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Design of a Priority Setting Exercise in Health Care

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Outline

- Priorities for Clinical Preventive Services
 - What we did
 - What we didn't do and why
- Challenges and Opportunities in Application to
 - Community Preventive Services
 - Quality and Disparity Measures

Priorities for Clinical Preventive Services

- Goal: Determine the relative value of clinical preventive services to help direct resources toward improving the utilization of high-value services
- National Commission on Prevention Priorities (NCPP) guides the work;
Chair: Eduardo Sanchez, MD, MPH.

Prioritization Steps

1. Determine Scope

- Services recommended by the USPSTF or ACIP for
 - the general population
 - those at increased risk for CHD
 - those at increased risk for STDs (recently added)

Prioritization Steps

2. Choose Criteria

- Health Impact
- Cost Effectiveness



Prioritization Steps

3. Collect Evidence for Criteria

- Structured literature reviews were conducted
- Procedures were developed to obtain best evidence at a fraction of cost of systematic reviews



Prioritization Steps

4. Measure Criteria

- A set of principals defining criteria is critical to using disparate literature to create consistent measures for diverse services
- Used simple models and existing high-quality CE estimates
- Now constructing detailed models

Prioritization Steps

5. Use Criteria to Set Priorities

- Health impact and cost effectiveness were given equal weight in determining priorities



Prioritization Steps

6. Summarizing Results for Decision Makers
 - Scoring system to:
 - Avoid overstating precision
 - Simplify presentation
 - Point estimates for both criteria sorted by quintiles and assigned scores from 1 to 5; 5=best.
 - Total score = summed criteria scores



Prioritization Results

SHORT NAME	Health Impact	CE	TOTAL
Childhood Vaccination Series	5	5	10
Discuss Daily Aspirin Use	5	5	10
Tobacco Cessation Counseling	5	5	10



Prioritization Results

SHORT NAME	Health Impact	CE	TOTAL
Problem Drinking Screening & Brief Counseling	4	5	9
Colorectal Cancer Screening	4	4	8
Hypertension Screening	5	3	8
Influenza Immunization – older adults	4	4	8
Vision Screening – older adults	3	5	8



Prioritization Results

SHORT NAME	Health Impact	CE	TOTAL
Cervical Cancer Screening	4	3	7
Cholesterol Screening	5	2	7
Pneumococcal Immunization – older adults	3	4	7
Breast Cancer Screening	4	2	6
Chlamydia Screening	2	4	6
Calcium Chemoprophylaxis	3	3	6
Vision Screening - children	2	4	6



Prioritization Results

SHORT NAME	Health Impact	CE	TOTAL
Folic Acid Chemoprophylaxis	2	3	5
Obesity Screening	3	2	5
Depression Screening	3	1	4
Hearing Screening - older adults	2	2	4
Injury Prevention Counseling	1	3	4
Osteoporosis Screening	2	2	4



Prioritization Results

SHORT NAME	Health Impact	CE	TOTAL
Cholesterol Screening - high risk younger adults	1	1	2
Diabetes Screening – high risk for CHD	1	1	2
Diet Counseling - high risk for CHD	1	1	2
Td Booster	1	1	2



What the NCPP Chose Not To Do

- Use other criteria
 - Burden of Disease
 - Effectiveness
 - Cost, savings or net costs separately
 - Feasibility of increasing utilization
 - Disparities
- Use cost-effectiveness as the only or the primary criteria

What the NCPP Chose Not To Do

- Combine criteria using more complex options
- Produce more granular ranking based on point estimates
- Create estimates based upon marginal increases in utilization
- Start with very detailed models
- Distributed model building

Challenges in Application to Community Preventive Services

- Communities are more heterogeneous than clinics
- Evidence-based community preventive services are imprecisely defined, but need to be to quantify impact
- More data limitations
 - Implementation costs
 - Effectiveness literature

Challenges in Applying to Quality and Disparity Measures

- Do measures have associated services with measurable health impact and cost-effectiveness?
 - Some clearly do
 - up-to-date on cancer screening
 - Some probably do
 - % dx among those with diabetes
 - Some may have difficult-to-identify services
 - access to care measures
 - infant mortality
 - Some have no practical service
 - national health care expenditures



Potential Criteria when no Intervention/Action is Defined

- Burden of conditions, behaviors, access deficiencies
 - Health burden
 - Cost burden
- Impact from ‘what if analyses’
 - Benefits if disparity is eliminated
 - Benefits if quality goal is met
- Missed opportunities (quantitative or qualitative)
 - Potential to reduce waste
- Feasibility of improvement
- Measurability



More Information

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Prevention Priorities Study Web Site:

Partnership for Prevention

www.prevent.org/ncpp



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