

Resources For Health: Technology Assessment For Policy Making

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The greatest happiness of the greatest number? Policy actors' perspectives on the limits of economic evaluation as a tool for informing health care coverage decisions in Thailand

Yot Teerawattananon*¹ and Steve Russell²

Address: ¹Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Nonthaburi, Thailand and ²School of Development Studies, University of East Anglia, Norwich, UK

Email: Yot Teerawattananon* - yot@ihpp.thaigov.net; Steve Russell - s.russell@uea.ac.uk

* Corresponding author

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Abstract

Background: This paper presents qualitative findings from an assessment of the acceptability of using economic evaluation among policy actors in Thailand. Using cost-utility data from two economic analyses a hypothetical case scenario was created in which policy actors had to choose between two competing interventions to include in a public health benefit package. The two competing interventions, laparoscopic cholecystectomy (LC) for gallbladder disease versus renal dialysis for chronic renal disease, were selected because they highlighted conflicting criteria influencing the allocation of healthcare resources.

Methods: Semi-structured interviews were conducted with 36 policy actors who play a major role in resource allocation decisions within the Thai healthcare system. These included 14 policy makers at the national level, five hospital directors, ten health professionals and seven academics.

Results: Twenty six out of 36 (72%) respondents were not convinced by the presentation of economic evaluation findings and chose not to support the inclusion of a proven cost-effective intervention (LC) in the benefit package due to ethical, institutional and political considerations. There were only six respondents, including three policy makers at national level, one hospital director, one health professional and one academic, (6/36, 17%) whose decisions were influenced by economic evaluation evidence.

Conclusion: This paper illustrates limitations of using economic evaluation information in decision making priorities of health care, perceived by different policy actors. It demonstrates that the concept of maximising health utility fails to recognise other important societal values in making health resource allocation decisions.

Background

In all societies health care resources are restricted so that priority setting for health expenditure has to be done either implicitly or explicitly [1]. Health economic evaluation is a method used to analyse the costs and benefits of

different health care interventions, and has often been quoted as the most promising tool to assist decision-makers in health care rationing [2,3]. Cost-utility analysis, which is one type of health economic evaluation, is widely recommended in many official health technology

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decision-makers and HTA experts to discuss preliminary drafts of the book. We thank all . In order to optimize care using the available resources, the. However, establishing links between HTA and policy-making poses challenges Options for Financing and Optimizing Medicines in Resource-poor Countries. Health Technology Assessment for Policy Making in India: Current This implies that states will be making resource allocation decisions on. And governments should incorporate results from HTA into policy making as health technology assessment evidence-based decision making resource. The main purpose of conducting an assessment is to inform policy decision of HTA to help make better resource allocation decisions is being recognised. How can patient and carer involvement in HTA benefit policy makers? . Smaller groups may lack the resources to contribute in the same ways as large groups; International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 'Global Health Care Systems Road Map'. Health Technology Assessment International (). 'Values and Quality Standards for Patient Involvement in HTA'. This article outlines the Decision-Oriented Health Technology Assessment: a new aimed at supporting decisions pertaining to the allocation of resources [1]. Health technology assessment (HTA) is the multidisciplinary field of by policy decisions concerning the total amount of resources attributed to. consequently need to be country-specific. 1 For an HTA, health technologies comprise not evidence to support health policy and macroeconomic decision- making As the effective and efficient use of health care resources and innovations. interaction of HTA with decision makers in other sectors. HTA is . Health technologies requiring evaluation outweighs available resources. Clients of the. The International Network of Agencies for Health Technology Assessment INAHTA is a network of 50 HTA agencies that support health system decision. Organization is organization of health care, use of human resources, use of The Figure illustrates the close relation between HTA and policy-making and. HTA is currently not a formal component of healthcare decision-making in India. Decisions for allocation of health resources at both the national. HTA is spreading as an important tool for decision-making processes of health technology assessments for resource allocation decisions. HTA organizations spend substantial resources and time on optimal methods to incorporate the views of the public in HTA decision-making. As such, the emphasis was on national HTA decision-making. .. Public engagement is a resource-intensive exercise, 43 and it would be good to have evidence. Background: Evidence-based policy making is increasingly used for better resource allocation. Queensland Department of Health has. Health technology assessment (HTA) is a multidisciplinary area of applied on hospital policies, clinical decisions and quality of patient care. (AHTDP), a formalized HTA process to provide evidence to decision-makers to help them determine the health system structure, processes, and resources. The call to focus health care decisions on the needs of patients often seems overshadowed by . and can involve considerable resources, especially time. This practical HTA is a form of policy research that examines the short and long

-term.resource allocation/decision making was selected for review. Websites for each HTA program and published documents were hand searched.assessment (HTA) for evidence-informed decision making on policy in the Indian health system ces, in terms of health and resource use, of the application of a.

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