

# Handling Equitable Preferences

Özlem Karsu

Bilkent University, Ankara, Turkey

Alec Morton

University of Strathclyde, Glasgow, UK

Nikos Argyris

Loughborough University, UK

# Outline

- What is the problem we focus on?
- Equitable preferences
- Using preference information from policy makers

# Problems we focus on

Evaluating a set of distributions  
(of income, of wealth, of health, of service levels)  
across a population, in which individuals are considered  
preferentially indistinguishable

The planner has *equity* concerns as well as *efficiency* concerns.

# Problems we focus on

Finding the best distribution

Ranking

# An example problem

Health Economics (Finding the best QALY allocation profile)

Project	Group 1	Group 2	Group 3
1	10	30	40
2	25	15	25
3	5	50	50
4	15	15	35
5	30	40	10

# An example problem

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Many countries, including Turkey, use universal health insurance programs.

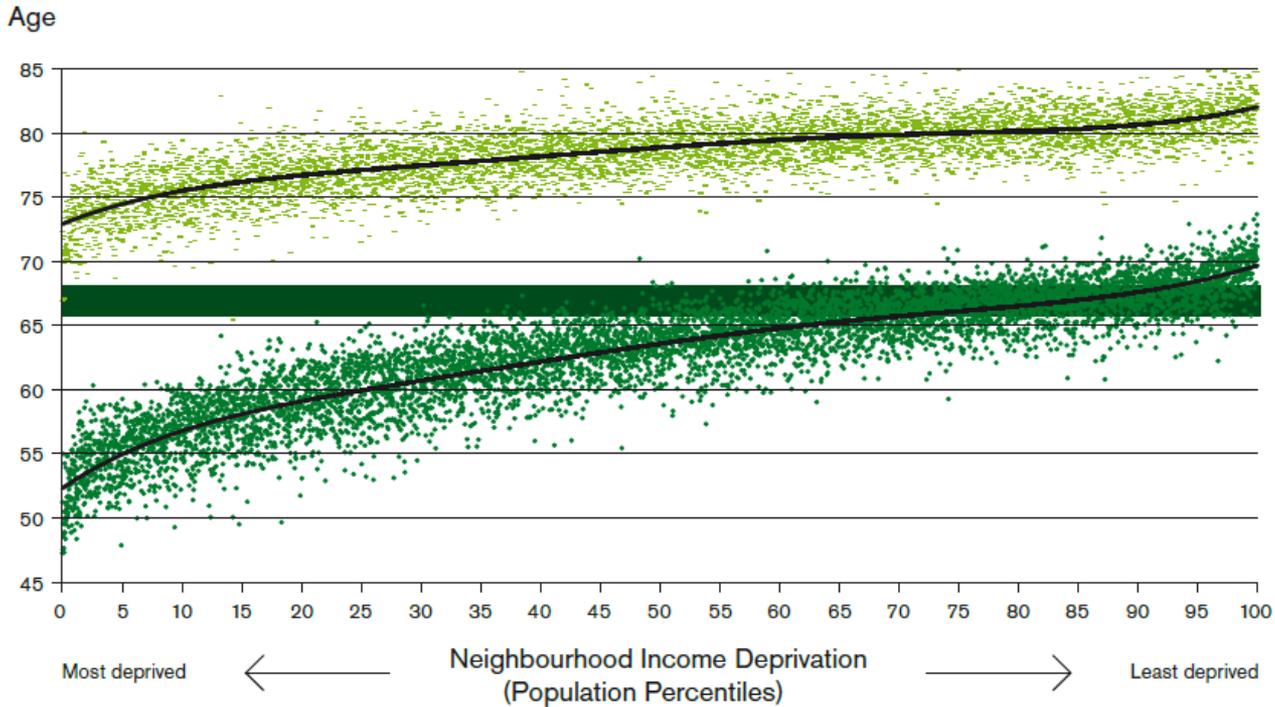
Many advantages but also many challenges.

Tighter and tighter budgets:

Not possible to include all the health technologies in the program.

Hard to decide which services will be included.

**Figure 1** Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics<sup>5</sup>

# Handling equity

Developing good decision support tools to

- find solutions that would be acceptable to many inequity-averse social planners.
- determine the most preferred solution of the social planner among these solutions.

