

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

Calendar Entry: SPPH 547, Health Care Priority Setting

Credits: 3

Meeting times: Tuesday afternoons, every other week starting Jan 12

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

Course format

This is a 'blended' or 'hybrid' course that combines online activity (18 hours) with face-to-face meetings (18 hours). Course reading as well as the final 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. The online component will include a series of activities throughout the term, with posting on the discussion board. All of the material is posted in an easy to follow format on Canvas.

The face-to-face class time includes both 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 18 hours of face time is in the form of 3 hours a week, every other week, from January to April (i.e., six sessions).

UBC provides resources to support student learning and to maintain healthy lifestyles but recognizes that sometimes crises arise and so there are additional resources to access including those for survivors of sexual violence. UBC values respect for the person and ideas of all members of the academic community. Harassment and discrimination are not tolerated nor is suppression of academic freedom. UBC provides appropriate accommodation for students with disabilities and for religious and cultural observances. UBC values academic honesty and students are expected to acknowledge the ideas generated by others and to uphold the highest academic standards in all of their actions. Details of the policies and how to access support are available [here](#).

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%): 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. 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 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. 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 170 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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No set office hours - please email to arrange a time to meet.

Teaching Assistant

TBD

Course Outline

Class 1	
15 minutes	Reflections from online activities (class discussion)
60 minutes	The Black Hole of Calcutta (group exercise)
15 minutes	Break
60 minutes	Background and principles (lecture)
30 minutes	Wrap-up (class discussion)
Class 2	
15 minutes	Reflections from online activities (class discussion)
60 minutes	Priority setting in practice (lecture)
15 minutes	Break
60 minutes	Generating criteria (group exercise)
30 minutes	Wrap-up (class discussion)
Class 3	
15 minutes	Reflections from online activities (class discussion)
60 minutes	Case studies (lecture)
15 minutes	Break
60 minutes	International perspective (guest lecture)
30 minutes	Wrap-up (class discussion)
Class 4	
15 minutes	Reflections from online activities (class discussion)
60 minutes	Methods for public engagement (guest lecture)
15 minutes	Break
60 minutes	Priority setting in action (group exercise)
30 minutes	Wrap-up (class discussion)
Class 5	
15 minutes	Reflections from online activities (class discussion)
60 minutes	High performance and organizational factors (lecture)
15 minutes	Break
60 minutes	Priority setting in the real-world (guest discussion)
30 minutes	Wrap-up (class discussion)
Class 6	
50 minutes	Group presentations
10 minutes	Break
50 minutes	Group presentations
10 minutes	Break
50 minutes	Group presentations

References

The course text can be read during the term, there is no set due date for each chapter.

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

Journal articles are listed in the order they are to be read.

For class 1	<p>Ham C. Priority setting in health care: learning from international experience. <i>Health Policy</i> 1997;42(1):49-66.</p> <p>Jan S. Perspective on the analysis of credible commitment and myopia in health sector decision making. <i>Health Policy</i> 2003;63(3):269-78.</p>
For class 2	<p>Gibson JL, Mitton C, Martin DK, Donaldson C, Singer PA. 2005. "Ethics & economics: Does program budgeting and marginal analysis contribute to fair priority setting?" <i>Journal of Health Services Research & Policy</i> 2006;11(1):32-37.</p> <p>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. <i>British Medical Journal</i> 2006;332:482-485.</p>
For class 3	<p>Dionne F, Mitton C, Smith N, Donaldson C. Evaluation of the impact of Program Budgeting and Marginal Analysis in Vancouver Island Health Authority. <i>Journal of Health Services Research and Policy</i> 2009;14(4):234-242.</p> <p>Mitton C, Dionne F, Damji R, Campbell D, Bryan S. Difficult decisions in times of constraint: Criteria based Resource Allocation in the Vancouver Coastal Health Authority. <i>BMC Health Services Research</i> 2011;11:169.</p>
For class 4	<p>Mitton C, Smith N, Peacock S, Evoy B, Abelson J. Public Participation in Health Care Priority Setting: a Scoping Review. <i>Health Policy</i> 2009;91(3):219-229.</p> <p>Mitton C, Dionne F, Donaldson C. Managing health care budgets in times of austerity: the role of program budgeting and marginal analysis. <i>Applied Health Economics and Health Policy</i> 2014;12(2): 95-102.</p>
For class 5	<p>Smith N, Mitton C, Hall W, Bryan S, Donaldson C, Peacock S, Gibson J, Urquhart B. High performance in healthcare priority setting and resource allocation: a literature and case study based framework in the Canadian context. <i>Social Science and Medicine</i> 2016;162:185-192.</p> <p>Ruta D, Mitton C, Bate A, Donaldson C. Programme Budgeting and Marginal Analysis (PBMA): A common resource management framework for doctors and managers? <i>British Medical Journal</i> 2005;330:1501-1503.</p>