WRHA Priority Setting Criteria User's Guide

Introduction

The WRHA's draft priority setting criteria were developed by the Resource Allocation Committee to provide a framework to guide decisions related to setting priorities for health care planning in the region. The criteria were developed based on prior consultations with the WRHA Community Health Advisory Councils (CHACs) and other work done in Canada related to priority setting. The criteria are divided into *pre-screening criteria,* which consider the alignment of the proposal with WRHA and provincial goals and strategic directions and *review criteria* that will be used to rank submissions and determine priorities.

This user's guide has been developed to help in the preparation of submissions. The user's guide:

- Provides further understanding of each criteria
- Includes a glossary of relevant terms
- Provides guidance on the evidence that could be used to support each criteria
- Is a companion to the on-line Health Planners Toolkit which will help you to find appropriate evidence.

Senior decision makers will review the submissions, and priorities will be determined using these criteria.

This is a draft document only. Your suggestions and comments will help make this a more useful document. Please send any comments on this draft to researchandevaluation@wrha.mb.ca.

WHAT IS EVIDENCE IN HEALTH CARE?

An effective and ethical priority setting process should be informed by evidence. It should reflect the ethical principles of equity, transparency, accountability and reasonableness.

What is evidence?

Evidence is information that comes closest to the facts of a matter. Findings of high quality, methodologically appropriate research are the strongest and most accurate evidence. However, because research is often incomplete and sometimes contradictory or unavailable, other sources of evidence are often necessary supplements to research (Adapted from CHSRF).

Not all information is quality evidence:
Both the quality of the evidence and its applicability to a specific situation must be considered. Three important questions to use in this process are:

1. Is it relevant to the purpose?
2. Is it credible or trustworthy?
3. Is it sufficient to draw conclusions or to act on?

Good evidence includes more than numerical data or quantitative research. If only quantitative research is used to make decisions, this eliminates many other appropriate sources of data, such as good qualitative research, and places decision-making about currently under-resourced areas at a disadvantage. The table on pages 6 and 7, outlines good sources of evidence and their potential for health planning. Poorer sources of evidence should be avoided.

Evidence-informed approaches recognize that, in addition to research findings, there are other legitimate factors affecting decisions making – these include values, resource availability, political judgment, and professional judgment. Other legitimate and useful sources of evidence may be client/family experience, results of community consultations and locally produced evidence such as that resulting from program evaluation and quality improvement activities. The challenge for decision-makers is to:

- Ensure that more weight is given to sources of evidence that reflect research rigour,
- Minimize the influence of other factors (e.g. habit, individual preference, lobbying)
- Make use and weighing of all these sources of evidence transparent.

Is evidence-based planning really possible?

The concept of "evidence-based" comes from clinical medicine and implies that the best answer lies in research findings. There are a number of concerns that this is not an appropriate approach for planning and decision making with the result that an *evidence-informed* approach has been proposed as an alternative. **An *evidence-informed* approach recognizes that:**

- Research may be lacking for the questions facing decision-makers,
- Research findings may not be available in a timely way,
- There is often a need for locally relevant information, and the results from health services research may not always be applicable in other settings

Potential evidence sources

GOOD SOURCES OF EVIDENCE	CONTRIBUTION	WHERE TO START
Systematic reviews, meta-analyses	Summarizes, according to strict, objective criteria results from all applicable studies	Request a literature search of reviews and meta-analyses from the Health Sciences Libraries: https://www.umanitoba.ca/libraries/units/health/secure//literaturesearch.ssl.php
Results of expert consensus forums	Provides "cutting edge" thinking in situations where systematic research not available	Request a literature search of grey literature from the Health Sciences Libraries: http://www.umanitoba.ca/libraries/health/
Relevant MCHP reports	May provide other program relevant indicators; often provincial comparison available	MCHP website. Most reports available on line at: http://umanitoba.ca/medicine/units/mchp/
Well designed Program Evaluations	Combine research rigour with need for timely, context sensitive evidence	Contact specific programs, request consult from R & E regarding evaluation quality.
Well designed evaluations from other jurisdictions	Such findings from the grey literature often precede formal research activities	Direct contact with other RHAs. Request consult from Research and Evaluation Unit re: evaluation quality. Request a literature search of grey literature from the Health Sciences Libraries: https://www.umanitoba.ca/libraries/units/health/secure//literaturesearch.ssl.php
Synthesis of WRHA evaluation findings	Identifies themes emerging across region, not limited to one program	Contact R & E for information as to whether similar themes have emerged in other areas.
Concept papers, literature reviews commissioned by WRHA	Interprets current research for specific context, combines with critical review of research, other evidence	Check Insite for posted reports (Research and Evaluation pages), contact R and E to see if any related activities are underway. http://home.wrha.mb.ca/research/reports.php
Internal systematic literature review with contextual analysis	If done well, can integrate current research, other context-sensitive evidence	Request a literature search of grey literature from the Health Sciences Libraries: https://www.umanitoba.ca/libraries/units/health/secure//literaturesearch.ssl.php

