NOU 2018: 16

First things first

Prioritisation principles for municipal health and care services and publicly funded dental health services

Report by the committee appointed by Royal Decree of 05 April 2017.

Presented to the Ministry of Health and Care Services on 13 December 2018.

1 Summary

Prioritising is defined as putting things in order of importance. Decision makers in the health and care sector must often make difficult decisions that involve prioritising certain service areas, service users or patients. Resources must be distributed across several different areas, such as prevention measures or places in nursing homes and rehabilitation facilities. Employees must structure their workday to the greatest benefit of patients and service users. Prioritisation principles offer guidelines for these decisions. In other words, it is not a question of *if* we should make priorities, but rather on what principles our decisions should be based.

Without clear principles, the distribution of health and care services would become more random, and the goal of equal access would be more difficult to achieve. These principles must be founded on values that have broad legitimacy in the population. Prioritisation principles should ensure that resources are utilised wherever they offer the greatest benefit, and for those who need them the most. The goal is to achieve transparent and verifiable processes, where decisions are built on prioritisation principles that apply across municipalities and county councils.

In Norway, we have a long-standing tradition of working systematically with priority-setting issues in health care services. Since 1987, four official reports have assessed priority setting in health care services: The Lønning Committee I (1987) and II (1997), the Grund Committee (1997) and the Norheim Committee (2014). A working group in 2015 was tasked with determining how to assess severity of illness in priority setting in the health care services (Magnussen Working Group). This work focused primarily on priority setting in specialist healthcare services and the reimbursement of medicinal products through the National Insurance Scheme.

The need for priority setting and the challenges associated with it applies to specialist healthcare services, municipal health and care services, and publicly funded dental health services. Due to patient and service user needs, the content of services and their structure and management, the conditions for priority setting will in many cases differ between specialist healthcare services, municipal health and care services, and publicly funded dental health services. This may have significance for the structure of prioritisation principles and for means and methods that would be relevant.

In a follow-up of the Norheim Committee report, the government presented White Paper 34 (2015 - 2016) *Values in patient healthcare services. White paper on priority setting.* The white paper included a proposal for an official committee to evaluate priority setting in the municipal health and care services. Stortinget (Norwegian Parliament) backed this proposal. One Committee recommendation, Rec. 57 S (2016 - 2017), states that this evaluation should also include dental health.

Priority setting in health and care services

Criteria that currently apply to specialist health and care services include benefit, resources and severity. Prioritisation principles must be understood as a description and application of these criteria. The Committee's mandate is to assess whether the principles that apply to specialist healthcare services should also apply to municipal health and care services and to public dental health services.

Similar to previous committees, this committee chose to distinguish between decisions for priority setting at a professional level as opposed to an administrative/policy level. At the

same time, the Committee emphasises that these different levels are not independent of one another, and must be viewed in relation to each other .

Priority setting at a professional level involves decisions regarding patient/service user's need for emergency assistance, assessments regarding the distribution of services, and assessments regarding treatment, follow-up and measures or interventions aimed at individual patients and service users, as well as smaller groups of patients/service users. In principle, decisions at this level do not distinguish themselves from decisions made at a clinical level in specialist healthcare services.

Prioritisations at a policy and administrative level involve the distribution of resources within the health and care service sector, and between health and care services and other sectors overseen by the municipality. Resources must be distributed across different areas, and health and care personnel must make difficult decisions that involve prioritising different service users or patients, and prioritising certain measures that should be initiated for groups of patients and service users. Decisions regarding which dental diseases or conditions that should be funded by the National Insurance Scheme, are part of a national prioritisation that will have consequences for the distribution of resources at a government level, but that are not subject to local policy prioritisations.

In the opinion of the Committee there are three conditions distinguishing municipal health and care services and public dental health services from specialist healthcare services that are significant for the description and application of priority setting criteria. The first deals with the broader social role of municipalities. When municipal leadership makes decisions on the distribution of resources, it must also consider sectors other than health and care services. In daily operations and in the planning of services, the municipality must assess and set priorities for the use of resources across the various sectors. While the primary challenge for specialist healthcare services is to set priorities in the healthcare sector, municipalities must set priorities across sectors and between the various areas of health and care services.

