



The Ottawa  
Hospital | L'Hôpital  
d'Ottawa

# Priority Setting

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March 2006



*“Patients and society need clinicians to love both the individual and the collective and need to join with them in deliberating about solutions to this painful but ultimately unavoidable conflict of the heart.”*

*Sabin, BMJ, 1998*

# Priority Setting



Individual  
Fidelity  
The Clinician



Society  
Stewardship  
Government, Managers



# Priority Setting Context



Hidden

Constrained, finite resources

Lottery

Increasing demands

Political

Explicit

# Priority Setting History



89-94; Oregon,

- Value to society, individual, essential to basic health care
- List of supported services

91; Holland, Dunning Commission

- HTA, protocols, guidelines, wait list
- Necessary, efficient, effective

92; New Zealand,

- Committee – consensus conferences
- Particular conditions, treat all but prioritize
- Benefit, value, fairness, community focus

92-95; Sweden,

- Ethical platform – human dignity
- Need
- Cost effectiveness

94-95; UK, Parliamentary Committee

- Equity, efficiency, responsiveness
- HTA, clinical effectiveness

# Priority Setting



- Equity more important than cost effectiveness
- Evidence-based approach
- GAP between national/government frameworks and implementation

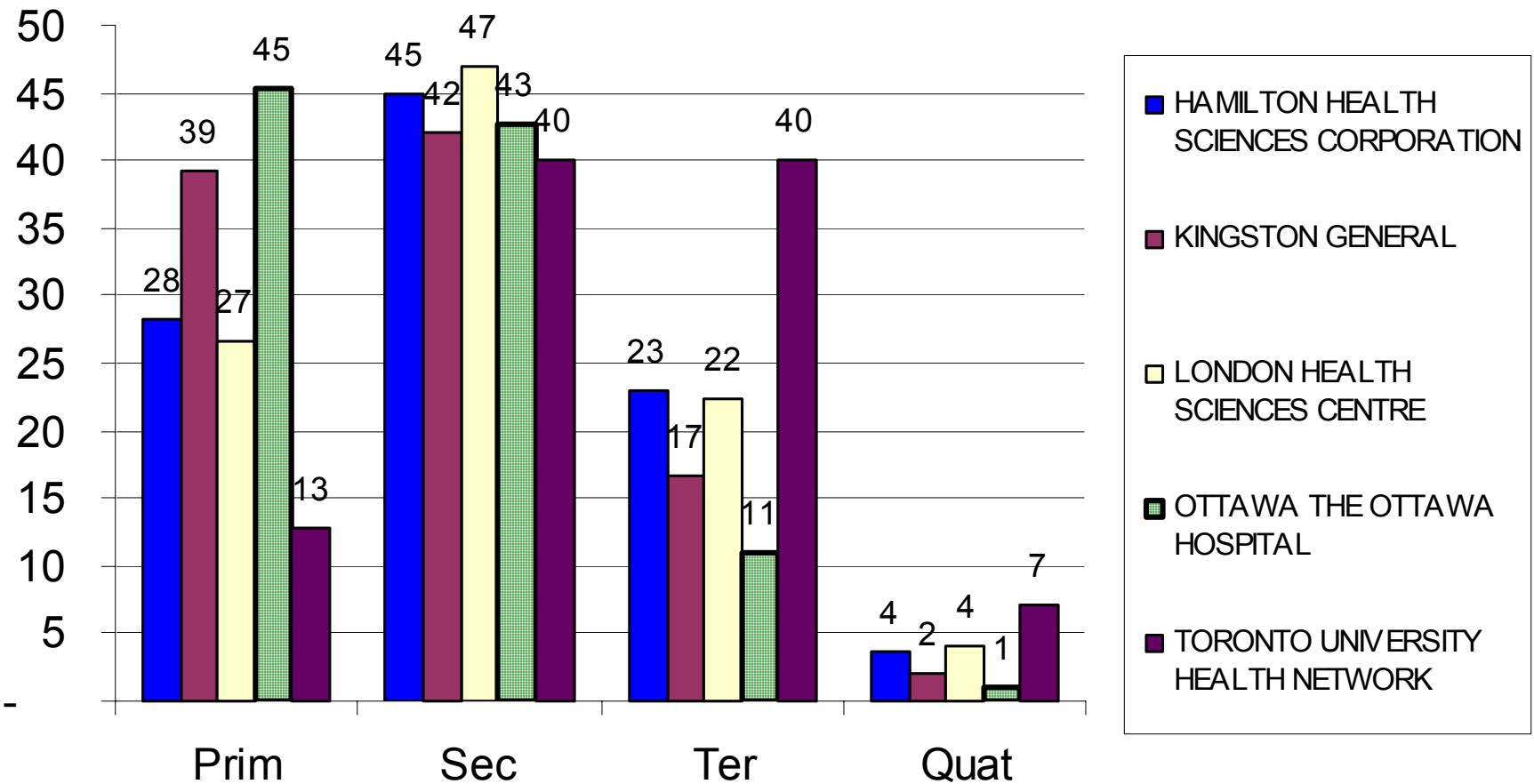
# Priority Setting



Late 1990s and onwards

- Accountability for Reasonableness, Daniel & Sabin
  - Fairness/openness versus market forces
  - Canadian proponent, Dr. P. Singer
- HTA
- NICE
  - Public consultation, Citizen Council
  - Age
  - Funding of treatment for rare diseases