Mathematical modelling

Multicriteria decision making

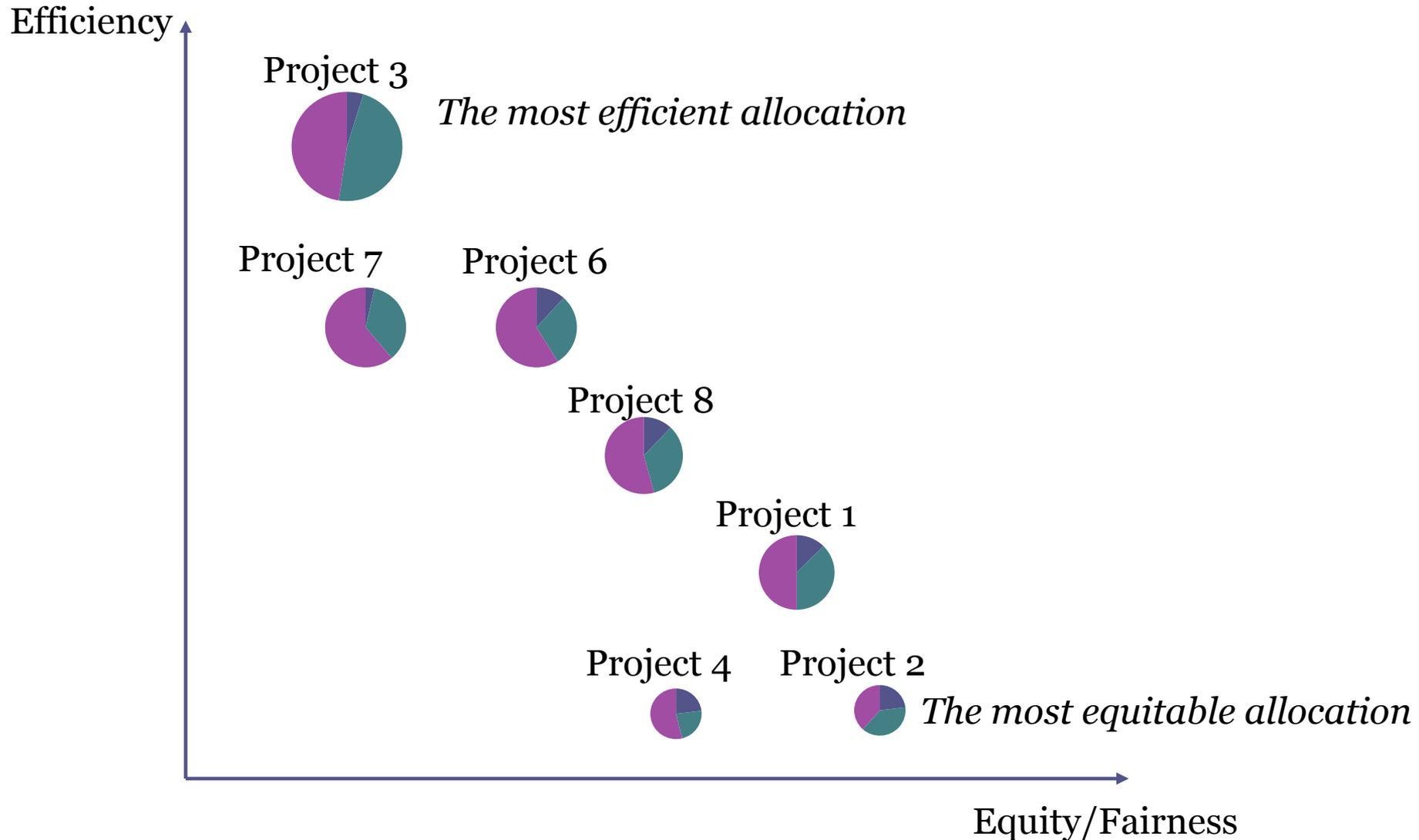
In health care domain:

More transparent, fair and scientifically sound decisions.

A decision support system that:

- helps the policy makers decide which services (or health technologies) to offer.
- evaluates the healthcare projects considering both efficiency and equity concerns.

# Equitable preferences



# Properties of equitable preferences

Assume that the more the outcome level, the better.