		Research and Evaluation Unit can provide guidance with literature review and can conduct review upon request from Senior Management.
WRHA Community Health Assessment	Region-wide analysis of provincially approved indicators; inter-RHA comparison	Available on WRHA website (Intra/Internet). This site also links to related reports, and will soon provide community area profiles. http://www.wrha.mb.ca/research/cha/index.php
Well designed community needs assessments	Can identify trends and issues not captured in information systems	Specific program area, CADs.
Results of quality improvement, activities	If well designed, can provide useful information on what works, doesn't work similar to program evaluation	Consult specific program areas.
Performance measurement indicators	If valid, robust, non-gameable indicators, can provide comparison over time, provincial comparison	Can consult with R & E re: appropriate interpretation, use of indicators.
POOR SOURCES OF EVIDENCE	RISKS	CONSIDER INSTEAD
1 or 2 selected articles	"Decision-based evidence-making" – cherry picking of articles that are supportive of chosen initiative rather than a systematic review. May lack contextual evidence.	With assistance of Health Sciences Libraries search for meta-analyses or systematic review: https://www.umanitoba.ca/libraries/units /health/secure//literaturesearch.ssl.php If this is not available, consider undertaking a context-sensitive review under guidance of Research and Evaluation Unit.
Quick internet search	Hugely variable quality – may include "sponsored" research, lobby groups, etc.	Request a literature search the Health Sciences Libraries: https://www.umanitoba.ca/libraries/units /health/secure//literaturesearch.ssl.php
1 or 2 experts' opinion	Does not bring advantages of consensus forum described above; experts chosen may not be representative	Consensus conference findings. Request a literature search of grey literature from the Health Sciences Libraries: https://www.umanitoba.ca/libraries/units /health/secure//literaturesearch.ssl.php
1 or 2 case examples	Case examples may not be representative or frequent.	Systematic review of cases, client experiences
Poorly designed, "internal" program evaluations from within or outside the organization	May lack scientific rigour; may lack credibility (conflict of interest).	Have any evaluations reviewed by R & E
Media summaries	May not accurately represent research findings.	Systematic reviews; at minimum review original article

<u>Pre-screening criteria</u>

Pre-screening is the first step in the review of submissions. All submissions must meet the first 3 pre-screening criteria, and the 4th if it is applicable, in order to move on to the Review stage of the process.

The 4 pre-screening criteria are:

i. <u>Consistent with WRHA mission, vision, values and strategic direction.</u>

To view:	Please see:
WRHA mission, vision and values	http://www.wrha.mb.ca/about/mission.php
WRHA strategic direction	http://www.wrha.mb.ca/about/plan.php

All submissions should support or advance the WRHA's mission, vision, values and strategic direction.

ii. Consistent with organizational priorities.

WRHA Organizational Priorities are:

- Access
- Aboriginal Health
- Patient Safety
- Workforce Safety and Wellness

iii. Consistent with provincial goals and strategies.

Provincial goals:

1. Optimize the health status of all Manitobans.
2. Improve quality, accessibility and accountability of the health system.
3. Achieve a sustainable health system.

Provincial strategies:

4. Advance healthy living and public health, through strategic partnerships and re-alignment of resources.
5. Through partnerships, reduce health disparities for at risk populations defined by socioeconomics, ethnicity, geography and gender.
6. Lead innovation and system change through strategic partnerships.
7. Improve access and sustainability in health care delivery through strategic investment in resources.
8. Build an integrated primary care system.

iv. Consistent with approved WRHA concept papers and directional documents (if applicable).

