

IMPROVEMENT STRATEGIES MODEL: POPULATION HEALTH MANAGEMENT: LOCAL PRIORITY SETTING

Led by:

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CORE PRINCIPLES OF POPULATION HEALTH MANAGEMENT

Population health management is an approach to primary health care (PHC) provision that integrates active outreach and engagement with the community in care delivery. This approach shifts primary care service delivery from reactive to proactive management of a segment of the population. Effective population health management typically occurs both in established clinics and in the community. It requires a strong organizational structure, efficient information systems, and an appropriate mix and sufficient quantity of providers. Inherent in population health management is the provision of a broad range of health activities including curative and preventive care, health promotion activities delivered through broad public health initiatives, and engagement with social determinants of health. Within the PHCPI framework, four elements comprise population health management:

LOCAL PRIORITY SETTING

Local priority setting entails the translation of national or regional policies into local strategic action plans that respond to the burden of disease and needs and preferences of the population.

COMMUNITY ENGAGEMENT

Community engagement is a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes. Community engagement plays a critical role in planning and delivering services that are person-centered and responsive to population health needs.(1) Stakeholders should comprise multiple communities including community members, patients, health professionals, policy-makers and other sectors.

EMPANELMENT

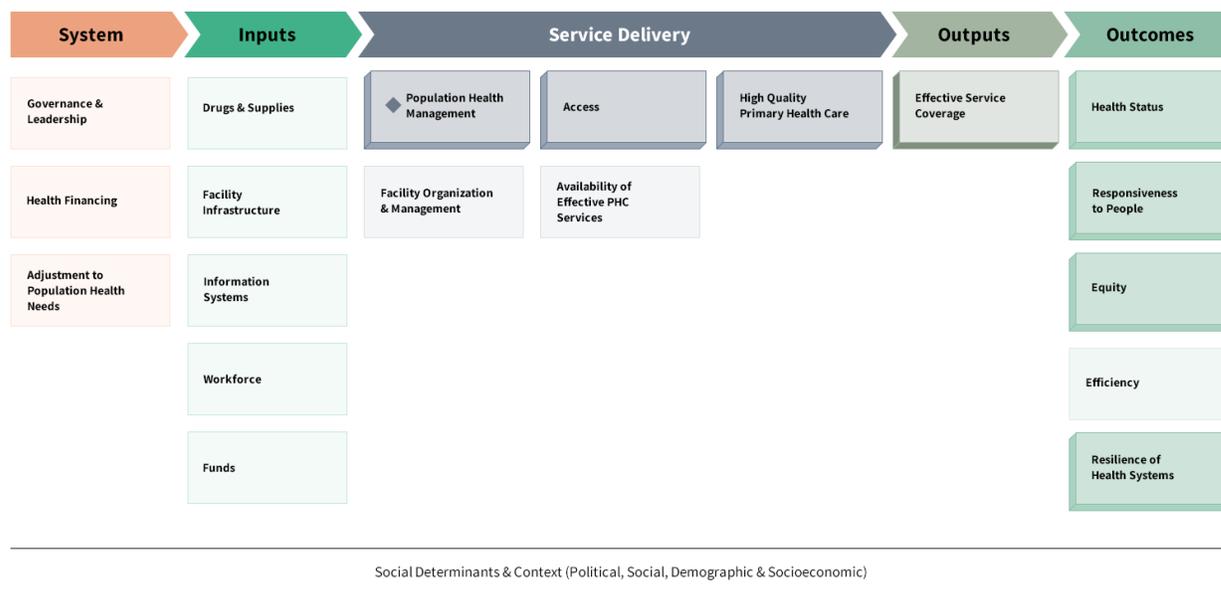
Empanelment (also referred to as population registration or rostering in some areas), a necessary aspect of primary care delivery, is an ongoing and deliberate set of actions to identify, match, and actively review and update data describing a group of people for whom a healthcare organization, care team, or provider is responsible. Additionally, both patients and providers are aware of their relationship. The listing is actively reviewed and regularly updated to ensure accuracy.

PROACTIVE POPULATION OUTREACH

Proactive population outreach involves health systems actively reaching out to communities, particularly those that are underserved or marginalized, to provide necessary services aligned with local priorities and burden of disease, and link those in need to primary health care. Examples of proactive population outreach include mobile health units, transport systems, health based care, telemedicine and proactive follow-up with patients chronic illness.