- Anonymity

Project	Group 1	Group 2	Group 3
1	<b>10</b>	<b>30</b>	<b>40</b>
2	25	15	25
3	5	50	50
4	15	15	35
5	<b>30</b>	<b>40</b>	<b>10</b>

# Properties of equitable preferences

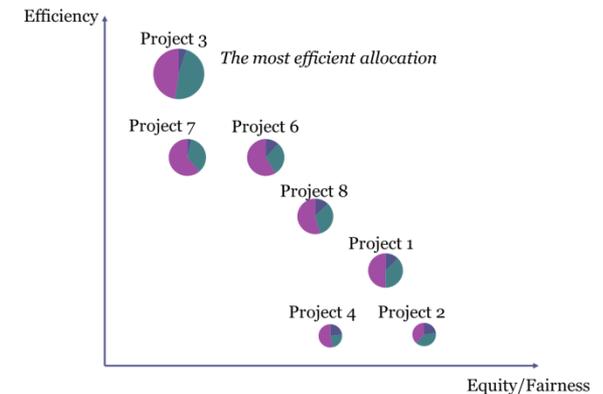
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Project	Group 1	Group 2	Group 3
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5	<b>30</b>	<b>40</b>	<b>10</b>

- Pigou-Dalton Principle of Transfers

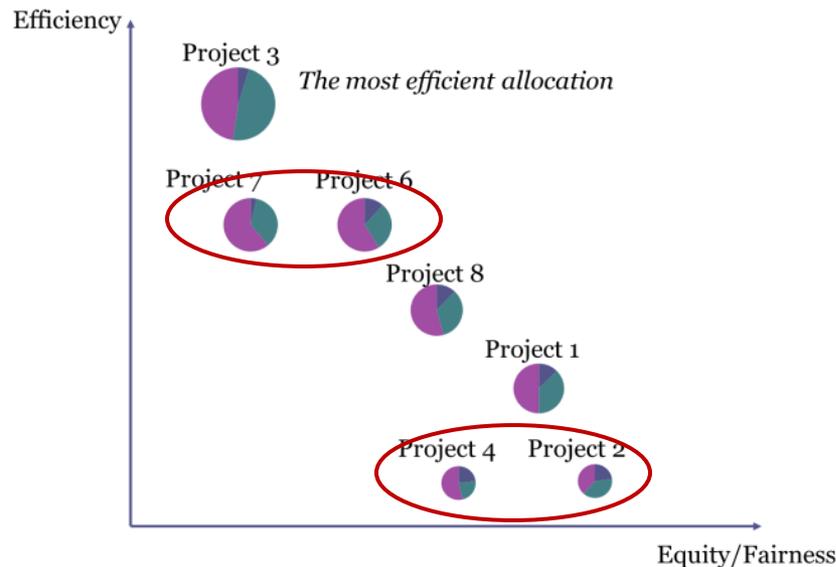
Project	Group 1	Group 2	Group 3
1	10	30	40
2	<b>25</b>	<b>15</b>	<b>25</b>
3	5	50	50
4	<b>15</b>	<b>15</b>	<b>35</b>
5	30	40	10



# Equitable Dominance

- Rational social planner
- Anonymity, PD transfers

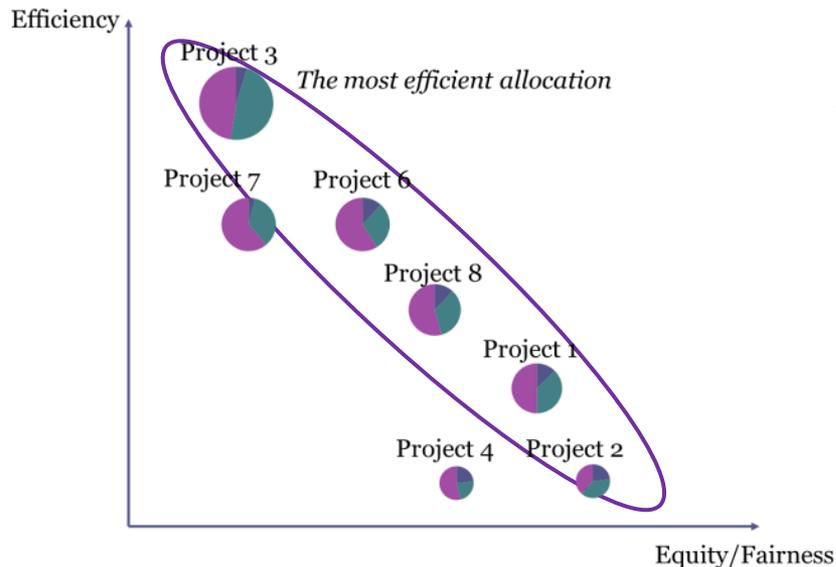
An allocation is equitably dominating another if it is more preferred by all SPs having an equitable preference model



