LHINCollaborative

LHIN Priority Setting & Decision Making Framework Toolkit

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Ontario
Local Health Integration Network

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Introduction

Local Health Integration Networks (LHINs) are mandated to plan, integrate and fund health services in Ontario across the continuum of care while engaging communities in setting local health service priorities. In addressing this mandate, LHINs are faced with setting priorities and making decisions about how best to meet community health needs in the context of competing system goals, multiple stakeholder interests and limited resources. In order to do this, all LHINs apply frameworks to support priority setting and decision making in a variety of contexts, such as approving health programs and services, allocating or reallocating funding to health service providers (HSPs), and setting planning priorities.

While all LHINs use priority setting and decision making frameworks, there is considerable variability in the frameworks used. The need for a common approach was identified as a key issue by LHINC[1] Council and through the work at the LHIN Consistency workshop held in March 2009.[2] More specifically these groups identified that the common priority setting and decision making approach should establish clear, understandable and objective criteria by which proposals or opportunities can be evaluated while transparently supporting accountability for health care dollars by engaging key stakeholders in the priority setting and decision making process.[3]

This priority setting and decision making framework toolkit addresses the identified system need by describing a consistent framework with clear, understandable criteria that all LHINs should use to support all priority setting and decision making.

LHIN flexibility to address local concerns and priorities is embedded within this provincial framework through the prioritization process of weighing criteria and within the guiding principles. It is expected that this template will be honoured and that the components of the framework including all the guiding principles will remain intact and be adhered to at all times. Consistent stakeholder engagement and transparency will be critical to the successful use of the framework and are discussed in the toolkit as well, e.g. posting the framework on LHIN websites.

[1] LHIN Collaborative (LHINC) is a provincial advisory structure formed in 2009. It engages health service providers, their Associations and the LHINs collectively on system-wide health issues related to the LHINs' mandate. It is lead by LHINC Council which is composed of leadership level representatives from nine health sectors and the LHINs.

[2] Local Health Integration Networks Consistency Workshop (March 30-31, 2009) was a meeting attended by LHIN Chairs and CEOs, provincial though leaders, health service provider organizations and Ministry of Health and Long Term Care staff to assess the results of a survey completed on how to improve and support consistency among the LHINs.

[3] Economics, Ethics and Health Care Funding Presentation by Dr. Craig Mitton & Dr. Jennifer Gibson; Toronto, June 8, 2007

Background

To support the development of a common framework that can inform priority setting and decision making by the LHINs, the LHIN Collaborative undertook a review of priority setting and decision making frameworks across the LHINs and other jurisdictions. Input was sought from all the LHINs on their current priority setting and decision making frameworks and processes. Additionally, the experience and practices in regional health authorities in other Canadian provinces was considered.

A LHINC working group that included representation from the LHINs and health service providers[4] provided expert advice and input into LHINC's review and into the development of a consistent priority setting and decision making framework.

Key Findings from Survey of Current LHIN Practices and Other Jurisdictions

The key findings from the survey can be grouped into three categories: LHIN Priority Setting and Decision Making Frameworks, Stakeholder Engagement, and Definitions and Terminology.

LHIN Priority Setting and Decision Making Frameworks

One of the initial steps was to review the practices in each LHIN related to priority setting and decision making. Although all LHINs employ a priority setting and decision making framework of some kind, there are several frameworks in place. Nine LHINs base their frameworks on a common one derived from earlier extensive research conducted for the LHINs by Drs. Mitton and Gibson that is commonly referred to as the Gibson Mitton Framework[5]. The other five LHINs use the Triple Aim Approach, the Ontario Health Quality Council (OHQC) Attributes, or a unique framework as the basis for their priority setting and decision making frameworks. A detailed, element-by-element comparison of the three frameworks showed that the Gibson Mitton framework encompasses all the ideas found in the other two frameworks[6].

Stakeholder Engagement

The manner in which LHINs engage stakeholders in priority setting and decision making varies in several key ways.