The second involves the different professional goals. Specialist healthcare services focus largely on a specific issue or diagnosis. Municipal services must often deal with several issues or diagnoses at a time, where the goal is to enable patients or service users to manage or master their conditions and live quality lives with their respective diseases or conditions. Municipal health and care services must therefore ensure a broader range of patient/service user needs, and often over a longer period than that which is the case for specialist healthcare services.

The third distinction involves differences in the research base and systematic documentation for implemented measures and interventions. For many measures and interventions implemented in municipal health and care services, including dental health, there is little systematic documentation of effect. The lack of knowledge of the effect of measures and interventions is a challenge in terms of setting good priorities.

Committee recommendations for prioritisation principles

Specialist health care services, public dental health services and municipal health and care services all build on the same fundamental values. Many patients, throughout the course of their illness, will receive services from both municipal health and care services and specialist healthcare services. Public dental health services are included in public health and care services, and the Committee recommends that it should be viewed in context with other health and care services. This indicates that priority setting for the entire range of health and care services should be based on the same principles. It is the Committee's opinion that the main criteria currently forming the basis for specialist healthcare services: Benefit, resources and

severity, can also be utilised when setting priorities in municipal health and care services, including public dental health services. These criteria should also form the basis for assessments on dental diseases or conditions that receive funding from the National Insurance Scheme. In this regard, the Committee notes that the assessment of the National Insurance Scheme's funding of dental health services is in principle no different from the National Insurance Scheme's funding of medicinal products.

The Committee also notes that there are distinctive aspects of municipalities and county councils that have consequences for prioritisation principles. One key aspect is the municipal responsibility to enable the population to manage and live with their conditions. *Mastery* is essential for being able to manage a condition, and will have significant importance for the individual's quality of life. Therefore, for many of the measures and interventions in municipal health and care services, the goal would be to enable patients/service users to master their daily lives despite their disease, pain, and physical, psychological and/or social disabilities.

The Committee therefore recommends that the description of the criteria for benefit and severity used in setting priorities in specialist healthcare services should be supplemented to include physical, psychological and social mastery. The Committee proposes the following criteria:

The benefit criterion

The priority of an intervention increases in keeping with the expected benefit of the intervention. The expected benefit of an intervention is assessed by whether knowledge-based practice indicates that the intervention will increase the likelihood of:

- *Survival or reduced loss of function*
- *Improvement of physical or mental function*
- *Reduction of pain, physical and mental distress*
- *Increased physical, psychological and social mastery*

The resource criterion

The fewer resources an intervention requires, the greater the priority of this intervention.

The resource criterion should not be used alone, but rather in tandem with the two other main criteria for priority setting.

The severity criterion

The priority of an intervention increases in keeping with the severity of the condition. The severity of a condition is to be assessed on the basis of:

- *Risk of death or loss of function*
- *The degree of loss of physical and mental function*
- *Pain, physical or mental distress*
- *The degree of physical, psychological and social mastery.*

The present situation, the duration and the future loss of life years are all of significance for determining the degree of severity. The more urgent the need to start the intervention, the higher the degree of severity.

It is the Committee's opinion that these criteria should form a natural basis for decisions regarding priority setting at all levels of health and care services, from a policy and

administrative level to a professional level, in other words, interactions between health and care personnel and patients and service users.

Municipalities are responsible for a broad range of tasks. When a municipality is determining which measures to prioritise, it would be relevant to assess the total use of resources across sectors. This may apply to measures that are implemented in municipal health and care services or in public dental health services, which are motivated by and have an impact on the use of resources in other municipal sectors. The Committee believes it would be relevant to consider the consequences for other sectors when using or saving resources that can be directly tied to interventions in health and care services.

Assessments at a group level currently utilise good life years measured by quality-adjusted life years (QALY) to describe estimated benefit when considering the introduction of new methods in specialist healthcare services, and when considering the funding of medicinal products through the blue prescription reimbursement scheme. Although the principle idea behind QALY can also be applied to health and care services, there are currently no practical instruments that enable a meaningful calculation of the QALY benefit of many measures and interventions. The Committee refers to the Multi-Criteria Decision Analysis (MCDA) as a possible tool for supporting decision making. MCDA can be used when considering several criteria at once, also in cases where it is not possible to measure estimated benefit and severity in the same manner as in specialist healthcare services. The use of MCDA can contribute to the transparency of the decision-making process, and increase the likelihood of endorsement for the decision itself.