These documents, approved by senior management, provide a synthesis of the evidence and outline key principles and directions that will be considered in the priority setting process.

To view:	Please see:
WRHA concept papers	http://home.wrha.mb.ca/research/reports.php

Action:

0. Review the WRHA Mission, Vision, Values, Organizational Priorities and Strategic Direction and Provincial Goals and Strategies. Identify how your submission fits with these.
1. Check to see if your submission relates to one of the concept papers available on Insite (See: **http://home.wrha.mb.ca/research/reports.php**)
2. Write a brief paragraph describing:
   - How your submission will support and advance the WRHA's Mission, Vision, Values and Strategic Direction. Which organizational priorities this initiative will support and advance
   - Which provincial goals and strategies this initiative will support & advance.
   - If your submission relates to a concept paper, also describe how it is consistent with the direction set out in that paper.

Review criteria

1. Health Burden – The importance of the problem

Overview:
In this section, clearly state what problem your initiative is meant to address. Health burden describes the impact that an illness or health condition has both on the individual and at the level of the community.

For clinical initiatives, indicators such as incidence, prevalence, life expectancy and quality of life may capture health burden at the community or the individual level. These are only examples and you do not have to include all of them. Non-clinical initiatives will need to determine the best way to describe and provide evidence to support the problem they are addressing.

Action – Clinical Initiatives:

a. Clearly state the problem that this submission addresses.
b. The resources found in the Health Burden section of the Health Planner's Toolkit will help you to find evidence such as incidence, prevalence, life expectancy, and quality of life. Provide regional statistics if you are able to, but national or provincial statistics may also be used if these are not available. If some groups are particularly impacted, provide evidence to support this. If you are able to, you may also want to include projected incidence and prevalence, to demonstrate that this is a growing or emerging issue.
c. Be sure to provide references for the evidence you provide.

Action – Non-clinical Initiatives:

d. Clearly state the problem that this submission addresses.
e. The resources found in the Health Burden section of the Health Planner's Toolkit may help you to find evidence to describe the problem your initiative addresses. Describe the population that your initiative targets (if appropriate), the magnitude of the problem and what the consequences of the problem are at the organizational, community and/or individual level.
f. Be sure to provide references for the evidence you provide.

2. Health Gain – Proposed response to the problem

Overview:
Health gain can be thought of as the inverse of health burden. This is where you present evidence to show how your proposed initiative will impact the health of individuals and the community (clinical) or the organization and/or community (non-clinical), and why the intervention you have chosen is the preferred option. The *strongest* source of evidence would be a systematic review or meta-analysis, and therefore a good place to *start* is to look for one of these. However, these are not always available, and they also

lack context specific information. Therefore, it is important to also look for other sources of evidence, for example evaluations (particularly randomized controlled trials). Examples of other good sources of evidence can be found in the Potential Evidence Sources on page 6 and 7 (and also in the Health Planners Toolkit). Look for evidence related to the outcomes of similar programs/strategies/ treatments that have been implemented. Very little information may be available related to innovative programs. However, there is likely a theoretical foundation on which the program has been developed.

Action:

a. **Clearly state what your proposed initiative is, and how it is anticipated to address the problem you have identified.**
b. You may want to start by outlining alternative solutions, summarizing the evidence for each. How does what you are proposing compare to alternatives that were considered? Are there contextual issues (for example related to Winnipeg or Manitoba) that must be considered? The resources found in the Health Gain section of the Health Planner's Toolkit will help you to find appropriate evidence.
c. If your initiative is an innovation with little evidence available in the literature to support it, describe the program theory that underlies the development of your submission.
d. How is this initiative expected to impact health at an individual and community level (clinical) or the organization/community (non-clinical)? Describe the anticipated short-term and long-term outcomes of the program.
e. How many individuals are expected to benefit from this program/treatment? How was this estimate made?
g. Be sure to provide references for the evidence you provide.