First, the amount of information provided to those involved in LHIN priority setting and decision making processes varies. For example, not all LHINs provide information related to their priority setting and decision making framework in their call for proposals.

Secondly, as part of the application of a priority setting and decision making framework, many LHINs have advisory networks or stakeholder steering committees that are involved in informing

[4] See Appendix 1 for a complete list of the Priority Setting and Decision Making Working Group Members.

[5] Drs. Mitton and Gibson, North West LHIN document "Priority Setting in the LHINs: A Practical Guide to Decision-making" (June 2009)

[6] See Appendix 3: Triple Aim Approach and the Ontario Health Quality Council Attributes and Appendix 4: Mapping the Ontario Health Quality Council Attributes to the Gibson Mitton Tool.

the priority setting and decision making process. The impact of, and processes for engaging, these groups on the results of the deliberations differs.

Another key type of variation is in the process for managing questions and concerns as they relate to the priority setting and decision making process and the resulting decisions. While all LHINs have a process for managing these, the response is often informal.

The priority setting and decision making frameworks used in three western regional health authorities in two provinces were also reviewed[7]. These frameworks reinforced the need for effective and consistent community engagement in the priority setting and decision making process to ensure transparency and improve stakeholder satisfaction with the process.

Definitions and Terminology

An important aspect of communications and transparency is a shared understanding of the words being used. For the LHINs that use the Gibson Mitton framework as the basis for their priority setting and decision making frameworks, adjustments to the framework's structure or components are widespread. Differences were noted both in the definitions of terms and in the labels for the pieces of the framework.

For the LHINs using other frameworks (e.g. OHQC Attributes) as the basis for their priority setting and decision making frameworks, the terms used are different from the terms in the frameworks based on the Gibson Mitton framework.

Conclusions

Variability was found in the LHIN priority setting and decision making processes with respect to frameworks, stakeholder engagement, and definitions and terminology. These differences may contribute to reduced transparency and unclear communication between LHINs and their key stakeholders and so reinforce the need for a common framework.

Given that it was the most frequently used and most comprehensive priority setting and decision making framework in use by the LHINs, and given its strong support from the literature, the Gibson Mitton Framework was chosen as the starting point for the framework.

To ensure transparency and clear communication, the framework should be applied, as outlined below, to all priority setting and decision making processes undertaken by LHIN staff and Boards, with consistent definitions for the domains and criteria and adherence to all the guiding principles. Furthermore, the consistent framework should be available to all health service providers and be posted on all LHIN websites.

To address local circumstances, flexibility is built into the framework. As an example of that flexibility, LHINs can determine the degree to which the framework's criteria are more or less relevant to a particular priority setting or decision making process through the criteria weighting process outlined below. LHINs may also add criteria to the framework to ensure their local priorities are addressed adequately however; the template content should be applied consistently as outlined in this toolkit.

[7] See Appendix 5: High-level Jurisdictional Review.

LHIN Priority Setting & Decision Making Framework

Overview

The following is the framework to be used for all priority setting and decision making processes by the LHINs. The LHIN Priority Setting and Decision Making Framework provides a common tool across all LHINs with consistent criteria to facilitates transparency and accountability in LHIN priority setting and decision making processes.

The framework includes the following:
1. Description of the four-step priority setting and decision making process
2. An evaluation tool (Table 1) including domains and criteria that can be weighted based on an individual LHINs' priorities.[8]
3. A description of the framework's Guiding Principles

Priority Setting and Decision Making Process

The priority setting and decision making process includes 4 steps[9].

Step 1: Compliance Screen

The first step of the process is the Compliance Screen. This screen allows for the immediate removal of courses of action from further consideration that do not meet fundamental criteria for acceptable LHIN actions.

In this screen, options are assessed to ensure their compliance with relevant laws or regulations and relevant contractual agreements. Other screening questions can be added as appropriate, e.g., alignment with funding or planning objectives. An example of a legal screening question would be "Does the project violate any relevant laws or regulations?" If there is appropriate compliance then the process can continue on to Step 2.

