Hanlon Method Scoring & Ranking Exercise

We have chosen three health issues that need to be prioritized. Please score and rank the following issues based on the information provided below:

- 1. Smoking Cessation Program
- 2. Flu Immunization
- 3. Breast Cancer Screening

1. Smoking Cessation Program

Research has shown that in a community with 45,000 smokers, there were 13,500 smokers who attempted to stop smoking. Previous studies have shown that 25-42% of individuals who participate in smoking cessation programs succeed in quitting. In addition, the World Health Organization reports show that the mortality of smokers is 3 times higher than non-smokers. Additionally, it is estimated that between 2020 and 2030, tobacco smoking will result in ten million deaths per year.

Smoking cessation programs, even the most expensive, are more cost-effective than most medical interventions. For instance, smoking cessation programs in post-MI patients costs \$220 per life year gained. Smoking cessation programs including behavioral modification programs which are acceptable by physicians, psychologists and smokers who attempt to quit. However, there are few centers that provide comprehensive services for smoking cessation. The type of intervention and intervener, as well as the number and duration of reinforcing sessions, determine the success of smoking cessation interventions in the first six months. Face-to-face counseling and advice by both physician and non-physician counselors are the preferred intervention.

Priority Scoring: Smoking Cessation Program			
		Score (0 – 10)	Scoring Keys
Size of Health Problem (% of population			0 = less than 1%
w/health problem). Can be determined			1 = 1-10%
based on baseline information and data			2 = 11 - 20%
collection.			3 = 21 - 30%
			4 = 31 - 40%
	A		5 = 41 – 50%
			6 = 51 - 60%
			7 = 61 - 70%
			8 = 71 - 80%
			9 = 81 - 90%
			10 = Greater than 90%
Seriousness of Health Problem			
1. Does it require immediate attention?			0 = Not Serious
2. Is there public demand?			1 or 2 = Relatively Not Serious
3. What is the economic impact?	в		3 or 4 = Moderately Serious
4. What is the impact on quality of life?			5 or 6 = Serious
5. Is there a high hospitalization rate?			7 or 8 = Relatively Serious
6. What is the effect of the problem on			9 or 10 = Very Serious
mortality and morbidity?			
Effectiveness of Interventions			0 = <5% Effective
	С		1 or 2 = 5% - 20% Effective
			3 or 4 = 20% - 40% Effective
			5 or 6 = 40% - 60% Effective
			7 or 8 = 60% - 80% Effective
			9 or 10 = 80% - 100% Effective
Priority Score: [A + (2 x B)] x C=		/300	

Feasibility Scoring: Smoking Cessation Program		
	Score [*] (0 – 4)	
Economics		
1. Does it make economic sense to address the problem?		
2. Are there economic consequences if a problem is not carried out?		
Acceptability		
1. Will a community accept the program?		
2. Is it wanted?		
Accessibility:		
1. Are inpatient or outpatient services available?		
Resources		
1. Is funding available or potentially available for a program?		
Simplicity		
1. How easy the program is to be implemented?		
Total	/20	

*0 is the worst feasibility score and 4 is the best feasibility score. *Please score 0 if you would like to abstain from scoring

2. Flu Immunization

Influenza is a serious respiratory tract infection that can lead to hospitalization and death. Health Canada estimates that 10-20% of the population becomes infected with influenza each winter. The efficacy of influenza vaccine against laboratory confirmed influenza ranges from 59% to 82% (if stored within 2° to 8°C). The Universal Influenza Immunization Program (UIIP) is a program offered by the Ministry of Health and Long-Term Care that provides the influenza vaccine free of charge to individuals over six months of age in Ontario. This program costs \$40 million, much more than a targeted vaccination program for high-risk individuals (\$20 million). However, the UIIP estimates that it prevented 786 influenza-related hospitalizations, 7,745 influenza-related emergency department visits, and 30,306 community medical centre visits each winter. Preventing influenza cases effectively reduced influenza-related health care costs by 52% and ultimately saved the health system \$7.8 million dollars per season.

