Disinvestment in Implementation Research – what are we talking about?

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Health Economics Resource Center
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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

- ★ = Process/System Issues
- ◆ = Early Targets
- ● = Cost-Effective, But Not Cost-Saving

Cost-Saving

- $1 t
- $100 b
- $10 b
- $1 b
- $100 m
- $100 m
- 0

Cost-Effective (But Not Cost-Saving)

- Low
- High

Strength of Evidence

- DM Underuse
- Antidepressant Underuse
- Beta Blocker Underuse
- Antihypertensive Misuse
- Hysterectomy Overuse
- Back Imaging Overuse
- Statin Underuse
- Colon & Breast Cancer Screening Underuse
- Cervical Cancer Screening Underuse

NEHI
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

<p>| | |</p>
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<tr>
<td><strong>• Work with communities to promote wide use of best practices to enable healthy living and well-being.</strong></td>
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<td><strong>• Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.</strong></td>
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<td><strong>• Ensure person- and family-centered care.</strong></td>
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<td><strong>• Make care safer.</strong></td>
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<td><strong>• Promote effective communication and care coordination.</strong></td>
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<td><strong>• Make quality care affordable for people, families, employers, and governments.</strong></td>
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### National Priorities Partnership

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>Make care safer.</th>
<th>Reduce the incidence of adverse healthcare-associated conditions.</th>
<th>Reduce harm from inappropriate or unnecessary care.</th>
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<td>Goals</td>
<td>Reduce preventable hospital admissions and readmissions.</td>
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|          | Hospital admissions for ambulatory-sensitive conditions, including congestive heart failure, diabetes, pediatric asthma†<sup>28</sup>  
All-cause readmission index*<sup>29</sup>  
Medicare hospital 30-day readmission rates<sup>30</sup> | Hospital-acquired conditions— all-cause harm<sub>31</sub>  
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<sub>33†</sub>  
Elective deliveries prior to 39 completed weeks<sup>34</sup>  
Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery<sup>35</sup>  
*Imaging for acute low back pain with no risk factors*<sup>36</sup> |

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<sup>1</sup> Illustrative Measures

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<sup>2</sup> Goals

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<sup>3</sup> Median

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<sup>4</sup> Projected

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<sup>5</sup> Hospital-acquired conditions

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<sup>6</sup> All-cause harm

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<sup>7</sup> Adverse drug events

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<sup>8</sup> Catheter-associated urinary tract infections

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<sup>9</sup> Central line blood stream infections

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<sup>10</sup> Injuries from falls and immobility

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<sup>11</sup> Obstetrical adverse events

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<sup>12</sup> Pressure ulcers

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<sup>13</sup> Surgical site infections

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<sup>14</sup> Venous thromboembolism

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<sup>15</sup> Ventilator-associated pneumonia

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<sup>16</sup> Imaging for acute low back pain with no risk factors

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<sup>17</sup> Adults 65 and older who receive potentially inappropriate medications

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<sup>18</sup> Elective deliveries prior to 39 completed weeks

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<sup>19</sup> Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery

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## National Priorities Partnership

### Make quality care affordable for people, families, employers, and governments.

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<th>Goals</th>
<th>Illustrative Measuresi</th>
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<td>Ensure affordable and accessible high-quality healthcare for people, families, employers, and governments.</td>
<td><strong>Percentage of people under 65 with out-of-pocket medical and premium expenses greater than 10 percent of income</strong>&lt;sup&gt;47†&lt;/sup&gt;</td>
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<td><strong>Percentage of households with-out an adequate budget for healthcare</strong>&lt;sup&gt;48&lt;/sup&gt;</td>
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<td><strong>Adults under 65 insured all year and not under-insured</strong>&lt;sup&gt;49&lt;/sup&gt;</td>
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<td><strong>People unable to get or delayed getting needed medical care, dental care, prescription medications</strong>&lt;sup&gt;50†&lt;/sup&gt;</td>
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<td><strong>Access problems due to cost</strong>&lt;sup&gt;51†&lt;/sup&gt;</td>
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<td>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.</td>
<td><strong>Annual national and state health-care expenditures per capita</strong>&lt;sup&gt;52&lt;/sup&gt;</td>
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<td><strong>Annual healthcare expenditures as a percentage of gross domestic and gross state product</strong>&lt;sup&gt;53&lt;/sup&gt;</td>
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<td><strong>Average annual percentage growth in national and state healthcare expenditures</strong>&lt;sup&gt;54&lt;/sup&gt;</td>
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<td>Support and enable communities to ensure accessible high-quality care while reducing unnecessary costs.</td>
<td><strong>Menu of measures of unwarranted variation or overuse, including:</strong></td>
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<td>- Unwarranted diagnostic/medical/surgical procedures&lt;sup&gt;55&lt;/sup&gt;</td>
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<td>- Inappropriate non-palliative services at end of life&lt;sup&gt;56-57&lt;/sup&gt;</td>
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<td>- Cesarean section among low-risk women&lt;sup&gt;58&lt;/sup&gt;</td>
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<td>- Preventable ED visits&lt;sup&gt;59†&lt;/sup&gt;</td>
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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.iom.edu/Global/Perspectives/2012/CEOCHECKLIST.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

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


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). [Link](http://www.nehi.net/publications/30/how_many_more_studies_will_it_take)