3. Access

Overview:

Access is one of the WRHAs organizational priorities, and ensuring equitable access is an important criterion for *all* health initiatives. Access can be defined as the "provision of health services in a way that provides an equal opportunity for all citizens to achieve maximum health" (Health Canada, 2001). Barriers to access include both those that prevent participation in preventive, health promotion and assessment services and those that limit needed treatments. Barriers may be financial, geographical, linguistic, or cultural, and may affect initial access, quality of care, or health outcomes. Wait times are but one component of access. Initiatives will be reviewed with a view to their impact on various population groups. Special consideration should be given to issues of access for groups facing health disparities.

Action:

a. Describe how you have considered accessibility in the design of your program/ treatment. How will your proposal improve access to health care services, and what

barriers to access will be addressed (eg. Financial, geographic, organizational and sociological)?

b. Describe how this initiative will help to address health disparities such as those based on geography or population group (ethnicity/race, language proficiency, socioeconomic status, gender, sexual orientation, physical, psychological or cognitive disability), as appropriate.

4. Appropriateness

Overview:
Appropriateness means the provision of the right kind of care, at the right time, in the right setting, for the right reasons. Effectiveness, efficacy and efficiency should be considered, as should alignment with best practice guidelines in the area, if available. Consideration should be given to moving interventions as far upstream as possible; in other words, focusing on prevention and promotion. Providing *appropriate* services may require finding a balance between the efficiency of the health care system and the needs of individual patients.

Actions:

a. If applicable, describe how this initiative supports or strengthens prevention and health promotion.
b. What is the evidence that your proposal provides a service at the best time? In the best place? The 'Appropriateness' section of the Health Planner's Toolkit will help you to find evidence to describe efficacy, effectiveness and efficiency, as appropriate to your submission.
c. Determine if there are best practice guidelines applicable to your initiative. The resources found in the Health Planner's Toolkit will help you to locate applicable best practice guidelines. Describe how your proposal is in-line with these guidelines. If no such guidelines are available, for example if you are proposing something innovative, state this in your proposal.
d. Describe how does this initiative balances health system improvement and redesign (including fiscal responsibility and safety of care providers) with the needs of individual patients (convenience of care, patient preference). The 'Appropriateness' section of the Health Planner's Toolkit will help you to find evidence that describes the cost effectiveness, patient preferences and safety issues associated with similar initiatives if they are available.
e. Be sure to provide references for the evidence you provide.

5. Consultation process

Overview:
In this context, consultation refers to providing opportunities for stakeholders (eg. staff, patients/clients/consumers, caregivers and community members) to have meaningful input into the development, or redesign, of a program or service. Who is appropriate to be included in consultation activities will vary depending on the initiative. Through

consultation, the perspectives, insights and context-specific evidence from multiple stakeholder groups can be incorporated into planning.

Action:

a. Describe which stakeholders are affected by this initiative (e.g. program team members, patients/clients/ residents, and community); how they have been involved in the development of this initiative, and the outcomes of these consultations. If consultations have not been done, provide a brief explanation.

6. Innovation and partnership development

Overview:
Innovation is about doing things in new and different ways. Your submission may be innovative or new to the WRHA, or you may be proposing a new way of doing something that has never been tried anywhere. This category does not simply refer to technical innovations, but to new approaches to old problems (for example, initiatives that move intervention as far upstream as possible). Regardless, you will want to provide your rationale and evidence for why you have chosen this particular approach to the problem identified.

The most effective initiatives are those that are the result of genuine partnership between all relevant stakeholders. Partnerships can also contribute to better system integration and therefore improved patient care. They may be formed within the region (eg. between programs) or with external agencies and organizations. Greater weight will be given to those initiatives that cut across a number of programs or that address more than one health risk or issue.

Action:

a. Describe what is innovative about your proposal. If your proposal is not "new" explain why changes to existing strategies are not needed.
b. Describe your rationale for choosing this new approach. The resources found in the Innovation and Partnership Development section of the Health Planner's Toolkit may help you to find appropriate evidence.
c. Describe how partnerships that have been developed will improve system integration and overall patient care.
d. Be sure to provide references for the evidence you provide.

4. Evaluation

Overview:
There is increasing recognition of the importance of evaluation within health services research, as well-designed evaluation combines research rigour with decision-maker needs for timely, relevant, and context sensitive information.

Evaluation can be defined as “the systemic collection of information about the activities, characteristics and outcomes of programs to make judgments about the program, to improve effectiveness, and/or inform decisions about future programming” (Patton, 1997).

