

**The University of British Columbia
School of Population and Public Health
Master of Public Health**

Calendar Entry: SPPH 547, Health Care Priority Setting

Credits: 3

Number of Instructors: One primary instructor plus 3-4 additional content experts including other researchers and/ or decision makers.

General Course Description: This course will introduce principles and methods related to health care priority setting. Students will be expected to design a priority setting process based on real-world constraints.

Prerequisites: none **Co-requisites:** none

As a result of this course, students will be able to:

- Discuss economic and ethical principles underlying health care decision making, and compare these principles with an 'evidence-based medicine' approach
- Outline commonly used approaches to priority setting by health care decision makers both within Canada and elsewhere
- Describe practical steps for health care priority setting, including generating decision making criteria and other relevant decision making tools
- Understand how economic evaluation can be used alongside of other types of evidence to inform real world health care priority setting
- Draw out practical insight on key concepts and methods through an understanding of case studies and real world examples
- Discuss individual and organizational success factors related to improving priority setting and resource allocation practices
- Design a process for priority setting in a health organization

Evaluation

Class participation (20%): Students will be assigned a mark between 0-20 for their willingness to participate in class and online discussion and the degree to which their participation enhances discussion in the class.

Group exercise (40%): Small groups will be charged with designing a priority setting process within real world health care constraints. Students will be working within a simulated health care environment to produce an executive briefing note and then present on their findings.

Written assignment (40%): Students will be required to write a short essay on a topic of their choosing related to health care priority setting. One week following the second face-to-face session, students must submit their topic and a brief description to the TA. Essays are to be a maximum of 2000 words and will be assessed in terms of both content (75% of the mark) and style (e.g., grammar, flow, ease of reading = 25% of the mark).

Format

The face to face component takes place over three days and includes lectures and small group break out sessions. Ample time will be provided throughout for discussion and questions. As the majority of students are from the health sector, or will be a part of the health sector in the future, participants will be encouraged to speak about their own experiences and challenges with health care priority setting. The online component will include class discussion, case studies and additional reading to supplement classroom material. All of the material is posted in an easy to follow format on Vista.

Specifically, students will be required to participate in a series of online activities prior to the first face-to-face class and between the second and third classes. This will include posting responses to short assignments (not for marks) and commenting on the responses of other students. The face-to-face component comprises 24 hours while the online component constitutes a minimum additional 12 hours. Course reading as well as the group exercise and the written essay are above and beyond this commitment. Students will receive links to relevant papers and should also purchase a copy of the course text.

Course Instructor

CRAIG MITTON is an Associate Professor in the School of Population and Public Health at UBC and a Senior Scientist in the Centre for Clinical Epidemiology and Evaluation. From 2006-2012 he held a Michael Smith Foundation for Health Research Scholar Award. The focus of his research is on the application of health economics to impact priority setting in organizations and in using relevant tools to assess health care services. He has given lectures on health economics, ethics and priority setting across Canada, U.S., England, Scotland, Europe, Australia and New Zealand. He is the lead and co-author, respectively, on two books and has authored over 100 peer-reviewed articles. He regularly works with governments, health authorities and other health care organizations in the area of priority setting and resource allocation.

Contact Information

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Course Outline

Day One

9:00-9:45	Introductions and discussion from online activities
9:45-10:45	The Black Hole of Calcutta (group exercise)
10:45-11:00	Break
11:00-12:00	Background and principles
12:00-12:45	Lunch
12:45-1:45	Priority setting in practice
1:45-2:45	Generating criteria (Group exercise)
2:45-3:45	High performance and evaluation in priority setting
3:45-4:00	Break
4:00-5:00	Values and priority setting in the real world (guest speaker)

Day Two

9:00-9:30	Reflections on online activity
9:30-10:15	Economic evaluation, benefits and priority setting
10:15-10:30	Break
10:30-12:00	Case studies
12:00-1:00	Lunch
1:00-2:00	Priority setting in action (group exercise)
2:00-3:00	Case studies
3:00-3:15	Break
3:15-4:00	Public engagement and priority setting
4:00-4:45	Ethics and priority setting
4:45-5:00	Discussion and wrap-up

Day Three

9:00-12:00	Designing a priority setting process (group exercise)
12:00-1:00	Lunch
1:00-2:00	National assessment and local commissioning (guest lecture)
2:00-2:30	Break
2:30-4:30	Reporting back on priority setting process (group presentations)
4:30-5:00	Discussion and wrap-up

References

Course text (required)

Mitton C and Donaldson C. *The Priority Setting Toolkit*. BMJ Books, London, 2004.

Journal articles (required)

Bryan S. Darzi on NICE: The case for clinician engagement in HTA. *Health Economics* 2008;17:1323-1327.

Bjornson C, Klassen T, Williamson J, Brant R, Mitton C, Plint A, Bulloch B, Evered L, Johnson D. Treatment of mild croup with a single dose of oral dexamethosone: a multi-center, randomized, placebo-controlled trial. *New England Journal of Medicine* 2004;351:1306-15.

Dionne F, Mitton C, Smith N, Donaldson C. Evaluation of the impact of Program Budgeting and Marginal Analysis in Vancouver Island Health Authority. *Journal of Health Services Research and Policy* 2009;14(4):234-242.

Gibson JL, Mitton C, Martin DK, Donaldson C, Singer PA. 2005. "Ethics & economics: Does program budgeting and marginal analysis contribute to fair priority setting?" *Journal of Health Services Research & Policy* 2006;11(1):32-37.

Mitton C, Donaldson C. Doing health care priority setting: principles, practice and challenges. *Cost-effectiveness and Resource Allocation* 2004;2(3).

Mitton C, Smith N, Peacock S, Evoy B, Abelson J. Public Participation in Health Care Priority Setting: a Scoping Review. *Health Policy* 2009;91(3):219-229.

Journal articles (recommended)

Bate A, Mitton C. The application of economic principles in health care priority setting. *Expert Review of Pharmacoeconomics and Outcomes Research* 2006;6(3):275-284.

Donaldson C, Currie G, Mitton C. Cost-effectiveness analysis: contra-indications. *British Medical Journal* 2002;325: 891-894.

Ham C. Priority setting in health care: learning from international experience. *Health Policy* 1997;42(1):49-66.

Jan S. Perspective on the analysis of credible commitment and myopia in health sector decision making. *Health Policy* 2003;63(3):269-78.

Peacock S, Ruta D, Mitton C, Donaldson C, Bate A, Murtagh M. Using economics for pragmatic and ethical priority setting: two checklists for doctors and managers. *British Medical Journal* 2006;332:482-485.

Ruta D, Mitton C, Bate A, Donaldson C. Programme Budgeting and Marginal Analysis (PBMA): A common resource management framework for doctors and managers? *British Medical Journal* 2005;330:1501-1503.