WHAT COULD YOUR COUNTRY ACHIEVE BY FOCUSING ON POPULATION HEALTH MANAGEMENT?

Population Health Management is the foundation of primary health care service delivery and, when done effectively, can contribute to an array of downstream effects:



SUGGESTED PATHWAYS FOR POPULATION HEALTH MANAGEMENT

STEP 1: EMPANEL THE TARGET POPULATION

To achieve effective population health management, providers or care teams must be able to list and locate the patients for whom they are responsible. Thus, empanelment - the assignment of a population of patients to a provider or care team - is a logical starting point and a necessary organizational structure for population health management. (1) While empanelment can serve as an organizational foundation for effective population health management, it may not be easily implemented in all settings. In these situations, empanelment should remain an aspiration, but other population health management activities can be implemented at the same time.

Populations may be empaneled in a variety of ways, including by geography, voluntary enrollment, or insurance scheme. Ideally, the entire population within a given area should be empaneled to provider teams. This may be difficult or impossible in dense urban areas, areas with large and transient migrant populations, and areas with large numbers of private PHC providers who do not coordinate with a government or larger organizational entity. However, empanelment in mixed public/private PHC systems is possible. (2) While a country works towards achieving complete empanelment, stakeholders may choose to start by empaneling certain subgroups of a population with specific health needs.

STEP 2: USE PANEL DATA TO INFORM LOCAL PRIORITY SETTING

After a population is empaneled, providers can shift their focus towards proactive care and health management. Data and registers from the empaneled population can help providers to track the health information of individual patients, plan public health services such as immunization campaigns, and

explore indicators of access, utilization, and health outcomes that in turn inform local priority setting.(3)
The identified priorities will define the mix of services and medical expertise necessary to manage the patient panel.

STEP 3: BASED ON IDENTIFIED PRIORITIES, DESIGN SYSTEMS FOR OUTREACH IN COMMUNITIES AND HOMES

After identifying priority services, decision-makers and implementers can work with communities to determine which services would be most effectively delivered in communities and homes. Often, preventive care or education-based interventions are best suited to community-based care. Ideally, all people would receive proactive care in their communities, but often it may be more feasible to start with specific groups that require special care or attention, such as pregnant women, people with chronic diseases, or children. When planning proactive population outreach, implementers must consider which cadre of provider would most effectively deliver these services based on cost effectiveness, availability, and training. Community members should be consulted throughout the planning process to ensure acceptability of services.

LOCAL PRIORITY SETTING

Local priority setting is the process of identifying health priorities specific to the local community and developing action plans informed by community needs as well as national or regional priorities. Local priority setting is most effective when informed by robust local data and conducted by an array of stakeholders.(4)

WHAT SHOULD I KNOW BEFORE BEGINNING IMPLEMENTATION?

Local priority setting involves two central considerations: the choice of indicators/data for identifying needs and selecting priorities as well as the process of determining, monitoring, and implementing priorities, including the necessary stakeholders to conduct these activities.

CHOICE AND SOURCES OF INDICATORS OR DATA

Local priority setting often begins by reviewing the burden and cause of mortality and morbidity in a population. These data should be complemented by data on [social determinants](#) unique to the population. Experience from Uganda found ten criteria that were deemed highly relevant for local priority setting by community stakeholders:(5)

- ▶ Severity of diseases
- ▶ Benefit of intervention
- ▶ Costs of intervention
- ▶ Cost-effectiveness of intervention
- ▶ Quality of data
- ▶ Patient age
- ▶ Place of residence
- ▶ Lifestyle
- ▶ Importance of equity of access
- ▶ Community views

These findings demonstrate the importance of melding social and lifestyle considerations - such as norms about childbirth/child rearing or preferences for provider gender - with more traditional epidemiological data when setting priorities. Successful data collection and use will depend on the effective use of information systems with broad fundamental capacities to track and stratify data from a given population, including emerging data from panels and existing health information management systems. At first, indicators may have to be chosen based on available data. Quantitative indicators should also be supplemented with qualitative feedback solicited through active [community engagement](#).(1) Conclusions from these data can then be used to contextualize and adapt health services and interventions to meet local needs and preferences. Stakeholders should ensure alignment with existing national or sub-national policies such as the Basic Package of Essential Health Services. Eventually, data management and priority setting should operate in tandem and be informed by larger performance management systems. These systems are discussed in greater detail in [performance measurement and management](#).