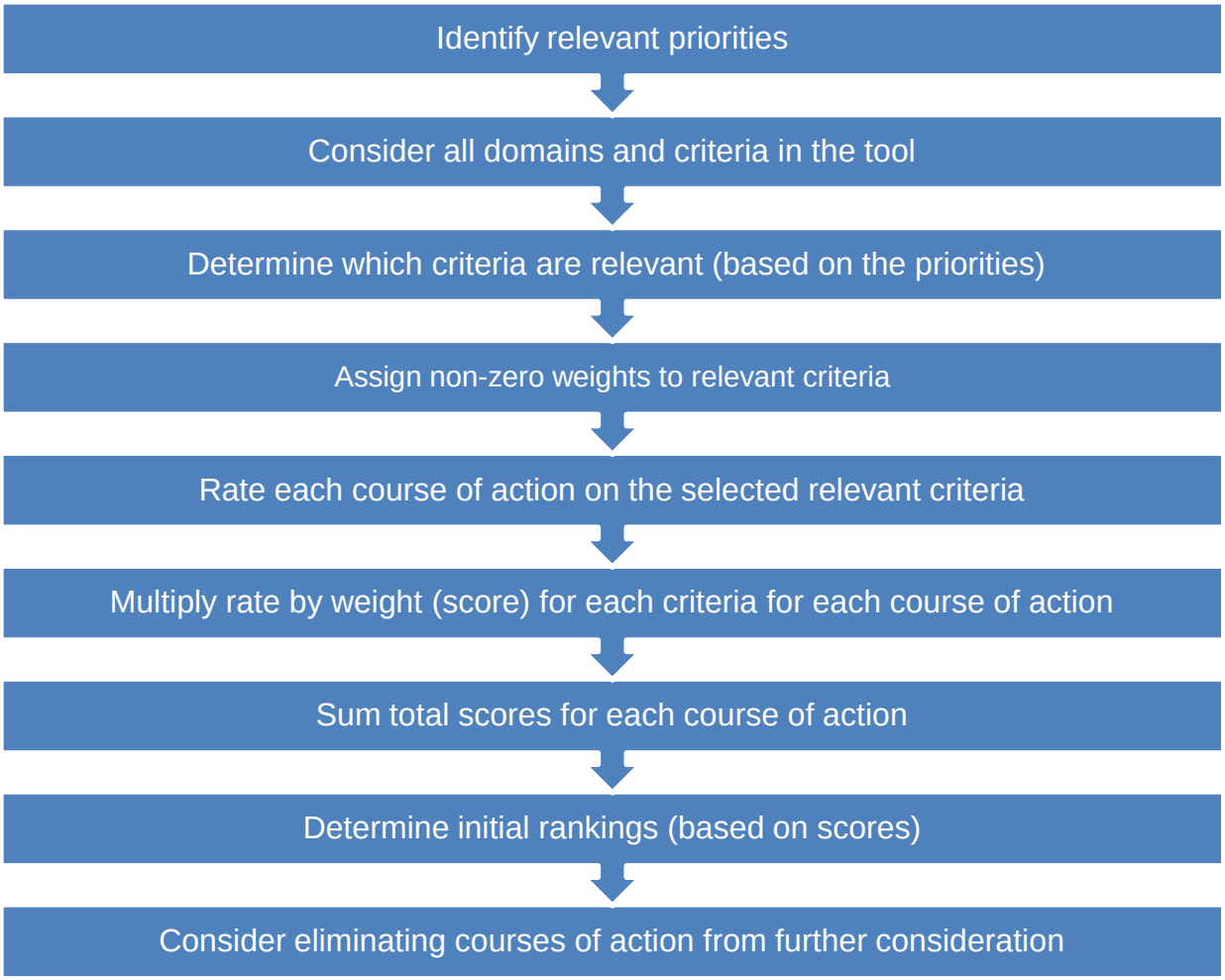
[8] Within the framework, criteria are the detailed elements of the tool by which the potential courses of action are rated. These criteria can be rolled up into four higher-level domains or categories of criteria. As an example, the criteria of "Equity" fits into the domain of "System Values"

