outlines a three stage prioritisation process:

1. within ACI Networks, Taskforces and Institutes
2. across ACI Networks, Taskforces and Institutes
3. across NSW

The focus of this document is on the first stage, that is the prioritisation process to assist Networks, Taskforces and Institutes to compare different proposals within Networks, Taskforces and Institutes.



Proposed process for prioritisation

1. Identify proposed initiatives for the Network, Taskforce or Institute
2. For each proposed initiative ask:
   - Clinical questions
   - Context-based questions
   - Value-based questions

The group should create its own list of relevant questions to be answered. The questions and resources proposed in the framework are suggestions only.

3. Filter out any proposals that do not meet the Network/Taskforce/Institute's criteria
4. For the initiatives that remain, list them in order of priority for the Network Taskforce or Institute
5. Quantify the resources available (Network Manager, clinician time, consumer time, other 'in kind', financial)
6. Identify initiatives that can be achieved within resources available for the specified time period

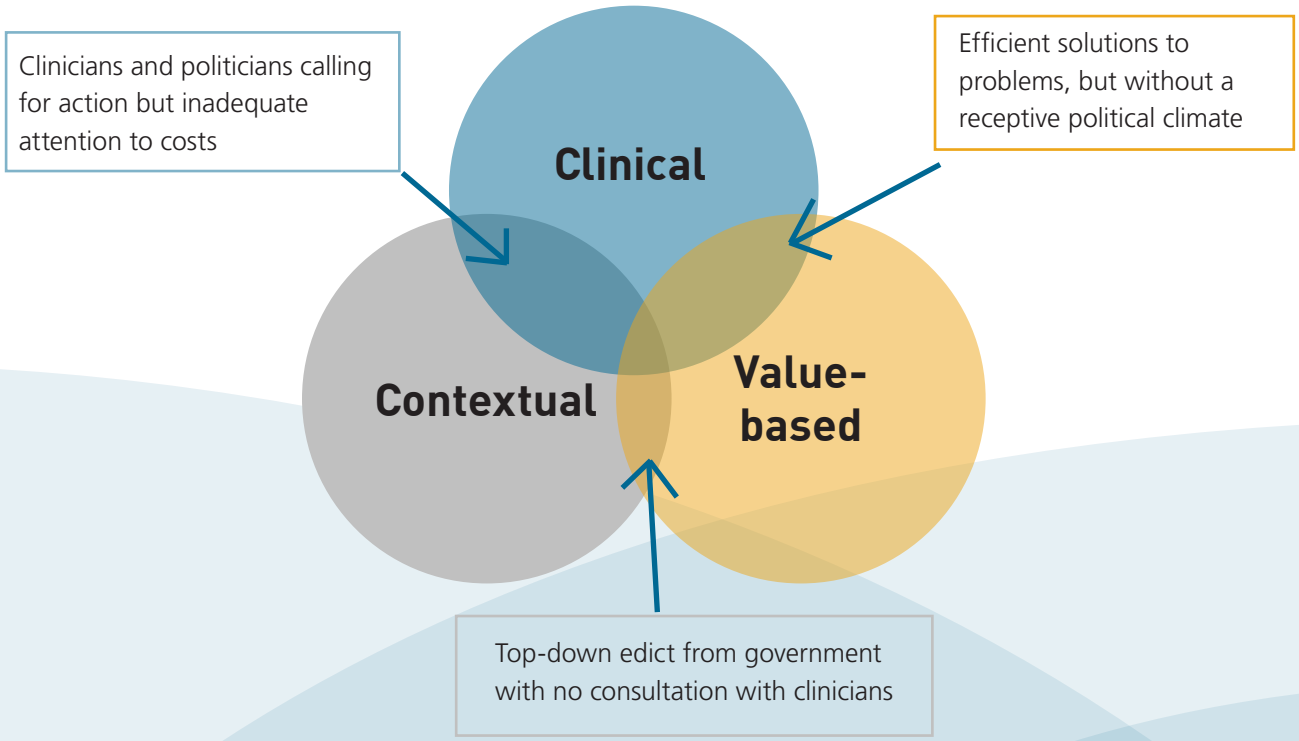
Rationale for choosing to rank a proposed initiative (technology, project, program, drug, device, model of care) over another – addressing 'reasonableness' and transparency

In choosing how resources might be allocated, the first consideration is "Who should choose?". Public, consumer and patient involvement in these decisions is essential and the ACI is committed to improving the ways in which this occurs. Currently, the Networks, Taskforces and Institutes, including their consumer representatives, act as proxy decision-makers for the public. This is an important concept and brings with it, responsibility to ensure that the chosen priority contributes to improving the overall health of the population.

The second important issue is to acknowledge that priority setting occurs in an ever-changing context.

"What works" will depend not only on the scientific evidence-base, but also on the capacity and capability of the system in which it is being introduced, on the current political drivers and on the willingness of groups and individuals to change. John Kingdon (2003) proposed his model for agenda-setting to describe why certain issues became priorities for government action and others disappear. His model consists of three streams (the problem, policy and political streams) which, when they converge, form a 'policy window' in which action occurs. Broadly, the model suggests that, for an issue to be recognised, it must be perceived as a problem, the proposed solutions must be acknowledged as good advice, and the political environment must be responsive.

