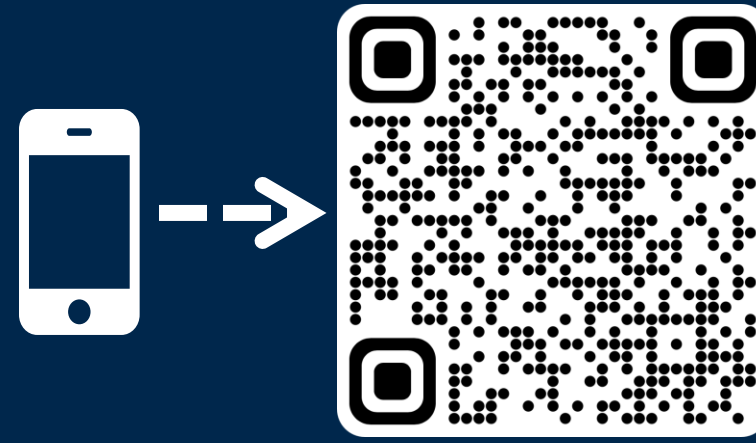


Understanding Equity-Efficiency Trade-offs for Healthcare Resource Allocation in Canada: A Best-Worst Scaling Exercise

I'm on the job market!



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Background

- Novel approaches to economic evaluation value improvements in health across equity dimensions
- Understanding how the public prioritizes different health equity dimensions is an essential step for equity-informative cost-effectiveness analyses
- Best-worst scaling can serve as a tool to pairing down a large set of attributes

Objective

To understand the relative ranking of different dimensions of health equity

Methods

- An object case best-worst scaling survey developed with Sawtooth
- 22 attributes classified in three types:
 - Health benefits (e.g., disease severity, individual health gains, or improved life expectancy)
 - Group-level demographics (e.g., income level, education level, age, sex, or immigration status)
 - System functioning (e.g., costs, wait times, or number of people treated)
- Group demographic- and select health-related attributes were framed as reducing disparities in access or health outcomes
- Respondents completed 10 best-worst scaling tasks
- Relative importance scores measured the frequency with which an attributes was chosen as more versus less important
- Latent class analysis identified groups with similar preferences

Result

- General system functioning attributes were of top concern to Canadians:
 - Reducing wait times
 - Increasing the number of individuals who can be treated
 - Reducing costs for individuals
- Attributes framed as improving access were almost always ranked higher than the corresponding attributes framed as improving health outcomes regardless of attribute type
- Latent class analysis identified two classes of respondents:
 - Inequality Champions (Class 1)* – cared about improving access and outcomes for marginalized groups such as people with low income or with racialized backgrounds
 - System Fixers (Class 2)* – cared about fixes to the system broadly such as reducing wait times, improving access and outcomes for individuals with severe diseases, and increasing health gains overall

Sample Demographics

	Overall Sample (N=458)	Latent Class 1 (N=216)	Latent Class 2 (N=242)
Age			
Mean (SD)	45.4 (17.9)	40.0 (16.6)	50.2 (17.6)
Median [Min, Max]	43.0 [18.0, 91.0]	38.0 [18.0, 91.0]	52.0 [18.0, 87.0]
Gender			
Female	220 (48.0%)	95 (44.0%)	125 (51.7%)
Male	232 (50.7%)	116 (53.7%)	116 (47.9%)
Other	4 (0.9%)	4 (1.9%)	0 (0%)
Prefer not to answer	2 (0.4%)	1 (0.5%)	1 (0.4%)
Political Viewpoint			
Conservative	124 (27.1%)	51 (23.6%)	73 (30.2%)
Centrist or neutral	87 (19.0%)	41 (19.0%)	46 (19.0%)
Liberal	162 (35.4%)	86 (39.8%)	76 (31.4%)
Neither conservative nor liberal	57 (12.4%)	22 (10.2%)	35 (14.5%)
Prefer not to say	28 (6.1%)	16 (7.4%)	12 (5.0%)
Income			
Less than \$50k	152 (33.2%)	68 (31.5%)	84 (34.7%)
\$50k - \$100k	166 (36.2%)	85 (39.4%)	81 (33.5%)
\$100k or more	121 (26.4%)	57 (26.4%)	64 (26.4%)
Prefer not to answer	19 (4.1%)	6 (2.8%)	13 (5.4%)
Health Status			
Excellent/Very Good/Good	365 (79.7%)	178 (82.4%)	187 (77.3%)
Fair/Poor	93 (20.3%)	38 (17.6%)	55 (22.7%)