Transparency and user involvement

Transparency in processes and decision making is essential in helping affected parties understand why certain decisions were made. Transparency can also contribute to the legitimacy and understanding of priority setting. Transparency is also an important aspect of good user involvement. User involvement takes place on several levels in health and care services. It is present at a professional level in the design of health and care services, at a higher level in the municipality, and at a national level when the government carves out new policies. The Committee believes that user involvement at all levels will strengthen priority setting efforts, and contribute toward greater transparency, legitimacy and acceptance of prioritisation decisions. User involvement will in many cases also lead to greater accuracy in the design and implementation of measures and interventions. The Committee believes that this is especially relevant in the municipal health and care sector, where services are aimed at mastery to a greater extent than in specialist healthcare services. User assessments of what is important is therefore essential in the design of good services for each individual.

Family members are important for user involvement. Family members will often have information about patients/service users that is essential for designing good services. At times, family members must step up to safeguard the interests of a patient or service user, and/or be a source of knowledge for treatment, because the patient or service user may be unable to express his or her needs or decide whether to accept treatment. Patients, service users and family members are also important for the work on quality improvement and service development at an administrative and policy level.

Committee proposals for means and methods

To ensure that the decisions of municipal health and care services and of public dental health services are based on the proposed priority setting criteria, the Committee proposes a set of measures. Firstly, the Committee believes that municipal health and care services and public

dental health services, like specialist healthcare services, require a mandate for priority setting, in accordance with priority setting criteria. The Committee believes that a legal basis for priority setting criteria is needed in applicable regulations. The Committee recommends a revision of the Health Services Supervision Act to include an obligation for municipalities to design services in accordance with the proposed criteria for priority setting, and that these criteria are specified in regulations that stipulate the rights and duties of health and care personnel. Furthermore, the Committee proposes a review of existing regulations to ensure that these support priority-setting in accordance with the prioritisation principles.

The Committee also recommends a review of dental diseases or conditions that are currently funded by the National Insurance Scheme, as well as a review of the groups that currently have rights in accordance with the Act relating to dental health services, based on the proposed criteria for priority setting.

The Committee notes that there is little research on whether the current funding model in the health and care sector supports the correct prioritisations. Therefore, the Committee recommends a review of the funding schemes to determine whether they support priority setting in accordance with the principles. The Committee emphasises that such a review should also include regulations regarding user fees.

Correct prioritisations require good decision-making support. National guidelines for priority setting should be drafted to describe how the estimated benefit and severity should ordinarily be interpreted when allocating decision-based municipal services. Prioritisation principles should also be followed when drafting and revising national guidelines.

In order to support and advise municipalities in decisions regarding groups of patients or service users, the Committee proposes the establishment of a national competency support for the municipalities and county councils in their practical efforts for priority setting. Such a system should be aimed at supporting decisions in services by obtaining, systematising and assessing existing knowledge bases. The Committee proposes an implementation of projects in certain municipalities that could provide practical experience in methodology and systematic perspectives on priority setting at an administrative and policy level.

A good knowledge base for the effect of measures and interventions is essential for setting priorities in accordance with the principles. Therefore, the Committee believes it is important that efforts to strengthen research on measures and interventions in municipal health and care services and dental health services continue.

Prioritisation principles must be made known to those making decisions in health and care services. It is the opinion of the Committee that basic education programmes for health and care personnel as well as education programmes for managers in health and care services must include instruction on priority setting. Furthermore, the Committee believes that the work on priority setting should be put on the agenda in existing arenas for learning and the sharing of experiences, and that efforts to establish clinical ethics committees and ethics advisory services for municipalities should be prioritised.

The Committee believes it is important to facilitate the sharing of data that can be used as a basis for priority setting. The Committee notes that the use of new technological solutions for decision and priority setting support would assist municipalities in setting the correct priorities.