

**GOVERNANCE POLICIES & PROCEDURES**

Category	Policy Title	Date Adopted	Review Schedule
<b>Governance</b>	<b>Priority Setting and Decision Making Framework</b>	<b>January , 2011</b>  <b>Date of Last Review: December, 2013</b>	<b>Annually</b>  <b>Date of Next Review: December, 2014</b>

**Purpose**

To provide a framework as the basis for priority-setting and decision-making at the Central West LHIN.

**Background Information**

- In 2008/09 the Central West LHIN, along with other LHINs in the province, was introduced to a priority-setting and decision-making framework.
- The Central West LHIN was one of three LHINs that piloted the “Gibson-Mitton” tool.
- With modifications, working with Dr.’s Jennifer Gibson (U of T) and Greg Mitton (UBC), the LHIN applied the tool to decisions about the allocation of Year 2 Aging at Home funding.
- The tool, and its application, was introduced to members of the Services for Seniors Core Action Group as the tool on which decisions about Aging at Home allocations would be made.
- Gibson and Mitton evaluated the LHIN’s use of the tool, particularly LHIN staff’s sense of its usefulness and HSPs’ sense of fairness in its application and the transparency of decision-making.
- The elements of the tool and its application were shared with Board members in briefing notes that accompanied recommendations for the allocation of Year 2, and subsequently Year 3, Aging at Home funding.
- A slideshow about the priority-setting and decision-making tool was reviewed by the Board at the June 16, 2009 Board retreat in the context of the development of the second IHSP.
- The slideshow was also shared with the Board of Directors at the April 2010 Board meeting.

### Status

- LHINs across the province are working to develop a consistent or common framework that can inform priority-setting and decision-making by the LHINs and facilitates transparency and accountability in LHIN priority-setting and decision-making processes.
- The Gibson-Mitton tool is used by 9 of 14 LHINs as the foundation for decision-making framework and has been applied for decisions associated with the IHSP and Aging at Home.
- The Priority-Setting and Decision-Making Framework toolkit has been developed for LHINs based on the Gibson-Mitton tool with the expectation that all LHINs commit to utilizing it as the basis for priority-setting and decision-making.

### LHIN Priority Setting & Decision Making Framework

- The framework includes the following:
  1. Description of the four-step priority-setting and decision-making process
  2. An evaluation tool including domains and criteria that can be weighted based on an individual LHINs' priorities.
  3. A description of the Framework's Guiding Principles.
- The priority-setting and decision-making process includes 4 steps.

**Step 1:** Compliance Screen - allows for the immediate removal of courses of action from further consideration that do not meet fundamental criteria for acceptable LHIN actions.

**Step 2:** Using the LHIN Priority-Setting and Decision-Making Tool – involves the application of the tool to determine each potential course of action based on relevant criteria, criteria weights and ratings – (*see Table 1 – attached*)

**Step 3:** Cost-benefit Analysis - involves undertaking a cost-benefit analysis for each of the remaining potential courses of action in which there are many ways to approach the cost-benefit analysis and it is up to each LHIN to determine its approach.

**Step 4:** System Readiness Screen - involves an in-depth review of the potential courses of action within the context of the broader healthcare system.

**Table 1: LHIN Priority Setting and Decision Making Tool**

Domains	Criteria
<p><b>System Alignment:</b> Determines alignment with both Ministry and local priorities</p>	<p><b>Alignment:</b> Degree of impact on advancing Integrated Health Services Plan and Annual Service Plan goals and priorities</p> <p><b>Strategic Fit:</b> Alignment with provider system role. Extent to which program/initiative is consistent with the provider(s) mandate and capacity compared to other providers in Ontario.</p>
<p><b>System Performance:</b> Contributes to the meeting of system goals and objectives</p>	<p><b>Sustainability:</b> Impact on health service delivery, financial, and human resources capacity over time. The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people’s health needs.</p> <p><b>Integration:</b> Extent to which program/initiative improves coordination of health care among health service providers, including LHIN funded and non-funded providers and community providers to ensure continuity of care in the local health system and provision of care in the most appropriate setting as determined by patient/client's needs.</p> <p><b>Quality:</b> Extent to which program/initiative improves safety, effectiveness, and client experience of health services(s) provided.</p> <p><b>Access:</b> Extent to which program/initiative improves physical, cultural, linguistic and timely access to appropriate level of health services for defined population(s) in the local health system.</p>
<p><b>System Values:</b> Ensures local and system wide attributes are being met including equity, innovation and community</p>	<p><b>Equity:</b> Impact on the health status and/or access to service of recognized sub-populations where there is a known health status gap between this specific population and the general population as compared to current practice/ service. The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, culturally, linguistically or geographically.</p> <p><b>Efficiency:</b> Extent to which program/initiative contributes to efficient utilization of health services, financial, and human resources capacity to optimize health and other benefits within the system.</p> <p><b>Client-Focused:</b> Extent to which program/initiative meets the health needs of a</p>

