Disinvestment in Implementation Research – what are we talking about?

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Dec. 13, 2012

HERC Health Economics Resource Center

HSR&D HEALTH SERVICES RESEARCH & DEVELOPMENT

Outline

- High and Low Value Health Care
- Waste
- Investment and disinvestment
- The QUERI Program
- QUERI disinvestment strategy (ies)
- Resources
- Challenges and next steps

High Value Care

- Effective
- Cost-effective
- Net benefits justify the costs

High Value Health Care

- Examples?

Low Value Health Care

- Makes the patient worse
- No benefit at same cost
- Little benefit at same cost
- Some benefit but benefit small relative to cost

Low Value Health Care

- Examples?

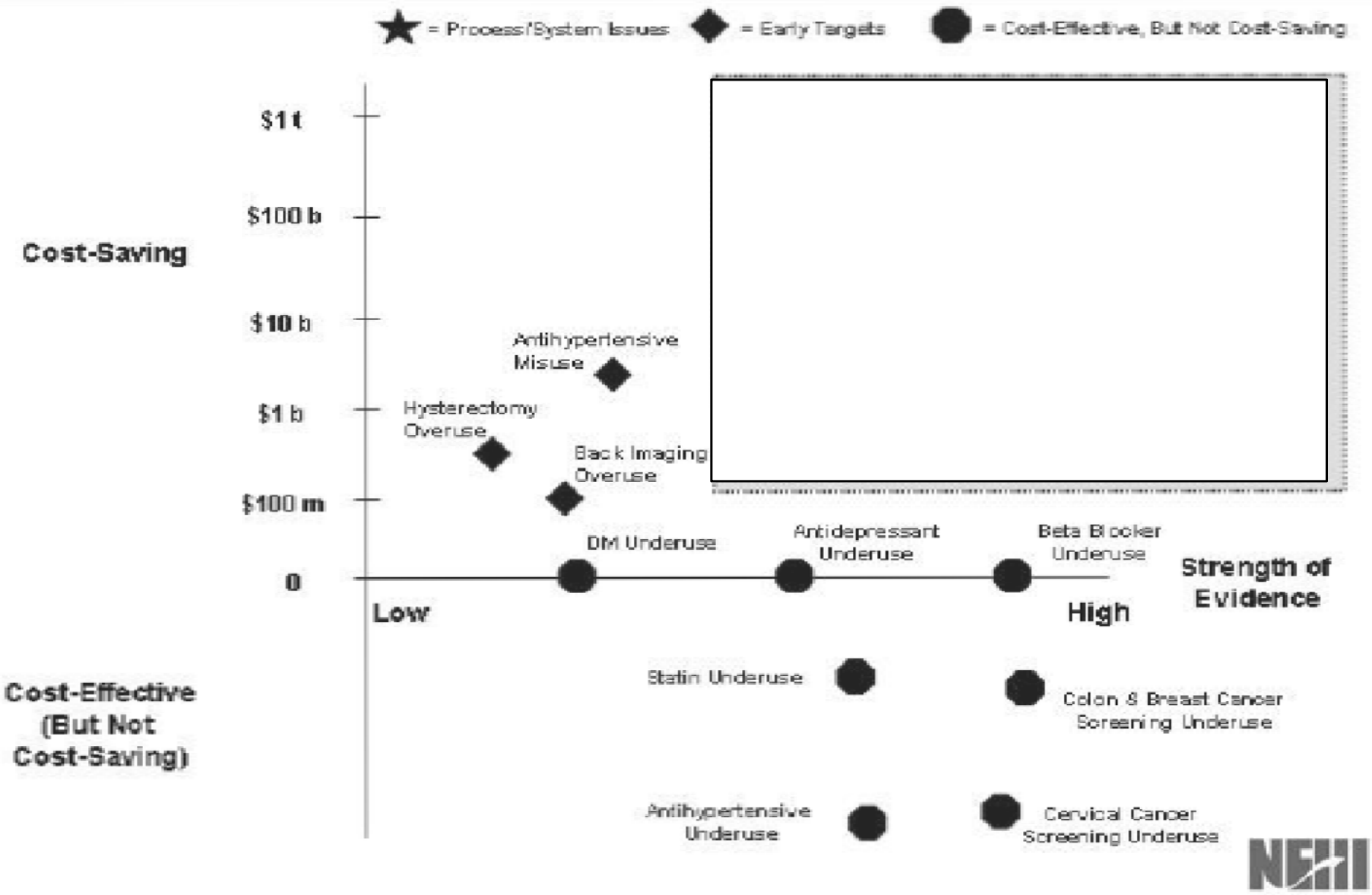
Waste

- Definition:
  - Underuse
  - Overuse
  - Misuse

Waste - Examples

- Underuse
- Overuse
- Misuse

Waste Phase I Findings



QUERI Program

- to generate new knowledge about how to implement evidence-based research findings in clinical practice, and to facilitate systematic, continuous implementation into routine clinical practice in several specific disease areas.

QUERI Program

- **Six steps (plus two foundational)**
  - Step M: Develop Measures, Methods, and Data Resource
  - Step C: Develop Clinical Evidence
  - Step 1: Select Diseases/Conditions/Patient Populations
  - Step 2: Identify Evidence-Based Guidelines/ Recommendations
  - Step 3: Measure and Diagnose Quality/Performance Gaps
  - Step 4: Implement Improvement Programs
  - Step 5/6: Evaluate Improvement Programs

QUERI Program Primarily Focused….

- Underuse

Implementation/Investment

- Evidence-based treatments or services
- Enhance use of guidelines
- Identify gaps in care
- Implement and evaluate improvement programs

Disinvestment

- Identify and eliminate waste
- Identify and eliminate low-value care

National Priorities Partnership

Summary of NPP's Proposed Goals and Measure Concepts
• Work with communities to promote wide use of best practices to enable healthy living and well-being.
• Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.
• Ensure person- and family-centered care.
• Make care safer.
• Promote effective communication and care coordination.
• Make quality care affordable for people, families, employers, and governments.

National Priorities Partnership

PRIORITY	**Make care safer.**		
