New medical technologies have been identified as one of the leading causes of increasing healthcare expenditures. The Israeli National Health Insurance Law stipulates a National List of Health Services (NLHS) which all residents are entitled to from their health plans. This list has been updated annually for almost a decade using a structured review and decision-making process. Although the Israeli explicit priority-setting experience is unique and may be considered groundbreaking, its fairness and legitimacy have not been assessed.

Objectives and Methods

To assess the priority-setting process in Israel for compliance with the four conditions of accountability for reasonableness outlined by Daniels and Sabin (2002) and with the four steps of the trans-disciplinary model operational goals for priority setting in healthcare outlined by Gibson et al (2002).

We used such data as public documents, audit reports, literature review, the mass media, observations from the meetings of the Public Advisory Committee (PNAC) responsible for recommending new technologies for the NLHS, and interviews with committee members.

Accountability for Reasonableness (Daniels and Sabin, 2002)

Reasonableness - Bring together a committee of fair-minded people to make priority-setting decisions. They should focus on the reasonableness of the rationales for each decision

Trans-disciplinary model operational goals (Gibson et al, 2002)

Reasonableness - Bring together a committee of fair-minded people to make priority-setting decisions. They should focus on the reasonableness of the rationales for each decision

Publicity - Decisions regarding both direct and indirect limits to care (resource allocation) and their rationales must be publicly accessible

Reasonableness

Transparency - Put into place processes to ensure the transparency of the decision-making activities and to ensure that the rationales are widely available

Revisions and Appeals - Mechanism for challenging and disputing resolutions regarding resource allocation decisions and Opportunities for revision and improvement of policies in the light of new evidence or arguments

Responsiveness - Design methods to hear appeals regarding the rationales for decisions and to respond to further evidence or arguments

Enforcement - A voluntary or public regulation of the process to ensure that the first three conditions are met

Accountability - Develop mechanisms for institutional accountability to ensure that the first three steps are followed

Main Findings

The Israeli process for updating the NLHS does not fulfill the appeals and enforcement conditions, and only partially follows the publicity and relevance conditions, outlined in the accountability for reasonableness framework. Only the reasonableness and transparency steps of the trans-disciplinary model are partially fulfilled, but the priority setting process lacks responsiveness and accountability (see Table below)

<table>
<thead>
<tr>
<th>Relevance (Reasonableness)</th>
<th>The PNAC is composed of representatives from the Ministries of Health and Finance, health plans, and the public at large. Clinical, economic, and ethical criteria are used in the resource-allocation process. The “rule of rescue” seems to be the dominant criterion. Cost-effectiveness analysis is not used for allocating funds, under budget constraints.</th>
</tr>
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<tbody>
<tr>
<td>Publicity (Transparency)</td>
<td>The coverage decisions and the list of the new technologies added to the NLHS and the indications for which they shall be used are posted on the Ministry of Health Website. Proponents of technologies and the general public are not informed about the reason or rationale for the rejection of the technologies proposed.</td>
</tr>
<tr>
<td>Revisions (Responsiveness)</td>
<td>Stakeholders are not allowed to appeal decisions not to include a technology in the annual update of the NLHS and there is no formal dispute resolution mechanism. Parties interested in acquiring public funding for a new technology have to reapply in the subsequent update cycle, adding the new supporting evidence, if applicable.</td>
</tr>
<tr>
<td>Enforcement (Accountability)</td>
<td>The priority-setting process in Israel and the update of the NLHS is related to the National Health Insurance Law. The process is subject to audits performed by the State Controller and Ombudsman and challenged in courts that did not interfere with the updating process.</td>
</tr>
</tbody>
</table>

Conclusions

The fairness and legitimacy of the priority-setting mechanism have not yet been established. The main obstacles for achieving these goals may relate to the large number of technologies assessed each year within a short time frame (500 technologies assessed in 2007), the lack of personnel engaged in health technology assessment and the desire for early adoption of new technologies. Changes in the priority-setting process should be made in order to increase its acceptability among the different stakeholders

References


Gibson JL, Martin DK, Singer PA. Priority setting for new technologies in medicine: a transdisciplinary study. BMC Health Services Research, July 2002