# AHSC in Ontario



# Priority Setting at TOH



## *The Ottawa Hospital Vision/Mission*

- The vision of The Ottawa Hospital is “*to be nationally recognized as the academic health sciences centre of choice.*”
- The mission of The Ottawa Hospital is to be “*a compassionate provider of patient-centered health services with an emphasis on tertiary-level and specialty care, primarily for residents of Eastern Ontario.*”

# Clinical Priority Setting at TOH



- The purpose of the review was to identify areas of *clinical and academic strength* on which to build The Ottawa Hospital as an academic health sciences centre to achieve its vision;
- To determine the extent to which the hospital could divest or redirect clinical activity in order to make possible a reallocation of resources.

# The Process



Three main phases:

- a detailed review of the clinical and academic activity of divisions/departments
- a clinical volumes review and analysis;
- establishment of recommendations for clinical and academic priorities.

# Clinical Priority Setting Process



The “accountability and reasonableness approach” has been used guide the clinical priority setting process.

**Relevance** – Rationales for setting limits must rest on reasons that fair-minded parties (managers, clinicians, patients and others who are affected) can agree are relevant to meeting health care needs in the context of resource constraints.

**Publicity** – Decisions and the reasons for them are accessible by all stakeholders.

**Appeals** – There is a mechanism for affected parties to challenge decisions and there is a dispute resolution process, including the opportunity to revise decisions based on further evidence or arguments.

**Enforcement** – There is either voluntary or more formal regulations of the process to ensure that the first three conditions are met.

# Definition of Clinical Priority



**A clinical priority at TOH is considered to be a service that:**

- Contributes to achieving the vision of the hospital to be nationally recognized as the academic health sciences centre of choice;
- Aligns with the mission and key success factors by:
  - Responding to a defined regional need;
  - Contributing to the education of health care professionals;
  - Contributing to knowledge development and innovation through research;
  - Showing regional leadership through collaborative approaches to health improvement with other health care partners;
  - Being sustainable within current and anticipated resources.

# The Process



## ***Clinical and academic overview : Assessment Criteria***

The completion of divisional workbooks outlining the activities of their division, guided by six clinical priority setting criteria:

(Self ranking, 5 point scale)

- Fit with TOH Vision
- Patient Care
- Education
- Research
- Regional Leadership and Collaboration
- Financial Strength (0.5 weighting)

# Steering Committee Review



- Department/Division Workbooks, 46
- 2 reviewers per workbook; lead and 2<sup>nd</sup>, expert opinion on education and research
- Discussion
- Agreement on criteria and overall score
- Reflection through process to ensure overall reliability
- Final ranking of Departments/Divisions

# Feedback to Department/Division Heads



- Non disclosure of score ranking
  - Report to Department/Division Leaders
  - Demonstrated alignment (A)
  - Developing alignment (B)
  - Not currently aligned (C)
- Commentary on
  - difference between self and committee scoring
  - Outstanding contributions
  - Gaps or weaknesses

# Appeal



- Appeal if
  - New information , material impact
  - Errors in data or interpretation
  - Failure to follow process
  
- 4 appeals
  - 1 department moved up a scale
  - 2 divisions changed in criteria score
  - 1 division unchanged

# The Process



- ***Clinical Volume Sizing and Analysis:***
  - to identify a model for defining the catchment area for the hospital, based on “market share”; and,
  - to identify TOH’s mandated activity in tertiary and quaternary care.
- The ***outcome*** recommendations for primary and secondary clinical activities should:
  - continue to deliver; or,
  - be repatriated, or divested, back to the regions.
- Completed a ***feasibility analysis***, barriers and opportunities

# Clinical Volume Review Methodology



1. TOH will continue to be the lead provider of tertiary/quaternary and/or unique services to the eastern Ontario region.
2. TOH will continue to operate two full-service Emergency Departments to meet community needs.
3. TOH will continue to provide primary and secondary services to the extent that they meet the following conditions:
  - the services are required to support 1 and 2 above;
  - the services are required to support a reasonable market share for TOH locally and regionally;
  - the services are required to support the academic mandate of the hospital (teaching and research);
  - the services are covered by a Ministry of Health or other mandate requiring TOH to continue to provide them;
  - there is a justifiable strategic reason to continue to provide the service.