Goals	Reduce preventable hospital admissions and readmissions.	Reduce the incidence of adverse healthcare-associated conditions.	Reduce harm from inappropriate or unnecessary care.
Illustrative Measuresi	*Hospital admissions for ambulato-ry-sensitive conditions, including congestive heart failure, diabetes, pediatric asthma*28† All-cause readmission index*29 *Medicare hospital 30-day readmis-sion rates*30	*Hospital-acquired conditions—all-cause harm*31 *Hospital-acquired conditions:* 32 *- Adverse drug events* *- Catheter-associated urinary tract infections* *- Central line blood stream infections* *- Injuries from falls and immobility* *- Obstetrical adverse events* *- Pressure ulcers* *- Surgical site infections* *- Venous thromboembolism* *- Ventilator-associated pneumonia*	*Adults 65 and older who receive potentially inappropriate medications*33† Elective deliveries prior to 39 completed weeks*34 Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery*35 *Imaging for acute low back pain with no risk factors**36

National Priorities Partnership

Make quality care affordable for people, families, employers, and governments.			
Goals	Ensure affordable and acces-sible high-quality healthcare for people, families, employers, and governments.	Reduce total national healthcare costs per capita by 5 percent and limit the increase in healthcare costs to no more than 1 percent above the consumer price index, without compromising quality or access.	Support and enable communities to ensure accessible high-quality care while reducing unnecessary costs.
Illustrative Measuresi	*Percentage of people under 65 with out-of-pocket medical and premium expenses greater than 10 percent of income*47† *Percentage of households with-out an adequate budget for healthcare*48 *Adults under 65 insured all year and not under-insured*49 *People unable to get or delayed getting needed medical care, dental care, prescription medications*50† *Access problems due to cost*51†	*Annual national and state health-care expenditures per capita*52 *Annual healthcare expenditures as a percentage of gross domestic and gross state product*53 *Average annual percentage growth in national and state healthcare expenditures*54	Menu of measures of unwarranted variation or overuse, including: - Unwarranted diagnostic/ medical/surgical procedures55 - *Inappropriate non-palliative services at end of life*56-57 - *Cesarean section among low-risk women*58 - *Preventable ED visits*59†

QUERI Next steps…..

