

Tal Morginstin¹, Segev Shani¹, Dan Greenberg¹

¹Ben-Gurion University of the Negev, Beer-Sheva, Israel

Introduction

- Israel's annual process for updating the national health basket, which determines public reimbursement for pharmaceuticals and other health technologies, relies on guiding criteria to prioritize technologies for public funding.
- Despite their central role in resource allocation, these criteria have not been systematically evaluated from the perspective of key stakeholders.
- Understanding how healthcare providers (HCPs) and patient advocacy group (PAG) representatives perceive their relative importance is essential for enhancing the legitimacy and transparency of decision-making.

Objectives

- To characterize and compare the perceptions of HCPs and PAGs regarding the relative importance of the guiding criteria used for prioritizing technologies for public funding.
- To identify opportunities to improve the process of updating the national health basket based on these findings.

Methods

Study design

Two validated surveys, developed based on international practices and interviews with decision-makers and policymakers.

Participants

362 participants: 161 PAGs and 201 HCPs (medical and nursing staff).

Data collection

Participants rated 13 prioritization criteria on a 5-point Likert scale (1="not important at all" to 5="extremely important"). Criteria were categorized into four domains: direct health outcomes, health-related quality of life (HRQoL), therapeutic considerations, and resource allocation principles.



Results

- Disease prevention emerged as the paramount criterion, garnering high importance from 96% of PAGs and 97% of HCPs.
- PAGs strongly endorsed (important/extremely important) functional improvement (97%), mortality prevention and pain management (93%), and disability prevention (92%).
- Similarly, HCPs prioritized disability prevention (97%), mortality prevention, and functional improvement (91%).
- Both groups assigned minimal importance to short-term life extension (<3 months) (20%, 14%).
- Moderate-to-low importance was expressed for resource allocation metrics, including equitable distribution (33%, 30%), fair distribution (64%, 50%), optimal budget allocation (59%, 67%), and high costs for patients (56%, 50%).
- These findings reveal a significant disconnect between highly endorsed clinical parameters and consistently lower-ranked economic and resource allocation dimensions.