Domains	Criteria
engagement	<p><b>defined population and the degree to which patients/clients have a say in the type and delivery of care.</b></p> <p><b>Innovation:</b> Impact on generation, transfer, and /or application of new knowledge to solve health or health system problems; encouraging leading practices and innovation, building on evidence and application of leading practices.</p> <p><b>Partnerships:</b> Degree to which appropriate levels of partnership and/or appropriateness of partnerships, both LHIN funded and non-LHIN funded, will be achieved in order to ensure service quality enhancement, improved comprehensiveness, optimal resource use, minimal duplication, and/or increased coordination.</p> <p><b>Community Engagement:</b> Level of involvement of target population and other key stakeholders in defining the project and planned involvement in evaluating its impact on population health and key system performance.</p>
<p><b>Population Health:</b> Determines contribution to the improvement of the overall health of the population</p>	<p><b>Health status (Health outcomes &amp; Quality of Life):</b> Impact on health outcomes for the patient/client and/or community, including risk of adverse events, and/or impact on physical, mental or social quality of life, as compared to current practice or service.</p> <p><b>Prevalence:</b> Magnitude of the disease/condition that will be directly impacted by the program/initiative as measured by prevalence (i.e., # of individuals with the condition in the population or subpopulation at a given time).</p> <p><b>Health promotion &amp; disease prevention:</b> Impact on illness and/or injury prevention and promotion of health and well-being as measured by projected longer term improvements in health and/or likelihood of downstream service.</p>

- Courses of action satisfying the system readiness screens would be eligible for LHIN support as per the rank order identified through the priority-setting and decision-making process.
- The Guiding Principles to assist LHINs in the application of the priority-setting and decision-making framework include:
  - **Relevance** - decisions should be based on reasons (i.e., evidence, principles, values, and arguments) that fair-minded people can agree are relevant under the circumstances.

- **Publicity** - decisions processes should be transparent and decision rationales should be publicly accessible.
- **Revision** - there should be opportunities to revisit and revise decisions in light of further evidence or arguments, and there should be a mechanism for resolving disputes.
- **Empowerment** - there should be efforts to optimize effective opportunities for participation in priority setting and to minimize power differences in the decision- making context.
- **Consistency** - there should be consistent elements of decision-making and a consistent approach to decision-making. This includes common key domains and criteria and common definitions for the criteria as a starting point for the LHINs.
- **Refinement of the Decision-Making Framework** - the LHINs would be able to modify their tool by grouping one or more of the criteria and domains together as long as the domains/criteria are still embedded within the tool. They can also apply different weighting to the criteria or add domains/criteria to the framework to reflect local priorities.
- **Transparency** - the transparency of the decision-making process to the impacted stakeholders (e.g. health service provider organizations) should be maintained at all times even though timelines may impact the level of engagement.
- **Enforcement** - there should be a leadership commitment to ensure that the first seven conditions are met.
- The following application considerations are included in the Framework:
  - **Consistency** - there should be consistent elements of decision making and a consistent approach to priority-setting. This includes:
    - A consistent framework based on the approaches provided by the Gibson-Mitton Framework and the OHQC Attributes
    - Common domains and criteria
    - Common definitions for the criteria as a starting point for the LHINs
  - **Flexibility to adapt to local priorities** - maintaining the base framework (including criteria and definitions) as described above the LHINs would be able to modify their tool by:
    - Grouping one or more of the criteria and domains together as long as the key domains/criteria are still embedded within the tool

- Applying weighting to the criteria to ensure local priorities are recognized
- Adding domains/criteria to the framework to reflect local priorities.
- o **When to apply the tool** - the framework is to be applied to all LHIN decision making. This includes decisions made by LHIN staff as well as board decisions.