PROCESS FOR PRIORITY SETTING

The process for determining priorities and setting local agendas presents an opportunity to leverage local knowledge and expertise from communities. The Accountability for Reasonableness (AFR) approach is a framework that focuses on legitimacy and fairness in local priority setting.(6) This approach, applied from Kamuzora et al (2013) comprises a four-step framework:

- ▶ Relevance: the rationales for priority setting are based on evidence and are relevant to meeting healthcare needs
- ▶ Publicity: priority-setting decisions are publically accessible and the processes are transparent
- ▶ Appeals and revision: priority setting processes include a mechanism for challenging decisions
- ▶ Monitoring: systems are in place for leaders to ensure that the conditions are being met (7)

Taken together and effectively implemented, these elements can ensure strong, transparent, and well-monitored priority setting activities.

While not widely tested, a second framework developed in Australia identifies factors that influence effective priority setting:

- ▶ Comparable state-wide and catchment level data
- ▶ Orientation towards social determinants of health
- ▶ Scale of the problem (number of people affected)
- ▶ Impact of a problem (morbidity and mortality)
- ▶ Aligning priority with governments' priorities and targets
- ▶ Maintaining progress with existing community health plan initiatives
- ▶ Assessment of available resources
- ▶ Values of members of the population
- ▶ Consumer voice and consumer action
- ▶ Assessment of financial cost of not addressing the problem
- ▶ Leveraging concurrent initiatives
- ▶ Potential to produce improvement
- ▶ Strength of evidence base (4)

A common theme across frameworks is the importance of using comparable data between the national and local levels as it can align progress and priorities across districts and increase efficiency through shared and standardized indicators.(8) However, comparability should be balanced with quality and relevance to ensure that indicators are actionable. A second theme is the value of transparency and alignment with communities and consumers. Local priority setting presents an opportunity for [community engagement](#) where community members and health care users can help determine which services are most needed and valued. When services are tailored to the community that they serve in regard to both clinical need and cultural awareness, health systems can achieve: greater efficiency, improved health status, stronger patient-provider respect and trust and people centeredness, greater equity, more responsive, and better utilization by the community.(7)

WHAT HAS BEEN DONE ELSEWHERE TO IMPROVE LOCAL PRIORITY SETTING?

COSTA RICA

Regardless of the process for priority setting, robust local data are crucial for informing these exercises, and thus capacity for data collection, analysis, and use are necessary. In Costa Rica, community health workers regularly collect local data during routine community visits.⁽¹¹⁾ After data are transferred from community health workers to clerks (Registros de Salud or REDES), they are sent to and analyzed by the Costa Rican social security agency (Caja Costarricense de Seguro Social) and eventually returned to the Health Area Teams (akin to district health management teams) where they are used to set priorities for the coming year.⁽⁹⁾ For a brief time, these data were also used to negotiate bonus compensation for the health area. However, this system was antithetical to many values held by providers in Costa Rica and was eventually abolished.⁽⁹⁾ Regardless, this system of data collection and feedback has established a systematic approach to priority setting and re-evaluation of priorities that is grounded by local data collection and supported by functioning analytic systems and clear communication.

TANZANIA

The Response to Accountable Priority Setting for Trust in health systems (REACT) initiative in Tanzania brought together community members and medical professionals to determine priorities and establish a system for implementing the Accountability for Reasonableness (AFR) framework in Tanzania with mixed results.⁽⁷⁾ The decentralized nature of the health system in Tanzania was a significant enabler of implementation during this project. Pre-existing Council Health Management Teams (CHMTs) were responsible for planning and budgeting and formed the foundation of the AFR intervention. The CHMTs collaborated with research teams to conduct participatory research evaluating the existing priority-setting practices, training for CHMT to restructure priority setting, and development of strategies to address AFR. The CHMT was ultimately responsible for spreading AFR values throughout the district.⁽⁷⁾ There was initial resistance to the inclusion of special interest groups and community members in the CHMT despite community engagement and transparency being a central component of AFR. Critics felt that community members often did not have adequate knowledge or skills to contribute to these exercises. After a few years, the CHMTs acclimated to the inclusion of special groups and recruited community members into their planning and budgeting process. Thus, the evaluation found that successful integration of community perspectives in priority setting required external support to sensitize health professionals towards the utility of community input, an important consideration for health systems seeking to integrate community members into priority setting exercises.⁽⁷⁾