Priority Scoring: Flu Immunization			
		Score (0 – 10)	Scoring Keys
Size of Health Problem (% of population			0 = less than 1%
w/health problem). Can be determined			1 = 1-10%
based on baseline information and data			2 = 11 - 20%
collection.			3 = 21 - 30%
			4 = 31 - 40%
	A		5 = 41 - 50%
			6 = 51 - 60%
			7 = 61 - 70%
			8 = 71 - 80%
			9 = 81 - 90%
			10 = Greater than 90%
Seriousness of Health Problem			
7. Does it require immediate attention?			0 = Not Serious
8. Is there public demand?			1 or 2 = Relatively Not Serious
9. What is the economic impact?	B		3 or 4 = Moderately Serious
10. What is the impact on quality of life?	D		5 or 6 = Serious
11. Is there a high hospitalization rate?			7 or 8 = Relatively Serious
12. What is the effect of the problem on			9 or 10 = Very Serious
mortality and morbidity?			
Effectiveness of Interventions			0 = <5% Effective
	С		1 or 2 = 5% - 20% Effective
			3 or 4 = 20% - 40% Effective
			5 or 6 = 40% - 60% Effective
			7 or 8 = 60% - 80% Effective
			9 or 10 = 80% - 100% Effective
Priority Score: [A + (2 x B)] x C=		/300	

Feasibility Scoring: Flu Immunization		
	Score* (0 – 4)	
Economics		
1. Does it make economic sense to address the problem?		
2. Are there economic consequences if a problem is not carried out?		
Acceptability		
1. Will a community accept the program?		
2. Is it wanted?		
Accessibility:		
1. Are inpatient or outpatient services available?		
Resources		
1. Is funding available or potentially available for a program?		
Simplicity		
1. How easy the program is to be implemented?		
Total	/20	

*0 is the worst feasibility score and 4 is the best feasibility score.

*Please score 0 if you would like to abstain from scoring

3. Breast Cancer Screening

Breast cancer is the most common cancer among Canadian women; with one in nine women diagnosed during their lifetime. Most (57%) breast cancer occurs in women 50 to 74 years of age. The Ontario Breast Screening Program (OBSP) is a province-wide, breast screening program that provides high-quality breast cancer screening to two groups of women:

- 1. Women aged 50-74 years, who are at average risk for breast cancer, with mammography screenings every two years.
- Women aged 30-69 years, who are identified as being at high risk for breast cancer, with mammography screenings and breast magnetic resonance imaging (MRI) screenings annually.

Mammography screening detects breast cancer at an early stage when followed up with appropriate diagnosis and treatment. The sensitivity of modern mammography is highest among women aged 50 years and older. The sensitivity of mammography is lowest among women under 50 years, and is particularly low during the time between screening and when a family member had their first cancer diagnosis. In Canada, estimates of the number of women who require screening ranges from 5,006 to 15,407. However, the negative psychological consequences of breast cancer screening have not yet been adequately evaluated. In a meta-analysis, there was a relative risk reduction for breast cancer mortality at 10 years by 18%–45%, which was shown in 2 trials and 1 meta-analysis of women undergoing screening, with no benefit shown in 6 other trials. There are approximately 240 sites for mammography screening, and 26 high-risk screening sites in Ontario.

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Priority Scoring: Breast Cancer Screening			
		Score (0 – 10)	Scoring Keys
Size of Health Problem (% of population			0 = less than 1%
w/health problem). Can be determined			1 = 1-10%
based on baseline information and data			2 = 11 - 20%
collection.			3 = 21 - 30%
			4 = 31 - 40%
	А		5 = 41 – 50%
			6 = 51 - 60%
			7 = 61 - 70%
			8 = 71 - 80%
			9 = 81 - 90%
			10 = Greater than 90%
Seriousness of Health Problem			
13. Does it require immediate attention?			0 = Not Serious
14. Is there public demand?			1 or 2 = Relatively Not Serious
15. What is the economic impact?	R		3 or 4 = Moderately Serious
16. What is the impact on quality of life?	D		5 or 6 = Serious
17. Is there a high hospitalization rate?			7 or 8 = Relatively Serious
18. What is the effect of the problem on			9 or 10 = Very Serious
mortality and morbidity?			
Effectiveness of Interventions			0 = <5% Effective
	С		1 or 2 = 5% - 20% Effective
			3 or 4 = 20% - 40% Effective
			5 or 6 = 40% - 60% Effective
			7 or 8 = 60% - 80% Effective
			9 or 10 = 80% - 100% Effective
Priority Score: [A + (2 x B)] x C=		/300	

Feasibility Scoring: Breast Cancer Screening		
	Score* (0 – 4)	
Economics		
1. Does it make economic sense to address the problem?		
2. Are there economic consequences if a problem is not carried out?		
Acceptability		
1. Will a community accept the program?		
2. Is it wanted?		
Accessibility:		
1. Are inpatient or outpatient services available?		
Resources		
1. Is funding available or potentially available for a program?		
Simplicity		
1. How easy the program is to be implemented?		
Total	/20	

*0 is the worst feasibility score and 4 is the best feasibility score.

*Please score 0 if you would like to abstain from scoring

Final Scoring & Ranking

	Final Score	*Rank
Smoking Cessation program		
Flu Immunization		
Breast Cancer Screening		

*Final Score= Priority Score × Feasibility Score