Reducing low-value care: Can we move the agenda?

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What is low value care?

- Health services and procedures that may be overused or misused and provide little to no clinical benefit for certain patient groups

(Elshaug et al., 2013)
Spectrum of value

Low Value: Overused/misused & unnecessary, NOT clinical- and/or cost-effective

High Value: Underused & highly beneficial, clinical- and cost-effective
Why is this a problem?

Harmful to patients
High-quality, evidence-based care
Scarce healthcare dollars
Headroom for innovation & high value care
How big is the problem?

Unnecessary care in Canada

- Wastes health system resources
- Increases wait times for patients
- Can lead to patient harm

Canadians have
1 million+
potentially unnecessary medical tests and treatments each year.

There is room to reduce unnecessary care.
Substantial variation exists among regions and facilities in terms of the number of unnecessary tests and procedures performed — this points to an opportunity to improve.

1 up to 30%
of patients indicated in the 8 selected Choosing Wisely Canada recommendations had tests, treatments and procedures that are potentially unnecessary.

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Health Technology Assessment Unit
O'Brien Institute for Public Health
National & international activities

- **HTA+**
  - Employing traditional, evidence-based HTA (i.e., review of clinical, economic, social, ethical evidence) to provide recommendations

- **List-Making**
  - Lists of overused ineffective or harmful treatments
  - Informed by clinical experts

- **KT/Implementation**
  - Implementation of various behaviour change techniques
  - Change (de-adoption) at physician-level

- **Priority-setting**
  - Priority setting within a programme budget
  - Can apply multi-criteria decision analysis & marginal analysis

- **Choosing Wisely Canada**
  - De-adoption Agendas within specific clinical areas

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**Health Technology Reassessment (HTR)**
Health Technology Reassessment (HTR)

• Structured, evidence-based assessment of the medical, economic, social and ethical impacts of a health technology (e.g., drug, device, test, procedure, etc.) currently used in the healthcare system, to inform its optimal use in comparison to its alternatives

(Noseworthy & Clement, 2012)
Conceptual model for HTR

(Soril et al., 2017)
Major barriers for HTR

1. Engagement across multiple levels of the healthcare system
2. Difficulty identifying and prioritizing low value care
3. Little guidance and/or methods for implementation

(Sevick et al., 2017; Elshaug et al., 2007; Daniels et al., 2013; Rooshenas et al., 2015; Schlesinger and Grob, 2017)
Pick the team to win

**Patients, community, civil society organisations**
- Present and past patients and the wider public; represented as individuals or groups (e.g., patient advocacy groups with experience with technology)

**Clinical professionals**
- Individuals involved in the care of patients and use of the technology; represented as individuals or in groups by clinical professional associations

**Industry representatives**
- Includes technology manufacturers, pharmaceutical industry, and industry union

**System leaders**
- Administrators and executives in arm's-length (e.g., safety and health quality commissions) or non-government organisations, and third party payers or insurers

**Government policy-makers**
- Elected officials (e.g., Ministers of Health) at the regional (e.g., municipal, provincial, state) or federal levels

**Academic and other researchers**
- With expertise in health technology assessment, health economics, health services research, epidemiology, implementation science
What is the role of the government and other third party payer/s?

Who is covered and how is it financed including any rules/limits?

How is the delivery system organized and financed?

What important political forces or issues need to be considered?

What assets are at your disposal?
- Health data sources
- Human resources
- Funding
A Data-Driven Prioritization Process

1. **TECHNOLOGY SELECTION**
   - Identification
   - Prioritization

- Data-driven
- Routine & replicable
- Stakeholder collaboration
- Actionable
- High return on investment
Things not to Do....

- In-hospital admissions (DAD)
- Physician claims
- Laboratory data
Pilot tested in British Columbia
Final reflections

[Image of people with one highlighted]

WHO IS ACCOUNTABLE?

CRISIS