Appendix

Table A1.Experiment Participants

|  |  |  |
| --- | --- | --- |
| Group | N | Group Description (Location) |
| G1  | 8 | Lower Middle Class retirees (San Ramón) |
| G2 | 8 | White Collar workers (Casal San Ramon) |
| G3 | 15 | Blue collar workers (Vallespir) |
| G4 | 9 | Middle class rural workers (Cubelles) |
| G5  | 13 | Graduate students (Pompeu Fabra University) |
| G6  | 8 | Higher Income Community Members (Sarrià) |
| G7 | 11 | Trade Union Affiliates (UGT) |
| G8 | 12 | Working Class Mothers (Baix Guinardó)  |

Figure A1 Example of a program

Program: BREAST CANCER

Expected Outcome: Mortality reduction by 15%

Description: Extension of a program to a risk population to treat breast cancer. It will be implemented by mailing it offers a biennial mammography to all women between 50 and 65 years.

Actual coverage: Currently it covers 15% of the population.

Table A2. Health care reference programs listed in advisory of the Catalan Health Service

|  |  |
| --- | --- |
| Program and definition | (Values), Expected outcomes and Costs in millions |
|  |  |
| **1.Breast Cancer**: (Biennial Mammography to all women between 50 and 65 years old) | (Coverage 1.3) Mortality reduction by 15% Cost: 150 |
| **2.Coordination between primary and specialised care** (programmed meetings between GP’s and specialists) | (Quality 3.2.2 ) Improvement in patient experience and outcomes.**Cost :100** |
| **3. Professional Integration of Medical Histories** (Immediate access to the medical history of all patients )  | (Quality 3.2.1) Efficacy and quality of care improvementCost: 500 |
| **4.Attention and User Information** (Communication campaign on the existence of health care units) | (Accessibility 2.3) Access, information and user’s satisfaction improvement.**Cost: 100** |
| **5.User Treatment** (30 hour training program with all administrative personnel) | (Quality Process 3.2.5) Improvement in patient satisfaction Cost: 300 |
| 6. Medical Revision (Volunteer medical revision for the whole population once every three years) | (Coverage 1.3) Early detection consultation on hypertension, alcoholism, gynaecological revisions, etc Cost: 500 |
| **7.Waiting Lists** (Reducing waiting lists in non-elective surgery) | (Accessibility 2.1) Reduction of waiting time from 240 to 120 daysCost: 700 |
| **8. Life styles** (Communication program on improving parental healthy habits) | (Public Health 4.1) Promotion of healthy life styles, improving communication and collaborations between parents and children.Cost: 100 |
| **9.Odontology** (Free provision up to 12 years of odontology services, currently only extractions covered) | (Coverage 1.4) Improvement of dental healthCost: 2000 |
| **10. Medicines Bonus** (An annual income adjusted bonus rather than a co-payment after).  | (Social Dimensions 5.1) Improvement in equity. Nobody would pay more, but people with less income could value. Currently co-payment is 40% of the drug price and chronic illness 10%.Cost: 2000 |

**Figure A2. Example of Value dimension exercise**

**Dentistry**

Provision of free dentistry services up to the age of 12. Includes annual check-ups, accidents and tooth fillings. Currently only extractions are covered and a dental plan exists to improve dental health and fluoridation.

**Expected Values:** Improvement in dental health, reduction of caries and extractions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Value(Rate on a 1 to 10 scale) | Health gain | Health service improvement | Unser satisfaction | Equity and social cohesion improvement |
| Program |  |  |  |  |

**Figure A3. Example of the Value Identification Instrument**

|  |  |
| --- | --- |
| Identified values | Rate |
| **Coverage**Services to the public health system provide to current and potential users: dental services, tests for breast cancer detention, periodic checks, vaccinations, etc. |   |
| **Access to services**Easy or difficult for user to receive health services to which they are entitled: waiting lists, distance to health facilities, information about what to do and whom to contact. |   |
| **Resources**Human, material and technology in health care. |  |
| **Quality of Care**Conditions under which medical services are provided: information, personal treatment, care and care received by the user. |  |
| **Outcomes**Efficacy of treatment received in improving the health and quality of life, reducing pain and disability. |   |
| **Public Health**Services that the health system provides, or could provide, the entire population collectively: education, health promotion through the media or school, regulation and food hygiene. |  . |
| **Ethical and social dimensions**Social objectives to be met by a public health system, such as fairness, respect for dignity and freedom of choice, the right to be informed and decide for oneself on important issues. |  |