[9] Drs. Mitton and Gibson, North West LHIN document "Priority Setting in the LHINs: A Practical Guide to Decision-making" (June 2009)

Step 2: Using the LHIN Priority Setting and Decision Making Tool

Step 2 involves the application of the tool (Table 1 below). Here, a score is determined for each potential course of action based on the relevant criteria, criteria weights and ratings.

Each LHIN should apply the tool to each priority and decision making process based on the following steps:[10]



As an example of the above, a call for proposals focused on improving quality in the health system would lead the LHIN to consider the domains and criteria in the tool and then weigh the "Quality" criteria highly. This higher weight would give "Quality" more importance. At the extreme, if improving quality was the only goal of the process then all the other criteria listed below could be assigned "zero" weights, meaning that while they were considered, they were not felt to be relevant to the particular process.

[10] More detail around this process can be found in the following document "Drs. Mitton and Gibson, North West LHIN document "Priority Setting in the LHINs: A Practical Guide to Decision-making" (June 2009)"

Table 1: LHIN Priority Setting and Decision Making Tool

Domains	Criteria
System Alignment: Determines alignment with both Ministry and local priorities	**Alignment:** Degree of impact on advancing Integrated Health Services Plan and Annual Service Plan goals and priorities **Strategic Fit:** 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.
System Performance: Contributes to the meeting of system goals and objectives	**Sustainability:** 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. **Integration:** 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. **Quality:** Extent to which program/initiative improves safety, effectiveness, and client experience of health services(s) provided. **Access:** 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.
System Values: Ensures local and system wide attributes are being met including equity, innovation and community engagement	**Equity:** 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. **Efficiency:** 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. **Client-Focused:** Extent to which program/initiative meets the health needs of a defined population and the degree to which patients/clients have a say in the type and delivery of care. **Innovation:** 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. **Partnerships:** 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. **Community Engagement:** 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.
Population Health: Determines contribution to the improvement of the overall health of the population	**Health status (Health outcomes & Quality of Life):** 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. **Prevalence:** 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). **Health promotion & disease prevention:** 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.

Step 3: Cost-benefit Analysis

Step 3 involves undertaking a cost-benefit analysis for each of the remaining potential courses of action. This analysis is completed to determine their net impact. There are many ways to approach the cost-benefit analysis[11] and it is up to each LHIN to determine how it is going to approach those calculations, understanding that the chosen method should be made transparent to the key stakeholders. Top ranked courses of action (lowest cost-benefit ratio to highest) would then move forward to Step 4.

Step 4: System Readiness Screen

The fourth and final step in the priority setting and decision making process involves an in-depth review of the potential courses of action within the context of the broader healthcare system. Having reviewed these suggested questions, and others that the LHIN feels are applicable, the LHIN and its stakeholders can feel comfortable that the unintended consequences of the selected course of action have been identified so that appropriate mitigation strategies can be put in place.

Capacity	Interdependency	Risk	Health System Impact	Other
• Does the LHIN have the needed material, financial, and health human resources to support the selected option(s) at this time? • If the initiative is sufficiently important, are there ways to leverage system resources to make it viable now or in the future?	• Does the preferred option depend on the completion of other projects? • Are other high-priority initiatives depending on the completion of this one? • Is this aligned with other initiatives that would need also to be funded in order for them to be viable?	• Is the level of risk involved acceptable? • Have mitigation strategies been identified to address this risk and are they practical? • What are the risks of not funding or endorsing this option at this time?	• Does this option raise any considerations of health system impact that were not addressed in the evaluation process? • What impact would supporting this option have on others in terms of material, financial, and health human resources?	• Other screens relevant to the LHIN's local situation can be added as appropriate.

