

## OP60 Community Funding Prioritization Of Drug Treatments: A Discrete Choice Experiment

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**Introduction:** Allocating government resources for drug treatments continues to be a challenge in health care, particularly given the increasing number of high-cost personalized drug treatments, finite resources, and aging population. Since taxpayers fund government health budgets, it is important to understand how they think funding should be distributed, considering attributes such as cost of drug treatments, risk of dying, commonality of medical conditions, and quality of life changes with drug treatments. The aim of this study was to understand what attributes of a medical condition and treatment determine a community's willingness to fund new drug treatments. Two decision-making contexts were explored: the allocation of funds from a health budget and a willingness-to-pay (WTP) perspective.

**Methods:** A representative sample of 500 Australian adults completed an online survey. The survey comprised two discrete choice experiments (DCEs) with different framing: an allocation of government funds and a WTP for drug treatments. The government allocation DCE allowed a choice between two hypothetical alternatives, each describing the medical condition and the drug treatment, while the WTP for funding showed one hypothetical alternative with an option to not fund the drug treatment. Seven DCE attributes, informed by a literature review, were displayed in each choice set relating to the medical condition (risk of dying, prevalence, and ages affected) and to the drug treatment (change in quality of life, additional life-years, availability of other drug treatments, and cost to the government and the taxpayer).

**Results:** The resulting DCE model will establish the funding prioritization choices made by the general community. We expect changes in quality of life and risk of dying to be very important attributes. Of key interest for this study is how the difference in the decision-making context impacts preferences. We expect taxpayers to employ a stricter rule set in funding decisions when paying out of pocket (WTP exercise).

**Conclusions:** The findings from this research have implications for decision makers when aligning funding decisions with community preferences and values.

## OP61 Value Of Disinvestment: The Journey From Possibility To Reality

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**Introduction:** In recent years, most countries have struggled to meet the annual demand for increases in healthcare resources. This scenario poses a significant challenge for those who pay for or manage healthcare services, namely the clinicians and hospital managers. Thus, value-based implementation for resource allocation may include disinvestment initiatives to maximize benefits to patients and the population. The purpose of this study was to explore the feasibility of incorporating a systematic and explicit value assessment in hospital-based decision-making for the prioritization of resource allocation.

**Methods:** An evidence-informed stakeholder engagement workshop was held with approximately 50 hospital directors and utilized a scenario analysis of making decisions for hospital procurement. The key question discussed was what should be considered when making decisions about resource allocation and disinvestment in health services at the hospital level. The participants were divided into five groups with a mix of multilevel institutional categories. Each group was given a similar resource allocation scenario, a wish list, and a shift list. The participants were involved in a facilitated discussion on the process, criteria for prioritization, and the justification of their final selections. Subsequently, a deliberative discussion was held at the end of the workshop to explore the feasibility of this prioritization method.

**Results:** Prioritization criteria that were identified and unanimously agreed upon included effectiveness, safety, burden of disease, suitability of services, human resources and facilities, and economic considerations. The deliberative discussion also highlighted the impact of the disinvestment of services, managing the expectation of patients and clinicians, and monitoring and audit mechanisms.

**Conclusions:** The value of disinvestment should not compromise access to services and quality of care. There is a huge potential for implementing a systematic and explicit value assessment in hospital-based decision-making for prioritization of resource allocation. Further refinement of the process and mitigation of challenges will enable its use.

## OP62 Development Of The Oral Health Risk Adjustment Model To Predict The Outpatient Dental Expenditure In Children With Autism

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**Introduction:** National health insurance (NHI) Taiwan has provided additional markups on dental service fees for people with specific disabilities, and the expenditure has increased significantly from TWD473 million (USD15 million) in 2016 to TWD722 million (USD24 million) in 2022. The purpose of this study was to determine oral health risk and to develop a risk assessment model for capitation outpatient dental payments in children with Autism.