| Clinical guideline | • Significant cost reduction in the short and long term  
| • Local clinical guideline | • Disagreements on existing indications  
| | • Lack of attention to specific preferential treatments for patients  
| | • Failure to remove some indications due to lack of proof of ineffectiveness  
| | • Failure to use and assess the national clinical guidelines  
| | • Surgical threshold considering the following factors, among others:  
| | • Age  
| | • Bone state  
| | • Review and modify the national local clinical guidelines  
| | • Iranian Orthopaedic Association  
| | • Insurance providers  
| | • Universities of medical sciences  
| | • Hospitals  

| Waiting list | • Significant cost reduction  
| • Decreased waiting times in the short term | • Negative effect on Fairness  
| | • Lack of a valid index to make prioritization on the list model  
| | • Prolonged waiting time  
| | • Negative effects of prolonged waiting time  
| | • Prioritize based on the clinical guideline  
| | • Clarify prioritization processes using television advertisements and posters in hospitals  
| | • Demand reduction  
| | • Use the private sector for to get operations sooner (for people who don’t want to be on a waiting list)  
| | • Iranian Orthopaedic Association  
| | • Insurance providers  
| | • Hospitals  
| | • Universities of medical sciences  

| Gate-keeper system | • Better quality of referrals  
| • Elimination of unnecessary services and unnecessary visits to specialists  
| • Increased use of conservative measures | • Need for legislative and motivational infrastructure for implementation  
| | • Despite increased quality of referrals with clinical guideline, number of referrals does not change  
| | • Unsuccessful experience of implementing urban referral system in the Islamic Republic of Iran  
| | • Need to formulate a referral threshold based on the clinical guidelines  
| | • Formulate referral thresholds based on clinical guidelines considering the following items:  
| | • Clinical features and radiography  
| | • Conservative measures (water therapy and aerobic exercise)  
| | • Risk factors  
| | • Identify failure factors of the Iranian urban referral system project  
| | • Iranian Orthopaedic Association  
| | • Insurance providers  
| | • Universities of medical sciences  

| | • Iranian Orthopaedic Association  
| | • Insurance providers  
| | • Universities of medical sciences  


<table>
<thead>
<tr>
<th>Shared decision-making</th>
<th>for those not in need of surgery</th>
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</thead>
<tbody>
<tr>
<td>Effective cost reduction</td>
<td>Inability of patient to understand clinical decisions</td>
</tr>
<tr>
<td>No need for new infrastructure</td>
<td>Need for a separate appointment with the physician</td>
</tr>
<tr>
<td>Greater trust in prioritization</td>
<td>Clarify prioritization processes and define thresholds in the presence of the patient or his/her representative</td>
</tr>
<tr>
<td></td>
<td>Clarify surgical processes and postoperative complications with the patient</td>
</tr>
</tbody>
</table>

| Iranian Orthopaedic Association |
| Insurance providers |

Table 1. Advantages and disadvantages of methods for rationing