Courses of action satisfying the system readiness screens are eligible for LHIN support as per the rank order identified through the priority setting and decision making process.

[11] One option is to use a cost-benefit ratio derived from an overall benefit score for each proposal. This is calculated by dividing the total project operating cost by the total number of patients/clients served by the proposal. (Drs. Mitton and Gibson, North West LHIN document "Priority Setting in the LHINs: A Practical Guide to Decision-making" (June 2009))

Guiding Principles

These are the Guiding Principles to assist LHINs in the application of the priority setting and decision making framework.[12]

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 the priority setting and decision making framework used by the LHINs. This includes common key domains and criteria with common definitions for the criteria as a starting point for the LHINs.

REFINEMENT

The LHINs should 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 included. They can also apply different weightings 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. A key mechanism for ensuring transparency is the posting of the framework on the LHIN website.

ENFORCEMENT

There should be a leadership commitment to ensure that the first seven principles are considered.

[12] This list includes the five ethical principles outlined in the 2009 Gibson Mitton Framework (A4R) and three additional ones added by the Working Group.

Appendix 1: LHIN Priority Setting and Decision Making Framework Working Group Membership List

The following members of the LHIN Priority Setting and Decision Making Working Group are acknowledged for their input and collaboration on developing the Framework Toolkit.

Sector	Member
LHIN Chair	Mimi Lowi-Young, CEO, Central West LHIN
Mental Health & Addictions	David Kelly, Executive Director Ontario Federation of Community Mental Health and Addictions Programs
Community Support Services	Debbie MacDonald Moynes, Executive Director, The Prince Edward County Community Care for Seniors Association
CCACs	Don Ford, CEO, Central East Community Care Access Centre
Primary Care Physicians	Barb LeBlanc, Director, Health Policy, Ontario Medical Association
Long term Care Homes	Pat McCarthy, CEO, Omni Health Care Ltd.
Community Health Centres	Adrianna Tetley, Executive Director, Associations of Ontario Health Centres
LHIN Members	Adil Khalfan, Senior Consultant, Toronto Central LHIN
	Philip Kilbertus, Senior Consultant, North East LHIN
	Liisa Simi, Senior Consultant, North West LHIN
	Steve Goetz, Director - Performance Optimization, South East LHIN

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Appendix 2: Introduction to Gibson Mitton Framework

In 2006 both the Waterloo Wellington LHIN and the North Simcoe Muskoka LHIN completed an extensive review of decision making frameworks used in healthcare. This research led them to focus on two approaches: program budgeting and marginal analysis (PBMA) and accountability for reasonableness (A4R). Their work was further enhanced by the North West LHIN which invited Dr. Craig Mitton to speak to the LHINs on priority setting and decision making in June 2007. Based on Dr. Mitton's work the LHINs decided to enlist his services along with the services of another leading researcher in this field, Dr. Jennifer Gibson, to develop a common approach for all LHINs (i.e. the Gibson Mitton framework). Dr. Mitton and Dr. Gibson created a LHIN priority setting and decision making framework that was trialed by the Central West LHIN, Champlain LHIN and the North West LHIN between May and November 2008. The North West and Champlain LHINs piloted the framework in their Urgent Priorities funding process. The Central West LHIN piloted the framework for their Aging at Home funding process.

An evaluation of the three pilots was launched in November 2008 to identify opportunities to improve local LHIN practices, to specify refinements for the framework, and to determine how the framework might be used in future funding initiatives. The evaluation involved an on-line survey with health service providers and interviews with LHIN staff and board members. This phase was completed by April 2009. Finally, a priority setting workshop with all LHINs was held on February 20, 2009 in Toronto to review evaluation findings, identify common decision-making challenges across all LHINs, discuss practical solutions to these challenges, and explore refinements to the framework based on local experience. A final report, including the refined framework, a practical toolkit to guide local implementation of the framework (including practical strategies to address common issues or challenges), and advice on how individual LHINs can continue to update and refine the framework over time, was circulated to participating LHINs in Spring 2009. All LHINs were encouraged to use the framework.