The program experienced some logistical challenges that should be considered by others attempting to replicate this process, including lack of financial support to effectively carry out roles and insufficient time for pre-planning, discussion of priorities, and meeting preparation. Thus, countries working towards incorporating community voices and values in priority setting should ensure that they devote adequate time and financial resources to community engagement during planning. Despite these shortcomings, this approach was successful at improving health outcomes, including marginalized groups, and appropriately orienting priorities to local needs. The process resulted in better identification of needs and priorities, increased community knowledge about priority setting, greater transparency, improved trust, and improved perceived accessibility of services.⁽⁷⁾

NEPAL

Mothers groups are a common structure for integrating local priority setting and community engagement. Inspired by a design that had been used successfully in Bolivia, the MIRA Makwanpur trial was established in Nepal to test the impact of a women's group on neonatal mortality.⁽¹⁰⁾ Trained and remunerated local women led each meeting and worked with community volunteer to organize the logistics of the meetings. Facilitators used meeting manuals to guide the group through planning activities. Women's groups identified problems in the communities as well as ideas for addressing them using local resources. Afterwards, the whole community was invited to discuss and plan strategies. A randomized controlled trial of this program found a 30% reduction in neonatal mortality over the first 30 months of the program.⁽¹⁰⁾ Women's groups may be an effective strategy for building community and trust for the purpose of receiving feedback and identifying opportunities for growth and interventions within the health system.

WHAT QUESTIONS SHOULD BE CONSIDERED TO BEGIN IMPROVEMENTS?

The questions below may be a useful starting place for determining whether Local Priority Setting is an appropriate area of focus for a given context and how one might begin to plan and enact reforms:

WHAT ARE NATIONAL PRIORITIES? HOW ARE NATIONAL PRIORITIES DETERMINED, AND WHAT IS THE SYSTEM FOR REPORTING ON BENCHMARKS?

Priorities set at the national level often determine how resources are allocated to improve population health across all levels of the system and the required monitoring and reporting indicators and mechanisms. Effective *local* priority setting should translate national priorities and their implementation strategies to the local context to ensure that population needs are met.

Understanding existing systems for national priorities will influence the indicators or systems used to set local priorities and can reduce redundancy and increase efficiency in data collection and reporting. Note that national priorities, while an important consideration for local priority setting, are only one element to be considered. Local priority setting also relies heavily upon community engagement and local data.

WHAT, IF ANY, SYSTEMS ARE IN PLACE FOR SETTING LOCAL PRIORITIES, INCLUDING INFORMAL ONES?

Before implementing new systems for local priority settings, first explore what formal or informal system are already in place. For instance, there may be community feedback forms or conversations that occur with existing regional or district health teams that contribute to decisions about local priorities and these could be evaluated for effectiveness and formalized or integrated into new systems.

WHAT LOCAL DATA ON DEMOGRAPHICS AND HEALTH STATUS EXIST AND HOW OFTEN ARE THEY COLLECTED?

Because local priority setting should be informed by data, it is crucial to identify the relevant data sources and data collection systems within the community. If these do not exist or are not reliable, stakeholder may choose to focus on strengthening them while also engaging with community members on their needs and priorities. Stakeholders within the health system must also have the capacity to store, analyze, and share data.

WHAT ARE THE EXISTING SYSTEMS AND OPPORTUNITIES FOR COMMUNITY ENGAGEMENT WITHIN LOCAL PRIORITY SETTING?

