The University of British Columbia
School of Population and Public Health

Calendar Entry: SPPH 547, Health Care Priority Setting

Credits: 3

Meeting times: **Tuesday 2:00-5:00PM on Jan 16, 30, Feb 13, Mar 5, 19, Apr 2***

*We are meeting six times in person noting this is a hybrid course with significant online activity.

Number of Instructors: One primary instructor plus 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 as per the above schedule (i.e., six sessions in total).

Evaluation

Class participation (10%): Students will be assigned a mark between 0-10 for their willingness to participate in class discussion and the degree to which their participation develops and/ or enhances key concepts. Students may wish to think about speaking from their own experiences interacting with or working within the health care system.

Online participation (10%): The online component involves a number of activities which will include posting and/ or contributing to the discussion board. Students will be assigned a mark between 0-10 based on the quality of their inputs namely in terms of novel insight, depth of analysis and critical exploration of the topics at hand.

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 areas (the area will be selected by each group):

- Vaccines
- Pandemics
- Health promotion
- Screening
- Climate change
- Mental health services
- Surgical services
- Geriatric care
- Residential care
- Physician planning
- Ministry of health planning

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.

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 in so far as it relates to priority setting and resource allocation: politics of priority setting; cancer care; First Nations health; drug decision making; public engagement; climate change; ethics of priority setting; health care disinvestment; pandemics.

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. References are expected (minimum of 10 citations) and the word limit must be strictly adhered to. Typically,

students should not re-hash a standard PBMA process or the classic 'steps' for priority setting in their final essay.

General Information

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.

Students are invited to meet with the instructor to discuss specific course content, competencies and assignments. In addition, students are invited to dialogue about career aspirations, and the role of this course or your degree more generally in advancing your career objectives. Students are also welcome to consider how the course content may illuminate practicum opportunities that you may wish to pursue.

Generative AI

The use of Chat GPT or other generative AI tools is permitted in this course. If you use generative AI to get ideas and/or partial answers for an assignment and/or to generate any text for a draft or final version of any part of an assignment, you must declare that you have used it. You must also add a couple sentences describing the extent to which it was used, and you must save any generated text from this tool in case it is requested. The TA or the instructor may ask you to provide the generated text in order to help with grading decisions. (source: https://ctlt.ubc.ca/resources/assessment-design-in-an-era-of-generative-ai/communicating-with- students-about-generative-ai/)

Respectful environments

SPPH is committed to providing a positive education experience free from discrimination. If you have had an experience in this course where you feel unsafe, have been mistreated or have witnessed mistreatment, please let us know. If you want to raise this beyond the course instructor, the school recommends the following. You may contact your academic supervisor, the education manager for your program or the Associate Director-Education. You may also report your concerns to the Faculty of Medicine REDI office which can be found at: https://mistreatmenthelp.med.ubc.ca/. Both SPPH and the REDI office have procedures in place for recording and acting on reports of mistreatment in the educational environment.

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., the UK, Europe, parts of Asia, 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 health organizations in the area of priority setting and resource allocation.

Contact Information

Email: craig.mitton@ubc.ca
Phone: 604-328-5199 (cell)

Office hours

No set office hours - please email to arrange a time to meet either on campus or at VGH.

Teaching Assistant

Glory Apantaku - Glory.Apantaku@ubc.ca

Course Outline

Class 1	
15 minutes	Reflections from online activities (class discussion)
60 minutes	Deep Cove Cave Rescue (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 – VCH and drugs (lecture)
15 minutes	Break
60 minutes	Pandemics and public health decision making (group discussion)
30 minutes	Wrap-up (class discussion)
Class 4	
15 minutes	Reflections from online activities (class discussion)
60 minutes	Public engagement and priority setting (guest session)
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 disinvestment (lecture)
15 minutes	Break
60 minutes	Priority setting and climate change (class 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	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. Norwegian Ministry of Health and Care Services. Principles for priority setting in health care. https://www.regjeringen.no/contentassets/439a420e01914a18b21f351143ccc6af/en-gb/pdfs/stm201520160034000engpdfs.pdf
For class 2	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. Baltussen R, Jansen M, et al. Priority Setting for Universal Health Coverage: We Need Evidence-Informed Deliberative Processes, Not Just More Evidence on Cost-Effectiveness. IJHPM 2016, 5(11), 615-618. https://www.ijhpm.com/article_3231_0b8154abfa743a669765193093e58f9c.pdf Mitton C, Dionne F, Donaldson C. Managing health care budgets in times of austerity: the role of program budgeting and marginal analysis. Applied Health Economics and Health Policy 2014;12(2): 95-102.
For class 3	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. BMC Health Services Research 2011;11:169. Mitton, Donaldson, Dionne, Peacock. Addressing prioritization in healthcare amidst a global pandemic. Healthcare Management Forum. 2021. Vol 34(5);252-255. Kapiriri L, Essue B. Was priority setting included in the Canadian COVID-19 pandemic planning and preparedness? Health Policy 2023. https://doi.org/10.1016/j.healthpol.2023.104817 BCCDC and BC Ministry of Health. COVID 19 Ethical Decision-making Framework. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_Ethical_Decision_Making_Framework.pdf
For class 4	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. Peacock S, Bentley C, Regler D, Burgess M, & CanEngage. (2014). Making Decisions about Funding for Cancer Drugs: A deliberate public engagement - Summary report. *https://cc-arcc.ca/wp-content/uploads/2015/11/CanEngageDocument_Print.pdf*

For class 5	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. Social Science and Medicine 2016;162:185-192. Bhopal A, Norheim O. Priority setting and net zero health care: how much health can a tonne of carbon buy? BMJ 2021;375:e067199. Thomson D, et al. 2023. A climate resilience maturity matrix for Canadian health systems. *Healthcare Management Forum*. https://doi.org/10.1177/08404704231169037 Laprise C. 2023. It's time to take a sustainable approach to health care in the face of the challenges of the 21st century. *One Health*. https://doi.org/10.1016/j.onehlt.2023.100510 Greenwood D, et al. 2022. How We Might Further Integrate Considerations of Environmental Impact When Assessing the Value of Health Technologies. *International Journal of Environmental Research and Public Health*. https://doi.org/10.3390/ijerph191912017
For class 6	No readings as this class is for group presentations. Note throughout the lecture notes and text there are key elements/ components of a priority setting exercise that can be incorporated into the final group project.