# Equitable Dominance

- Rational social planner
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An allocation is equitably dominating another if it is more preferred by all SPs having an equitable preference model



Equity-Efficiency Trade-off

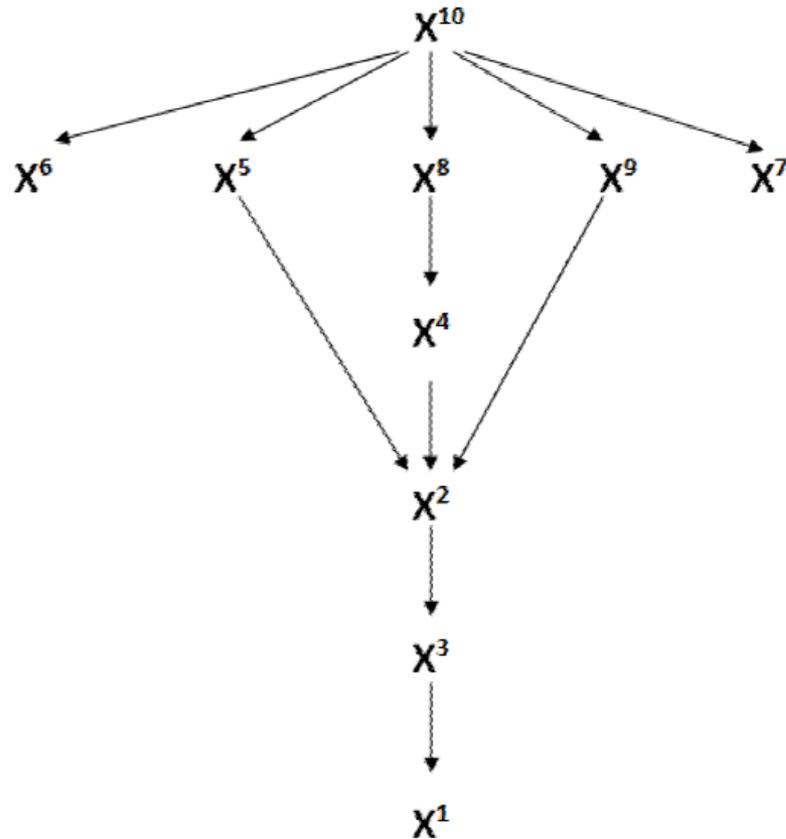
# Approach

- Get preference information from the social planner
- Use tractable mathematical models (LPs) to check whether an alternative distribution is better than another
- Refine the ranking accordingly

# Example

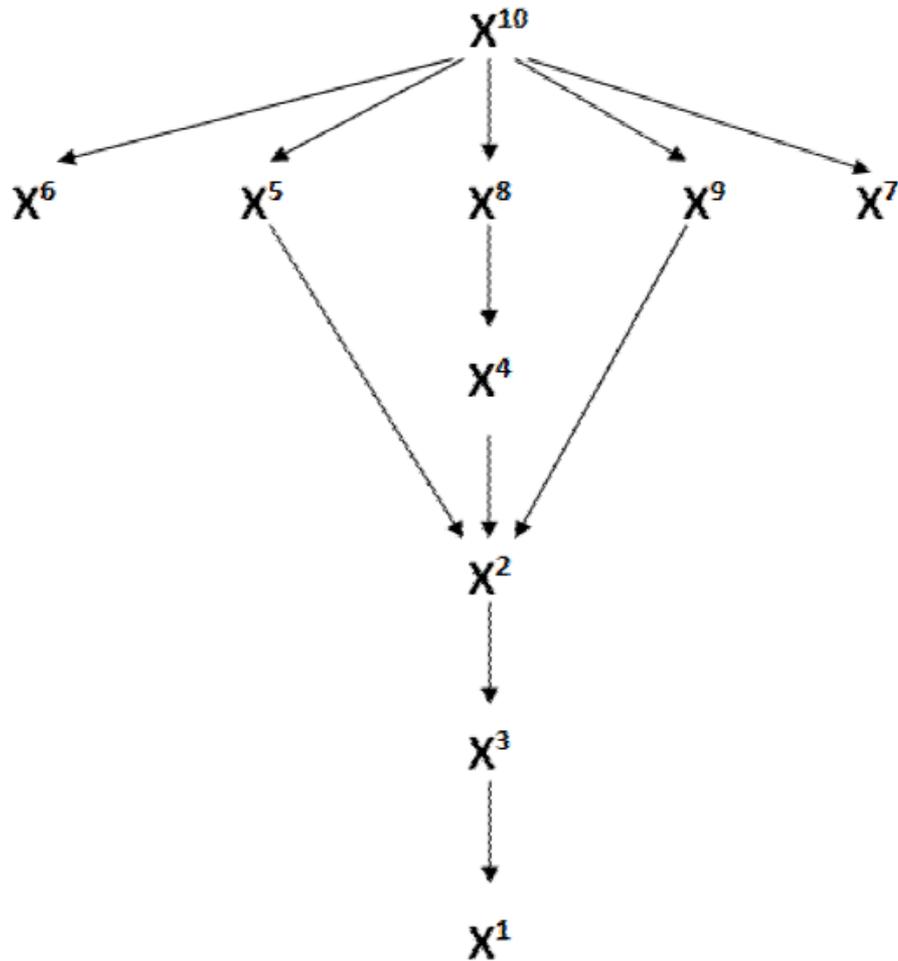
Alternative	( $x$ )
$x_1$	(1,2)
$x_2$	(3,2)
$x_3$	(2,2)
$x_4$	(4,3)
$x_5$	(2,6)
$x_6$	(8,0.5)
$x_7$	(0,10)
$x_8$	(3.5,3.5)
$x_9$	(5,2.5)
$x_{10}$	(6,4)