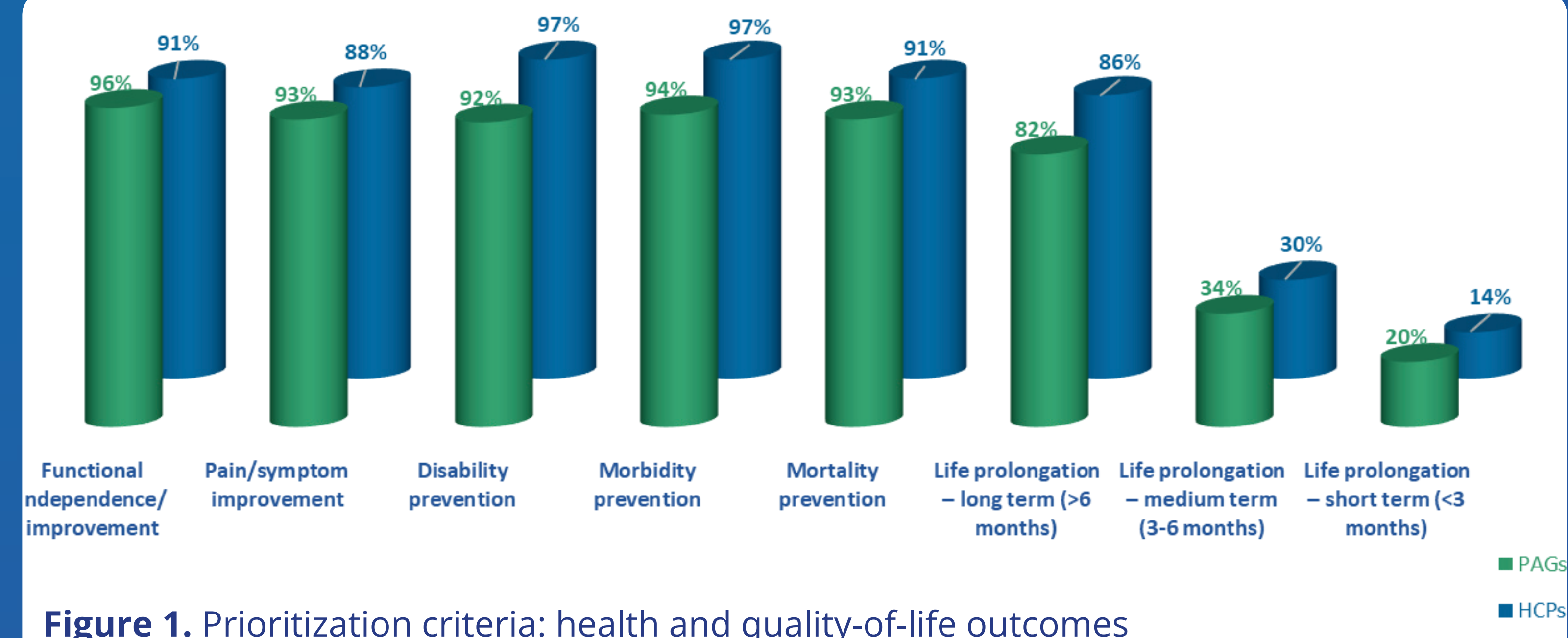


Figure 1. Prioritization criteria: health and quality-of-life outcomes

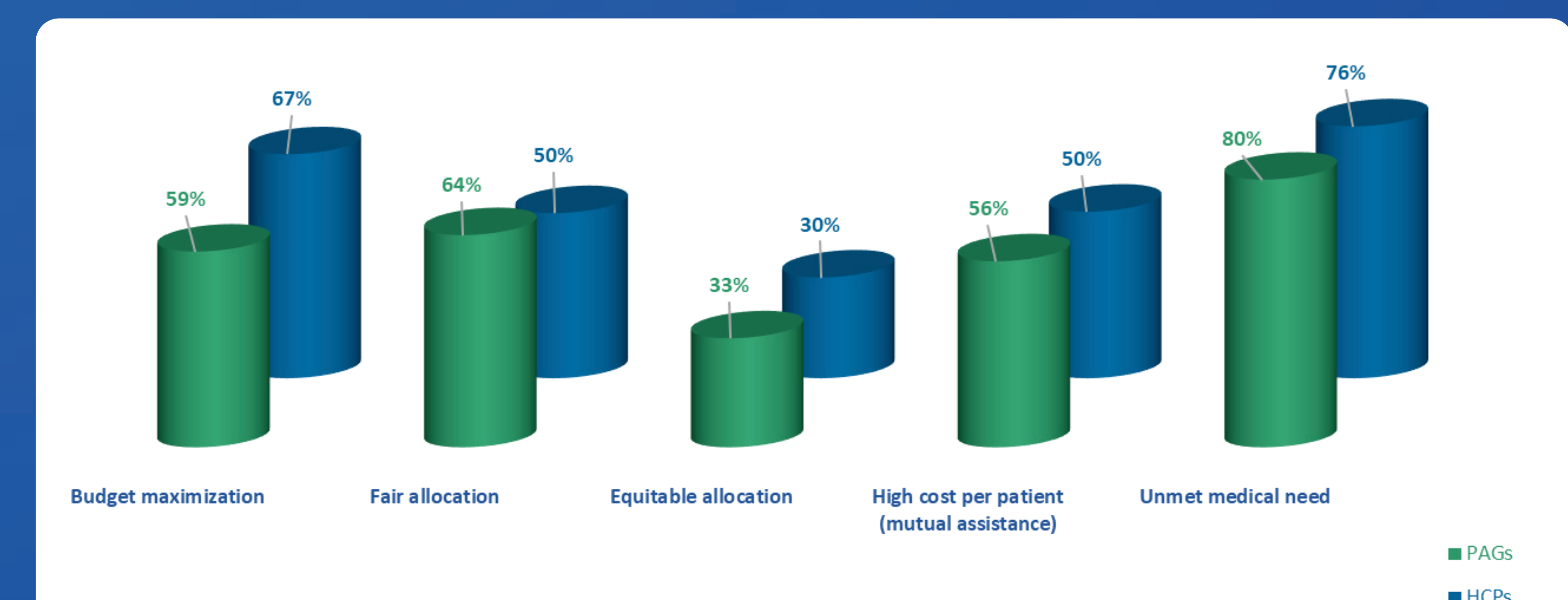


Figure 2. Prioritization criteria: addressing special needs and resource allocation

Conclusions & Recommendations

- The results demonstrate widespread agreement among stakeholders, who collectively prioritize health outcomes and HRQoL criteria above economic and distributional dimensions.
- We recommend developing a systematic methodological structure to incorporate stakeholders' preferences into decision-making, while addressing the tension between clinical perspectives and system-level resource limitations.