



THE NEW ZEALAND PROJECT

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The aim is to conduct a research project examining how health agencies in Aotearoa New Zealand make important decisions about resource-allocation and priority setting. This research has three objectives:

- To assess the fairness of decision-making in a selection of health agencies in Aotearoa New Zealand against an internationally developed assessment/audit tool;
- To examine health agencies' perceptions of the tool and the fairness of their decision-making, including how well they incorporate patient/public involvement; and
- To consult with various community groups and advocacy groups to find out what they think about evaluating the fairness of health agency decision-making, whether knowing decision-making was conducted fairly influences the acceptance of decisions, and in what ways they would like to be included in decision-making where relevant to their social group.

What community need do you propose to meet?

Priority setting and resource allocation decision-making are difficult processes and are often categorised as unfair in public discourse. This decision-making is likely to become more unpopular as budgets struggle to keep up with the rise in health issues such as chronic disease¹² and multimorbidity³ combined with population ageing⁴ and rising inequality⁵. Such decision-making is informed by social values, as well as the available evidence on clinical and cost effectiveness.⁶ There is an increasing international interest in developing frameworks for priority setting that ensure that such decisions are fair, legitimate and acceptable to stakeholders. One key approach to this the Accountability for Reasonableness (A4R) Framework⁷ by Daniels and Sabin has as its premise that decision-making procedures and processes that are transparent and consistent and that provide public access to reasons for decision outcomes will render priority setting decisions more acceptable and legitimate in the eyes of the individuals affected by them.

As part of an international initiative exploring the usefulness of the Decision-Making Audit Tool (DMAT) led by colleagues in the UK, we wish to explore whether decision-making is fair and, importantly, whether decision-making is more acceptable to the public when openly assessed to be fair. Fairness within the tool is defined by a mixture of inclusive decision-making and robust and transparent decision-making processes. The hypothesis behind the DMAT tool is that fair decision-making includes the public voice (and its diversity) and openly fair decision-making is acceptable even when not favourable.

The DMAT allows for the evaluation of decision-making agency processes.⁸ This evaluation which includes measures regarding public involvement and social values, consequently provides the means for an outside enquirer to know something of the decision-making being conducted within health agencies. By implementing such a tool, we can not only discover where processes are fair, but also where they would appear to be unfair and what steps need to be taken.

The DMAT tool developed by Prof. Peter Littlejohns (Kings College, UK) builds off Daniels and Sabin's Accountability for Reasonableness Framework⁹ regarding robust decision-making processes and Clark and Weale's assessment of social values¹⁰ in decision-making to create a matrix against which the fairness of decision-making can be measured. The tool as currently developed includes eight categories: "Institutional Setting", "Transparency", "Accountability", "Participation", "Effectiveness",

¹ Ministry of Health. 2009. Report on New Zealand Cost-of-Illness Studies on Long-Term Conditions. Wellington: Ministry of Health.

² Ministry of Health. 2013. *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016*. Wellington: Ministry of Health.

³ Ritchie, C. (2007). Health care quality and multimorbidity: the jury is still out. *Medical care*, 45(6), 477-479.

⁴ Mathers, C. D., Stevens, G. A., Boerma, T., White, R. A., & Tobias, M. I. (2015). Causes of international increases in older age life expectancy. *The Lancet*, 385(9967), 540-548.

⁵ Ball, C., & Creedy, J. (2015). Inequality in New Zealand 1983/84 to 2013/14. *MONTH*, 15, 06

⁶ Majone, G. (1989). *Evidence, argument, and persuasion in the policy process*. Yale University Press.

⁷ Daniels, N., & Sabin, J. (1997). Limits to health care: fair procedures, democratic deliberation, and the legitimacy problem for insurers. *Philosophy & public affairs*, 26(4), 303-350.

⁸ Kieslich, K., Littlejohns, P., (2015). Does accountability for reasonableness work? A protocol for a mixed methods study using an audit tool to evaluate the decision-making of clinical commissioning groups in England. *BMJ open*, 5(7), e007908.

⁹ Daniels, N., & Sabin, J. (1997). Limits to health care: fair procedures, democratic deliberation, and the legitimacy problem for insurers. *Philosophy & public affairs*, 26(4), 303-350.

¹⁰ Clark, S., & Weale, A. (2012). Social values in health priority setting: a conceptual framework. *Journal of health organization and management*, 26(3), 293-316.