# Example

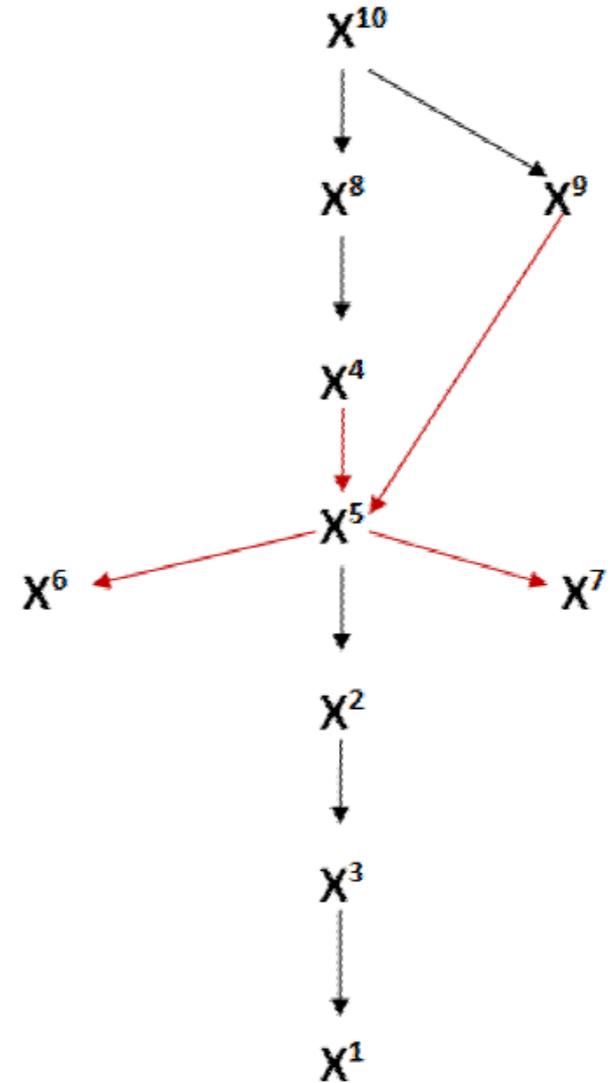


Initial Quasiordering

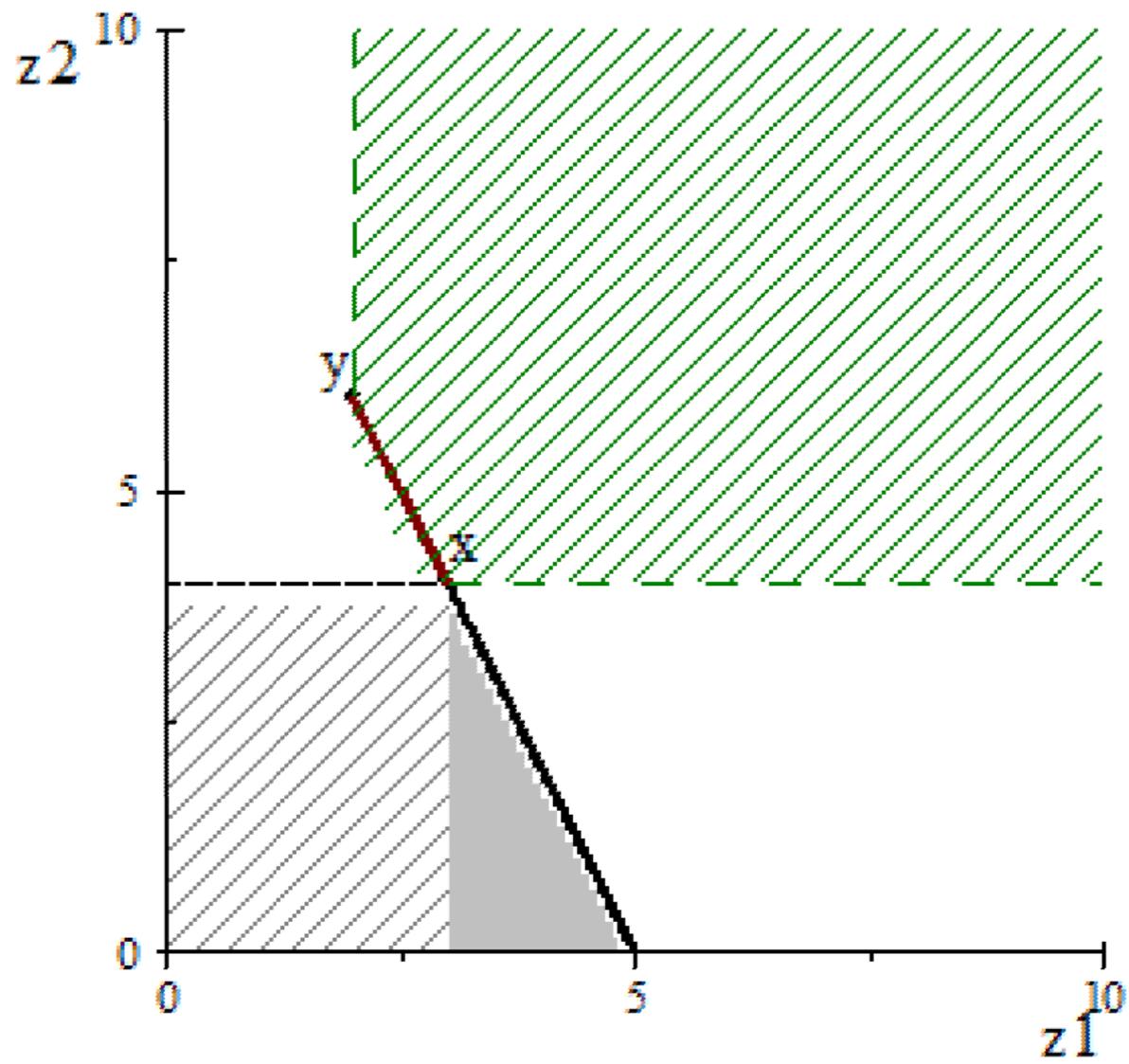
Introduce preference information:  $x_4 \succ x_5$ .



Initial Quasiordering



Updated Quasiordering



# Computational Challenges

Elicited information:  $(2, 6) \succ (3, 4)$

Symmetry:

$$(2, 6) \succ (4, 3)$$

$$(6, 2) \succ (3, 4)$$

$$(6, 2) \succ (4, 3)$$

# Conclusions

Increasing informed decision making in health care resource allocation is important:

Health care:

- is relevant to almost every member of the society
- has significant consequences on peoples' wellbeing.

# Future Work: Expert Jugdement in Healthcare

More to be done in:

- Determining consequences (performance scores) of healthcare projects.
- Expert judgement may have to be used in order to estimate these parameter values.
  - Lack of data collection
  - Constraints hindering evidence-based data collection
- Elicitation and aggregation of expert judgements in health technology assessment and health care resource allocation domains.
- Integration of expert judgements into the decision support systems in a *structured, transparent and scientific* way.

# Future Work: Multidimensional Equity

More to be done in:

Handling equity concerns in multiple dimensions.

Thank you