



# **TRANSLATING PRIORITIES INTO ACTION**

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**Improving health worldwide**

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LONDON  
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MEDICINE



# Whose priorities?

- Provider/funder vs. individuals/communities vs. truly shared

# Classifying by target

## Provider

- Financial incentives
  - Reimbursement levels
  - Pay-for-performance
- Information
  - Provider feedback
  - Provider benchmarking
  - Peer review
  - Provision of cost data
  - Clinical guidelines
  - Training
- Regulation
  - Minimum benefits pkg
  - Certificate of need

## Patient/community

- Patient information
- Patient-reported outcomes
- Community reporting

Multiple interventions

Joint/collective decisionmaking

Structures / institutions (eg. gatekeeping, strategic purchasing)



# Classifying by mechanism

- Persuade
  - Provide information
  - Financial incentives
- Compel
  - Regulate
- Institutionalise
  - Structures, linkages among structures

# Mechanism-based theory of change

Providers want to minimize costs  
In prescribing but they don't know what things cost



Binding constraint:  
Information



Give provider  
Information about  
cost



Provider makes  
cost-effective  
choices

- Medicines are important source of revenue/profit
- Patients have low trust in generics

- Information is easy to understand and access
- It covers the drugs that they are familiar with
- The drugs on the list are available
- There are low-cost substitutes if stockouts



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