

Appendix E. Lessons Learned

Balanced, easy-to-understand educational materials and expert presentations were developed. The examples used for the deliberations were concrete and realistic, derived from interviews with patients (deliberation 1) or by reviewing current policy proposals relevant to the funding allocation decisions within the Choice Act (deliberation 2). In addition, experienced facilitators were used to guide open-minded, courteous, and reason-based discourse. Nonetheless, there were several suggested modifications to the approach. First, to avoid the potential for any single expert presenter to exert too much influence on participants' views, carefully recruit experts with similar levels of relevant expertise, but with diverse opinions about possible solutions. Then ask the experts to engage in respectful point/counterpoint style arguments to provide the educational component of the session with neither side dominating. Second, more clearly justify the need for prioritizing scarce resources at the beginning of the session, to avoid the understandable desire not to prioritize at all as if resources were limitless. In the sessions, one of the small groups refused to prioritize the patient cases because they did not consider the very real budget constraints. Finally, establish well-defined rules of deliberative engagement, to ensure that all voices are equally heard and avoid a single group member's views from dominating the discussion. In the session, even those who did not substantially articulate their views openly had an opportunity to do so in anonymous surveys before and after deliberations.