- Address areas of waste and low-value
  - Overuse
  - Misuse

Disinvestment strategy (ies)

- Review work to date (Resources)

Resources

- http://www.nice.org.uk/usingguidance/donotdorecommendations/index.jsp
- http://www.nehi.net/publications/30/how_many_more_studies_will_it_take
- http://www.qualityforum.org/Setting_Priorities/NPP/Input_into_the_National_Quality_Strategy.aspx
- http://www.iom.edu/Global/Perspectives/2012/CEOChecklist.aspx
- http://www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx

Resources

- *Choosing Wisely* partners include:
  - American Academy of Allergy, Asthma & Immunology
  - American Academy of Family Physicians
  - American College of Cardiology
  - American College of Physicians
  - American College of Radiology
  - American Gastroenterological Association
  - American Society of Clinical Oncology
  - American Society of Nephrology
  - American Society of Nuclear Cardiology
  - National Physicians Alliance

http://www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx

Resources

- Consumer Reports and the medical societies developed summaries of the lists including:
  - Allergy tests: When you need them and when you don't (American Academy of Asthma, Allergy and Immunology)
  - Bone-density tests: When you need them and when you don't (American Academy of Family Physicians)
  - Chest X-rays before surgery: When you need them – and when you don't (American College of Radiology)
  - Chronic kidney disease: Making hard choices (American Society of Nephrology)
  - EKGs and exercise stress tests: When you need them for heart disease -- and when you don't (American Academy of Family Physicians)
  - Hard decisions about cancer: 5 tests and treatments to question (American Society of Clinical Oncology)
  - How should you treat heartburn and GERD? (American Gastroenterological Association)
  - When do you need an imaging test for a headache? (American College of Radiology)
  - When do you need antibiotics for sinusitis? (American Academy of Asthma, Allergy and Immunology)
  - When do you need antibiotics for sinusitis? (American Academy of Family Physicians)
  - When do you need a Pap test? (American Academy of Family Physicians)
  - When do you need imaging tests for lower back pain? (American Academy of Family Physicians)

Disinvestment strategy (ies)

- Review work to date
- Identify unwarranted variation in practice

Disinvestment strategy (ies)

- Review work to date
- Identify unwarranted variation in practice
  - Identify overuse
  - Identify misuse

Challenges

- Identify low value services and subgroups
- Politics
- Unintended consequences?
- Framework/theories for disinvestment

Where to start?

- HERC Website

- http://vaww.herc.research.va.gov/resources/faq_a09.asp

Questions

1. Qaseem, A., et al., *Appropriate use of screening and diagnostic tests to foster high-value, cost-conscious care.* Ann Intern Med, 2012. **156**(2): p. 147-9.

2. Neumann, P.J., et al., *Low-value services in value-based insurance design.* Am J Manag Care, 2010. **16**(4): p. 280-6.

3. *New England Healthcare Institute – How many more studies will it take: A collection of evidence that our healthcare system can do better. (1998-2006)*. http://www.nehi.net/publications/30/how_many_more_studies_will_it_take

4. *QUERI Implementation Guide, Part 1, Section 3: Methods Used in Translating Research Into Practice*. [cited 2012 Dec. 13, 2012]; Available from: http://www.queri.research.va.gov/implementation/guide-part1.pdf.

5. National Quality Forum, *Input to the Secretary of Health and Human Services: Priorities for the National Quality Strategy*, 2011, National Quality Forum: Washington, DC. http://www.qualityforum.org/Setting_Priorities/NPP/Input_into_the_National_Quality_Strategy.aspx

6. Institute of Medicine. *CEO Checklist for High-Value Health Care*. 2012 [cited 2012 12/13/2012]; Available from: http://www.iom.edu/Global/Perspectives/2012/CEOChecklist.aspx.

6. Institute of Medicine. *CEO Checklist for High-Value Health Care*. 2012 [cited 2012 12/13/2012]; Available from: http://www.iom.edu/Global/Perspectives/2012/CEOChecklist.aspx.