

**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
- 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. Students will be required to design a priority setting process within one of these eight areas (the area will be assigned to each group):

- Vaccines
- Health promotion
- Implantable devices
- Screening

- Mental health services
- Cardiac surgery
- Geriatrics
- Ministry of health decision making

The focus of the activity will be determined by the group – i.e., the group must determine for themselves the scope of the exercise, the specific objectives of the activity and the details around priority setting design and implementation.

Any of the tools/ approaches discussed in class may be included in the project in so far as they are appropriate and applicable for the scope and objectives set by the group. A one page briefing note must accompany the presentation.

### **Written assignment (40%)**

Written assignment (40%): Students will be required to write a short essay on any challenge or issue or problem in one of the following topic areas: politics of priority setting; cancer care; drug decision making; public engagement; ethics of priority setting; health care disinvestment.

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).

There are no ‘rules’ with respect to the specific slant of the essay so long as it is based in one of these six areas that were covered in the class. References are expected (minimum of 10 citations) and the word limit must be strictly adhered to.

### **Course 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 Connect.

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 an e-copy of the course text.

### **Course Instructor**

CRAIG MITTON is Professor in the School of Population and Public Health at UBC and a Senior Scientist in the Centre for Clinical Epidemiology and Evaluation. Within SPPH he is the Director of the MHA program. 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 120 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**

Email: [craig.mitton@ubc.ca](mailto:craig.mitton@ubc.ca)  
Phone: 604-875-4111, x62995

**No set office hours - please email to arrange a time to meet.**

### **Teaching Assistant**

William Hall is a PhD student in the School of Population and Public Health. He completed his MSc in 2014 in SPPH and has been the TA for SPPH 547 previously.

Email: [William.hall@ubc.ca](mailto:William.hall@ubc.ca)  
Phone: 604-999-5256

## Course Outline

### Day One

9:00-10:00	Introductions and online discussion
10:00-10:45	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)
2:45-3:30	"Playing God" (facilitated discussion)
3:30-3:45	Break
3:45-4:30	Ethics and priority setting (guest speaker)
4:30-5:00	Wrap up and course expectations

### Day Two

9:00-9:15	Reflections on online activity
9:15-10:15	National assessment and local commissioning (guest speaker)
10:15-10:30	Break
10:30-11:30	Methods for public engagement (guest speaker)
11:30-12:30	Lunch
12:30-1:30	Case studies (health authorities)
1:30-2:30	Priority setting in action (group exercise)
2:30-2:45	Break
2:45-3:30	Case studies (drug decision making)
3:30-4:30	High performance and evaluation (guest speaker)
4:30-5:00	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	Values and priority setting in the real world (guest speaker)
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

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

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.

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.

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.

Smith N, Mitton C, Bryan S, Davidson A, Urquhart B, Gibson J, Peacock S, Donaldson C. Decision Maker Perceptions of Resource Allocation Processes in Canadian Health Care Organizations: a national survey. *BMC Health Services Research*; 2013; 13:247.