# Clinical Volume



- Utilized
  - Ottawa Bed Study
  - Integrated population, based allocation
- Excluded
  - support services e.g. Diagnostic Imaging
  - Consult Services e.g. Infectious Diseases
- Result
  - 20% of inpatient cases
  - 20% of all day surgery

# Clinical Volume



- Barriers to Divestment
  - Retrospective review
  - Referral patterns
  - Patient preference
  - Regional clinical skills shortage
  - Impact on academic mission
  - Balance of elective to emergency
  - Impact financial stability of Departments/Divisions

# Clinical Volume



## Results/Implementation

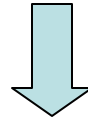
- Obstetrics
  - General Surgery
  - Orthopedic Surgery
  - General Medicine
  - Urology
  - Neurology
  - Plastic Surgery
- collaborative program  
with Montfort Hospital
- explored divestment
- discussion only

# The Process (3)



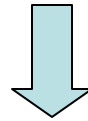
*Recommendations for Clinical and Academic priorities*

Explored Priority Themes, Elements, and Department links



Steering Committee fatigue

- Political issues
- Winners, losers

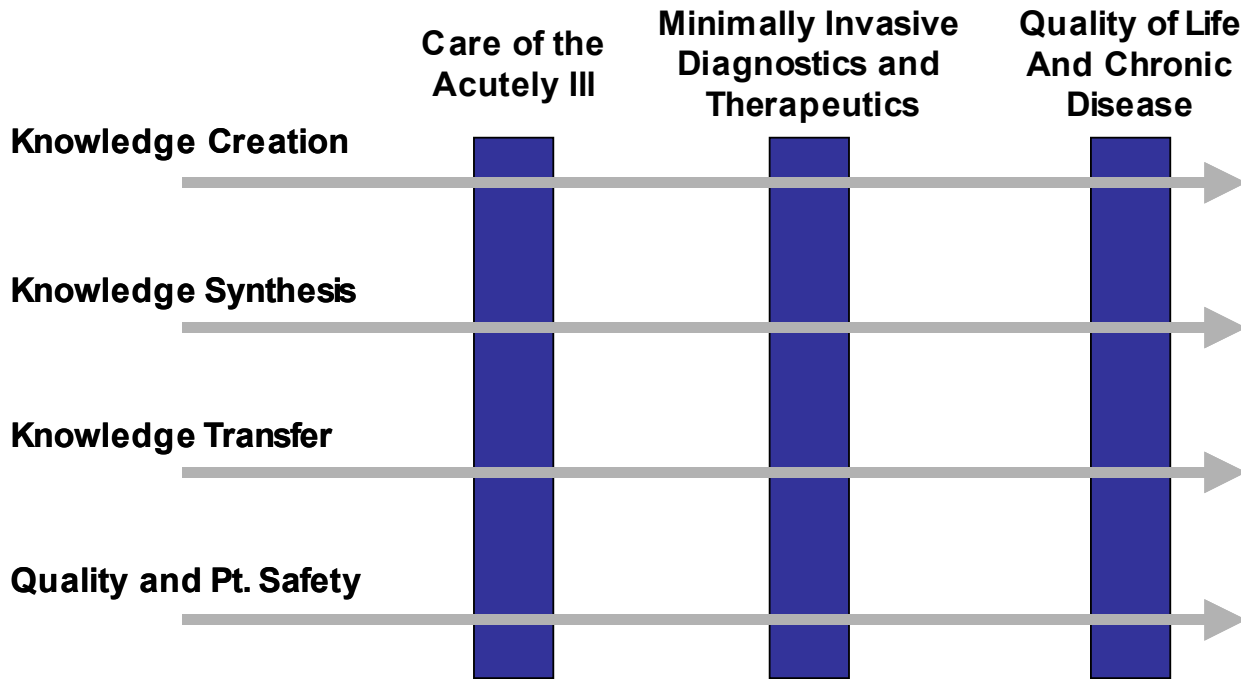


Working group of Steering Committee

# The Process (3) - Final Recommendations



Knowledge Based



Academic Health  
Science Centre of  
Choice

Health Care

# Priority Setting Remaining Issues



- Focus and divest clinical action
- Refine academic priorities

# Lessons about Priority Setting



- Clinical and Academic Review
  - Workload
  - Structure/governance issues
  - Movement towards programmatic management
  - Precision of data
  - Limits to scoping
- Prioritization
  - Economic interest
  - Winners/losers
  - Vested interest in status quo
  - Fatigue, failing momentum
  - Top down, overall knowledge and distance from initial review
  - Medical model

# Way Forward in Priority Setting



- Burning platform
  - Economic and facility
- Decision brought forward by those involved
- Process needs to be facilitated, open and driven
- Academic Priority Steering committee
  - Open forum
  - Expressions of interest
  - Specific foci in Themes
  - Investment “pot”