Performance measurement involves the tracking and monitoring of program outcomes using valid indicators or performance measures (Blalock, 1999). If collected reliably, performance measures can be an important source of data for answering some types of evaluation questions. However, evaluation is broader than performance measurement, and is able to address complex questions facing the healthcare system, contributing insights to such questions as “why are we seeing these results?” and “how best can we address this issue?”

Actions:

a. Has an evaluation of this program been undertaken to date? Did the results of an evaluation recommend the development of this proposal? If so, explain.
b. Describe your plan to objectively evaluate this initiative, and how the evaluation results will be utilized. This plan should include:
    i. The engagement of appropriate stakeholders in all stages of the plan
    ii. Strategies to assess how well the planned intervention has been implemented
    iii. Outcome measures
    iv. Strategies for moving learning from this new initiative into organizational planning, and for sharing learning between programs.
c. Be sure to provide references for the evidence you provide.

Glossary

Access: "The provision of health services in a way that provides an equal opportunity for all citizens to achieve maximum health" (Health Canada, 2001).

Appropriateness: The provision of the right kind of care, at the right time, in the right setting, for the right reasons.

Best practice guidelines: Agreed upon procedures that are believed to result in the most efficient and effective provision of a service (CAOT, 2005).

Consultation: Providing opportunities for stakeholders (eg. staff, patients/clients/ consumers, caregivers and community members) to have meaningful input into the development, or redesign, of a program or service.

Effectiveness: "The extent to which a specific intervention, procedure, regimen, or service, when deployed in the field in routine circumstances, does what it is intended to do for a specified population" (Last, 1995, p. 52).

Efficacy: "The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized controlled trial" (Last, 1995, p. 52).

Efficiency: "The effects or end results achieved in relation to the effort expended in terms of money, resources, and time. The extent to which the resources used to provide a specific intervention, procedure, regimen, or service of known efficacy and effectiveness are minimized" (Last, 1995, p. 52).

Evaluation: "The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming" (Patton, 1997, p. 23).

Health burden: Impact of illness or condition on individuals and the community.

Health gain: The impact of an intervention on the health of individuals and/or the community.

Health disparity: A "difference in health status between a defined portion of the population and the majority. Disparities can exist because of socioeconomic status, age, geographic area, gender, race or ethnicity, language, customs and other cultural factors, disability or special health needs" (Minnesota Department of Health).

Health Promotion: "The process of enabling people to increase control over and improve their health. It involves the population as a whole in the context of their everyday lives, rather than focusing on people at risk for specific diseases , and is directed toward action on the determinants or causes of health" (WHO, 1986).

Incidence – The number of new cases of a condition in a given population in a given period of time (Last, 1995).

Eg. In 2006, the incidence of HIV in Canada was 2557. In other words there were 2557 new HIV cases reported in Canada that year.

Innovation: Innovation is about doing things in new and different ways.

Life expectancy – The average number of years a person of a given age is expected to live, if mortality rates remain unchanged (Last, 1995).

Eg. A baby born in 2005 is expected to have a life expectancy of 80.4 years.
Eg. In 1992, the life expectancy of a child born with cystic fibrosis was 32.9 years.

Partnership: A relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal (American Heritage Dictionary).

Performance Measurement: The use of data to determine if a program is meeting its goals and objectives.

Prevalence – The number of people in a given population that have a specific illness or health condition at a point in time (Last, 1995).

Eg. On Dec. 31, 2006, the prevalence of breast cancer in Winnipeg was 4437. In other words there were 4437 people with breast cancer in Winnipeg at this time.

Prevention

Primary Prevention: "The protection of health by personal and communitywide effects" (Last, 1995, p. 130). For example, immunizing children.

Secondary Prevention: "Measures available to individuals and populations for the early detection and prompt and effective intervention to correct departures from good health" (Last, 1995, p. 130).

Tertiary Prevention: "Measures available to reduce or eliminate long term impairments and disabilities, minimize suffering caused by existing departures from good health, and to promote the patient's adjustment to irremediable conditions" (Last, 1995, p. 130).

Quality of Life – A person's "emotional, social and physical wellbeing, and their ability to function in the ordinary tasks of living" (Hayword Medical Communication).

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