Taking all these factors into account, issues that are brought to the ACI for consideration should satisfy a number of criteria, broadly set by the ACI, but the details of which are determined by the Networks, Taskforces and Institutes. In examining the detail, proposed pieces of work can be prioritised against each other. This framework suggests the type of questions and the sources of information that could be used by the Networks to make choices. The general criteria are as follows.



Clinical Questions

This incorporates both the problem and policy streams of Kingdon's model. Any issue and possible solutions brought to the ACI Networks, Taskforces and Institutes must be seen as important and likely to improve the health of the people of NSW.

POSSIBLE QUESTIONS	SOURCES OF INFORMATION
• Is the problem recognised as important by the whole Network Taskforce or Institute? • How many patients/carers are involved? • What is the case for change? • Is the advice recognised as good advice? Does the Network, Taskforce or Institute believe the evidence supports the suggested initiative? • Can it work? (Efficacy) • Does it work here? (Effectiveness) • What is the likely impact of the initiative? • What is the expected improvement in health, patient experience, or system capacity?	• Epidemiological data • Clinical registry data • ACI databases • Evaluations and feedback from current programs and initiatives • Scientific evidence (e.g. RCTs, systematic reviews, meta-analyses) • Health technology assessments (NICE, ASERNIPS) • Trial/pilot projects • If this data/information doesn't exist, should our first step be to collect it?

Contextual Questions

This stream acknowledges the environmental factors that can hinder or increase the likelihood of successful implementation of a program or model of care, for example. It may be influenced by changes in public opinion or by changes in government, and by the work of strong advocacy groups. It looks for support from outside the Network, Taskforce or Institute.

This is immediately recognisable to those who have advocated for prioritisation of an important issue in their field of interest, with well researched and supported solutions, only to be met with disinterest from policy and decision makers. However, it accounts for the reality of multiple issues competing for limited government funding, and the need for a means to differentiate and prioritise amongst them.

POSSIBLE QUESTIONS	SOURCES OF INFORMATION
• Is it considered a problem by others outside the Network/Taskforce/Institute? • Is there already work being done elsewhere? • Is there anything that will help or hinder the initiative? • How feasible is this? • Does the system have the capacity to implement and sustain this? • Does the system have the capability to implement and sustain this? Are there any international frameworks in which the proposal sits e.g. Human Rights agreements?	• Consumer/Community priority • LHD priority • Medicare Local priority • NGO priority • Ministry priority • ACI priority • Crisis • Funding has been made available

Value-based Questions

This stream brings together the predicted outcomes for patients from the proposed initiative and the cost to achieve these outcomes.

When issues are first raised with the Networks, Taskforces and Institutes, there are at least two parts of the initiative to consider. The first is the development of the initiative through its diagnostic and solutions phases, and the second is the implementation of the solution. Both of these will require resources. The resources available to do the work of developing models of care consist of Network managers, whatever discretionary time clinicians, consumers and health services managers can assign. In some cases, there is also funding to pay for additional resources. Proposals for implementation of a model of care or other solution may need to be supported with much more detailed economic evaluation provided by the ACI Health Economic Evaluation Team.

This set of questions acknowledges the importance of the predicted outcomes but challenges the Network, Taskforce and Institute to look for the most efficient means to deliver such outcomes. It is a means to provide evidence to the public from Networks, Taskforces and Institutes that public funding is being used responsibly. Importantly, where programs deliver equivalent benefit, Networks should seek sufficient information to choose the most efficient option, thereby providing the most value.

The economic principle of opportunity cost is important here - resources used for one initiative are not available for other uses. There is a trade-off between the benefits accrued from assigning the resources to a particular initiative and the losses carried through not supporting another.

POSSIBLE QUESTIONS	SOURCES OF INFORMATION
For initiative development: • What resources do we have? • What outputs do we want to achieve and within what time frame? For solution implementation • What outcomes do want to achieve? • What does it cost to achieve these outcomes? • What does it cost compared to other initiatives? • Which initiative(s) will give more 'value'?	• Budget information • Initiative information • Comparative cost effectiveness analysis

Using the clinical, contextual and value-based lenses to assess proposals, it should be possible to rank them, providing a basis for deciding what work is possible and will provide the most value for the investment being made.

By identifying and answering the relevant questions in each of the three areas, the Networks, Taskforces and Institutes and the ACI can address the first two operational goals of this prioritisation framework – reasonableness and transparency.

Responsiveness and accountability - evaluating the prioritisation process

Being explicit about the thinking behind prioritisation decisions establishes a basis for the third operational goal – responsiveness. This refers to the way the process facilitates feedback and allows challenges to the choices made. Both the process and the prioritisation decisions should be clear and accessible.

Accountability for a reasonable, transparent process should be shared by the ACI and its Networks, Taskforces and Institutes and feedback from our partners must be sought and used to improve the prioritisation process.

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