

Alberta Values Health Workshop

Summary Report

Alberta Values Health Research Collaborative



2014

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1. Preamble

The Issue

Alberta is committed to becoming a high performing healthcare system; including major stakeholders such as the public, the tax payer, patients and families, Alberta Health, academic institutions, and Alberta Health Services (AHS). At the heart of this commitment is the concept of high value health care; healthcare that achieves the best outcomes with the money available. This requires defining measures of value to capture the societal value of the multiple effects (clinical, quality of life, social, and economic to name a few) of health care on individuals, their families and society at large. Decision making processes and methods, ones that are both evidence and values-based, are neither known nor consistently applied. A comprehensive and detailed understanding of the public and patient values for health care in Alberta is needed to improve decision making quality and process transparency to support the healthcare system in achieving and sustaining its strategic and operational development opportunities.

The Need

A previous Official Administrator of AHS observed “the extent to which the health system has engaged with patients and publics as a source of value is questionable” (Dr. John Cowell); thereby challenging the health system to do measurably better. The Health Quality Council of Alberta Quality Matrix (HQCA-QM) defines 6 domains of quality and 4 areas of need (Health Quality Council of Alberta, 2005). Re-engineering health care processes and investing in new areas of activity will impact differentially on the each of these components. In line with the challenge from the former Official Administrator, for decision makers to prioritize competing (dis)investments, they require insight into the value that patients and public attach to the different domains; whether and to what degree they are willing to trade-off between domains, and whether these domains are a sufficiently comprehensive account of the components of value.

The legitimacy and the impact of using value information to inform strategic prioritization and (dis) investment decisions rests heavily upon stakeholder ‘buy-in’ to the process that produces the information. Decisions in the design of the value framework require a degree of consensus. For example, whom to ask, what to ask and how to combine disparate responses.

The Way

To initiate consensus building, we proposed a gathering of stakeholders to address the above questions. This initial meeting was designed to initiate a series of fora, building in turn towards a scientifically rigorous study to define, conceptualize and measure the values of Albertans. Input from patients, carers, public, clinical, administrative, health policy, industry and academic communities was solicited. The output from the meeting was expected to identify candidate value propositions for further investigation, relate these value propositions to existing value frameworks such as the HQCA-QM, develop a shared definition of consensus to use in the subsequent consultation processes and consider how we could expand consultation.

2. Executive Summary

On February 21, 2014 the *Alberta Values Health Workshop* was held at the University of Alberta in Edmonton, Alberta. The workshop was hosted by the Alberta Values Health research collaborative; a cross-provincial team co-led by Dr. Fiona Clement (Assistant Professor and Director of the Health Technology Assessment Unit, University of Calgary), Dr. Christopher McCabe (Professor and Capital Health Endowed Research Chair for the Department of Emergency Medicine, University of Alberta), and Mr. Peter Fenwick (Senior Provincial Director, Major Initiatives, Alberta Health Services).

Purpose

The purpose of the workshop was to generate and document information on the range of values that Albertan's believe could or should inform health care resource allocation decisions in the province.

Specifically, the discussion throughout the day focused on addressing the following:

1. What values should be “on the table” in health system decision making?
2. What characteristics of value should be considered?
3. Whose assessment of the value should be used for decision-making at the health system level?
4. What is the appropriate perspective on value for the health system to adopt?

Stakeholders

Stakeholders from patients, carers, public, clinical, health policy, administration, industry and academic communities were invited to participate in the workshop. Forty-eight stakeholders, representing 19 different organizations and institutions across Alberta attended. Two external observers (Dr. Stirling Bryan [University of British Columbia] and Dr. Anthony Culyer [University of Toronto]) were also in attendance to externally monitor the meeting, ensure that all voices were respected and provide critical methodological input into the design of initial and subsequent process.

Workshop Format

The Alberta Values Health research team facilitated the workshop and engaged stakeholders in open discussion, employing large group discussions as well as small round table sessions to address the principle workshop questions. The small round table groups were pre-arranged by the organizers to maximize the diversity of stakeholders in each group. Also, in order to bolster rich and open dialogue, the stakeholders were often asked to share, based on personal experiences and expertise, their views on the values they felt the healthcare system should use to inform health care resource allocation decisions in Alberta.

Workshop Outcome:

A list of stakeholder values and considerations was generated. The robust discussion provided by the workshop stakeholders was also captured. A summary of the workshop themes and perspectives is provided in this document. In addition, this workshop lay the groundwork required to continue the values conversation through a semi-structured methodology.

3. Defining value in health system decision making

The workshop began by trying to establish of a common, working definition of “value”. At the outset of the workshop, there appeared to be confusion among participants over the definitions of “value” and “values”. The distinction was, therefore, made between *personal values* and *the value* placed on healthcare.

Accordingly, the participants developed operational definitions for the two terms:

Values were defined as *“Deeply held beliefs and principles affecting behavior and choices”*.

Value was defined as *“the worth of something; the return you get for the use of resources”*.

The relationship between the two concepts was described as *“Values drive the value you attach to a specific good or service; hence the concepts are inextricably linked but are distinct and require separate conversations”*.

