**High-cost, Low-Value Interventions: Topic Nomination from the LHS Panel**
**June 27, 2019**

**1. What is the decision or change (e.g., clinical topic, practice guideline, system design, delivery of care) you are facing or struggling with where a summary of the evidence would be helpful?**

**Which strategies have been successfully deployed to get providers to stop using high-cost, low-value interventions as defined by the Choosing Wisely initiative (funded by the ABIM Foundation)?** (Note: These strategies could be multi-level—at the level of the organization, provider, provider/patient interaction.)

**Population:** Adults and children

**Intervention:** De-implementation strategies/interventions to help health systems stop providing high-cost, low-value care (that is aligned with Choosing Wisely recommendations). Strategies may include prior authorization, different payment models, incentives, and shared decisionmaking.

**Comparator:** None specified

**Outcomes**:

- Costs: (1) to health system of implementing Choosing Wisely recommendations (compared to providing non-evidence based care), and (2) to patients of "following" Choosing Wisely recommendatons (compared to choosing "unnecessary care")
- Clinical outcomes (e.g., morbidity, mortality)
- Patient satisfaction/experience

**Timing:** None specified

**Setting:** None specified

**2. Why are you struggling with this issue?**

Health systems want to provide the most effective care, specifically the right care to the right patient in the right setting, and avoid providing care that does not offer any benefit to the patient or the healthcare system. However, there is widespread belief among patients and some providers that "more care is better." Health systems want to address this culture of "more is better" and maximize the delivery of evidence-based services. To do this, they need greater acceptance of practice guidelines by providers and no additional "barriers" to providing care (e.g., prior authorization), which create more frustration, delays, and workarounds.

**3. What do you want to see changed? How will you know that your issue is improving or has been addressed?**

Health systems want to see national conversations about care improvement include a focus on reducing or eliminating care that is not evidence based.

**4. When do you need the evidence report?**

Health systems will use the report as soon as it becomes available.

**5. What will you do with the evidence report?**

- Overall, health systems will use the report to: (1) prompt internal conversations about how to change practices within their health system, and (2) incorporate evidence into their decisionmaking process about which care practices to focus on and how to create/revise practice guidelines to reduce variation.
- More specifically, depending on the findings, health systems could use the report to change clinical workflows that better follow the evidence and, thus, help drive improvements in care delivery and clinical outcomes. For example, workgroups could use the evidence to determine if their health system is using or providing high-cost, low-value services and, if so, examine processes that can be improved.

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