12ª cnes

conferência nacional de economia da saúde
Lisboa de 13 a 15 de Outubro, 2011
Fundação Calouste Gulbenkian
http://12cnes.apes.pt

Evaluating preferences for equity and efficiency among national/regional health policy makers in Spain

Francesco Paolucci[2], Manuel García-Goñi[1]

[1]Departamento de Economía Aplicada II, Universidad Complutense Madrid, Pozuelo de Alarcón, Madrid, Spain
[2]Australian Centre for Economic Research on Healt, The Australian National University, Camberra, Australian Capital Territory, Australia

Contact: mggoni@ccee.ucm.es

Objectivos (Objectives): In most countries, decision-making, and its driving criteria, by policy makers to set priorities in health care financing and delivery are often ad-hoc, based on political motives and on heuristic or intuitive approaches to simplify complexity. In this process relevant information is ignored and resources are not used to an optimal extent. Over the past decades, are increasingly taking steps to formalize the priority setting for health decision making. This is occurring without a common rationale of a prioritizing process. In the recent past, there has been an emphasis on determining priorities based on value using cost-effectiveness methodologies, however, these are limited since they do not take into account preferences that occur outside of the common cost to benefit ratio and concentrate on incomplete set of criteria only, whereas in reality, local policy makers and practitioners still decide ad-hoc and base decisions on the interests of stakeholders or groups involved. This session presents a Multi-Criteria Decision Analysis (MCDA) in priority setting in Spain and assesses the results of decision-makers' preferences for equity and efficiency criteria.

Metodologia (Methodology): Choice experiments were conducted among health decision-makers in Madrid, Catalonia, Basque Country, and Valencia, four of the most active Spanish regions in terms of pharmaceutical policy, using standardized criteria for eliciting preferences for health interventions. Using regression analysis, coefficients of criteria were obtained and the model was evaluated for how well the overall fit to the complete list of criteria. Ex post classification of the criteria into groups of equity and efficiency was then done, and we examined the relative overall preference for and level of tradeoff between these two concepts. The results were also used to rank a menu of interventions noting how each country's probability of interventions selection is determined by their aggregate preference level.

Resultados (Results): The results show that MCDA methods can be used by researchers to analyze preferences for country stakeholders for application to health decision making. We show that there is a range of preference for criteria dealing with equity and efficiency and that equity and efficiency levels vary between regions. The discrete choice experiment also illuminates tradeoffs between criteria, and the ex post classification of all criteria into two groups, equity and efficiency, shows that among some region policymakers a tradeoff indeed is taking place.

Conclusões (Conclusions): We show that MCDA is a valid approach for incorporating aggregated preferences as a component of health decision-making.