

## Chapter 3

# Healthcare Decision Making: Allied Health and Equity

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### **ABSTRACT**

*The aim of this chapter is to explore the factors that health managers adopt when making decisions on how to allocate limited healthcare resources. The objective is to increase knowledge and understanding of decision making processes at the macro, meso, and micro levels and priority setting. An examination of current healthcare decision-making processes used for resource allocation around the world highlights the disparities in models and approaches and the often ad hoc nature of decisions made. A description of the allied health workforce highlights the size and significance of this workforce and why understanding decisions made in regards to allied health resources is of importance. Issues of access and equity are also considered in relation to notions of fairness and efficacy in relation to health outcomes.*

### **INTRODUCTION**

Health care and the needs of consumers and communities are changing, with increasing demand rapidly outgrowing service capability in the health care system. When health care resources are limited, questions of fairness, efficiency and effectiveness are raised: How should resources be allocated? Which services should be publicly funded? Who determines who has access to a particular service or if a service is needed? (Emanuel, 2000; Fleck, 2001; Rawls, 2009) Explicitly addressing and understanding the process of decision making (also known as priority setting or rationing) in health care resource allocation is needed to improve legitimacy and fairness of these decisions (Angelis, Kanavos, & Montibeller, 2017; Fleck, 2001).

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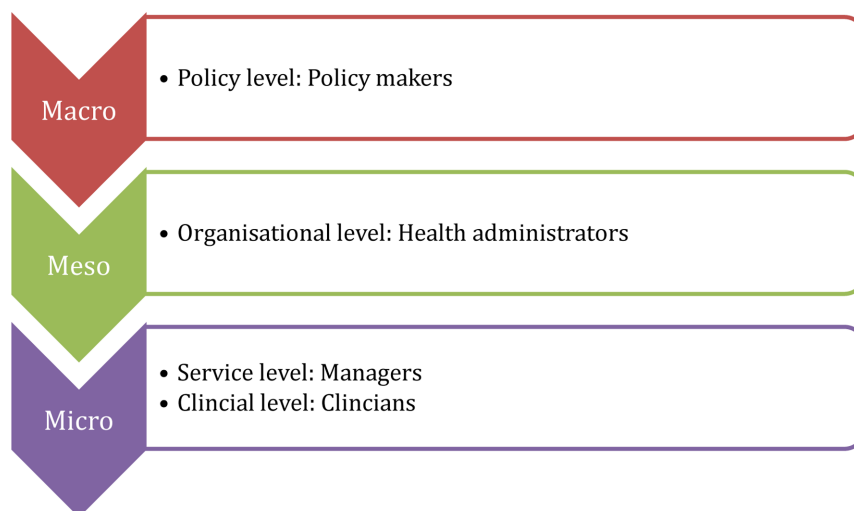
Distribution of resources within the healthcare sector may follow many different paths depending on the stated aims or goals of that health system. These and other related principles of healthcare resource allocation have had a dramatic effect on health system structures and health outcomes when operationalised through a range of different healthcare policies and resource allocation decision making mechanisms worldwide (Jones, Bradley, & Oberlander, 2014; Marmot, Friel, Bell, Houweling, Taylor, & Health, 2008; Thomas, 1993).

The general aim of this chapter is to describe the factors taken into account by allied health managers and clinicians when making resource allocation decisions. This includes consideration of the different levels of decision making and factors influencing priority setting. A description of the main features of the Australian allied health workforce is followed by consideration of decision making processes, theories and frameworks. Key factors influencing equitable healthcare are discussed in relation to accountability for reasonableness.

## RESOURCE ALLOCATION DECISIONS IN HEALTHCARE

Resource allocation decisions are made at all levels within the healthcare system (Klein, 1993). Macro level decisions include decisions that affect structures and processes at the policy level to fit with the health needs of populations across the continuum of care, e.g. the central government setting the overall budget for the health system. Meso level decisions include organisational decisions such as determining the services provided, coordination of care for particular groups of patients or the purchase of appropriate equipment to support a specific service (Adams, Jones, Lefmann, & Sheppard, 2016). Micro level decisions include the management of individuals at the service level including both clinical decision making (Klein & Maybin, 2012) and service level decision making (Adams, Jones, Lefmann, & Sheppard, 2016; Bærøe, 2008). The effects of macro level decisions filter down the decision-making chain, shaping the organizational level and service/clinical level decisions being made as seen in Figure 1.

Figure 1. Levels of healthcare decision-making



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