

INPLASY PROTOCOL

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Protocol for scoping review: financial effects and opportunity costs of priority setting in health care

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Review Stage at time of this submission: Formal screening of search results against eligibility criteria.

Conflicts of interest:
None declared.

Review question / Objective: The objective of this scoping review is to describe the current evidence on the financial effects and opportunity costs of priority setting decisions in health care in high-income countries. The purpose of the study is to provide knowledge to decision and policy makers on what is known about the true effectiveness of different prioritization approaches. Our research questions are:

1. What current published evidence is available on the financial effects and outcomes of different health care priority setting methods and implementations in developed health care systems?
2. What current published evidence is available on the realized opportunity costs of priority setting in health care?

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 21 March 2023 and was last updated on 21 March 2023 (registration number INPLASY202330077).

INTRODUCTION

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makers on what is known about the true effectiveness of different prioritization approaches. Our research questions are:

1. What current published evidence is available on the financial effects and outcomes of different health care priority setting methods and implementations in developed health care systems?

2. What current published evidence is available on the realized opportunity costs of priority setting in health care?

Background: Priority setting or prioritization is a fundamental part of health care and health care resource allocation because resources are scarce compared to all health care needs and possibilities of treatment. Developed health care systems are challenged by the aging population, increased treatment options and constrained budgets. While many countries have adopted different methods to health care system level priority setting, there is not a clear picture whether those methods or implementations have been successful in curtaining costs or creating savings. Moreover, there is lack of knowledge where the opportunity costs, that are a fundamental part of any resource allocation decision, are i.e. what is deprioritized knowingly or unknowingly.

Rationale: To our knowledge, there has been no scoping efforts recently to assess the scientific evidence on the financial effects and opportunity costs of health care priority setting at macro level in high-income countries.

METHODS

Strategy of data synthesis: Scopus databased is used to find studies that meet the inclusion criteria.

We plan to use three-part search phrases: First part keywords describing general and specific terms for priority setting and prioritization methods, second part keywords describing cost and opportunity cost related terms, and third part keywords defining the search are to health care.

The terms within each part are combined with OR –operator and the parts with AND –operator and need to be in title, abstract or keywords of the article.

Moreover, the search is limited to current studies that we define as published 2010-2022.

The planned search phase is:

TITLE-ABS-KEY ("Prioriti?ation" OR "Priority setting" OR "Health care rationing" OR "Healthcare rationing" OR

"Health-care rationing" OR "service rationing" OR "services rationing" OR "rationing in health" OR "rationing in medicine" OR "Health priorities " OR "Health priority" OR "Health care priorities" OR " Health care priority" OR " Healthcare priorities" OR " Healthcare priority" OR " Health-care priorities" OR " Health-care priority" OR "Programme Budgeting and Marginal Analysis" OR "Health technology assessment" OR "Technology assessment, Biomedical" OR "Burden of disease analysis" OR "Health Needs Assessments" OR "Lives Saved Tool" OR "Priority rating" OR "Propriety, Economics, Acceptability, Resources and Legality" OR "Propriety, Economics, Acceptability, Resources, Legality" OR "Multicriteria decision analysis" OR "Multi-criteria decision analysis" OR "Range of services" OR "Service choices" OR "Choices in healthcare" OR "Choices in health care" OR "Choices in health-care" OR "Disinvestment" OR "Disinvest" OR "De-implementation" OR "De-implement" OR "De-adoption" OR "De-adopt" OR "Time guarantee" OR "Maximum waiting time" OR "Personal health budget" OR "core services" OR "core health services" OR "core health care services" OR "core healthcare services" OR "core health-care services" OR "necessary services" OR "necessary health services" OR "necessary healthcare services" OR "necessary health-care services" OR "QALY league tables" OR "quality-adjusted life year league table" OR "Incremental cost-effectiveness ratio AND (priority setting OR health priorities)" OR "Cost-effectiveness league table" OR "Accountability for reasonableness") AND TITLE-ABS-KEY ("Effectiveness" OR "Efficiency" OR "Cost control" OR "Cost management" OR "Cost-containment" OR "Savings" OR "Health care sustainability " OR "Economic sustainability" OR "Budgets" OR "Resource allocation" OR "Opportunity cost " OR "Health loss" OR "Health benefit" OR "Trade-off" OR "Re-allocation")) AND

TITLE-ABS-KEY ("health care" OR "healthcare" OR "health-care" OR "health" OR "care")
AND PUBYEAR > 2009 AND PUBYEAR < 2023.

Eligibility criteria: Inclusion criteria:

The study underlying the item concerns priority setting in health care at macro level (i.e. state, nation, administrative region or higher) or priority setting method(s) in general.

The study underlying the item concerns investigating, assessing, or reviewing the health care cost impact, effects to costs, or opportunity costs of priority setting in health care.

The study underlying the item concerns a high-income country or countries as defined by World bank income groups.

The item is a scientific article, review article, short survey, or a conference paper.

The item language is English, Finnish, Swedish, French, Spanish, German, Danish, Norwegian, Italian, or Arabic.

The item is published in or in press for a peer-reviewed scientific journal.

The full text for the item is accessible.

Exclusion criterion:

The study is about a specific illness, intervention, treatment, or patient group.

Source of evidence screening and selection: The article hits are screened according to PRISMA ScR –extension.

Two separate researchers screen all hits based on title and title and abstract. Any conflicts are resolved in a discussion between the two screening researchers. If the eligibility remains unclear, the item is accepted to full text review.

Full text versions resulting articles are retrieved and reviewed separately by the two researches. Any conflicts are resolved in a discussion between the two screening researchers. Other researchers are consulted if necessary. The reason for exclusion for each full text article is recorded.

Data management: Data is analyzed with prioritization process framework that divides prioritization process to three consecutive steps. The framework was

developed as a part of a broader research project.

1. Principles and criteria of prioritization
2. Methods and decision of prioritization
3. Results and outcomes of prioritization

Data is gathered from the included studies in a descriptive format (also including any financial data if available) for further analysis in a table sheet.

Data is synthesized to describe the current state of evidence and content analysis methods are used to draw possible conclusions.

Language restriction: English, Finnish, Swedish, French, Spanish, German, Danish, Norwegian, Italian, or Arabic. The title and abstract need to be available in English.

Country(ies) involved: Finland (University of Helsinki).

Other relevant information: The review concerns all high-income countries as listed by the World Bank.

Keywords: Priority setting, health care, resource allocation, prioritization.

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