However, importantly, the definitions were not universally supported amongst attendees. A decision was made to move forward with the above definitions with the understanding that further discussion would be included in the next phase.

Key Messages

- There was tension between the principles of objectivity and making evidence-based decisions versus the concepts of hope, compassion, and considering individual circumstances.
- Conflict also arose in discussing the role and accountability of the healthcare practitioner in negotiating the needs of the individual patient versus the health care needs of the population of Alberta, as well as the greater benefits to the society.
- A shared commitment to maintaining the sustainability of healthcare resources was acknowledged; even with an abundance of existing resources available, proper stewardship of these resources is essential. Health sector funding is becoming a zero sum game.
- Conflict between values, such as equity and efficiency, was not discussed. This topic ceased discussion demonstrating a reluctance to acknowledge the challenging, conflicting, yet real, trade-offs that must take place in the healthcare system.

“Efficient, effective and equitable use of existing resources—rather than acquisition of more resources—is required.”

3. What attributes of value should be considered within each of the following domains: Condition, Service, Population and Legal/Ethical/Socioeconomic?

Attendees were divided into small break groups and asked to develop a list of attributes of value. Following published typography of values, the domains of the condition, the service, the population affected, and the legal/ethical/socioeconomic objectives were presented (Figure 1).

Three of the domains characterize distinct sets of attributes, whereas the fourth—the legal, ethical and socioeconomic objectives—serves as the foundation for all three aforementioned domains of value.

Characteristics of Condition	Characteristics of the Service	Characteristics of the Population Affected	
Prevalence	Safety	Age	
Severity	Effectiveness	Gender	
Available Treatments	Quality	Socioeconomic Status	
Cause	Continuity of care	End of Life	
Legal and Socioeconomic Objectives			
Solidarity	Equality	Non discriminatory	Economic development

Figure 1: Proposed Framework to Classify Values

Key Messages

- Characteristics of the Condition:
 - Not all conditions are equal: consideration towards the particular circumstances, causes, and context surrounding an individual is warranted.
 - Not all outcomes are equal: improvements in patient suffering, mortality, morbidity, productivity, and quality of life may be valued differently.

“The person is more important than understanding the condition: the context matters regardless of condition”

- Characteristics of the Service:

- The strength of the evidence is important. However, the concept and required content (i.e. clinical, cost-effective, safety, quality of life) of the evidence was not agreed upon.
- The cost and opportunity cost* of the service matter.
- Services, in and out of the health sector, must be patient-centered.

***Opportunity Cost:**

The potential gain or benefit from alternative(s) that is forgone by committing resources to one alternative.

- Characteristics of the Population Affected:

- Listing values related to population characteristics was challenging.
- More generally, expectations of what the health care system can or should do must be aligned across stakeholder groups

- Legal, Ethical and Socioeconomic Objectives:

- Equity is fundamental. However, no one definition of equity was accepted by all attendees.
- Shared responsibility and accountability within the healthcare system can be achieved through respect of informed patients.

“The definition of equity is important. For example, how do we accommodate diseases or populations at the margin? Or, should we be utilitarian entirely?”

4. Whose values should be considered and what perspective should we adopt?

The workshop discussion then shifted to understanding whose values should be used for decision-making at the health system level. Discussion followed outlining the advantages and disadvantages of including multiple values, and what is the appropriate perspective on value for the health system to adopt. For example, if the public were to be consulted on the listed value considerations (generated by the participants), who specifically would should be approached to help determine whether they were legitimate at the systems level?

Key Messages

- Everyone should have a voice: broad, inclusive consultation is required.
- No one perspective is uniquely appropriate; therefore multiple perspectives should be heard.

“There is much to gain from a genuine, informed patient perspective.”



Figure 2: The Multiple Perspectives for Health System Decision-Making

5. Conclusions

This workshop is the first of many steps necessary to develop a robust policy and research agenda to understand how Albertans believe value should inform health care resource allocation decisions. In light of the rich and lively discussion, a number of participants agreed that maintaining momentum in this area of research is important. However, there was a strong expression of public fatigue with this discussion and thus, the research team needs to leverage already existing work wherever possible (i.e. use of existing value frameworks, survey results, and processes).

The application of the value in decision making, including how values are traded off against each other, and decision-making principals require greater elucidation and transparency. A clear line of sight to the practical application of “value” and “values” is required to shift to a future where the ‘health system has engaged with patients and public as sources of value’.

6. Next Steps

The final goal of the work program is a robust, scientifically sound framework and toolkit, based on the values of Albertans, which may be used to guide allocation decisions.

Our goal in sharing this is to solicit both critical and supportive feedback. We deeply appreciate the participants committing their time to this exciting initiative.

Our vision over the next year is to reach out to groups not present at the workshop to ensure we have all relevant values on our list. Then through a series of consultations, we will narrow the list based upon the priority that respondents attach to each value. Finally, a consultation with the public to obtain information on their preferences for the identified values. Our intention is that the resulting value framework will inform decision making around investments in health and the prioritization of future development in health services in Alberta. Together, and with this new way in place, we can achieve a high performing system from which Albertans of both this generation and the next may benefit.