

Disinvestment in Implementation Research – what are we talking about?

Patsi Sinnott, PT, PhD, MPH

Health Economics Resource Center

Dec. 13, 2012

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

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 Measures	<p><i>Hospital admissions for ambulatory-sensitive conditions, including congestive heart failure, diabetes, pediatric asthma</i>^{28†}</p> <p>All-cause readmission index^{*29}</p> <p><i>Medicare hospital 30-day readmission rates</i>³⁰</p>	<p><i>Hospital acquired conditions all-cause harm</i>³¹</p> <p><i>Hospital-acquired conditions: 32</i></p> <ul style="list-style-type: none"> - <i>Adverse drug events</i> - <i>Catheter-associated urinary tract infections</i> - <i>Central line blood stream infections</i> - <i>Injuries from falls and immobility</i> - <i>Obstetrical adverse events</i> - <i>Pressure ulcers</i> - <i>Surgical site infections</i> - <i>Venous thromboembolism</i> - <i>Ventilator-associated pneumonia</i> 	<p><i>Adults 65 and older who receive potentially inappropriate medications</i>^{33†}</p> <p>Elective deliveries prior to 39 completed weeks^{*34}</p> <p>Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery^{*35}</p> <p><i>Imaging for acute low back pain with no risk factors</i>^{*36}</p>

National Priorities Partnership

Make quality care affordable for people, families, employers, and governments.			
Goals	Ensure affordable and accessible 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 Measures	<p><i>Percentage of people under 65 with out-of-pocket medical and premium expenses greater than 10 percent of income</i>^{47†}</p> <p><i>Percentage of households without an adequate budget for healthcare</i>⁴⁸</p> <p><i>Adults under 65 insured all year and not under-insured</i>⁴⁹</p> <p><i>People unable to get or delayed getting needed medical care, dental care, prescription medications</i>^{50†}</p> <p><i>Access problems due to cost</i>^{51†}</p>	<p><i>Annual national and state health-care expenditures per capita</i>⁵²</p> <p><i>Annual healthcare expenditures as a percentage of gross domestic and gross state product</i>⁵³</p> <p><i>Average annual percentage growth in national and state healthcare expenditures</i>⁵⁴</p>	<p>Menu of measures of unwarranted variation or overuse, including:</p> <ul style="list-style-type: none"> - Unwarranted diagnostic/medical/surgical procedures⁵⁵ - Inappropriate non-palliative services at end of life⁵⁶⁻⁵⁷ - Cesarean section among low-risk women⁵⁸ - 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/CEOC_hecklist.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>.