

**Table 1 Advantages and disadvantages of methods for rationing**

<b>Tool</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Policy option</b>	<b>Implementation level</b>
Clinical guideline	<ul style="list-style-type: none"> <li>• Significant cost reduction in the short and long term</li> <li>• Local clinical guideline</li> </ul>	<ul style="list-style-type: none"> <li>• Disagreements on existing indications</li> <li>• Lack of attention to specific preferential treatments for patients</li> <li>• Failure to remove some indications due to lack of proof of ineffectiveness</li> <li>• Failure to use and assess the national clinical guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical threshold considering the following factors, among others: Age Bone state</li> <li>• Review and modify the national local clinical guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Iranian Orthopaedic Association</li> <li>• Insurance providers</li> <li>• Universities of medical sciences</li> <li>• Hospitals</li> </ul>
Waiting list	<ul style="list-style-type: none"> <li>• Significant cost reduction</li> <li>• Decreased waiting times in the short term</li> </ul>	<ul style="list-style-type: none"> <li>• Negative effect on Fairness</li> <li>• Lack of a valid index to make prioritization on the list model</li> <li>• Prolonged waiting time</li> <li>• Negative effects of prolonged waiting time</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize based on the clinical guideline</li> <li>• Clarify prioritization processes using television advertisements and posters in hospitals</li> <li>• Demand reduction</li> <li>• Use the private sector for to get operations sooner (for people who don't want to be on a waiting list)</li> </ul>	<ul style="list-style-type: none"> <li>• Iranian Orthopaedic Association</li> <li>• Insurance providers</li> <li>• Hospitals</li> <li>• Universities of medical sciences</li> </ul>
Gate-keeper system	<ul style="list-style-type: none"> <li>• Better quality of referrals</li> <li>• Elimination of unnecessary services and unnecessary visits to specialists</li> <li>• Increased use of conservative measures for those not in need of surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Need for legislative and motivational infrastructure for implementation</li> <li>• Despite increased quality of referrals with clinical guideline, number of referrals does not change</li> <li>• Unsuccessful experience of implementing urban referral system in the Islamic Republic of Iran</li> <li>• Need to formulate a referral threshold based on the clinical guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Formulate referral thresholds based on clinical guidelines considering the following items: Clinical features and radiography Conservative measures (water therapy and aerobic exercise) Risk factors</li> <li>• Identify failure factors of the Iranian urban referral system project</li> </ul>	<ul style="list-style-type: none"> <li>• Iranian Orthopaedic Association</li> <li>• Insurance providers</li> <li>• Universities of medical sciences</li> </ul>
Shared decision-making	<ul style="list-style-type: none"> <li>• Effective cost reduction</li> <li>• No need for new infrastructure</li> <li>• Greater trust in prioritization</li> </ul>	<ul style="list-style-type: none"> <li>• Inability of patient to understand clinical decisions</li> <li>• Need for a separate appointment with the physician</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify prioritization processes and define thresholds in the presence of the patient or his/her representative</li> <li>• Clarify surgical processes and postoperative complications with the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Iranian Orthopaedic Association</li> <li>• Insurance providers</li> </ul>