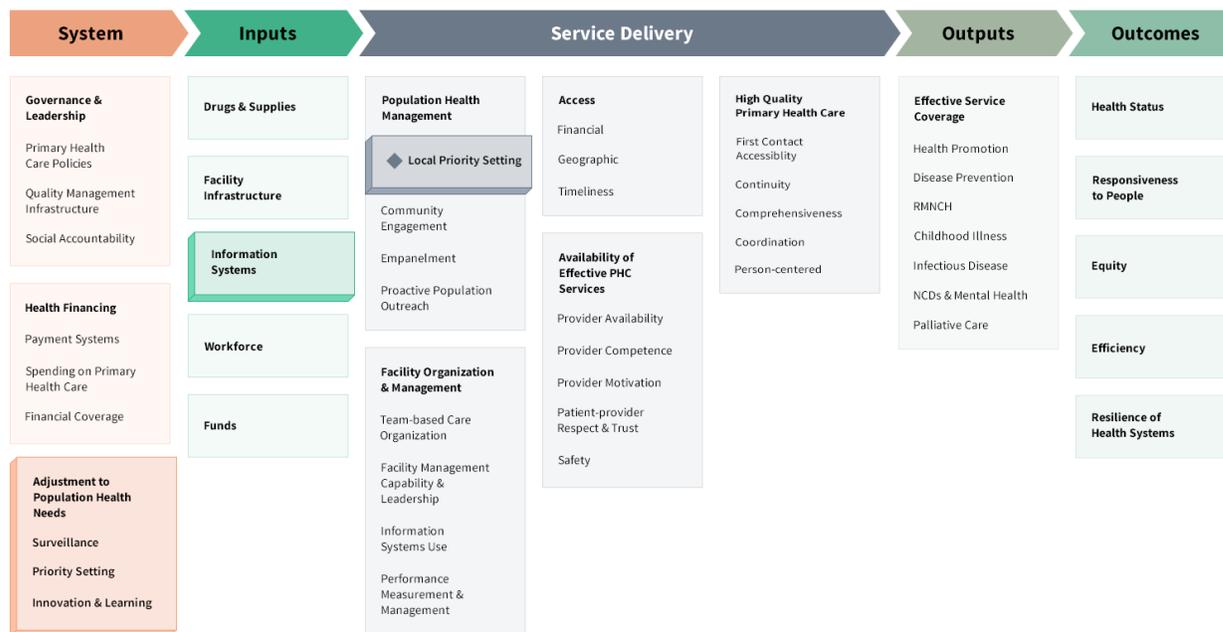
Community members should be actively engaged in local priority setting, particularly in determining how services are delivered. There are a number of different ways to solicit input from communities including community committees, conversations with community members during outreach, and engagement with specific special interest groups. More information on community engagement can be found in the [Community Engagement](#) module.

WHICH COMMUNITY GROUPS ARE INVITED TO ENGAGE IN LOCAL PRIORITY SETTING ACTIVITIES?

Given the numerous ways to engage communities, it is important to ensure that all segments of the population are given a voice in local priority setting, particularly those who may be historically under-represented or marginalized.

WHAT ELEMENTS SHOULD BE IN PLACE TO SUPPORT EFFECTIVE IMPROVEMENTS?

In order for interventions aimed at improving Local Priority Setting to be most successful, the following elements of the PHCPI Conceptual Framework should be in place or pursued simultaneously:



Social Determinants & Context (Political, Social, Demographic & Socioeconomic)

ADJUSTMENT TO POPULATION HEALTH NEEDS

While many aspects of population health management depend on local or clinic-level decisions and resources, national policies that are supportive of a population health management approach will aid decision making and service delivery. For instance, national priority setting exercises that allow flexibility and encourage adaptation at a local level will better serve the needs of heterogeneous populations within a given country.

Learn more in the [Adjustment to Population Health Needs](#) Improvement Strategies module.

INFORMATION SYSTEMS AND INFORMATION SYSTEMS USE

Successful local priority setting depends on the existence of information systems that can effectively collect, track, and report data that is relevant to the local level. For this data to be meaningful for local priority setting, local stakeholders must have the knowledge, skill, and opportunity to access, analyze, interpret, and use relevant data. For instance, during monthly household visits, community health agents in Brazil collect individual and household-level data to keep updated vital registers and data on burden of disease and health needs.(11) Similarly, in Costa Rica, data feedback loops and efficient communication of information enable the development of targeted action plans and management contracts, targeting the specific health needs of the population.(9)

Learn more in the [Information Systems](#) and [Information Systems Use](#) Improvement Strategies modules.

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