“Cost-Effectiveness”, “Fairness” and “Solidarity”.¹¹ Each category is then rated on a scale of 1-5 (based on prompt questions).

This work will provide us with a picture of a selection of current decision-making which can be compared to the work currently occurring in the UK¹² and allows us to assess the acceptability, feasibility, and appropriateness of this kind of initiative and the DMAT tool.

Aims & Objectives

The aims of this research are to:

- 1) Pilot the DMAT tool in evaluating decision-making in 6 test cases in Aotearoa New Zealand in order to establish:
 - a. Whether information required is readily available and if not why not?
 - b. Whether the DMAT tool is relevant to the NZ context and if not, what adjustments are required
- 2) Consult with Health Agency Stakeholders regarding:
 - a. Whether an explicit evaluation of process’ fairness will affect public perception of the decision regardless of outcome for any one individual
 - b. How well public voice/social values are explicitly included in decision-making at present
 - c. How useful they find the DMAT tool and its criteria
- 3) Representatives of Public Voice
 - a. Whether they agree an explicit evaluation of a process’ fairness will affect their perception of a decision regardless of outcome
 - b. How their voice or values could be included in decision-making where it currently is not
 - c. Whether they find the DMAT tool criteria sufficient/relevant/applicable?

Methodology

This project includes three interrelated subprojects:

- 1) The Evaluation of Current Decision-Making
Using publically available information we will measure the decision-making processes of 6 test cases against the DMAT tool. These six test cases are:
 - a) Ministry of Health CPAC tools (x 4)
 - b) National Health Committee Assessments
 - c) Pharmac Assessments

¹¹ Kieslich, K., Littlejohns, P. (2015). Does accountability for reasonableness work? A protocol for a mixed methods study using an audit tool to evaluate the decision-making of clinical commissioning groups in England. *BMJ open*, 5(7), e007908.

¹² Kieslich, K., Littlejohns, P., (2015). Does accountability for reasonableness work? A protocol for a mixed methods study using an audit tool to evaluate the decision-making of clinical commissioning groups in England. *BMJ open*, 5(7), e007908.

These tests were chosen as instances of decision-making where explicit documentation is likely to exist. Should the tool prove desirable in the NZ context it is envisaged that future work would examine other health sector decision-making, such as that at DHB level.

2) Health Agency Stakeholders

Interviews will be conducted with appropriate members of each of the test case agencies/groups regarding the current processes and practices of decision-making, including consultation, the usefulness of the tool and its criteria, benefits and barriers, etc. Notes will also be taken at each interview. Interviews will use a semi-structured question guide and transcripts will be analysed using a thematic approach, allowing themes to emerge, and theorising these alongside notes from the interviews and the literature. Cross-checking of themes will be undertaken by members of the research team.

3) Public Involvement Stakeholders

A survey building off the information provided in 1) and 2) regarding the current evaluation of decision-making and what health agencies think about the DMAT tool will be conducted with advocacy groups and NGOs relevant to the “patient/public” voice. The Health and Disability NGO Network includes 405 members¹³ (covering a diverse range of representation), we will provide this membership a link to the survey.

These surveys will include quantitative (Likert scales; yes/no questions, etc.) and qualitative responses (open comments). They will be analysed descriptively in relation to three areas of focus:

- 1) Perception and involvement in current decision making
- 2) Usefulness of Audit Tool and its appropriateness
- 3) Means and barriers to public involvement

What are the expected benefits/outcomes?

By answering the above, the research will provide information on:

- 1) The transparency of information relative to decision-making in the test case health agencies
- 2) Stakeholder perceptions of current decision-making practices and the use of an evaluation tool to help socialise decisions with the public
- 3) Public perception of decision-making, the value of an evaluation tool and whether this would help with acceptability of decision-making processes
- 4) Ways public voice and social values can be included in decision-making

This information is novel in the Aotearoa New Zealand setting and can directly lead to more inclusive and fairer decision-making.

The Tiriti o Waitangi principles of Protection, Participation and Partnership are we think key to this project. We believe a tool adapted to the Aotearoa New Zealand context, that includes explicit mention of Māori voice is required to ensure that all decision-making and priority setting in health is appropriate. While this is already the case in some agencies’ processes, an evaluation tool that allows for investigation of how that inclusion is actioned is important.

¹³ Based on its 2013/2014 report: <http://ngo.health.govt.nz/about-us/ngo-network-annual-reports>