The Gibson Mitton framework incorporates economic principles of 'value for money' and ethical principles of fair process. It draws on international experience using an economics approach called program budgeting & marginal analysis (PBMA) and an ethics approach called accountability for reasonableness (A4R). The Gibson Mitton framework is composed of both a priority setting and decision making project evaluation tool and process for the application of the framework. The tool is composed of four key areas or domains and within each of these domains are criteria which can be weighted based on the relevant priorities.

Appendix 3: Triple Aim Approach and the Ontario Health Quality Council Attributes

The Triple Aim Approach

This approach was developed by the Institute for Health Improvement (IHI) and suggests that health care decisions be considered using three critical components or with a 'triple aim'[13]. These are: Improve the health of the population; enhance the patient experience of care (including quality, access, and reliability); and reduce, or at least control, the per capita cost of care.

Ontario Health Quality Council Attributes of a High Performing Health Care System

The Ontario Health Quality Council (OHQC) is an independent agency that monitors all aspects of Ontario's health care system, and reports to the people of Ontario on its quality to encourage continuous improvement (Quality Monitor, Ontario Health Quality Council Report, 2010). It measures the following nine attributes: [14]

ACCESSIBLE — People should be able to get the right care at the right time in the right setting by the right healthcare provider.

EFFECTIVE — People should receive care that works and is based on the best available scientific information.

SAFE — People should not be harmed by an accident or mistakes when they receive care.

PATIENT CENTRED — Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.

EQUITABLE — People should get the same quality of care regardless of who they are and where they live.

EFFICIENT — The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas and information.

APPROPRIATELY RESOURCED — The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs.

INTEGRATED — All parts of the health system should be organized, connected and work with one another to provide high quality care.

FOCUSED on POPULATION HEALTH — The health system should work to prevent sickness and improve the health of the people of Ontario.

[13] See www.IHI.org for more information on the Triple Aim approach.

[14] See http://www.ohqc.ca/en/index.php for more information on the OHQC.

Appendix 4: Mapping the Ontario Health Quality Council Attributes to the Gibson Mitton Tool

Gibson Mitton			OHQC	
Domain	**Criteria**		**Attributes**	**Measurable Indicators**
Strategic Fit	**Alignment** Degree of impact on advancing IHSP and/or ASP goals and priorities. ***Strategic Fit*** 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	Mapped onto	No obvious alignment	No obvious alignment
System Performance	***Sustainability*** Impact on clinical, financial, and human resources capacity over time.	Mapped onto	***Appropriately Resourced*** The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs	1. Overall spending and value for money 2. Information technology 3. Healthy work environment 4. Health human resources
System Performance	***Integration*** Extent to which program/initiative improves coordination of health care among health service 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	Mapped onto	***Integrated*** All parts of the health system should be organized, connected and work with one another to provide high quality care.	Discharge/transitions (ensuring that accurate information is available and shared with the patient and his/her family doctor and access to in-patient rehabilitation post stroke)
System Performance	***Quality*** Extent to which program/initiative improves safety, effectiveness, and client experience of health services(s) provided	Mapped onto	***Safe*** People should not be harmed by an accident or mistakes when they receive care.	1. Hospital infections 2. Adverse events 3. Mortality in hospital 4. Drug safety 5. Avoiding harm in LTC and CCC 6. Avoiding harm in home care and the