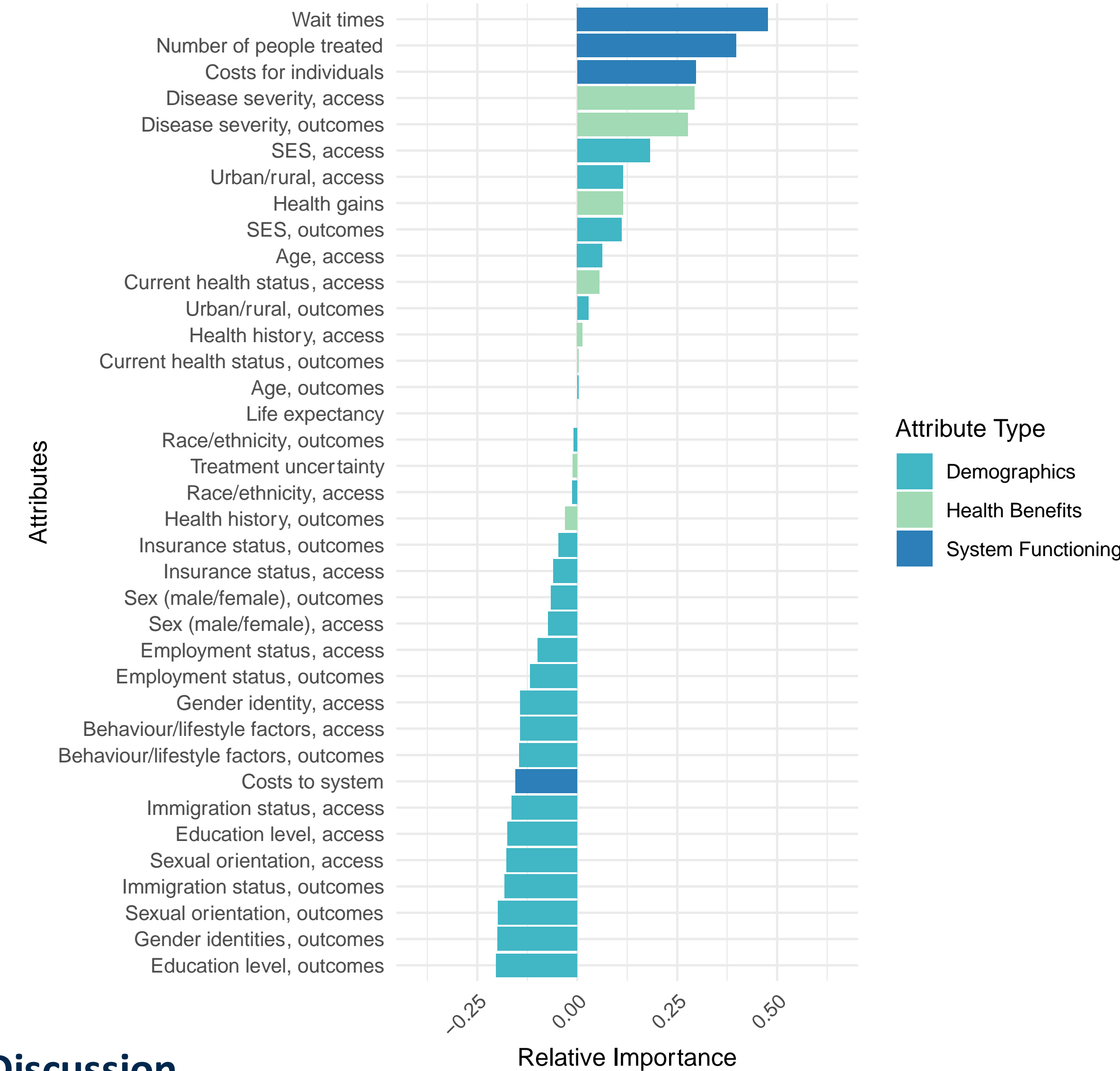
Results Cont.

Comments provide multiple reasons for selecting an attribute as more or less important

Reason For Selecting More Important Attribute	Example Quote
Attribute Benefits More People	"Timely treatment benefits everyone."
Attribute Needs More Support	"I think it's important to make it as easy as possible for people who have unhealthy behaviours or addictions to access healthcare. They are often anxious and afraid of being judged, and stressed by confronting issues."
Attribute Promotes Fairness	"Regardless of how much you make, you should have the same access to health care services."
Attribute Impacts Many Factors	"Insurance determines the care a person receives many times. For instance, I needed cataract surgery. My provider would only pay for traditional surgery but not the laser treatment, which has a better outcome."

Reason For Selecting Less Important Attribute	Example Quote
Attribute Benefits Fewer People	"I am sure those with varied gender identities face issues for access, but I marked it as less important as they'd be one of the smaller grouping of populations compared to the rest listed."
Do Not Support Attribute	"Gender identity issues should be addressed with psychiatric care and counseling, not surgery and forcing society to pretend you are not what you are."
Attribute Should Not Matter in Decisions	"It shouldn't matter what the persons health behaviours are. We should all receive the same care"
Attribute Less Important than Others	"I also feel that gender identity is less important than just providing health care to all people who need it."
Not Aware of Disparities for that Attribute	"I don't believe there are great disparities between gender identities. Cost of health care is probably a number one problem which also ties into insurance premiums and deductibles."

Relative Importance Scores of Equity Dimensions



Discussion

- Findings highlight the importance of balancing system-wide improvements and with specific equity dimensions when valuing health equity
- Rankings emphasized attributes related to system-wide improvements
- Equity dimensions related to access were often prioritized higher than dimensions related to health outcomes
- Reasons for selecting attributes illustrate the importance of personal knowledge and beliefs in guiding preferences for improving equity
- Diverging reasons for selecting attributes suggest different underlying values motivating the deprioritization of certain attributes
- Some respondents expressed views antithetical to the ideals of health equity illustrating the need for comprehensive decision-making processes for improving health equity

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