Gibson Mitton			OHQC	
Domain	**Criteria**		**Attributes**	**Measurable Indicators**
				community
System Performance	***Access*** Extent to which program/initiative improves timely access to appropriate level of health services for defined population(s) in the local health system		***Accessible*** People should be able to get the right care at the right time in the right setting by the right healthcare provider	1. Wait times in ED 2. Access to Primary Care 3. Surgical Wait times and access to specialists 4. Access to LTC
System Values	***Equity*** 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.		***Equitable*** People should get the same quality of care regardless of who they are and where they live.	1. Primary care-access and effectiveness 2. Prevention measures 3. Diseases that could be avoided with a population health focus 4. Healthy behavior
System Values	***Efficiency*** Extent to which program/initiative contributes to efficient utilization of clinical, financial, and human resources capacity to optimize health and other benefits within the system.		***Efficient*** The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas and information.	1. Cost per services delivered 2. Right service in the right place 3. Avoiding unnecessary drugs and tests
System Values	***Client-Focused*** Extent to which program/initiative meets the health needs of a defined population and the degree to which patients/clients have a say in the type and delivery of care		***Patient Centred*** Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.	Patient experience in acute care hospital and ED care
System Values	***Innovation*** Impact on generation, transfer, and /or application of new knowledge to solve health or health system problems; evidence		***Safe*** People should not be harmed by an accident or mistakes when they receive care.	1. Hospital infections 2. Adverse events 3. Mortality in hospital 4. Drug safety 5. Avoiding harm in LTC and CCC 6. Avoiding harm in home care and the

Gibson Mitton			OHQC	
Domain	**Criteria**		**Attributes**	**Measurable Indicators**
	of evaluation plan and application of leading practices			community
	Innovation (As above)		***Effective*** People should receive care that works and is based on the best available scientific information	1. Use of right treatments in hospital 2. Chronic Disease Management (Diabetes, CHF, COPD) 3. Readmissions to hospital (AMI, COPD, MH, post Surgery) 4. Keeping people health in LTC 5. Keeping people health in CCC 6. Keeping people health in home care 7. Avoidable ED visits
System Values	***Partnerships*** Degree to which appropriate level of partnership and/or appropriateness of partnerships will be achieved in order to ensure service quality enhancement, optimal resource use, minimal duplication, and/or increased coordination		***Patient Centred*** Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.	Patient experience in acute care hospital and ED care
System Values	***Community Engagement*** 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. Innovation Impact on generation, transfer, and/or application of new knowledge to solve health or health system		**Patient Centred** Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.	Patient experience in acute care hospital and ED care

Gibson Mitton			OHQC	
Domain	**Criteria**		**Attributes**	**Measurable Indicators**
	problems; evidence of evaluation plan and application of leading practices.			
Population Health **Health status (clinical outcomes & SOL)**	1. ***Health status (clinical outcomes & Quality of Life)*** Impact on clinical outcomes for the patient/client, including risk of adverse events, and/or impact on physical, mental or social quality of life, as compared to current practice/ service. ***2. Prevalence*** 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 at a given time).Health promotion and disease prevention 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 utilization reduction. ***3. Health promotion & disease prevention*** Impact on illness and/or injury prevention and promotion of health and well-being as		***Focused on Population Health*** The health system should work to prevent sickness and improve the health of the people of Ontario.	1. Healthy behavior 2. Maternal and infant health 3. Sexual health 4. Preventive measures 5. Deaths and harm that could be avoided by prevention

Gibson Mitton			OHQC	
Domain	**Criteria**		**Attributes**	**Measurable Indicators**
	measured by projected longer term improvements in health and/or likelihood of downstream service utilization reduction.			

Appendix 5: High-level Jurisdictional Review

The three Regional Health Authorities surveyed were the Vancouver Island Health Authority, the Vancouver Coastal Health Authority and the Winnipeg Regional Health Authority

Each of the three Health Authorities had undergone a similar process to that of the LHINs to develop a priority setting and decision making framework in the past five years. All of them had used either a version of the Program Budgeting and Marginal Analysis (PBMA) approach or components found in the Gibson Mitton Framework as part of their priority setting and decision making process. Both the Vancouver Island Health Authority and the Winnipeg Regional Health Authority have incorporated the Accountability for Reasonableness Principles (A4R) into their decision making frameworks to ensure a fair process.

Appendix 6: References Consulted

Currently in progress

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